PCMS
NEWSLETTER
♦ A publication of the Pierce County Medical Society ♦

VOLUME 7, NUMBER 1 JANUARY 1992

Eileen R. Toth MD, 104th President of the Pierce County Medical Society

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JANUARY CALENDAR

Credentials Committee Meeting	JAN 8
Grievance Committee Meeting	
Tabacco Coalition	JAN 9
Board Retreat, Tacoma Sheraton	JAN 11
Public Health/School Health	JAN 15
Medical/Legal Symposium	
Sports Medicine	JAN 16
Executive Committee Meeting	JAN 21

30 -Day Grace on CPT Coding

PCMS and King County Medical Blue Shield conducted four meetings in December for PCMS members to help them prepare their offices for the new Medicare billing system effective January 1, 1992. Information is changing so rapidly that the Medicare staff presenting the program on December 11 didn't know that HCFA would be extending a 30-day grace period on coding. This information was given at the two meetings December 14.

Nearly 550 physicians and staff attended the meetings at Jackson Hall and Good Samaritan Hospital. Dr. John Lindberg, Medical Director, Medicare, King County Medical Blue Shield, and his staff explained the dramatic changes taking place. Members attending the meetings found them to be extremely helpful in clarifying the situation. **Due to the urgency and complexity of the changes, the Society has scheduled two additional meetings for Friday, January 17.**

Dr. Lindberg encouraged attendees to become participating physicians in the Medicare program and listed the advantages of electronic billing. He acknowledged that Medicare is not easy or simple. HCFA granted the 30-day grace period, during which Medicare will accept both old and new codes. Dr. Lindberg urged members to submit billing in the new codes if at all possible. He emphasized again and again that coding is now considered **a clinical, not a clerical,** function. Dr. Lindberg stressed the importance of reading the first 14 pages of the CPT Code book. He urged physicians to get with their staffs and study the changes together.¶

The PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science, and delivery of medicine and the betterment of the health and medical welfare of the community.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid & not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas, and suggestions.

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Dr. EILEEN TOTH NEW PRESIDENT

Dr. Bill Marsh, 1991 PCMS President, turned the reins of leadership over to **Dr. Eileen Toth** at the December 10 Annual Meeting. The first woman president in the Society's 104 year history, **Dr. Toth,** presented **Dr. Marsh** with a plaque of appreciation and a gift to him and his wife **ErrolLynne** for his leadership and service to the Society. She noted his efforts to secure and protect legislation for children, who have few advocates.

An internist in Pierce County since 1978, **Dr. Toth** has served the Society in many capacities. She was a member of Membership Benefits Inc. Board of Directors, the Society's for-profit subsidiary 1984-87 and served as a PCMS Trustee and Delegate to WSMA House of Delegates 1987-91. Dr. Toth was President, Allenmore Medical Staff, 1990 and Chairman, Department of Medicine, 1984-86. She has served on the PCMS Ethics and Standards of Practice Committee since 1989. A graduate of Harvard Medical School, Dr. Toth is a member of WSMA, AMA, AAFP, WAFP, ASIM and the Tacoma Academy of Internal Medicine.

In her Inaugural Address, **Dr. Toth** asked members to keep in mind "family, community service and patient care in the trying times ahead." ¶

1992 OFFICERS ELECTED

Providing support to President Toth in 1992 will be a talented and diverse Board of Trustees. Completing their two year term as trustees will be **Drs. Ron Goldberg**, Oncologist, **Alexander Mihali,** Internist and **Robert Osborne, Jr**, Peripheral Vascular Surgeon.

Newly elected trustees are: Drs. **David Munoz**, Internist/Geritrician, **James Taylor,** Pulmonologist and **James M. Wilson Jr.,** Internist.

Dr. Vita Pliskow, Anesthesiologist, was elected Secretary-Treasurer. She will also serve in that capacity for the Society's for-profit subsidiary Membership Benefits, Inc. **Dr. William Roes,** Family Physician, was elected Vice President.

Dr. James Fulcher was elected President-Elect and will assume the presidency in December 1992. Dr. Fulcher is Medical Director, Emergency Services, St. Joseph Hospital. He is boarded in Internal Medicine and Emergency Medicine. Dr. Fulcher served as president, Washington College of Emergency Physicians in 1989 and chaired the PCMS EMS Committee in 1987. He was Vice President of PCMS in 1989.¶

PATIENT PLEASERS

101 Patient Pleasers is a compilation of internal marketing techniques that successful practices use to attract and keep patients. *101 Patient Pleasers* can be obtained by sending a check for the introductory price of $.95 (regularly $9.95) to Palmer Associates Distribution Center, PO Box 831, Sugar Grove IL 60554. (Credit cards and invoicing cannot be accepted.)¶

RETREAT ATTRACTS LEADERS FROM U.S. AND CANADA

PCMS Board of Trustees, Medical Staff and Specialty Society Presidents, Auxiliary leadership and Committee Chairmen have been invited to attend the January 11 Board Retreat. The purpose of this retreat is to orient the medical community's leadership on issues facing the profession today. Eileen Toth, MD, PCMS President, has arranged for the following nationally known speakers to address the session:

- **Tom Reardon, MD,** Family Physician and member of the AMA Board of Trustees as well as a member of the powerful Physicians Payment Review Commission will provide a view of what is happening on the national scene.
- **John O'Brien-Bell, MD**, Family Physician from Surrey, Canada will outline the advantages and disadvantages of the Canadian Health Care System. Dr. Bell was president of the Canadian Medical Association in 1988-89.
- **James Kilduff, MD**, president of WSMA will brief the attendees on the critical issues coming before the 1992 Washington Legislature. There are promises of health care reform proposals coming from several of the legislators, many of them will be running for Governor.

The luncheon speaker...will address the matter of treating and caring for the terminally ill patient. It was evident in the debate on Initiative 119 (Death with Dignity) that the general public does not have confidence in physicians' care for dying patients. PCMS and WSMA promised to correct this perception by educating the membership in care of the terminally ill patient.

The meeting will be held at the Tacoma Sheraton. If you are interested in attending, call the Medical Society office. Seating is very limited.¶

Is A Canadian Style Health System the Answer?

By Donald P. Sacco, President/CEO Pierce County Medical and Scott DeNies, Special Projects Officer, Pierce County Medical

The following commentary is in response to an article that ran in the November Bulletin, "A Single Payor Health Care Plan: A Boon To American Physicians", by Martin Mendelson, M.D., Ph.D., and Susan Norris, M.D. The Bulletin failed to identify Dr. Mendelson as an Associate member of PCMS and Dr. Norris as an applicant to PCMS and a family physician with Group Health.

". . . a single payer, government-run health insurance system would be more intrusive into clinical practice, would increase administrative burdens on physicians, rob our health care system of its innovation, and deny people choice."

In an article in the November issue of *The Bulletin,* Drs. Susan Norris and Martin Mendelson strongly advocated a single payer, government-run health insurance plan for the United States. They argue that a single payer system is the only viable solution for the shortcomings of our current health system and its administrative complexity. We not only disagree with this assertion, but argue that a single payer, government-run health insurance system would be more intrusive into clinical practice, would increase administrative burdens on physicians, would rob our health care system of its innovation, and would deny people choice.

A primary assertion made by Drs. Norris and Mendelson is that excessive administrative costs in this country are due almost entirely to multiple private insurance companies. They further contend that a government-run health insurance system would dramatically reduce paperwork. These assertions ignore some very basic facts about private health insurance and the nature of government operations in the United States. Further, many of the figures used by Drs. Norris and Mendelson on "excessive" administrative costs are based on studies which are inconsistent and present highly exaggerated claims.

First, the figures on administrative costs used by Drs. Norris and Mendelson are erroneous. Their information sources come from two studies: One by Himmelstein and Woolhandler, which appeared in the May 2, 1991 issue of the New England Journal of Medicine; the other is a General Accounting Office study titled "Canadian Health Insurance, Lessons for the United States" published in June, 1991. Many of the figures in the GAO study were taken from the Woolhandler and Himmelstein study. Both of these studies greatly exaggerate the administrative costs of the U.S. system and also highly inflate the amount attributable to private insurance.

Himmelstein and Woolhandler used estimates in their study which were methodologically flawed. They used institutional administrative costs of hospitals and nursing homes in California and assumed it would apply to the entire country. However, California hospitals differ from national norms with more staff per patient day and higher total expenses per patient day. The assumption that California administrative cost loads are similar to the nation is erroneous and likely exaggerates the administrative expenses of U.S. hospitals and nursing homes. Also, Himmelstein and Woolhandler included expense categories in their totals of administrative costs that have little to do with insurance such as public relations, general accounting and administration, in–service educations, nursing administration, auxiliary groups, and medical library. They then attributed the entire difference between Canadian and the U.S. hospitals' administrative costs to private insurance. For physicians, they also assumed the entire difference in expenses excluding physician compensation was due to private insurance. The result of these inaccurate assumptions was to greatly exaggerate purported savings from converting to a Canadian style system. While we agree that there would be some administrative savings by going to a single payer system, they are no where near the $67 billion asserted by the two studies and repeated by Drs. Norris and Mendelson. Further, what U.S. administrative costs buy in terms of quality improvement and cost containment is never assessed in these studies.

But the erroneous cost savings pale in light of other claims made by those who advocate a single payer, government–run health care

system. Clearly, certain claims are not based in practical realities or experience. Drs. Norris and Mendelson asserted the "health care would continue to be delivered, as now, by independent providers or groups, only the method of payment for care would change." Later they state that there would be "no pre–authorizations...for medical services" and "utilization review staff would no longer play a role in determining patient care." They assume physicians would be freed of any review of their practices and endowed with tremendous clinical autonomy. These assertions ignore the entire debate around quality of care, practice parameters, and health care costs. One point is a study released by Milliman and Robertson in October, 1991, "Analysis of Medically Unnecessary Health Care Consumption." This study estimated that 25% to 42% of hospital care is unnecessary, depending upon the location in the United States. This is only the most recent study demonstrating unnecessary medical care delivery. Given this kind of data, would any responsible payor or insurer decrease or even eliminate utilization review? Doubtful. In fact, throughout the history of Medicare, the U.S. government has led the insurance industry in the imposition of utilization review. Medicare required PRO review back in the 1970s. Recently, with the determination of the RBRVS fee schedule, HCFA planned to deflate fees by 6% for a presumed increase in utilization. Current Medicare regulations require extensive review of claims for medical necessity. Medicaid can be even worse. Is there any evidence at all that the U.S. government, given more power and control over the health care system, would loosen its regulatory requirements? The history of government programs is that when the amount of funds disbursed grows, the political pressure for increased governmental oversight increases geometrically. If anyone believes that the federal or state government would finance the entire health care system and also relax its regulatory grip, they are ignoring the last 25 years of U.S. political history.

Drs. Norris and Mendelson also wrongly assume that a government-run system would be more efficient than a private system. A look at some facts will quickly dispel this notion. The Blue Cross and Blue Shield system is very efficient. Nationwide our plans spend less than ten cents of every dollar collected in premium on administrative costs. Other financial service industries spend much more on administrative costs. As a percent of net sales state commercial banks spend 39.1% on administration; mortgage bankers 30.2%, real estate agents 25.1%; life insurance 24.1%; Blue Cross and Blue Shield 10%. This is hardly a picture of gross inefficiency. We have all heard the figures that Medicare spends 3% on administration, while private health insurers (including commercial insurers) spend closer to 12%. This type of figure is misleading. Medicare claims are more expensive on average than private claims, hence the administrative cost for Medicare is smaller when expressed as a percent of total claims costs. Another measure is to express administration as the cost per person enrolled. This measure shows that in 1989, Blue Cross and Blue Shield plans spent $71.16 per enrollee on administration, while Medicare spent $88.71 per enrollee. Medicare administration is actually more costly than Blue Cross and Blue Shield plans. So, will a government–run system be more efficient and lower administration costs? Objective evidence suggests not.

A final assumption made by Drs. Norris and Mendelson is that administrative savings and cost control with a Canadian style system will be able to fund first dollar coverage for all citizens without impact on physician income or practice styles. The apparent success of the Canadian health care system has largely been the product of healthy GNP growth in Canada during the 1980s. When health care expenditures are measured by the amount spent per person, the growth rate in Canada has actually exceeded that in the United States. So much for cost control. Further, financing of that system has contributed to a national debt in Canada which is three times larger per capita than that in the United States. Now that Canada is in economic hard times, the Canadian health care system is in

Continued on next page . . .

"If anyone believes that the federal or state government would finance the entire health care system and also relax its regulatory grip, they are ignoring the last 25 years of U.S. political history."

SINGLE PAYOR from page 5...

danger of collapse. A recent article in the New York Times reported that over the last two years 5,000 hospital jobs have been lost and 3,500 hospital beds closed in Ontario alone, due to inadequate health care funding. Services are being cut back in many hospitals due to a $9.7 billion deficit. Analysts in Canada are suggesting comprehensive measures to control costs, including caps on physicians' incomes and even firmer limits on medical and pharmaceutical technology. Are we willing to accept wholesale dismantling of our health care system and egregious regulation of income for the illusive and ephemeral promises of doubtful, one–time savings in administrative costs and cost control?

We at Pierce County Medical believe that single payer, government–run system would be a tragic mistake. We offer a pragmatic course for health care reform firmly rooted in our cultural and political heritage and values and offering real gains in cost control and access. We are proposing a series of insurance reforms which will apply to all insurers to assure access and portability. All employer groups would be able to obtain coverage at a reasonable rate. Once a person has health insurance, he or she will not be denied coverage nor have repeated wait periods for pre-existing conditions when they switch policies or employers. Once a group or person is covered, they would be guaranteed renewal of coverage. For small groups, we are proposing a modified community rating and a ban on experience rating. These insurance reforms would establish equal rules for all insurers and create a fair, competitive environment.

For providers, we believe that better and uniform data to assess quality and costs is essential. Uniform data reporting requirements for claims processing would not only reduce practice patterns. More standardized utilization review procedures would evolve from this data. We do not believe utilization review should be eliminated, rather it should be refined and more focused. We know that utilization review has saved money and improved quality of care. There is ample evidence identifying unnecessary care and we must continue our efforts to eliminate it. Otherwise we fail a basic test of cost control: reducing waste. We are also proposing common methods of payment for physicians and hospitals. With enhanced and more useful data and streamlined administration, we believe more effective cost and quality control would be possible.

We are also proposing incentives for increasing managed care. When insurers and providers together share the risk of providing care to subscribers, there are strong incentives to control costs and maintain quality. When consumers are given true financial incentives to choose more cost effective physicians and insurers, it creates powerful forces that discipline the market. These elements are not yet strong enough in our present environment.

As a long term player in the health care industry, Pierce County Medical is not waiting for legislation to reduce administrative burdens. We offer all our providers the ability to electronically submit their claims. And in the past year, we have begun an electronic claims clearinghouse for our providers, at no cost. Physicians can now submit all their claims in a single electronic format, be it Aetna, Medicaid, Medicare, Blue Cross, or Pierce County Medical. These claims are then electronically processed and forwarded to the proper payer. Physicians' offices only have one paperless form to deal with. These and other administrative cost savings are being developed by our industry.

The debate over health care reform has taken many faces. We believe an evolutionary approach to health reform is best. We want to retain and enhance a competitive environment for health care. With multiple players and payers we encourage diversity and innovation. We give consumers and providers freedom of choice on the type of health plan which best fits their needs. A one size fits all approach inevitably sinks to the lowest common denominator. That has occurred in Great Britain and we are witnessing it in Canada. Yes, we do have serious problems in our health care system, and they must be addressed. Let's identify and correct the problems which do exist. But we must not dismantle and throw away a system which provides the finest medical care in the world to 85% of U.S. citizens. That would be a tragic and costly mistake, and one that we can ill afford. ¶

NO INCREASE IN 1992, $5 MILLION BACK TO SUBSCRIBERS

For the fourth consecutive year, Physicians Insurance will keep 1992 premiums at levels set in January 1988. The PI Board of Directors also recently voted to return to subscribers $1 million in dividends and $4 million in Loss Experience Credits during 1992. Both the dividends and Loss Experience Credits will be returned to eligible current subscribers in the form of credits. Dividends will show up on January 1, 1992 statements. Loss Experience Credits will be returned in January, April, July, and October 1992. The experience base period is January 1, 1988 through December 31, 1990.

Loss Experience Credits, a benefit unique to Physicians Insurance will be paid to eligible subscribers who were insured during the experience period, had no claims reported with indemnity payments exceeding $20,000.01 and no open lawsuits applicable to the experience period, and are not currently in a surcharge program.

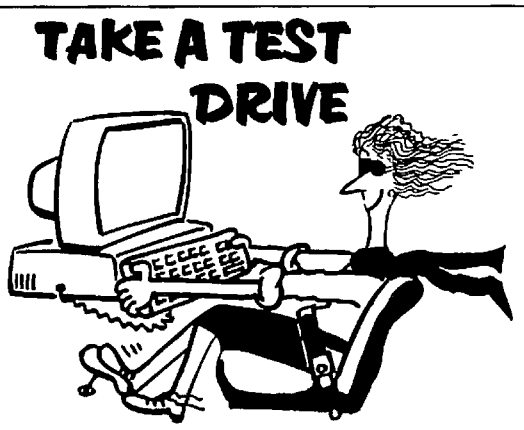
Since 1989, Physicians Insurance has declared returns to subscribers totaling $14 million.¶

REVENUE CHAIRMAN MEETS WITH MEMBERS

Representative Art Wang (D), 27th District, and Chairman of the House Revenue Committee met with some of his physician constituents on December 16. Much of the discussion centered around the need for amendments to the Natural Death Act, particularly in light of the defeat of Initiative 119. Representative Wang noted that the House had passed amendments the last two sessions only to fail in the Republican Senate.

Representative Wang was not certain an initiative would be on the November 1992 ballot. The physicians were concerned with the continuity of programs, such as First and Second Steps and actions taken by the legislature to improve the Natural Death Act. First Steps and Second Steps programs have been assets in providing pre–natal/OB care and pediatric care for Medicaid patients. Representative Wang could not be certain as to their future with the huge deficit facing the state.

Meeting with Representative Wang were: President Eileen Toth, Richard Hawkins, and James M. Wilson Jr., and George Tanbara. Maria Mack represented WAMPAC Board of Directors.¶



MEDLINE CD ROM HAS ARRIVED!

It's new! It's here! The Medical Library of Pierce County now has the CD PLUS version of MEDLINE on CD ROM back to 1966. Physicians will be able to search NLM's MEDLINE database free of charge, after hours and on weekends, utilizing either our library's computer terminal or your home or office PC.

Starting in January 1992, we'll be scheduling one-on-one sessions with the Librarian for "Search and Ye Shall Retrieve" CD ROM MEDLINE training. We're offering these 30-minute introductory sessions between the hours of 11:30 and 1:00 Monday through Friday.

(Copies of both the CD plus the floppy disk MEDLINE tutorial and printed copies of the CD Plus Interaction Manual will be available for a nominal charge.)

For those of you who prefer the "chauffeur driven" model, librarian-mediated MEDLINE searches will still be readily available (at the reduced rate of $10 per search or $15 with abstracts).

Please call us today to book your appointment to "test drive" the **MEDLINE CD ROM!**¶

PLANNING PROCESS ADDRESSES SERVICES FOR PERSONS WITH HIV

On Wednesday, January 15, 1992 from 8 to 11 am at Jackson Hall in Tacoma General Hospital there will be meeting on medical services to persons with HIV. The purpose of the meeting is the annual update of the Plan for *HIV/AIDS Continuum of Care Services, 1990-1993,* which was adopted in November 1990. The plan was developed under the auspices of the Pierce County HIV/AIDS Advisory Group, for which Doug Jackman serves as a representative of the medical community.

In a facilitated discussion, interested persons will be asked to assess the availability of medical services for persons with HIV/AIDS, including dental care and prescription drugs and to determine priority issues that should receive action during 1992.

In other planning sessions, subjects of housing and long-term care, case management and client advocacy, volunteer services, civil rights and discrimination and chemical dependency and mental health services have been addressed.

Physicians are strongly encouraged to attend at least a portion of the January 15 session on medical services to give their input. For more information or to receive a copy of the plan update, contact Gail Brandt, Tacoma Pierce County Health Department.¶

FIRST STEPS: ARE MY PREGANT PATIENTS ELIGIBLE? WHAT ABOUT BILLING?

The Prenatal Triage Clearinghouse, a joint venture of the Pierce County Medical Society and the Tacoma Pierce County Health Department, receives a number of calls from pregnant women who are working, but for a variety of reasons have no insurance coverage for the pregnancy. First Steps, a state funded program, is available to pregnant women who qualify financially, regardless of their employment status. Medical providers and pregnant patients without insurance may not be aware of the new eligibility rates or the additional services available to them through the First Steps program.

For example, the Prenatal Triage Clearinghouse recently received a phone call from a man calling on behalf of his pregnant wife. The baby was due in two weeks and they had given up hope of having prenatal care. He was laid off from his job early in the pregnancy, losing his insurance coverage. His new job has coverage, but the pregnancy is considered a pre-existing condition. Phone calls to physicians for prenatal care were discouraging. The family simply didn't have the up-front money required. Not knowing about First Steps, the woman gave up seeking prenatal care. With two weeks left in the pregnancy she learned about the Prenatal Triage Clearinghouse and called for help. The Prenatal Triage Clearinghouse was able to place her in care for the remainder of the pregnancy.

Enclosed in this newsletter is a pink reference card for your office. If you have a patient who is pregnant and does not have maternity care insurance, please tell her about First Steps. Eligibility rates are AFTER deductions, including deductions for child care. The medical coupons are obtained from the local DSHS office, however, it is important to understand that qualifying for First Steps does not necessarily qualify a woman for welfare.

For more information about the Prenatal Triage Clearinghouse contact Barbara Lee at 596-2987 or Doug Jackman at 572-3667.

Help is available to resolve billing problems, and to maximize billing reimbursements for patients using First Steps as their insurance. Following are names and numbers of Field Service Representatives for the Division of Medical Assistance in Olympia:

Ann Lawrence	(206) 586-6821
Sandy Mitchell	(206) 586-7040
Pat Flint	(206) 586-7039
Rita Honc	(206) 664-0297

The Division of Medical Assistance wants you to know that they EXIST! Representatives are available to answer individual inquiries, troubleshoot billing problems, and help train new staff in billing procedures.¶

Pierce County Legislators

LEGISLATIVE HOTLINE.1-800-562-6000

Legislative Address:Senator/Representative John/Jane Doe
Legislative Building Olympia, WA 98504

2ND LEGISLATIVE DISTRICT

	Residence	Olympia
Senator Ken Madsen (D) P.O. Box 370 Roy 98580	843-2659	786-7602
Representative Randy Dorn (D) P.O. Box 262 Eatonville 98328	832-3422	786-7912
Rep. Marilyn Rasmussen (D) 33419 Mountain Highway East Eatonville 98328	847-3276	786-7824

25TH LEGISLATIVE DISTRICT

Senator Marcus S. Gaspard (D) 8220 191st Ave. E. Sumner 98371	863-3086	786-7648
Representative Randy Tate (R) 5110 70th Ave. E. Puyallup 98371	848-7096	786-7968
Representative Sarah Casada (R) 12908 115th St. East Puyallup 98374	848-8390	786-7948

26TH LEGISLATIVE DISTRICT

Senator Bob Oke (R) 1367 Bulman Rd. SE Port Orchard, WA 98366	871-6380	786-7650
Representative Ron Meyers (D) P.O. Box 879 Port Orchard, WA 98366	876-5005	786-7964
Representative Wes Pruitt (D) 6215 55th Avenue Court Gig Harbor 98335	858-3154	786-7802

27TH LEGISLATIVE DISTRICT

Senator R. Lorraine Wojahn (D) 3592 East "K" Street Tacoma 98404	472-6537	786-7652
Representative Ruth Fisher (D) 1922 North Prospect #9 Tacoma 98406	752-7926	786-7930
Representative Art Wang (D) 3319 No. Union Tacoma 98407	383-5461	786-7974

28TH LEGISLATIVE DISTRICT

	Residence	Olympia
Senator Stanley C. Johnson (R) 7302 66th Avenue. W. Tacoma 98467	582-5465	786-7654
Representative Art Broback (R) 3616 Soundview Dr. W. Tacoma 98466	564-4432	786-7958
Rep. Shirley J. Winsley (R) 539 Buena Vista Avenue Tacoma 98466	564-5494	786-890

29TH LEGISLATIVE DISTRICT

Sen. A. L. "Slim" Rasmussen (D) 5415 "A" Street Tacoma 98408	472-4380	786-7656
Rep. Rosa Franklin (D) 7827 South Asotin Tacoma 98408	473-6241	786-7906
Rep. Brian Ebersole (D) Legislative Bldg. 3rd Fl. Olympia, WA 98504	472-9414	786-7996

30TH LEGISLATIVE DISTRICT

Sen. Peter von Reichbauer (R) P.O. Box 3737 Federal Way 98063-3737	931-3913	786-7658
Rep. Jean Marie Brough (R) 1118 South 287th Place Federal Way 98003	839-6903	786-7830
Rep. Maryann Mitchell (R) 33010 39th Place S.W. Federal Way 98023	874-5769	786-7898

CONGRESSIONAL OFFICIALS

Sen. Brock Adams (D) 513 Hart Senate Office Bldg. Washington D.C. 20510	442-5545	202-224-2621
Sen. Slade Gorton (R) 324 Hart Senate Office Bldg. Washington D.C. 20510	442-0350	202-224-3441
Rep. Norm Dicks (D) 2429 Rayburn House Office Bldg Washington D.C. 20515		202-225-5916
621 Pacific Ave. Suite 201 Tacoma 98402		593-6536

Clockwise from Upper Right - MaryLou Jones, Jerol-Anne Galluchi, and Peggy Smith confer regarding ticket sales; a sampling of PCMS leadership-Drs. Klatt, Roes, Pliskow, Wearn, Toth, Thiessen, Law, Marsh and Fulcher; Newly elected President Eileen R. Toth presented Past-President Bill Marsh with a thank you and a plaque; diners enjoy the atmosphere of bonhomie at their table.

IT WAS A BALL!

The Tacoma Sheraton Ballroom rang with laughter, singing and applause as over 200 members and spouses enjoyed a thoroughly entertaining evening. The Joint Annual Dinner Meeting, held December 10 was the setting for the passing of the gavel from Dr. William Marsh to Dr. Eileen Toth, first woman president of the Pierce County Medical Society.

This year's annual meeting included dinner music by the Tacoma Youth Symphony Quartet, and the every-popular raffle with prizes of a gourmet basket and fruit of the season. The gourmet basket was won by Karen and Ron Benveniste and the fruit of the season by Ted and Denise Manos. The Christmas tree was showered with gifts for women and children brought by attendees to give to the Women's Support Shelter.

Entertainment by our own members, acknowledgement of service to community and the Society and change of command ceremonies highlighted the evening.

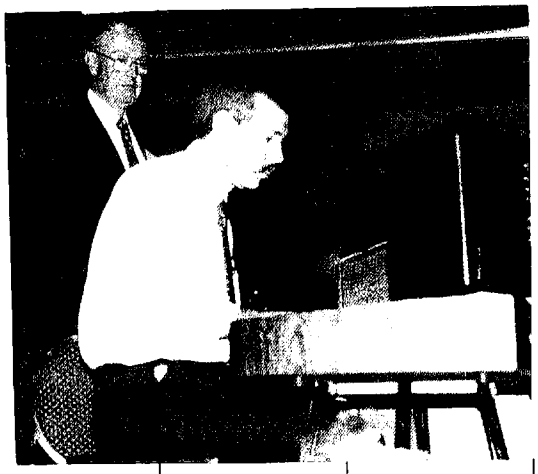
Master of Ceremonies **Dr. Pat Duffy** got the evening off to a good start with some humor and then introduced Orthopaedist **Dr. Joe Nichols**, who amazed the crowd with his virtuosity on the synthesizer keyboard. Joe demonstrated the extensive capabilities of the synthesizer and then beautifully played a piece he composed. Gig Harbor family physicians **Jim Patterson and Dave Pomeroy** wowed the crowd with Dave playing a flute solo and Jim on the piano and then a duet. The audience loved it. Past President **Gordy Klatt** concluded the entertainment by playing some German songs and Christmas carols on his accordian. The audience joined in with a sing-along and had a great time.

Left - Karen Dimant finds Mark Yuhasz a willing purchaser of raffle tickets- Center-Ron Benveniste, happy winner of the gourmet basket - Below - Karen Benveniste reports on the Auxiliary's activities.

Left - Sylvia Lee assists with raffle ticket sales - Above - Dr. Klatt, a serious, accomplished accordionist

In his parting comments, Dr. Marsh thanked many people for their help and support during his year as president. He specifically thanked **Drs. Stuart Freed, David McCowen, and Robert Thiessen** for their service as Trustees. He also thanked **Dr. David Law,** who had served as Vice President, and **Dr. Joe Wearn**, who had served two terms as Secretary/Treasurer. Dr. Marsh also acknowledged the significant contributions members have given to the community and the Society. He reported that members had contributed two full years of forty hour weeks of volunteer time to the community via the medical Society. He specifically highlighted two examples: A physician who has spent the last five years organizing seminars for physicians and office staffs, serves on the WSMA AIDS Committee, has chaired the PCMS AIDS Committee for three years, has worked to educate the public and the medical commuinity tirelessly and works unendingly in other tangible ways, **Dr. Alan Tice.** He asked everyone to thank Dr. Tice when they see him for all his hard work and dedication to this disease and the Pierce County Medical Society.

Another physician who spearheaded county and city tobacco ordinances in 1984, who worked with school districts to abolish smoking on school grounds, and has chaired the Public Health/School Health Committee for several years, **Dr. Terry Torgenrud** also led a city initiative campaign to fluoridate Tacoma's water. After a successful campaign in 1988 he had to conduct another in 1989 to defend the first, again being successful. Dr. Marsh asked everyone to thank Dr. Torgenrud when they see him for all his hard work and dedication to our community and the Pierce County Medical Society.



Dr. Joe Nichols entertains on the synthesizer while Pat Duffy looks on

Jim Patterson and John Samms enjoy the evening

Left - Stephanie and Stan Tuell were the proud winners of their table's centerpiece

Above - Jim Patterson and Dave Pomeroy prepare for their piano and flute duet. Below- Charles Weatherby & Bob Osborne share in the festivities before dinner

ASK YOUR CONSULTANT

Ask Your Consultant is a new feature of the Pierce County Medical Society Bulletin. It is an opportunity for physicians, management and staff to ask for advice on medical management questions. Each month, selected topics will be addressed by a medical office consultant from Larson Associates. You can call with your questions or they can be sent to :

Larson Associates
223 Tacoma Ave. South, Suite A
Pierce County Medical Society Building
Tacoma, WA 98402
(206) 383-9857

Dear Steve:

My accounts receivable balance remained within the same range until about 6 months ago when they started increasing each month. I feel good about having the receivables, but do have some concerns about the change that took place.

Dear Doctor:

An increase in your accounts receivable balance is not by nature either good or bad. How the change is interpreted depends on the specific circumstances within your practice.

The increase in your receivables balance may reflect growth in your practice. What have you done recently that would explain the increase? For example, have you extended your office hours or added an assistant? Does the increase in receivables appear in line with your production figures?

Have you reviewed your accounts receivable aging? One way to get a quick overview of your aging is to look at the aging categories of your Private Pays and then at all other payor categories combined at month end. Do this for the past twelve months. If the growth has primarily been in the current to 60 day accounts and you have experienced increased production, then there is not cause for immediate concern.

It can help to spotlight the changes by dividing each of the aging categories (1-30, 31-60 & etc.) by the total receivable for that category. Do this for each type, Private Pay and All Others. The resulting percentages can make it easier to see if there is a shift occurring toward the older accounts.

If there has been steady growth in the 90+ day accounts in either category, then you need to look further.

If the primary increase appears to be in the All Others category, look at the aging of individual providers. You may be able to isolate the problem to one specific provider. Has there been a change in reimbursement policy by that provider? Is there a problem with your coding? Is your staff not following up on requests for further information for the provider? Are payments being received, reported and deposited properly? Has there been a shift in the type of patient you are seeing? You will also need to review the detail within each provider. There may be a few larger balances that are causing the problem.

If the primary increase appears to be in the Private Pay accounts, then additional questions need to be asked. Do you no longer request payment at time of service. Have your collection policies changed? Are payments being received, reported and deposited properly. Are the accounts being "worked" like they should be? Here too, you should look at the aging of individual accounts.

If a problem has been identified, take whatever immediate action may be required to avoid losing the receivables. Then, depending upon the nature of the problem, procedures need to be adopted to minimize the chance of that problem occurring again. It may be an expensive learning experience, so make certain that you and your staff benefit from it in the future.

Larson Associates works exclusively with physicians and staff in all areas of medical office management. The partners, Norma Larson and Steve Larson, have successfully used their experience and expertise to meet physicians' business needs. The services provided include: new practice start-ups, practice evaluations, financial analysis, personnel problem resolutions, seminars and in-service training, computer purchases and conversions, on-site management, billing and collection procedures, monthly practice analysis, and general business and medical office management consulting.

Larson Associates, 223 Tacoma Ave. South, Suite A, Medical Society Building, Tacoma, WA 98402 [206] 383-9752.

ANALYSIS OF HEALTH CARE PROPOSALS
VIS-A-VIS CAHC PRINCIPLES

Assume more state funds (read "taxes") needed to pay for unsponsored residents in all versions.

Assume Washington Health Services Commission (WHSC) is in place and carrying out functions stated in brochure last four columns.

C A H C PRINCIPLES	(Alliance)	(Alliance) B H P EXPANSION & INSURANCE REFORMS Doable Now	(Commission 1) MULTIPLE PAYER (Pay or play with single state plan to catch unsponsored)	(Commission 2) SINGLE PAYER (Financed as now, but WHSC single purchaser of coverage)	(Commission 3) VOUCHER/ RES. BASED (Taxes to pay for; people choose from multiple insurance.)	(Braddock) SINGLE PAYER BC TYPE WHSC Single Purchaser
1.Fundamental reform	no	no	yes	yes	yes	yes
2.Comprehen-sive,pursued as package	Universal care benefit with optional extras	no	yes	yes	yes	yes
3.Pluralistic financing	yes	NA but to raise taxes without financing reform may be hard to do	yes	yes	no	yes
4.Public/private part'ship	yes	nothing to "partner" about	not necessarily, depends on who app't to WHSC	same	same	same
5.Additional resources required	not clear where money will come from	not clear where money will come from	not clear how propose to fund costs of unsponsored	same	same	same
6.Adequacy & equity	not dealing with ERISA yet	same	same	same	same	Include ERISA
7.Global budget	no	no	not as clear under WHSC responsibilities in brochure as might be but listed as "key element"	same	same	yes
8.How to set global budget	no	no	yes - components for budget setting in WHSC charge	same	same	same
9.Comprehen-sive benefits	optional at extra cost	yes	yes, more than CAHC called for	same	same	undetermined amount
10.Control payment methods	no	no	yes via WHSC	same	same	same

NALYSIS OF HEALTH CARE PROPOSALS
IS-A-VIS CAHC PRINCIPLES
age 2

. A H C RINCIPLES	(Alliance)	(Alliance) B H P EXPANSION & INSURANCE REFORMS Doable Now	(Commission 1) MULTIPLE PAYER (Pay or play with single state plan to catch unsponsored)	(Commission 2) SINGLE PAYER (Financed as now, but WHSC single purchaser of coverage)	(Commission 3) VOUCHER/ RES. BASED (Taxes to pay for; people choose from multiple insurance.)	(Braddock) SINGLE PAYE BC TYPE WHSC Singl Purchaser
1.All payer managed are & other ayment ethods	yes	no	yes via WHSC but use of man. care not highlighted	same	same	same but manage care i highlighte
2.Insurance eform	yes	yes, some at least	brochure does not mention ins. ref. such as elim. PEC, med. underwriting & even "max. prem." fuzzy on community rating	same	same	eliminat P E C underwritin & uses comm rating
3.Consumer ncentives	yes	no	yes	yes	yes	no
4.Business o channel onsumer to o s t ffective	eventually	no	no	no	no	no
5.Payment dj. for age, lness	partially	don't know (what does BHP do now?)	assume WHSC would do	same	same	same
.$ for care ther than o r dministratio	yes	no	would do least	would do most	would do some	would do mos
.Rationing chanism	basic care universal; above that optional	no	WHSC would provide structure	same	same	explicit vi WHSC
. State onsors sponsored	yes	moving that way	yes	yes	yes	yes
.Liability form	yes	yes	ignored	ignored	ignored	ignored

"Health Care Is To Democracy What the Spotted Owl Is To The Timber Industry"

Governor Booth Gardner addressed the December 4 meeting of the Washington Health Legislative Conference held at the Executive Inn, Fife. He said, "The bottom line is no one feels secure anymore. Health care costs are radically out of control. Health care is to Democracy, what the spotted owl is to the timber industry."

He stated there will be a health care reform proposal to the legislature in 1992. Governor Gardner cautioned legislators present at the meeting that their actions on health care reform will make a greater impact on their constituents than term limits. He was referring to the election of Senator Wofford elected in Pennsylvania on a platform of health care reform.

Governor Gardner went on to say that the legislature is already worried about 1993 and if they don't act now, the dollars will come out of education, environment, and other programs.

Mr. Paul Redmond, Chairman of the Health Care Commission, reported to the conference on the recommendations the commission submitted to the governor and the legislature on December 1.

The most controversial aspect of the Commission's recommendations is the establishment of an independent state board or commission. **This central authority would be responsible for designing the uniform benefits package, establishing the maximum allowable premium for the package, determining levels of individual cost sharing, insuring health plan certification, and setting public policy and rules concerning billing and claims, provider payment methods, medical risk distribution, and proliferation of high cost technologies.**

The Commission recommends that all state residents have access to a "uniform set of health services", including illness and injury prevention, personal health services, population-based services, and other public health services. Residents would have coverage for the insurable portion of the uniform set called the "uniform benefits package", covering most health service needs of state residents. The uniform benefits package would be offered by multiple, competing "health plans" which could also offer supplemental benefits.

The Commission believes that financing the health system must be shared equitably by individuals, employers, and government.

Sitting on the conference panel with Mr. Redmond was Senator Mike Kreidler. Senator Kreidler was a strong advocate for a single payor system as was Pam MacEwan, Health Care Campaign Director, Washington Citizen Action. Kreidler contends that the single payor system is more easily attained.

Ms. MacEwan was critical of the Health Care Commission's recommendations on cost control. She believed them to be too vague and not strong enough. She stated the Washington Citizens Action, a group with 40,000 members would not support any proposal without universal access or strong cost control. She stated that insurance companies are one reason for the problem we are in today. She noted that if the legislature does not take effective action satisfactory to the WAC, the citizens are ready to vote the officials out of office.

Mr. Redmond concluded that, "You can't give people everything, if they aren't willing to pay for it. There has to be some recognition of the cost involved." He stated that doctors have to recognize the cost of the procedures they are doing and the cost of hospital stays and the medications they are prescribing.

Representative Gary Locke, Chairman, House Appropriations Committee, participated on a separate panel discussion of how health care was to financed. He asked the question, "How are we going to pay for health care?", and answered it, "Hell if I know." He commented that health care is on the verge of radical reform because the federal government abrogated its responsibilities. He gave the analogy that health care is the Pacman of the state budget, eating up everything in sight.

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

DRUG/ALCOHOL ABUSE CME TO FEATURE DAVID E. SMITH, MD

San Francisco drug addiction expert and noted speaker **David E. Smith, MD** will highlight the Office Intervention: Alcohol and Drug Abuse CME program set for February 28.

The one-day course is designed to update the primary care practitioner on practical office intervention in alcohol and drug abuse and resources for referral in Pierce County.

Dr. Smith is recognized as a national leader in the treatment of addictive disease, the psychopharmacology of drugs of abuse, new research strategies in the management of drug abuse problems and proper prescribing practices for physicians. He also speaks on impaired physicians, substance abuse in the workplace and dual diagnosis.

He teaches that addiction is a primary medical illness which is best treated in a multidisciplinary fashion with an abstinence-oriented model of recovery utilizing the group process and the Twelve-Step programs of Alcoholics Anonymous, Narcotics Anonymous, and Cocaine Anonymous as central to recovery.

The course will offer 6 Category I CME credits and will be held in Jackson Hall.

ANNUAL HIV INFECTIOUS CME SCHEDULED FOR FEBRUARY 7

The fourth Annual CME program dealing with HIV infections and AIDS is scheduled for February 7.

The very popular program is once again developed by local HIV expert **Alan Tice, MD,** and will be held at St. Joseph Hospital, South Pavilion, Rooms 3A & B. Designed for all physicians, the conference will serve as a timely update regarding developments in HIV infections and AIDS. The course will feature national, regional and local experts. The conference is slated to cover the following topics:

- HIV impact in other parts of the U.S.
- Developments in HIV Pathophysiology and Serology
- Illustrative Cases of HIV Disease
- New HIV treatments
- Who should be tested for HIV
- Local resources for HIV infections

The course will offer 6 Category I CME credits and is open for registration. For a program brochure, call the College of Medical Education at 627-7137.

LAW AND MEDICINE REGISTRATION OPEN

The annual Law and Medicine Symposium CME program is still open for registration. Slated for January 16, the symposium presents topics of interest to both physicians and attorneys. Speakers are chosen from prominent members of both professions. The program offers an insightful look at both sides of common professional interactions. Call 627-7137 for more information.

1991 - 92 C.O.M.E. Schedule

DATES	PROGRAM	DIRECTOR(S)
Thurs. January 16	**Law & Medicine Symposium**	Douglas Attig, M.D. Frank Ladenburg, J.D.
Fri. February 7	**Review of HIV Infections**	Alan Tice, M.D.
Fri. February 28	**Office Intervention: Alcohol and Substance Abuse**	Mark Craddock, M.D.
Thurs., Fri. March 12 & 13	**Internal Medicine Review-1992**	Bruce Brazina, M.D.
Mon. - Fri. Mar. 30 - Apr. 3	**Hawaii and CME**	Mark Craddock, M.D. John Lenihan, M.D. Amy Yu, M.D.
Fri., Sat. April 17 & 18	**Tacoma Surgical Club**	Ken Ritter, M.D. Chris Jordan, M.D.
Fri. May 8	**Office Procedures**	Mark Craddock, M.D. Tom Norris, M.D.
Mon., Tues. June 22 & 23	**Advanced Cardiac Life Support**	James Dunn, M.D.

PCMSA President-elect Karen Dimant (L) and WSMAA President Susie Duffy enjoy a bite at the November Auxiliary meeting. Susie installed Karen as president-elect at the September Beach Party.

WHEELCHAIR NEEDED

Does anyone have a serviceable wheelchair they would be willing to donate? The Prison Pet Partnership Program at Purdy needs a wheelchair for training so that the dogs can become familiar with the equipment. Call Peggy Smith at 752-0198.

A CHRISTMAS CAROL

It may have been a performance of A Christmas Carol but Scrooge was nowhere in sight. The Auxiliary benefit earned approximately $1000 for our philanthropic fund. Thanks to everyone who attended this gala event!

AMA-ERF

With 99% of contributions already in, this year's total is $16,855. The Auxiliary members wish to thank Pierce County physicians for their generosity in supporting the AMA Education and Research fund. Pierce County continues to be a leader in this yearly project.

PHILANTHROPY

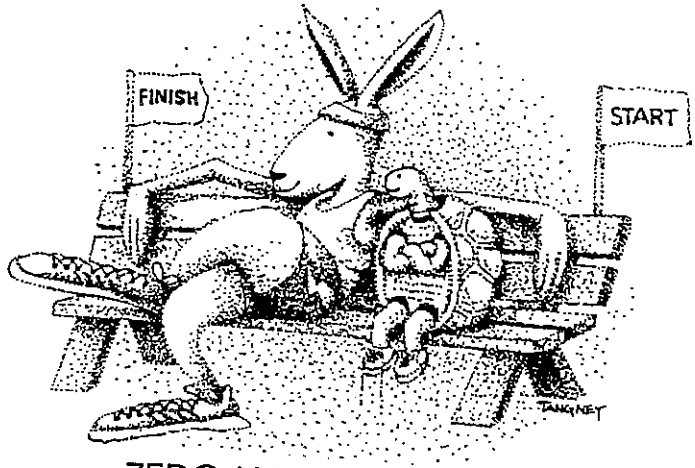
The Auxiliary is pleased to announce that the After Hours Clinic will give $1500 to our philanthropic fund. The Tacoma Academy of Internal Medicine will donate another $500 to our total. We thank you! These gifts enable the Auxiliary to work effectively in Pierce County. We appreciate your confidence in us!

ANNUAL JOINT HOLIDAY DINNER

The holiday dinner was a great success. Jerol-Ann Gallucci reports that more than seven large bags of toys and gifts were gathered for the YWCA Women's Support Shelter. Bev Graham, Shelter Liaison presented the gifts to the grateful shelter staff. Thank you to all you Santas out there!

JANUARY MEETING

Winter weather keeping you indoors? Been looking for a good book to curl up with to pass the time? Join us on Friday, January 17, 1992 at the home of Kathleen Forte and we'll provide a cozy English tea and introduce you to "Books You May Have Missed," by literary reviewer Liz Stark. She promises to pique your interest in one or two books that will be perfect to settle down with during the long winter nights. The meeting will begin at 10 am. Please call in your reservation to Sue Wulfestieg at 759-8492 or Lori Fisher, 1-851-7940 by Monday, January 13, 1992. Babysitting will be provided for a small fee.



ZERO K MARATHON

Coming Soon! Watch here for more details!

PHILANTHROPIC RECIPIENTS

This year the Auxiliary has chosen to support the following organizations:

- The Lakewood Senior Service Center
  (Services to at-risk seniors)
- The Prison Pet Partnership Program
- Children's Industrial Home
- Retired Senior Volunteer Program
  (to combat prescription drug interaction)
- The WSMA Teen Health Forum
- The Pierce County AIDS Foundation

PDRs

The 1992 PDRs will soon be here. Please save your '91 (also '90) volumes and bring them to the Medical Society office, or call 565-3211 for pickup. They will be donated to schools so that school nurses can have ready, up-to-date reference for children's medications. Thank You!

FEBRUARY MEETING CHANGE

Please note that the February meeting at Canterwood has been changed to **February 21!** All other details remain the same.

Positions Available

Psychiatrist-P/T contract or salaried psychiatrist, board eligible to work as a part of a geriatric mental health team providing services to nursing home residents. Consultation and education provided to the team and to nursing home staff. Six hours minimum - South King County location (Approx. 20-30 min from Seattle or Tacoma). CV to Pat Valdez, Valley Cities Mental Health Center, 2704 I St. NE, Auburn, WA 98002 Ph. 854-0760

Tacoma-Seattle, Outpatient General Medical care at its best. Full and part time position available from North Seattle to South Tacoma. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, M.D. 537-3724 or Bruce Kaler, M.D. 255-0056

Equipment

We Can Equip Exam Rooms at Half the Cost of new: exam tables, rolling stools, goosenecks, EKG's, instruments. Call Lynlee's, Inc. 867-5415 for information and free catalog.

Wheelchairs, Like new. $250-350 each. Fixed or detachable arms, removable/elevating foot rests. Call Lynlee's, Inc., preowned medical equipment. 867-5415

Office Space

Office Space Available! 1495 sq. ft. fully furnished, newly remodeled, excellent location in Federal Way, half and full day rates available. Great for satellite or fulltime location! Call OfficeCare - Pam 572-2225

Attractive Office Space - Jackson Hall Medical Center. Spacious suite available for time share, sub-lease, or possible other arrangements. Contact Ralph Johnson, MD at 383-5351.

Lease - 1600 sq. ft. free standing office building located within a medical complex in Lakewood. Has always been an MD's office. Attractive busy location. For details call Sam Henson, John L. Scott Real Estate 565-1010

General

Sun River/Mt. Bachelor. Deluxe 3 bdrm condo. All amenities - Hot tub, bikes, great all year, weekly discounts. Call Loren or Betsy Finley 630 - 2861

Transcription Prescription. Medical Transcription - Fast, accurate, computerized. Ten years medical office experience. Typing of chart notes, histories, physicals, and letters. Contact Joy Krumdiack, CMA 841-7213

Tacoma-Seattle

Outpatient General Medical Care at its best. Full and part time positions available from North Seattle to South Tacoma. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M.

Contact: Andy Tsoi, M.D.: 537-3724
Bruce Kaler, M.D.: 255-0056.

Pierce County Medical Society
223 Tacoma Ave S
Tacoma, WA 98402

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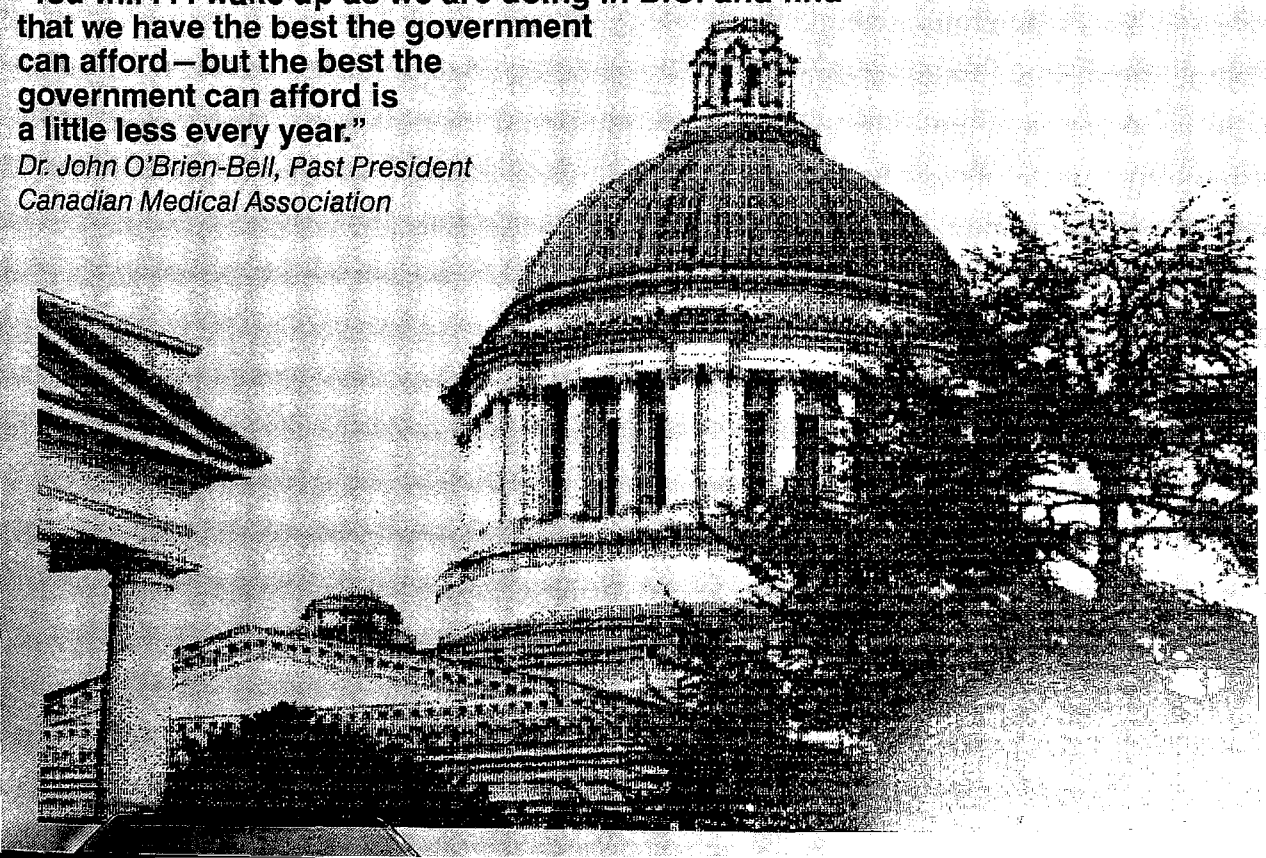
PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
Volume 7, Number 1 February 1992

OUT with the OLD . . . IN with the NEW?

Inside . . .

"Once countries have achieved universal access to control costs they do three things – they limit access to 1) specialists, 2) hospitals, and 3) technology."
Dr. Tom Reardon, AMA Trustee

"You will . . . wake up as we are doing in B.C. and find that we have the best the government can afford – but the best the government can afford is a little less every year."
Dr. John O'Brien-Bell, Past President Canadian Medical Association



Make all checks payable to:
Pierce County Medical Society
223 Tacoma Avenue South
Tacoma, WA 98402 (206) 572-3667
Fax 572-2470

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Features

Columns

Departments

Events

Office Intervention: Drug and Alchohol Abuse—February 22

Retired Luncheon—February 28

Internal Medicine Review—March 12 & 13

PRESIDENT'S PAGE

January 13, 1992

Last weekend, I was called to the ER to see a 95 year old woman who had just been in a MVA. Mrs F. was seriously injured, with seven fractured ribs, pulmonary contusions, and a hemothorax, but she was awake, alert, sitting up, and complaining of a slight chest discomfort. As I took her history, I learned that she lived alone, cared for herself, and had a mental status and memory at least as intact as my own. Her usual daily regimen included walking two miles per day on Ruston Way, and taking ten deep breaths every hour (a practice she had adopted on the recommendation of Dr. Art Ulene). Because of her excellent physical condition, and Dr. Ulene's prescribed respiratory therapy, she did well in the hospital and returned to her own home in a week with almost normal activity.

Mrs. F. is a remarkable woman, and quite an unusual person. It would be nice if we could all be like her, living to our mid–nineties, enjoying a vigorous life style, and avoiding the indignities of dementia. And it would be nice if we could all die peacefully at home in our sleep, without having to endure a lingering illness. As we all know, this is not usually the case. For most people, aging and death are a bit more complex. Medical technology makes it possible to prolong lives beyond what most of us would consider reasonable limits, and the public is just starting to realize this and react to it.

We all recognize the value of advance directives (living wills) and the durable power of attorney for medical care for our patients. These documents make it much easier for us to plan courses of treatment for our elderly patients who are near the ends of their lives.

But how many of us have advance directives and powers of attorneys ourselves? How many of us hand out living will forms in our offices or routinely talk to all of our patients about end of life planning? It's time for us to start.

As of the first of this year, hospitals are asking every patient admitted or registered for an out patient procedure whether he has signed an advance directive. Each patient will be notified, by hospital personnel, that he has the right to refuse medical treatment. If a patient expresses an interest in an advance directive, someone in the hospital will counsel him. Who will do this counselling? Will it be a clerk? A social worker? A nurse? A chaplain? Wouldn't it be best if it had already been done by the patient's primary care physician?

We are the people who will be ordering pain meds at the end of life. We are the ones who will be discussing with family members whether or not to start artificial feeding and hydration for a comatose patient, or whether to treat aggressively septicemia and shock in an elderly patient with advanced dementia. Shouldn't we be the ones planning these things in advance with our patients?

People rarely initiate conversations with their physicians about living wills and end–of–life care. Many patients (and some physicians) mistakenly believe that such discussions are appropriate only when death is near. It's important for us to start a dialogue with all of our patients, regardless of age, about these issues. We should do this as a part of routine health care, making it a part of our regular health maintenance or preventive exams.

It is my personal goal to speak with all of my patients about end–of–life issues. I try to get them to think about what sort of medical care they would want and to ask questions about artificial life support or technology used to prolong life.

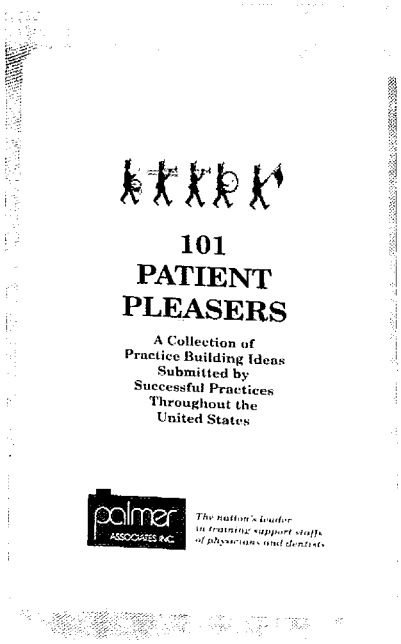
I usually advise my patients to put their wishes in writing, in a living will, to discuss their preferences fully with close family members, and to grant a power of attorney (POA). A discussion with family is important so that all interested people, not only the one with POA, are aware of the patient's wishes. This can help avoid misunderstandings and confusion at the bedside of a dying person. I hand my patients a living will and POA forms and ask them to return copies to me if they choose to fill them out.

The Washington State Medical Association has put together an excellent pamphlet on advance directives and power of attorneys. It contains two forms – one for a living will and one for durable power of attorney. Patients can simply read through the pamphlets and use the forms. The WSMA form is superior to the old standard living wills which are vague and nonspecific. The new form defines artificial hydration and nutrition as artificial life support, it also has some blank lines for an individual to spell out whatever other instructions he may have. Members can obtain the advance directive in quantity from the WSMA at no charge.

A similar packet in a booklet form has been put together by the Catholic Church. It is almost identical to the WSMA pamphlet but offers a bit more discussion of some of the issues.

These materials are readily available to us. Let's make a commitment to educate our patients about living wills.

—ERT



101 PATIENT PLEASERS

101 Patient Pleasers is a compilation of internal marketing techniques that successful practices use to attract and keep patients. Palmer Associates, Inc. compiled these patient-pleasing strategies from thousands submitted by progressive practices during the firm's 13 years of services to 30,000 practices throughout the United States.

101 Patient Pleasers can be obtained by sending a check for the introductory price of **$4.95** (regularly $9.95) to: Palmer Associates Distribution Center, PO Box 831, Sugar Grove IL 60554.(Sorry, credit cards and invoicing cannot be accepted)¶

RISK MANAGEMENT TAPE AVAILABLE

Communication skills are the foundation for building rapport with patients. Since most patients lack medical knowledge, they base the quality of their care on the quality of your interaction with them. Good rapport gives patients greater confidence in your care and treatment, which can in turn reduce malpractice claims while increasing the success of your practice.

To help you improve patient rapport, WSPIE has produced an audiotape written and narrated by Richard Konieczka, author and frequent speaker at Washington State Medical Association Society Seminars. Side one of the tape, entitled *Establishing Patient Rapport*, discusses the roles of both patient and physician in an effective office visit. Side two, *Prescription for Office Harmony*, is geared more toward a physician's office staff, describing the importance of a first impression, how to handle long waiting times in the reception area and exam rooms, and how to ensure a patients questions are answered promptly and thoroughly.This communications audiotape is available through WSPIE; PCMS also has a small supply available to members.

HIV/AIDS CLINICAL UPDATE

The Northwest AIDS Education and Training Center and the Seattle STD Prevention/Training Center will present a comprehensive HIV/AIDS review for primary care clinicians March 23-24 in Seattle. The 2-day seminar will teach physicians with all levels of AIDS experience to 1) assess the patient, and 2) diagnose and treat the full range of opportunistic infections and cancers. The course is free. Continuing education credits are available for a nominal fee. For more information, call (206) 720-4250.¶

WSMA PHYSICIANS TREAT WHAT AILS THE LEGISLATURE

For legislators and staffers feeling under the weather but without time to leave the capitol to see a physician, the WSMA Legislative Health Clinic is the next best thing to a house call.

Volunteer physicians are needed to staff the capitol building clinic, open every weekday morning while the legislature is in session.

Physician volunteers may find their day at the clinic includes more than the practice of medicine. Capitol tours and meetings with legislators may be arranged for interested physicians (many bring their families). For more information call Winnie Cline in the WSMA's Olympia office at 1-800-562-4546 or 1-206-352-4848.¶

ARTICLES SOUGHT

The Journal of the American Medical Association is accepting manuscripts on topics associated with Adolescent Health Promotion and Disease Prevention for publication in a special issue planned for March 1993. Manuscripts may be original research or other articles suitable for publication in JAMA.

Instructions to authors are available on page 41 in the July 3, 1991 edition of JAMA. If you have any questions, contact Dr. Arthur Elster, Director, Department of Adolescent Health, American Medical Association, 515 North State Street, Chicago, IL 60610 or call (312) 464-5570.

The deadline for submitting manuscripts is October 1, 1992. Please address your manuscript to the attention of Jody Zylke, JAMA Affairs, 515 North State Street, Chicago, IL 60610.¶

Now THAT'S a Dividend!

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We see our job as much more than simply providing coverage at competitive rates. Our commitment is first and foremost to helping good doctors practice better medicine.

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Call 800-548-0799 For More Information

THE DOCTORS' COMPANY

1992 PCMS BOARD RETREAT

The PCMS Board of Trustees, Committee Chairmen, Past Presidents, Specialty Society and Medical Staff Presidents and Auxiliary leadership attended the annual PCMS Board Retreat Saturday, January 11 at the Tacoma-Sheraton Hotel.

Dr. Toth chats with Dr. Tom Reardon, (AMA Board of Trustees) and Dr. James Kilduff (President WSMA)

President **Dr. Eileen Toth** invited **Dr. Tom Reardon,** AMA Trustee and member of the powerful and influential Congressional Physicians Payment Review Commission. Dr. Reardon is a Family Physician from Portland, Oregon. He has been intimately involved in the discussions taking place in Washington D.C. regarding physician reimbursement.

Some of the key points Dr. Reardon made during his informative and well-received presentation were:

... Between 1984-1986 expenditures for Medicare Part B increased from 16 to 20 million despite a fee freeze.

... Two major issues driving physician payment reform and the Relative Value Scale were: 1) the wide geographic variation in fees, sometimes a 200-300 percent variation in fees for the same service; and 2) a perceived inequity issue between evaluation and management services and procedural and technical services.

... EKG's. We (AMA) think there should be a payment for the component of reading an EKG, however, the $40 EKG will probably come down to $15-20. It is considered a very overvalued procedure.

... We believe new physicians should be treated fairly.

... Was RBRVS necessary? Yes,it was DRG's or capitation.

... The Medicare fee schedule is not a fair fee schedule, it is only what Congress is willing to pay and it is constrained by budget and national debt issue. For the private sector a higher conversion factor will have to be used.

... The government will be looking at physician training, licensure, and certification because of Congressman Stark (D-Calif).

... Congress is going to be looking at physician competence, probably through a peer review process in the hospitals.

... The public is going to demand that we measure physician's competency.

... A general agreement is that we have too many physicians, too many specialities and not enough primary care. **One way to control that is to fund three years of post graduate training and if a physician wants to train in a highly paid specialty, they would pay their own tuition.**

... They are looking for ways to convince, influence, coerce physicians into primary care.

... Congressman Rostenkowski wrote PPRC to develop information and data for an all payer system by March 1992. It implies rate setting or price ratios.

... Health system reform. **We will have it**—the only question is what shape and form it will take and how we will be practicing in the next ten years.

... Once countries have achieved universal access to control costs they do three things—they limit access to 1) specialists, 2) hospitals, and 3) technology.

... An AMA survey revealed 69% of surveyees said yes, they are willing to spend more on health care. But when asked how much, most said no more than $100.

... What is driving health care costs up?? 1) First dollar coverage. Between 1950 and 1983 out of pocket expense fell from 65% to 27%; 2) Increased cost of medical services; 3) The aging population. We now have 32 million Medicare beneficiaries; 4) Effects of aging on spending. Between 0-19 we spend $750 a year; between 19-64 we spend $1500 a year; from 65-85 it triples; and after 85 we spend over $9000 a year. The 85+ year olds are growing at the most rapid rate; 5) Life styles; 6) Defensive

Dr. Vita Pliskow, PCMS Secretary-Treasurer, gets clarification from Dr. Kilduff

Drs. Reardon & John O'Brien-Bell answer questions while Drs. Mark Gildenhar, Richard Hawkins & Vita Pliskow observe.

medicine and egos. Doctors don't like to be wrong; 7) Administrative costs. **If we went to a uniform claim form it would save 32 billion; 8) Technology, the major driver behind costs.** It is estimated that in the next ten years biogenetics expenditures will be 100 billion per year.

... If you cut all doctor's salaries by $30,000, what would you save? You would save 2.3% of total expenditures and it would be a one time saving. We could cut all phyicians' income in this country by 50% and save 4.5% of health care dollar.

... .We have to have insurance reform. We have to go from experience rating to community rating. We have to have no exclusions, no waiting periods, and finally, portability.

... What will happen in the next couple years? If we have a landslide victory for Democrats in November we can expect to see legislation very quickly.

... If the President does not get on the bandwagon, we will not see anything take place with health care reform.

... Bush does not want to do anything, and there is no will in Congress to do anything without the President.

... What should medicine be doing now? We need to determine where we want to go, then sit at the table and participate.

... Basically this country is a free enterprise system, but medicine is not a free enterprise. The market doesn't work in medicine because of insurance. If you really want to find out what patients think our services are worth, just do away with all insurance and let them pay the bill.

... We need to make changes for our social and cultural needs.

... In your dealings with the public and politicians in Tacoma and Washington, the public must understand that we are not totally to blame for rising health care costs. There are a lot of other factors out there. Technology is the primary driver of escalating costs. The public is going to have to be willing to make social and cultural changes if we are to make any major changes in our system. We will probably have to modify and refine and build upon our own system.¶

DR. O'BRIEN-BELL COMMENTS

Dr. John O'Brien-Bell, Past President, Canadian Medical Association and Family Physician from Surrey, B.C. made the following comments at the Board Retreat:

... In Canada, the basic premise on which the health care system was built was delivery of the **highest** standard of care to Canadians. We have fallen off that standard so we are now providing what the government calls, **"the best affordable"**. And as the differential grows between the "highest standard" and the "best affordable" we are beginning to see the call for a second tier.

... **If you lock yourself into a system that denies you the opportunity go above and outside what governments think they can afford to pay, then that highest standard will gradually erode away. You will get off the "gold standard" and wake up as we are doing in B.C. and find that we have the best the government can afford and the best is a little less every year with no tier of excellence.**

... Politicians in the U.S. do not see national health care insurance as reducing long-term costs of health care and they are looking for options.

... The truth is, everybody wants somebody else to pay.

... You cannot import somebody else's system. Any system you develop has to be uniquely American.

... Costs in Canada in 1989 were about 55-60 billion as compared to 604 billion in U.S. - per capita costs in Canada in 1990 were $1687 vs $2300 in U.S. for a year.

... How can you compare the GNP of Canada with that of the U.S.? The cost of violence in the U.S. is horrendous. The figures for homicide of men under 35 in the U.S. is 22 per 100,000 compared to 1.5 average of other western nations. Two percent of all Americans were victims of violence last year; 6% of all Americans had someone in their house who was subject to violence; 30% knew somebody who had been a victim of violence; *60 millions Americans were touched by violence last year.*

... One-third of deaths in the U.S. are by accident and the total lifetime costs for violence in 1985 were 158 billion.

... The U.S. has a drug problem that other nations do not have—the problem of our ghettos.

... We should not allow ourselves (U.S. & Canada) to be pilloried by health care economists because our costs are highest.

... Parkinson's Law operates in health care—public demand rises to obtain the services made available to you.

... **One-third of the budgets of most Canadian provinces is designated to health.**

... The Federal government of Canada has moved into cost containment as funds available have diminished. Rationing, the deliberate with-holding of beneficial services will be next.

... The most damning incident for B.C. government was the need to contract with Washington hospitals to do 200 coronary artery by-passes on Canadian patients.

... The MRI unit for Saskatchewan is in Minnesota. Winsor, Ontario patients come to Detroit for coronary artery bypass surgery

... There is more "cross border" traffic than you might realize.¶

DR. KILDUFF SPEAKS

Dr. Kilduff, WSMA president began his address at the January 11 Board Retreat by thanking Dr. Farber for an excellent presentation on treating the terminally ill patient.. He added that from his perspective physicians are committeed to learning how to manage their patients terminal illnesses better. The State Association is working on development of a manual that will include pain management, hospice, ethical, legal, and other issues of long term care and dying. He added that WSMA will be doing CME programs on Care of the Terminally Ill, which will include topics such as pain and ethics. Dr. Kilduff said he was asked to give an update on what will be happening in medicine in Washington State. He answered that he really doesn't know. He defined the problem as "health insurance for those who don't have it", and really not access as everyone is describing it.

Karen Benveniste, PCMSA President and Karen Dimant PCMSA President Elect review their notes.

The problems stem from "our magnificent ability to deliver health care." It is replete with technology, whether appropriate or not. Another extreme cost factor is cost shifting. In this state there are 400,000 people served by welfare. Add another 500,000 working poor. We have almost one million people not covered at at least a cost level of insurance. This is a cost shift to private insurance. Another cost shift is by insurance companies doing experience rating. It is a cost shift from the young to the older. Self insured companies, such as Boeing, control their experience rating by only hiring people without pre-existing conditions, or by employing primarily young people. So, this becomes a cost shift from the private-insured to the public. Liability insurance is also a cause for great expense to medical care.

With this background, Dr. Kilduff said he could not provide a lot of hope and he is becoming more pessimistic as time goes on. With one million people uninsured, a 900 million shortfall in the budget, teachers very unhappy about a retracted payraise, DSHS trying to save 200 million by cutting corners in various programs, physicians can look forward to no increase from DSHS in 1992, 1993 and probably 1994. In this milieu, he cited numerous things happening. The Governor has introduced a bill to improve access and cost. It calls for a commission of five individuals who will not benefit monetarily from any form of medical care. It will define benefits, premiums, co-pays, and all aspects of the benefit plan. They will certify insurers to sell insurance in the state and the methods and standards by which insurance will be sold. They may decide to say there will be no fee for service, there will be no PPO's or IPA's, there will be HMO's. This is the type of power that is invested in this commission.

They will also be able to define conflict of interest problems such as with medical equipment. They will have absolute power over cost control by when they set the premium they would also set the fee payment. Not maximal fee charges, because there would be no balance billing, but maximum fee payment to the physicians. The Governor's bill would expand the Basic Health Plan from 21,600 to 40,000 and would allow small business employers to buy into the plan to cover their employees.

Liability reform would basically be a certificate of need process or certificate of merit that has been pushed for some time. Prevention of multiple methodologies of underwriting would be included. This would allow only one pre-existing condition per individual.

Continued on page 11

Dr. Stu Farber was very well received by Retreat participants with his thoughts on care for the terminally ill.

The Governor would fund increased access in this state by the famous "pay or play" mechanism. This tells employers that if you play by providing coverage for your employees, this is fine. If you don't, you pay into a state fund that covers those employees. The problems with this is multi-fold.

* You would only at best cover 200,000 of the 500,00 people who are not covered.

* It would require only that the employer cover the employee, not the employee's family

* The Association of Washington Business and the Independent Business Association and all the big players are against this because it would raise their business costs.

If the Governor were to pass this bill, it could be turned over by a federal court because of ERISA. A Federal Law that says if you are involved in interstate commerce and you have employees of any number, a retirement plan or a health plan, no state can amend that plan, except the federal government.

So, the Governor's bill would not eliminate cost shifting, would not improve the payment from DSHS or L&I, would not cover at least 300,000 people uncovered, does nothing to reduce the direct or indirect costs of liability. WSMA thinks his plan is not going to go anywhere as he is a lame duck.

However, he spoke of the anger and angst in the community about health care and the public wants cost control and access. Dr. Kilduff believes that if anything is done it will probably be a both party cost-control bill that is undefined at this time.

Dr. Kilduff spoke briefly of Braddock II, which, in his opinion, would simplify medical office overhead. This would be a single party payor and there would also be a government commission appointed that would determine costs. What the medical profession is mostly afraid of with Braddock II is an "expenditure cap" determined every two years by the legislature. This would put medical care in the arena fighting against education, roads, clean air, ferries, etc. If that had occurred four years ago, medicine would be in dire straits today.

He predicts that Braddock II will probably become Braddock III in the form of an initiative in November. The Ralph Nader/ Citizen Action Group in this state has about 1.8 million dollars and their sole purpose for that money is to bring a single payor system via initiative to the voters in November, 1992.

Alliance For Health Care was formed in January 1991. There are twenty-nine principals that have been meeting weekly. They agreed on the following principles:

Insurance reform:

... Standard electronic claims processing.

... Uniform eligibility requirements.

... Uniform utilization & review requirements.

... Central data repository for all medical codes.

... Medicare repository goes to the DOH and not the Federal Government.

... Central data collection agency.

... Elimination of state mandates for who may do what to who.

Liability Reform:

... Certificate of merit for frivolous suits.

... Alternate dispute mechanism.

... Changes in joint and severable liabilty laws.

Access:

... Increase Basic Health Plan to an unlimited number.

... All small businesses be community rated.

Dr. Kilduff explained that the funding mechanism is the roadblock. There had been a funding mechanism proposed that fell apart when the governor announced his retirement, he explained. The reason it fell apart was that the purchasers saw that whatever would be put into place for funding would be used to reduce the immediate defecit and not for healthcare. That leaves the only possible funding mechanism a state income tax, which he believes has no change of passing. However, the Governor can mandate a one percent income tax without a vote of the people if he has a majority vote in the senate and the house.

In conclusion, Dr. Kilduff said that if all the recent efforts would at least provide administrative simplification and liability reform for physicians in Washington State, it would be a victory for medicine.¶

TREATING THE TERMINALLY ILL PATIENT

PCMS member Dr. Stuart Farber addressed the PCMS Board Retreat on Saturday, January 11. He beautifully tied in long term care for the elderly and terminally ill with the current problems and dilemmas facing our health care system. He began by testing the forty attendees on their own status for wills, living wills, and a durable power of attorney for health care. His point was well taken that even physicians, as knowledgeable as they are about the process of dying, aren't prepared for it and have not expressed their wishes in writing. The test continued with how many attendees specifically asked their patients what they want regarding code status in various medical emergencies. Again, a small percentage concurred that they do initiate and discuss these issues with their patients. Dr. Farber encouraged everyone to discuss end of life issues with their patients, family, friends, health care provider and attorney and make certain that individual wishes are well known and documented.

Dr. Farber focused his discussion on hospice or "palliative care" as opposed to the care most physicians provide, which he defined as "curative" care. Palliative care is "treating peoples' symptoms without worrying about why they have the symptoms, what the pathogenisis is, or where it came from, but just making it go away". He acknowledged this is very difficult for physicians because it goes against the way they are trained. He said the palliative care movement grew from a physician from the United Kingdom, Cecily Saunders, founder of the Hospice movement.

Patients prefer technologic intervention. Patients expect a procedure or medication which will produce a desired result.

Most patients would not be satisfied with advice to quit smoking, sleep better or get a flu shot. This advice is not what patients expect nor is it what physicians expect of themselves.

The system works fine if the patient can be cured. If the disease is not curable, the patient's expectation is the same, as is the physician's expectation for themselves. They both want the disease cured. Eventually they agree that there is nothing more to be done and the physician makes a referral to hospice. By this point, there usually is no time or energy to bring life to a close. It is not very rewarding because the patient, physician, family and hospice workers all go through a very frustrating process coupled with high emotions and little time to deal with major issues. Dr. Farber noted "this scenerio happens over and over, not because anybody is bad or wants it to happen this way, but because it is the way the system is set up and the values we carry with us as we go through the system."

Dr. Farber added that he addressed many groups regarding Initiative 119 and he discovered that most patients and families are more afraid of the pain associatied with a terminal illness, particularly cancer, than they were afraid of being dead. In working with terminally ill hospice patients, it is his observation that most patients are undertreated for pain in terminally ill conditions.

In closing, Dr. Farber said we have lots to offer our patients other than high tech intervention. Hospice is one alternative. Physicians need to sharpen their skills on how to treat symptoms and become more aware of alternatives and community resources.

He noted that in his experience, patients go along with their physician's recommendations, even if it is not what they would like or prefer. "Patients fear losing the support of their physician," he added.¶

BUDGET WOES CAST SHADOW ON REFORM

Efforts to increase access to the health care system during the 1992 legislative session will be made nearly impossible by a state budget deficit of nearly $1 billion, the House Appropriations Committee chairman predicted. Speaking at the Washington Health Legislative Conference in Fife, Rep. Gary Locke said the state doesn't have the money to fund existing programs, let alone create new programs for the uninsured without new sources of revenue.

According to Locke, the legislature has added $250 million in new health care programs over the last three years (among them First and Second Steps to improve health care services for low-income pregnant women, newborns, and children). There's little question all DSHS programs will come under close scrutiny when the legislature reconvenes in January.

Gov. Booth Gardner, who also addressed the conference, said health care spending is consuming an increasingly large share of the state's budget. "Washington can't afford it's current health care system," Gov Gardner said in a recent interview. He will release his own proposal on costs and access later this month. It is expected to go beyond the commission's interim report and will call for employer-based financing of this system (play or pay.)¶

ALLIANCE MOVES AHEAD

The Alliance for Health Care Reform (business, insurers, and providers) is moving closer to legislative action. Following many additional hours of difficult, sometimes acrimonious and always frank negotiations, the Alliance for Health Care Reform's steering committee has agreed to take a two-track approach to reform. A short-term cost and access package is forthcoming before the 1992 legislative session. Long-term planning continues.¶

COMMISSION ISSUES INTERIM REFORM REPORT

The state health commissions's long awaited interim report, issued last week, held a few surprises. It deferred recommendations on financing and a benefit package while laying out a comprehensive insurance reform and cost control strategy.

The WSMA applauded the commission's avoidance of a "quick fix" solution to benefit design and financing dilemmas, but warned against the dangers of establishing a new, small state board with far-reaching powers to control costs. The independent regulatory board—five to nine members—would oversee the health care system. The board would have broad powers but would exclude physicians, other providers and purchasers. WSMA noted the commission has struggled with the same issues the medical association, hospitals, purchasers and insurers have found difficult to answer in their work as members of the Alliance for Health Care Reform.

The commission's state board would, among other things:

... determine methods of payment to providers.

... design a uniform benefits package.

... determine the maximum premium for the uniform package, leading to a target or total expenditure level for health care.

... establish how much individuals should pay for premium share, co-payments, deductibles, and coinsurance.

... control technology.

... determine billing and claims procedures for all payors and providers and establish utilization management policy.

... certify participating health plans.¶

COSTS AND PHYSICIANS' INCOMES

For several years ***Dr. David Hopkins,*** *a family physician in Federal Way and President of PCMS in 1976 was editor of WSMA Reports. His editorials were known for their wit and wisdom and were always the highlight of the publication, which at that time was enclosed in the Western Journal of Medicine. Dr. Hopkins worked as a reporter for the Minneapolis Tribune to help put himself through medical school.*

Many of his editorials are as pertinent today as they were when written several years ago. Future editions of the Bulletin and PCMS Newsletter will feature selected editorials by Dr. Hopkins. We think you'll enjoy them. This month we are offering two editorials, one humorous and one in a more serious vein. "Costs and Physicians' Incomes" first appeared in 1979, and "Wine: No Nose is Not Good Nose" first ran in August 1986.

The average physician who attends medical meetings or reads scientific journals is bombarded with noble sentiments and high-flown rhetoric regarding the physician's role in the containment of health care costs. We all applaud these concepts in the abstract, but when they are translated to our day-to-day office practice, the bottom line, which is never mentioned, becomes painfully obvious: the rate of growth of the physician's income has to suffer.

Each one of us in our office can help lower the cost of medical care by such measures as doing lab work only where it will change the course or treatment, or educating patients about their health to reduce needless office calls, or by eliminating tests and x-rays done under the guise of "defensive medicine." This type of good medical practice will undoubtedly affect our income, but here is where the battle is joined, and we will see whether we are engaging in rhetoric or true cost containment. Rest assured that if we don't take firm steps the government and the public are ready to do it for us. The hospitals are already deeply involved in resisting government efforts to totally control rising hospital costs.

The whole situation is vaguely reminiscent of my childhood when I was due for switching, and my mother would send me out to select my own switch. If my selection was too weak or broke, *she* would then select a switch which was inevitable far too sturdy and hurt. The parallel here is that if we and medicine don't select the right switch, "big brother," not mother will select it for us.

WINE: NO NOSE IS NOT GOOD NOSE

A few weeks ago, a friend of mine who is interested in wines invited me to a gathering of wine connoisseurs. The group meets each month at a different member's home to partake of good food and sample fine wine. This get-together was at a lovely country home near Orting with an area on the grounds for skeet shooting, croquet set up on the lawn, and a trout pond stocked with huge rainbow trout.

I must admit that, with my supermarket knowledge of wines, I had some misgivings about mingling with wine experts, but my fears were somewhat allayed by the lovely pastoral setting and the warm welcome from the host and convivial guests. I did quite well early in the evening, tossing off bon mots and non sequiturs with aplomb and giving medical advice that was worth about what the listener was paying for it.

Soon the buffet was served, the wine sampling began in ernest, and I was in trouble. I sampled the first wine and proclaimed it tasty. The fellow standing next to me stared at me and said, "Don't you find it a bit 'flabby'?" The wine was 'flabby'? I muttered something about there probably being a little flabbiness there and moved on. I poured myself a different wine, and once again trying to make conversation, commented to one of the women in the group I thought this wine was quite good. She gaped at me in disbelief and then, obviously searching for a word that would not totally destroy me, said, "It's 'interesting' wine." I walked out to the trout pond to watch them snare the beautiful fat trout.

Next it was dessert time, and as I settled back in a chaise lounge with my dessert wine, someone commented rather pointedly, "you can't let that wine sit around. You know it loses its 'nose.'" I polished it off in a few swigs and left to join the croquet match where, now completely unnerved, I won the Honorable Mention Last Place ribbon.

Fate must have drawn me to the study where on a table I noticed several issues of a magazine that billed itself as a "wine-lovers guide to the fine wines" and was loaded with descriptive adjectives for various wines. After 15 minutes of intensive cramming, I emerged ready for the Grape Wars.

I moved easily through the crowd, sampling wines right and left and tossing off adjectives like "saucy," "impudent," "punishing," "oaky," and "cedary." I told one woman her wine was "tight," "rounded," with a "good backbone" and great "nose," but judging from the expression on her face I'm not sure she realized I was describing the wine. I even had a chance to use a line that I had been saving for years from the old movie "Kind Hearts and Coronets" when I described one wine as having "all the exuberance of Chaucer without the concomitant crudities of his period." I was on such a roll that I even began making up my own adjectives like "lugubrious" and "unctuous" and "wicked."

Now that I know how to play the game, I am looking forward to the next encounter, but I may just decide to end the evening before it starts by saying, "I'll have a beer."

Pierce County Legislators

LEGISLATIVE HOTLINE.1-800-562-6000
Legislative Address:Senator/Representative John/Jane Doe
Legislative Building Olympia, WA 98504

	Residence	Olympia
2ND LEGISLATIVE DISTRICT		
Senator Ken Madsen (D) P.O. Box 370 Roy 98580	843-2659	786-7602
Representative Randy Dorn (D) P.O. Box 262 Eatonville 98328	832-3422	786-7912
Rep. Marilyn Rasmussen (D) 33419 Mountain Highway East Eatonville 98328	847-3276	786-7824
25TH LEGISLATIVE DISTRICT		
Senator Marcus S. Gaspard (D) 8220 191st Ave. E. Sumner 98371	863-3086	786-7648
Representative Randy Tate (R) 5110 70th Ave. E. Puyallup 98371	848-7096	786-7968
Representative Sarah Casada (R) 12908 115th St. East Puyallup 98374	848-8390	786-7948
26TH LEGISLATIVE DISTRICT		
Senator Bob Oke (R) 1367 Bulman Rd. SE Port Orchard, WA 98366	871-6380	786-7650
Representative Ron Meyers (D) P.O. Box 879 Port Orchard, WA 98366	876-5005	786-7964
Representative Wes Pruitt (D) 6215 55th Avenue Court Gig Harbor 98335	858-3154	786-7802
27TH LEGISLATIVE DISTRICT		
Senator R. Lorraine Wojahn (D) 3592 East "K" Street Tacoma 98404	472-6537	786-7652
Representative Ruth Fisher (D) 1922 North Prospect #9 Tacoma 98406	752-7926	786-7930
Representative Art Wang (D) 3319 No. Union Tacoma 98407	383-5461	786-7974

	Residence	Olympia
28TH LEGISLATIVE DISTRICT		
Representative Art Broback (R) 3616 Soundview Dr. W. Tacoma 98466	564-4432	786-7958
Rep. Shirley J. Winsley (R) 539 Buena Vista Avenue Tacoma 98466	564-5494	786-890
29TH LEGISLATIVE DISTRICT		
Sen. A. L. "Slim" Rasmussen (D) 5415 "A" Street Tacoma 98408	472-4380	786-7656
Rep. Rosa Franklin (D) 7827 South Asotin Tacoma 98408	473-6241	786-7906
Rep. Brian Ebersole (D) Legislative Bldg. 3rd Fl. Olympia, WA 98504	472-9414	786-7996
30TH LEGISLATIVE DISTRICT		
Sen. Peter von Reichbauer (R) P.O. Box 3737 Federal Way 98063-3737	931-3913	786-7658
Rep. Jean Marie Brough (R) 1118 South 287th Place Federal Way 98003	839-6903	786-7830
Rep. Maryann Mitchell (R) 33010 39th Place S.W. Federal Way 98023	874-5769	786-7898
CONGRESSIONAL OFFICIALS		
Sen. Brock Adams (D) 513 Hart Senate Office Bldg. Washington D.C. 20510	442-5545	202-224-2621
Sen. Slade Gorton (R) 324 Hart Senate Office Bldg. Washington D.C. 20510	442-0350	202-224-3441
Rep. Norm Dicks (D) 2429 Rayburn House Office Bldg Washington D.C. 20515 621 Pacific Ave. Suite 201 Tacoma 98402		202-225-5916 593-6536

How To Contact Your Legislator*

Visiting Your Legislator

1. *PERSONAL CONTACT.* Meeting your legislator personally is the most effective way to communicate. You are one of your legislator's constituents and therefore important to him/her. Developing a one to one relationship makes writing and calling a far more valuable and effective means of communication.

2. *TIME AND PLACE.* Take the time to set up an appointment to meet. Whether for coffee, lunch, dinner, or a reception, at home or in Olympia at the capitol, getting to know your legislator is the basis for all future contacts.

3. *SHORT AND FRIENDLY.* Unless you already know your legislator, make your first contact short. Fifteen minutes at the capitol is sufficient. Meetings back home in your district can be longer. Put your legislator at ease by being friendly and sincere – not threatening.

4. *BE PREPARED.* You should be prepared to discuss current topics which may be of interest to your legislator. He/she may seek your advise on an issue of choose to talk about a topic with which he/she is personally involved. Current health–related topics from the newspaper may also be discussed.

5. *YOUR SPECIFIC ISSUE.* It is your responsibility to initiate the discussion on your specific issue. You should know the following:

The bill number.

The name of the bill you are discussing and/or the name of the amendment.

Three good reasons to support your position.

What the subject means to your practice of medicine or the medical profession generally.

6. *BE AWARE OF THE OPPOSITE POSITION.* If you are aware of the arguments against your position, you will be better able to anticipate your legislator's questions.

7. *KEEP TRACK OF YOUR TIME.* Don't overrun your appointment. You can always meet again or follow up any last minute points in a letter.

8. *IT'S NEVER A WASTE OF TIME.* Even if your legislator doesn't agree with your position on an issue, the time you give will be educational and informative. Your legislator may support medicine on another issue of importance because of the personal contact you've made.

9. *FOLLOW-UP LETTER.* Follow–up your visit with a letter of thanks. If additional points regarding your issue did not get discussed, include them in your letter. Let you legislator know you appreciate his or her service, and specifically, the time given to you personally.

Writing A Letter To Your Legislator

1. KNOW YOUR LEGISLATOR'S NAME. If you aren't sure, call the WSMA at 1–800–562–4546 in Olympia.

2. *ADDRESS YOUR LETTER* as follows:

The Honorable _____ _____
Washington House of Representatives
Legislative Building
Olympia, WA 98504

Dear Representative _____:

or The Honorable _____ _____
Washington State Senate
Legislative Building
Olympia, WA 98504

Dear Senator _____:

Individual office addresses may be used, however, they are not necessary on letters.

3. *BE SPECIFIC* and keep your letter to one page. Use personal or business (preferable) stationery. Write or type clearly. Cover no more than one bill or issue in each letter. Your opinions and arguments stand a better chance of being read if they are written concisely.

4. *INCLUDE THE HOUSE OR SENATE BILL NUMBER.* Sometimes several bills relate to the same subject. If you're asking your legislator to vote a certain way on a specific bill, include the bill number to avoid confusion. If you don't know the bill number, call the WSMA Olympia office for the information.

5. *GET RIGHT TO THE POINT.* For example, "I urge you to support (oppose) House Bill _____." Each bill usually has a companion or similar bill circulating in the other chamber of the Legislature, so a particular bill may have both a House Bill and a Senate Bill number. State your position on a bill or issue and the reasons for your position. Use examples from your own experience to make your point.

6. *EXPLAIN THAT YOUR POSITION* is in the public's interest (not just the medical profession's). Tell your legislator why you think the bill, if it becomes law, will help or hurt the community. Also, if appropriate, state how the proposal affects health care costs. If you have expert knowledge, share it. A legislator cannot possibly be an expert on every issue. If you believe a bill incorrectly addresses an issue, explain the right approach.

7. *BE TIMELY*. Inform your representative while there is still time to take action. A letter written after a bill has been reported out of committee or has been voted on is ineffective.

8. *BE POLITE AND REASONABLE*. Lawmakers can't please everyone. They may disagree with you. Try to respect their views and don't lose your temper – even on paper.

9. *FIND OUT YOUR LEGISLATOR'S POSITION ON THE ISSUE*. Ask your legislator to respond and give his or her position on the issue. Don't assume that you know your legislator's position. Share this information with the WSMA.

10. *FOLLOW UP*. Give your legislator a reasonable amount of time to respond. If your legislator's response if favorable, write a letter back and thank him or her. If your legislator doesn't support your position, determine his or her reasoning and whether any additional information should be forwarded. Perhaps a personal meeting is necessary. If your legislator is adamantly opposed to your position, don't pursue that issue any further or you could jeopardize his or her support on another important issue. In fact, a legislator may be more likely to support you next time if he or she opposed you on another issue. And, we will need that support.

11. *BE COMPLIMENTARY*. Legislators are human, too, and appreciate praise from their constituents when they've done the right thing.

12. *AVOID FORM LETTERS*. Form letters often receive form replies. Legislators usually know the positions of major lobbying groups, but not the individual constituent's experiences or observations. The personal letter is far better than a form letter, postcard or signature on a petition.

13. *DON'T OVERDO IT*. Don't write too often. Quality and timing, not quantity, are important.

14. *DON'T USE "CANNED" MATERIAL*. Material sent to you by the WSMA is for your use in formulating a letter to your representatives. Don't forward a copy of what the WSMA sends you to your representatives. Paraphrase the material in your own words.

Calling Your Legislator

1. *USE THE PHONE SELECTIVELY*. Before you call your legislator, find out the bill number and status if you're calling about a specific bill. Be polite. If you don't know the number or status of the bill, call the WSMA Olympia office.

2. *LEAVE YOUR NAME AND NUMBER*. If your legislator isn't in when you call, leave your name and phone number. Try to keep in mind the many meetings and hearings your legislator must attend.

3. *BE PREPARED*. Be will prepared, and ready to give a shorthand version of what's on your mind. An abbreviated message can be left with the staff if your legislator isn't' in.

Using The Legislative Hotline

1. *LEGISLATIVE HOTLINE NUMBER is* 1–800–562–6000.

2. *AGAIN, BE PREPARED*. Know the bill number and jot down before you call the message you wish to convey to your legislator. These messages are hand recorded by legislative staff operators and delivered promptly. You are allowed to send the same messages to seven different legislators.

3. *BUSY SIGNAL? KEEP DIALING*. There are about 12 operators constantly taking messages from 8:00 a.m. to 6:00 p.m., or later. If you keep dialing, you'll get through. Your WSMA Olympia office staff will attest to the importance of these Hotline messages. Legislators place a great deal of importance on them and will usually reach for these "blue sheets" before answering messages or reading their mail.

As a final note, read the WSMA newsletters. Respond promptly to requests for letters and calls. Your help and cooperation are vital to the success of the WSMA's legislative efforts in Olympia.

LEGISLATIVE HOTLINE PHONE 1–800–562–6000

WSMA OLYMPIA OFFICE PHONE (206) 352–4848 OR 1–800–562–4546

**Reprinted from WSMA Legislative Guide*

ST. JOSEPH HOSPITAL TRAUMA STUDY

Anthony J. Haftel, M.D.
Chairman, Trauma Advisory Committee
St. Joseph Hospital and Health Care Center

One hundred patients who had been brought to St. Joseph Hospital of Tacoma with major trauma were randomly selected for analysis. All patients were treated in our main trauma room and all had major anatomic, physiologic, and mechanistic indicators of major trauma. Patients were selected from two recent eras – February '88, February '89, and October '90 – January '91.

Individual charts were pulled and data was extracted relevant to their demographics, mechanism of injury, emergency room care, ultimate disposition of the emergency department, analysis of their length of stays, operative histories, and mortality incidence was conducted. Finally, a major fiscal analysis was done identifying the hospital charges as well as the individual professional fees for all care provided. The later analysis involved identifying the 92 physicians who collectively cared for the 100 patients, and then soliciting detailed financial disclosure from their respective offices. In addition, hospital based physicians, radiologists, and anesthesiologists were similarly pooled for their financial records. Only the emergency room physicians' charges and reimbursement were excluded, since theirs appeared on the hospital bill. All physicians supplying care were identified, and all complied with the study.

There were 75 males and 25 females in the study. The average age was 33.5, with the range of our patients from 13 to 83 years of age. The average for penetrating injury was 29 years with the average age for blunt trauma being 37. Mechanism of injury was atypical in that there were 41% with penetrating injury versus 59% with blunt injury. This contrasts sharply with the result of Washington State statistics (WTOS) which showed 91% blunt injuries and 9% penetrating.

Motor vehicle occupant injury led with 38%, with gun shot wounds 26%, and stab wounds at 15% as mechanisms of injury patterns. Prevalent nature of violent trauma on the hilltop accounts for the striking amount of penetrating injury. Nationally, gunshot wounds are at 7% as are stab wounds at 7%.

A time of arrival analysis revealed a peak flow of trauma patients to be between 3:00–6:00 p.m. or 25% of cases, followed next by the time interval 10:00 p.m.–1:00 a.m. with 22% of the cases. 30% of cases were seen between midnight and 8:00 a.m. The slowest three hour interval was 6:00–9:00 a.m. with only 4% of cases appearing. Wednesday, Saturday, and Sunday presentations were higher than expected (18% average daily occurrence), and Monday and Thursday incidents were lower than statistically suspected (8% and 10% respectively).

All one hundred patients were managed in the emergency department. Average duration of treatment was 162 minutes, with 210 meantime for blunt trauma patients and 101 for penetrating victims.

Hospital Course and Outcomes

There was a total of 59 surgical procedures done on 38 patients of the 100 patient population. These procedures were accomplished in 52 separate trips to the operating room (i.e., six operations were multiple procedure). Of the 38 patients receiving surgery, 27 went only once to the OR, 8 went twice, and three patients had three trips each. There were 22 orthopaedic procedures done, leading exploratory laparotomy at 15 procedures.

Ninety-two physicians supplied daily hands–on patient care, with an additional 20 anesthesiologists participating in the 52 surgeries. Nine emergency department physicians collectively cared for the 100 patients and the number of radiologist reading films was not counted.

Of the 100 trauma patients, there was an aggregate of 1,996 patient days of care, 1,480 were supplied by surgeons, 406 by internists, 80 by psychiatrists, and an additional 30 by assorted dental, pediatric, and OB practitioners.

Of the 1,480 surgical patient–days of care, the leading sub–specialist was the orthopaedist, with 411. The general surgeon was second with 379.

Length of stay data was accumulated and correlated according to mechanism, survival, etc. Mean length of stay for the entire population was 7.08 days, with a range of 1–66 days. This compared favorably with the National WTOS mean of 9.1 days. Our overall ICU length of stay was 3.66 with a range of 1–16 days. This was comparable to the national mean of 4.8 days. Twenty–nine percent of the trauma patients were covered by commercial insurance, and 29% DSHS patients. Twenty–two percent of the patients were self insured and 20% Medicaid patients.

For a complete study with graphs, please contact Dr. Haftel at 627-4101, extension 5397.

ASK YOUR CONSULTANT !

"Ask Your Consultant" is a feature of the Pierce County Medical Society Bulletin. It is an opportunity for physicians, management and staff to ask for advice on medical management questions. Each month, selected topics will be addressed by a medical office consultant from Larson Associates.

Send your questions and comments to:

Larson Associates
223 Tacoma Ave. South, Suite A
Pierce County Medical Society Building
Tacoma, WA 98402

(206) 383-9857

Dear Norma,

Our office is in an uproar. The new Medicare billing codes are now in effect. The physicians have decided to keep using the old office and hospital visit codes and just have the front office staff change them to the "new codes" for Medicare patients. We're uncomfortable doing this, primarily because we don't understand the new codes that well and don't want the responsibility of making these decisions. Should we be concerned, or should I simply ask my staff to do the best they can and make the changes? Are there other things I need to be doing connected with the Medicare changes?

A concerned office manager

Dear Office Manager:

Yes, you should be concerned! It is important to understand that the new coding changes are not just for Medicare. Most of the major insurance carriers are either requiring or accepting the new CPT E/M (Evaluation and Management) Codes and it's just a matter of time until the rest of the carriers do the same. You won't even find the old visit codes in the 1992 CPT book.

It is clear that the new codes are not interchangeable with the old ones. These codes are a new way of classifying the work of physicians and have become primarily a CLINICAL function. Because of the clinical detail and information required, E/M visit coding must be the responsibility of the physician. With potential audits from Medicare and other insurance carriers, office personnel should not be making these decisions.

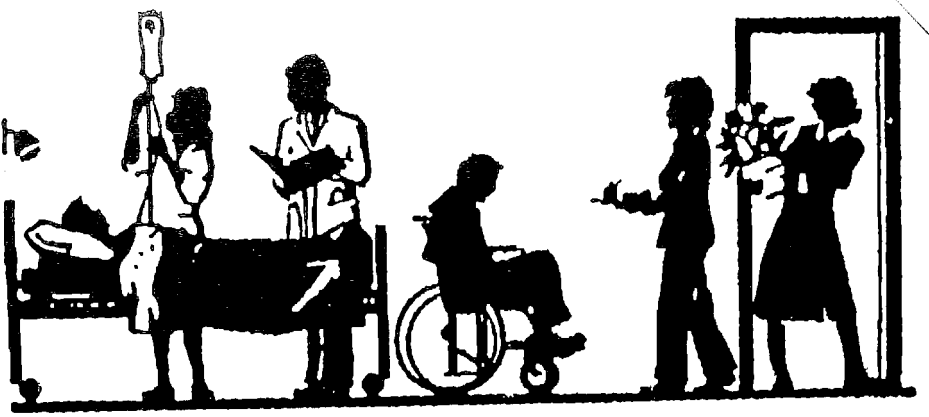
In working with other offices we have found that one question and/or change leads to another. What will we do about forms? Pricing? What insurance carriers are requiring new codes? Is it better to bill with the new codes even if carriers are still accepting the old ones? How will we ever get all this stuff figured out? Sharing these questions and information with your physician(s) will help them to realize that these are changes with far reaching ramifications. Their involvement is essential in finding answers and reaching solutions.

You and your physician(s) need to spend time reading the section on E/M Services in the 1992 CPT book and then have a meeting to discuss your findings. Of course, you AND the physician(s) will also need to attend the workshops offered by Medicare and your county medical society. These workshops are an important source of current information and an opportunity to clarify your questions.

It's also important to keep a sense of perspective. You aren't the only office trying to figure this out. Because the changes are new, everyone is looking for information. You can expect that numerous workshops will be given. Medicare continues to send information and the 1992 CPT book also suggests subscribing to CPT Assistant, obtainable through the AMA. Networking with other offices may also be helpful. Ask other office managers what (and who) have given them useful information and answers.

A time of change is also an opportunity for learning. Much staff building can take place as you and the physician(s) gather new knowledge and put it to use. Don't put your head in the sand and look for the easy way out, and don't let your physician take that route either! Look for any and all opportunities to add to your knowledge base. And remember to *keep a sense of humor!*

Larson Associates works exclusively with physicians and staff in all areas of medical office management. Their services include: practice evaluations, personnel issue resolutions, on-site management, billing and collections procedures, practice start-ups, financial analysis, seminars and in-service training, monthly practice analysis, computer purchases and conversions, and general business and medical office management consulting.



The Pierce County Medical Society presents

"The Status of Health Care in Washington State"

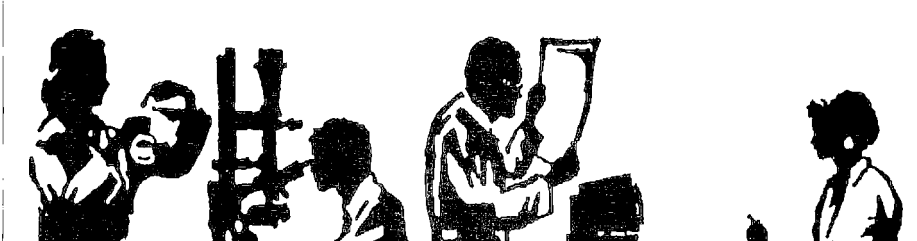
featuring James A. Kilduff, MD President, WSMA

Date:	Tuesday, February 11, 1992	
Place:	Fircrest Golf Club	
Time:	Social:	6:00 (no host)
	Dinner:	6:45
	Program:	7:45
Price:	$17 per person	
	$19 late registration	

Yes, I (we) have reserved the evening of Tuesday, February 11, 1992 to join members of the Pierce County Medical Society at their February General Membership Meeting and to hear Dr. James Kilduff, MD on the "Status of Health Care in Washington State."
Please reserve _____ dinner(s) at $17 per person (meal, tax, and gratuity included)

Enclosed is my check for $_____ Dr._____

Please make check payable to PCMS and return no later than Friday, February 7, 1992.



TOBACCO COALITION UPDATE

The Coalition For A Tobacco Free Pierce County has been working to strengthen the current city and county ordinances regulating smoking in public places. The Coalition, under the chairmanship of **Dr. Gordon Klatt** and staffed by PCMS, revised the current ordinances to restrict smoking in the workplace and require restaurants to accomodate non-smokers rather than smokers. This revised ordinance was referred to the Health and Solid Waste Committee of the County Council where it remains today, one year later, with no action.

Two committee members, Sally Walker and Cathy Pearsall-Stipek, seem to balk at requiring employers to provide a safe, smokefree workplace for their employees. Barbara Skinner is supportive of the restrictions.

Coalition members are frustrated with the excuses and delays of this council committee. **Dr. Pat Hogan,** new chairman of the committee met with Barbara Skinner, Greg Mykland, and Mayor Karen Vialle to investigate why it has been so difficult to make progress with amendments to the ordinance.

The coalition will also be working on submitting an ordinance to restrict access to tobacco by minors. Dr. Hogan says he has found Mayor Vialle and Councilmember Mykland extremely supportive of these endeavors. An experimental "controlled buy" administered by the Coalition last October found that 51% of tobacco and 86% of vending machine purchase attempts by minors were successful.

The Coalition has discussed the possibility of using the initiative route to let the people decide the issue. The advantages and disadvantages of each were discussed at the last meeting. Initiatives are expensive, labor intensive and often fail. Ordinances are slow, under the control of others, and often require a compromise of the desired goal.

The Coalition will be meeting several times in January to set their course for the year and make specific plans for how to respond to the inaction of the county council.

If you are interested in tobacco related issues, please call the Medical Society and ask to participate.¶

VITAL STATISTICS

The Annual Report of the Washington State Vital Statistics for 1990 report a total of 10,558 live births in Pierce County in 1990—5,502 boys and 5,056 girls. The total for Washington State was 79,187.

Of these, 8,770 were Caucasian, 961 African-American, 159 Native American, 23 Japanese, 10 Chinese, 50 Filipino, 542 other Asian, 1 other, 42 unknown, and 743 Hispanic.

In 1990, 123 sets of twins were born in Pierce County and 6 set of triplets.

Of the 10,558 totals births in Pierce County, 1,978 were births with maternal smoking, 6,804 with non-maternal smoking, and 1,776 with maternal smoking unknown.

Live births to single mothers in Pierce County numbered 2,719. Twenty-one of those were under 15; 301 were between the ages of 15–17; 506 between 18–19; 988 to 20–24; and 534 to ages 25–29.

Of the total number of live births, 8,169 were born in a hospital; 73 in birthing centers; 2,521 in a federal facility; 158 at home; and 5 born on arrival.

The three leading causes of deaths in Washington in 1990 were 1) diseases of the heart, 2) malignant neoplasms, and 3) cerebro vascular disease. In 1990 6,208 marriages took place with 3,598 divorces and annulments for the same year.¶

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Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credential's Committee or Board of Trustees of the Society.

SUSAN L. NORRIS, MD

Family Practice. Born 02/25/57. Medical School, University of Alberta, 1980; Residency, Royal Alexandra Hosptial, 1981; Residency, University of Alberta Hospital, 1986; Graduate Training, Tacoma Family Medicine, 1990; Board Certified Family Practice, 1990. Licensed in Washington, 1988. Dr. Norris is practicing at 9505 S. Steele St., Tacoma.

JAMES D. RIFENBERY, MD

General Surgery. Born 3/14/54. Medical School, University of Washington, 1980; Residency, Emanuel Hospital, 1981; Internship, Emanuel Hospital, 1985; Graduate Training, University of California, San Francisco, 1991. Licensed in Washington, 1984. Dr. Rifenbery is practicing at 3418 N. Union, Tacoma.

MARTHA M. ROBINSON, MD

Dermatology. Born 10/14/57. Medical school, Johns Hopkins University, 1985; Internship, Children's Hospital and Medical Center, 1986; Residency, Children's Hospital and Medical Center, 1988; Graduate Training, University of Washington, 1991. Board Certified Pediatrics, 1989. Licensed in Washington, 1986. Dr. Robinson is practicing at 2607 Bridgeport Wy W, Tacoma.

GERALD F. DURIS, MD

Family Practice. Born 12/07/46. Medical School, University of Washington, 1973; Internship, Deaconess Hospital, 1974; Board Certified Family Practice 1977. Licensed in Washington, 1989. Dr. Duris is practicing at 800 S. Meridian, Puyallup.

AKSEL G. NORDESTGAARD, MD

General/Vascular Surgery. Born 06/18/55. Medical School, University of Copenhagen Panum Institute, 1983; Internship, Harbor-UCLA Medical Center, 1986; Residency, Harbor-UCLA Medical Center, 1990; Graduate Training, St. Louis Inversity Hospital, 1991. Board Certified General Surgery 1991. Licensed in Washington, 1991. Dr. Nordestgaard is practicing at 1802 S. Yakima, Tacoma.

FURTHER THOUGHTS ON A SINGLE PAYER HEALTHCARE SYSTEM

Susan L. Norris, M.D. and Martin Mendelson, M.D.,Ph.D.

In our article in the November, 1991 issue of *The Bulletin,* we suggested that physicians in the U.S. would be well served by the implementation of a single payer system of medical care financing. We wish here to point out some of the distortions and errors introduced by Donald P. Sacco and Scott DeNies, executives of Pierce County Medical, in their commentary that appeared in the January *Newsletter.* Despite the emphasis we placed on the fact that such a system need not be government administered, and that it would in no way emulate all aspects of the "Canadian Style Health System", they chose to raise both these shibboleths. The single payer *financing* method is only one part of the Canadian health care system, which also includes a health care delivery system and an administrative framework - neither of which we need to emulate unless we so choose. This distinction must be kept firmly in mind in order to rationally assess alternate health care financing methods.

We take issue with Messrs Sacco and DeNies' contention that our referenced data on the high administrative costs of the current American health care system are "erroneous." There is ample, well substantiated evidence in the literature that the multiple payer (1200 plus) health insurance system in this country markedly escalates health care costs and that the savings of a single payer system would be substantial.

In the 31 October 1991 issue of the *New England Journal of Medicine* (1), Woolhandler and Himmelstein ably defend the methodology they used in arriving at the administrative costs quoted in our article. They cite four additional studies that show California hospital administrative costs are representative of the nation. Since the inception of the diagnosis-related-group system of payment, California's staff-to-bed ratio, length of stay and hospital costs have become nearly identical to national figures. Moreover, the General Accounting Office study (2) was not based on the work of Woolhandler and Himmelstein merely because it cited some figures from their published work. The GAO *independently* concluded that the administrative cost savings with a single payer system would be sufficient to cover the added costs of adoption of universally accessible, comprehensive health care. Although Sacco and DeNies deny this conclusion, they provide no data to support their contention. The statement by Sacco and DeNies that the proposed reforms we support would lead to "doubtful, one-time savings in administrative costs" is erroneous: the saving of approximately $67 billion would recur annually.

Messrs Sacco and Denies point to the efficiency of the Blue Cross and Blue Shield plans. Although we are pleased to know that their administrative spending is less than that of the commercial banking industry, their administrative cost of 10% compares poorly to the overhead costs for Canada's provincial insurance plans, reported in *Health Care Financing Review (3) to be 0.9%! Indeed, Woolhandler and Himmelstein* point out in their original report (4) that Blue Cross/Blue Shield of Massachusetts employs 6682 workers to serve 2.7 million subscribers, while 435 provincial employees administer the coverage for more than 3 million people in British Columbia! According to the GAO, per capita health care expenditure (1987) for insurance overhead, *excluding* provider billing and collection expenses, was $95 in the U.S. and $18 in Canada (U.S. dollars); and whereas the real per capita expenditure for insurance administration overhead has remained nearly flat in Canada since 1971, it has risen in the U.S. at an average rate of 6.2% per year. We fail to be convinced by Sacco and DeNies of the overall efficiency of their industry.

Messrs Sacco and DeNies argue that a single payer system "would increase the administrative burden on physicians", but offer no data to support this claim. They also repeatedly equate Medicaid/Medicare with a single payer healthcare system, using Medicaid/Medicare data to argue government inefficiency. What they choose to overlook is that these two entities are themselves but part of the 1200-plus health care billing agencies in this country, which perforce must have their own complex eligibility criteria and restrictions, the administration of which increases costs.

Messrs Sacco and DeNies' statement that "the growth rate in Canada (of health care expenditures per capita) has actually exceeded that in the United States" is a blatant misrepresentation of the facts. Although, as Iglehart pointed out (5), the per capita annual growth rate of health expenditures in Canada was slightly higher than in the US between 1960 and 1987 (10.7 compared to 10.2%), the general inflation rate was also higher in Canada during that period. Moreover, statistics spanning this time period are not particularly useful as the Medical Care Act was not passed until 1971. When expenditure trends that take into account general inflation rates are examined (6), excess health care inflation in Canada and the US is virtually identical (approximately 3% per year for 1980-87). Indeed, the Health Policy Analysis Program at U.W. has found that since 1982 British Columbia has slowed the rate of growth in per capita spending to 4% compared to Washington State's 11% (7).

Sacco and DeNies advocate utilization review as a cost containment measure, without presenting any evidence to suggest it actually does limit expenditure growth. It must be

borne in mind that health care costs have risen at an increased rate in this country since the widespread implementation of utilization review.

Messrs Sacco and DeNies are incorrect in stating that we "assume physicians would be freed of any review of their practices... " Review of practice quality is a part of any worthwhile health care system. Quality assurance could involve peer review, as well as the establishment of practice guidelines if these guidelines were shown to improve the quality of cost-effective medical care. Cost containment measures are also a part of any health care system, however in a single payer system the utilization review process would no longer be the realm of the small army of non-medical personnel employed by the 1200 insurance companies in this country, each trying to maximize its profitability. Sacco and DeNies claim that in a single payer system physician autonomy would be decreased by the government, but that in a multi-payer system utilization review does not impair autonomy. We fail to perceive any logic in this claim, and suggest that our everyday experience as physicians contradicts it.

Contrary to Sacco and DeNies, the single payer system in Canada does not "deny people choice". Rather health care consumers have complete choice of provider and medical establishment, with restrictions based only on medical need and market forces that are external to the health care payment mechanism. This is not a "one size fits all" system as Sacco and DeNies refer to it. If Pierce County Medical "offers a pragmatic course for health care reform firmly rooted in our cultural and political heritage..." then why does the Employee Benefit Research Institute find that 60% of the U.S. population want to change to a government-managed system, as reported in the January issue of *WSMA Reports*?

Finally, we cannot share the apparent satisfaction of Messrs Sacco and DeNeis with "a system which provides the finest medical care in the world to 85% of U.S. citizens." First, for those 650,000 or more uninsured Washingtonians who get some of the worst care in the industrialized world, this high quality care might as well not exist. And second, if the care in this country is so fine, why does a recent report by Starfield (8) place the U.S., with West Germany and Great Britain, at the bottom of 10 major industrialized countries in a compendium of a dozen health indicators? Clearly there is much improvement needed before we can be satisfied with our system.

The single payer model for health care, of which Canada's is but one example, offers many advantages over the current system of health care financing in the U.S. There is much to be learned from examining the Canadian system, its evolution, the level of consumer and provider satisfaction, the quality of care delivered, and the system's problems. The "tragic mistake" that Sacco and DeNies repeatedly mention would not be the incorporation of a single payer model into reform of the U.S. health care system. Rather, the greatest mistake we, as health care providers, can make is to fail to distinguish between health care "reform" that continues to benefit private interests while draining funds from the provision of care, and true reform which achieves universal access to quality care in this country.

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3) Poullier J-P. Compendium: health care expenditure and other data. Health Care Financ Rev 1989;11:Suppl:111-94.

4) Woolhandler S, Himmelstein DU. The deteriorating administrative efficiency of the U.S. health care system. N Eng J Med 1991;324:1253-8.

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6) Schieber GJ, Poullier J-P. International health care expenditure trends: 1987. Health Aff (Millwood) 1989;8(3):169-77.

7) Health Policy Analysis Program University of Washington. Paying the Price: Health Care Spending by Businesses in British Columbia and Washington; report #2 of a series.1990.

8) Starfield B. Primary care and health: a cross-national comparison. JAMA 1991;266:2268-71. ¶

Dr. Mendleson is a PCMS member and Dr. Norris is an applicant to the Society.¶

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At St. Joseph, we know that your patient's trip to the hospital can be something to recover from in and of itself. That's one of the reasons we built our new Same Day Surgery Center in Gig Harbor. It makes a trip to the hospital a little less stressful. And a lot more convenient.

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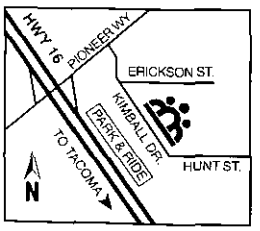
If you'd like to learn more about our new Same Day Surgery Center in Gig Harbor or schedule your patients, call 591-6628.



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THANKS TO LIBRARY ANGELS

Dear PCMS physicians:

The first week in September we sent you a letter announcing that the Medical Library of Pierce County had qualified as a publicly supported foundation under Section 509(a)(2) of the IRS Code and that your donations are now **tax deductible.** We also introduced our ADOPT-A-JOURNAL program. Your sponsorship of one or more of our journal subscriptions greatly enhances our ability to keep our collection current and readily available. We'd like to thank all library "angels" who have contributed so far:

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DR. KEMMAN RETIRES/JOINS MEDICAL DISCIPLINARY BOARD

Dr. John Kemman, General Practitioner in Sumner since 1958 retired effective December 31. Dr. Kemman will remain on the Medical Disciplinary Board to which he was appointed by Governor Gardner in November 1991.

Dr. Kemman was Vice President of the Society in 1979. He was a member of the Credentials Committee for several years and was chairman in 1988-90. He served as Chief of Staff at Good Samaritan Hospital and on numerous committees. For the past six years Dr. Kemman was a member of the Subscribers Advisory Committee for Washington Physicians Insurance.

Rather than a full retirement now, Dr. Kemman has accepted an appointment from Governor Gardner to serve on the Medical Disciplinary Board. This assignment will require a commitment of one-two weekends a month.¶

DR. JOHNSTON RETIRES FROM PSYCHIATRIC PRACTICE

Dr. Harold Johnston, Tacoma Psychiatrist, retired after practicing in Pierce County since 1954. Dr. Johnston's office was at Allenmore Medical Center.

Dr. Johnston was active at the hospital and Medical Society levels. He has been an active member of WSMA, AMA, American Psychiatric Association, North Pacific Society of Psychiatry and Neurology, Tacoma Academy of Medicine and others.

The Society wishes Drs. Johnston and Kemman an enjoyable retirement.¶

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

HAWAII and CME REGISTRATION OPEN

Registration for Hawaii and CME, the College's second resort conference remains open. Join your colleagues and their families this spring in beautiful Kauai for quality continuing medical education and sun, relaxation, golf, and water sports.

The conference will be held March 30-April 3 at the Stouffer Waiohai Beach Resort in Kauai. It includes reduced rates for lodging and conference rates for air transportation. Rates are good for days immediately before and after the conference.

So make your arrangements today. Contact the College at 627-7137 for travel and registration details.

INTERNAL MEDICINE REVIEW MAR 12 & 13

The annual Internal Medicine Review organized by the Tacoma Academy of Internal Medicine is scheduled for March 12 and 13.

The very popular annual program will feature internists and internal medicine sub-specialists speaking on recent advances in internal medicine. The Category I CME program is directed by Bruce Brazina, MD and is sponsored by the College of Medical Education. The two-day conference will be held in Jackson Hall.

CME PROGRAM TO ASSIST PHYSICIANS IN PATIENT ALCOHOL/DRUG ABUSE TREATMENT

When a patient's complaint is not specifically drug or alcohol abuse, it is easy to ignore a patient's harmful addictions. Busy schedules, inadequate training, and a desire not to get involved often result in chemical dependencies going untreated.

In response to this scenario, the College of Medical Education offers a course designed to train and assist physicians in the efficient and effective handling of patient addictions. Office Intervention: Drug and Alcohol Abuse will aid the physician in addiction identification, the development of successful intervention techniques, and knowledge of appropriate referral resources.

Directed by Mark Craddock, MD, the course is scheduled for February 28. The Category I program will be held in Jackson Hall and will feature addiction expert David E. Smith, MD of San Francisco. The Category I CME program will include:

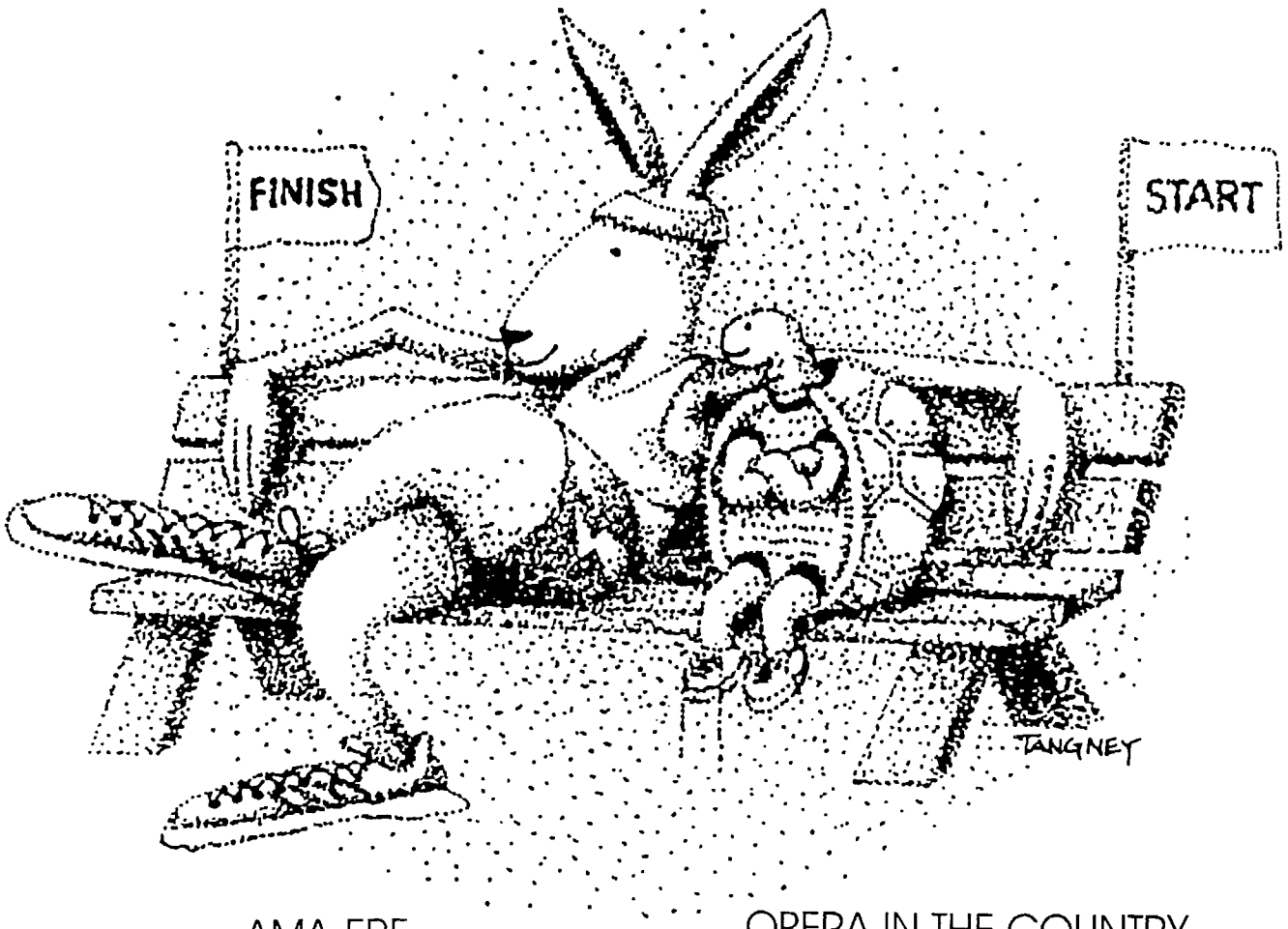
- ... Alcohol Abuse: Practical Office Diagnosis
- ... Prescription Drug Abuse
- ... Street Drug Abuse
- ... Smoke Cessation Workshop for Physicians
- ... Intervention and Physician Liability
- ... Office Intervention for Alcohol, Prescriptions, and Street Drug Abuse-Misuse
- ... Outpatient and Inpatient Treatment Resources for the Physician

1991 - 92 C.O.M.E. Schedule

DATES	PROGRAM	DIRECTOR(S)
Fri. February 7	**Review of HIV Infections**	Alan Tice, M.D.
Fri. February 28	**Office Intervention: Alcohol and Substance Abuse**	Mark Craddock, M.D.
Thurs., Fri. March 12 & 13	**Internal Medicine Review-1992**	Bruce Brazina, M.D.
Mon. - Fri. Mar. 30 - Apr. 3	**Hawaii and CME**	Mark Craddock, M.D. John Lenihan, M.D. Amy Yu, M.D.
Fri., Sat. April 17 & 18	**Tacoma Surgical Club**	Ken Ritter, M.D. Chris Jordan, M.D.
Fri. May 8	**Office Procedures**	Mark Craddock, M.D. Tom Norris, M.D.
Mon., Tues. June 22 & 23	**Advanced Cardiac Life Support**	James Dunn, M.D.

Coming Soon Zero k Marathon!

watch this space for more details



AMA-ERF

This year's total donations were $17,480. The Auxiliary members wish to thank the Pierce County Medical families for their generosity in supporting the AMA Education and Research fund.

Although their names did not appear on the card, we would also like to thank the following donors: Cathy and Paul Schneider, Jack and Judi Hill, and Larry and Lori Fisher.

OPERA IN THE COUNTRY

On Friday, February 21, the Tacoma Opera will present a selection from their current production for our listening pleasure. Please join us at Canterwood Country Club for a morning of music followed by a luncheon. Guests are welcome.

Reservations need to be made by Monday, February 17. Your check is your reservation. Please send $12 payable to PCMSA to Sue Wulfestieg, 2830 North 27th Street, Tacoma, WA 98407 or call 759-8492 for more information.

Positions Available

Vacation/Temporary Coverage: BC / Anesthesiologist and CRNA desire to work locums. Call 1-800-241-7828

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Positions Wanted

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Physician's Office Space for lease or rent. 3000 sq.ft. 913 Kincaid, Sumner, WA 98390 Call 863-7212

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PCMS
NEWSLETTER
♦ A publication of the Pierce County Medical Society ♦

Volume 7, Number 2 March 1992

THE AMERICANS WITH DISABILITIES ACT (ADA)

The Medical Society has received many calls from members regarding the new Americans With Disabilities Act (ADA) that went into effect in January. Many organizations are educating their clientele regarding the law and consequently physicians are getting requests for interpreters (at the physicians's expense) from the hearing impaired. In response to the many calls and questions the Medical Society has received, we provide the following information regarding the ADA and invite you to attend the April 15 General Membership meeting. (Please see page 12 for details of the meeting.)

What does the ADA require an employer to do for a disabled employee or applicant? The ADA requires private employers to make "reasonable accomodations" to the known physical or mental limitations of a qualified applicant or employee unless the employer can demonstrate that the accommodation would impose an "undue hardship" on the employer's business.

What are some examples of "reasonable accomodations?"

- Providing (paying for) qualified readers or interpreters.What may be a "reasonable accomodation" for a particular patient in a particular doctor's office may not be "reasonable accommodation" for another patient in another doctor's office or for that same patient if different treatment or procedures were involved. In other words, whether or not a sign language interpreter must be provided for a particular hearing-impaired patient is a factual determination given the particular circumstances surrounding that patient at the time.

- Medical service providers are "obligated to provide the services of sign language interpreters for hearing-impaired patients." This conclusion as applied to every physician and every patient is broader than either the statute or the regulations require.

There is no absolute requirement under either the statutes or the regulations that health care providers are obligated to provide the services of a sign language interpreter for all hearing-impaired patients. However, there is at a minimum an obligation to make a *"reasonable accomodation"* when failure to do so would prevent the patient from fully enjoying the physician's services.

- Making existing facilities used by employees readily accessible to and usable by the disabled (for example, widening access areas or providing ramps and handrails).

- Restructuring or modifying jobs or work schedules (for example, modifying or eliminating non-essential job functions).

- Acquiring or modifying equipment for the disabled, such as telepohone headset amplifiers or talking calculators.

Are all employers required to make all of these accommodations? No. Under the ADA, an association or a company must determine

Continued on page 3. . .

The PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science, and delivery of medicine and the betterment of the health and medical welfare of the community.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid & not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas, and suggestions.

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PCMS PERSONNEL CONSULTING SERVICES

By Peggy O'Brien

My thanks to all of you that I have had the pleasure to meet and work with as placement coordinator for the Medical Society. To those of you that I have not yet had the pleasure of working with, I look forward to being able to help you with personnel matters in the future.

Everyone should be aware of the recent changes in our service. A new placement coordinator coupled with a new philosophy of service has been very well received by our clients. The placement service is here to serve Pierce County Medical Society members and we work on your behalf, not on behalf of the applicants we refer to you. I know you will find our service fast, friendly, and helpful. We will not only refer qualified medical personnel to you, we can offer a very wide range of personnel services.

I completed the study and sat for a National Certification test in May, 1990 to obtain my Certified Personnel Consultant (CPC). The preparation and testing is conducted through the National Association of Personnel Consultants, and only about 20% of personnel consultants are certified. To sit for the CPC test you have to have a minimum of two years experience in the personnel profession, be sponsored by a recognized recruiting firm, and have excellent references.

The CPC certification is focused two/thirds on legal questions, such as federal, state and city personnel laws, hiring and firing, discrimination issues, etc.; and about one/third on agency regulations. It is an excellent preparation for general personnel consulting.

In September, 1991, I started the CEBS continuing education course through the University of Washington Extension Program. This is a joint program of the International Foundation of Employee Benefit Plans and the Wharton School, University of Pennsylvania. It is a ten course curriculum and provides an opportunity to earn the professional designation Certified Employee Benefit Specialist. As the benefits field continues to grow in size and complexity, it is a very useful knowledge base for a personnel consultant.

I am very pleased and excited to be able to utilize my skills and knowledge for the Pierce County Medical Society physicians and their staffs. Please keep in mind that I will be happy to come meet with you and help you with any difficult or troubling issue you may be facing. We are here as a service to you and invite you to take advantage of it.¶

Continued from cover . . .

what a reasonable accommodation is, based upon the particular circumstances of its own business and of the person with a disability. No accommodation is required if it would impose an undue hardship upon the employer.

What constitutes an "undue hardship?" Generally, an accommodation will be deemed an undue hardship if it imposes significant difficulty or expense for the business. Undue hardship also will be determined on a case-by-case basis. Factors to be considered include:

- the size of the business
- the nature and cost of the accommodation
- the type of operations maintained by the employers

Thus, some kinds of equipment or structural alterations that might be required of a large employer would constitute an undue hardship upon a 15 employee organization.

On January 26, 1992, the Americans with Disabilities Act (ADA) and the Department of Justice's regulations became effective for employers with 25 or more employees. For employers with 15-24 employees the ADA takes effect July 26, 1994.

The ADA applies to businesses and other organizations that operate places of public accommodation, such as restaurants, theaters, hotels, retail stores, DOCTORS' offices, lawyers' offices, private schools, and day care centers.

The ADA and the regulations establish requirements for the removal of barriers in existing facilities, the provision of auxiliary aids for individuals with vision, speech, or hearing impairments, the use of nondiscriminatory requirements, policies and procedures, and accessible new construction and alterations.

In simple terms, the ADA will prohibit discrimination in employment and in access to public services based upon disability, much as Title VII forbids discrimination based upon race, color, religion, sex, and national origin. The ADA will focus much greater attention on workers and job applicants who have physical or mental disabilities, therefore, it is important for employers to understand the law and all of its ramifications.

What constitutes an impairment? While there is no comprehensive list of impairments, familiar examples include speech and hearing defects, cerebral palsy, muscular dystrophy, multiple sclerosis, HIV positivity, AIDS, cancer, heart disease, diabetes, mental retardation, and emotional illness. Expressly excluded are homosexuality, bisexuality, pedophilia, kleptomania, and transvestism.

It is time to begin thinking about how the ADA will affect your practice. Begin to document carefully your nondiscriminatory bases for personnel decisions that negatively affect employees and applicants with disabilities, begin defining what accommodations are reasonable, under the law's definition, for your practice. A judge or jury will be more sympathetic to an employer who has attempted to define reasonable accommodations for itself than to an employer who passively protests that the concept is vague.

To learn more about the American Disabilities Act, please register to attend the PCMS General Membership Meeting on Tuesday, April 15, 6:30 p.m. at the Fircrest Golf Club. (See page 12 for details.)

ASK YOUR CONSULTANT !

Ask Your Consultant is a feature of the Pierce County Medical Society Newsletter. It is an opportunity for physicians, management and staff to ask for advice on medical management questions. Each month, selected topics will be addressed by a medical office consultant from Larson Associates. Send your questions and comments to: Larson Associates 223 Tacoma Ave. South, Suite A, Pierce County Medical Society Building, Tacoma, WA 98402 [206] 383-9857

Dear Chris:

Our office sees many patients for postoperative care, when a specialist does the surgery. With the changes in Medicare billing, how are we going to get reimbursed for this? Will we have to change the way we bill for these services? What happens when we see a patient for problems unrelated to the surgery during the postoperative period - will we get paid for this or is this included in the global fee?

-Drowning in a sea of paperwork

Dear Drowning:

In order to simplify reimbursement in cases such as yours, The Health Care Financing Administration (HCFA) has established a national definition of a global fee package. In essence, though several physicians may perform separate components of the global package, those combined payments will not exceed the single payment as though performed by one physician. The relative value assigned to each global fee package is broken down into its component sections and divided between physicians. If you see the patient for only a portion of the services lumped into the global fee, you will be paid for that portion.

That brings up an issue many offices are concerned about - The Global Fee Package. What surgical services are considered part of the global fee package?

1) Preoperative visits now begin one day prior to surgery:

Before January 1992, HCFA defined the preoperative period as 30 days before surgery. The initial evaluation or consultation is billed separately, as this visit is done whether surgery is performed or not. It is important to note that according to Medicare, the preoperative appointment for an established patient is included in the global fee, even if it is prior to one day before surgery. This conflicts with HCFA's statement that the preoperative period is only one day prior to surgery. If a physician provides preoperative care only, services are billed with modifier -56.

2) **Intraoperative services that are normally a usual and necessary part of a surgical procedure:**

This does not include treatment for postoperative complications requiring a return to the operating room. Reoperations should be billed separately when there is an appropriate CPT code. If there is no separate code for the reoperation, bill the same CPT with modifier -78. If a physician performs only surgical care, the bill is sent with modifier -54.

3) **Postoperative visits within 90 days of major surgery, if the visit is related to recovery from surgery:**

According to the 1992 CPT, postoperative care includes visits for normal, uncomplicated follow-up care. Medicare, on the other hand, includes complications related to the surgery; an example is a "stitch pop", not requiring reoperation. If there are visits unrelated to the diagnosis for which the surgery was performed, they may be billed separately. In contrast, the 1992 CPT states, "Treatment for the underlying condition or as added course of treatment which is not part of the normal recovery from surgery" may be billed separately. Use modifier -24 to bill unrelated visits, -79 to bill unrelated procedures, or -55 for postoperative management only. Postoperative care given by more than one physician is paid, based on the period of responsibility. For example, if a physician is in charge of the patient for 45 days, one half of the approved postoperative fee would be paid to that physician.

Change is the constant in the health care environment. As the Health Care Financing Administration changes its rules to adjust to the environment, other insurance carriers will follow suit. If you have any questions about reimbursement by a specific carrier, call them and voice your concerns or ask your questions. To get paid for the services you render it is vital that you know and abide by the rules of the game.¶

Chris Powell M.B.A., is a practice management consultant with Larson Associates. Her experience is in medical office management and she has specialized knowledge in CPT and ICD9 coding.

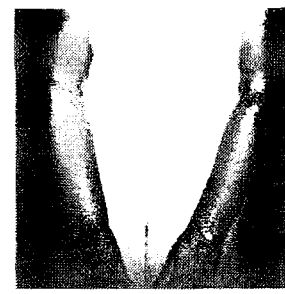
Dear Doctor,

IT WORKS

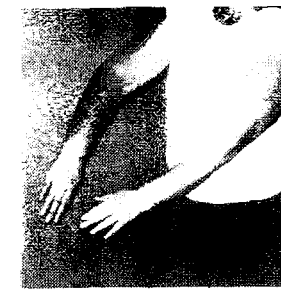
Before

After

Patient with one and one-half days of LYMPHA PRESS treatment



Before



After

Patient with four days of LYMPHA PRESS treatment

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Registration not required

For more information, call 572-3666

The Storm Clouds Have Arrived

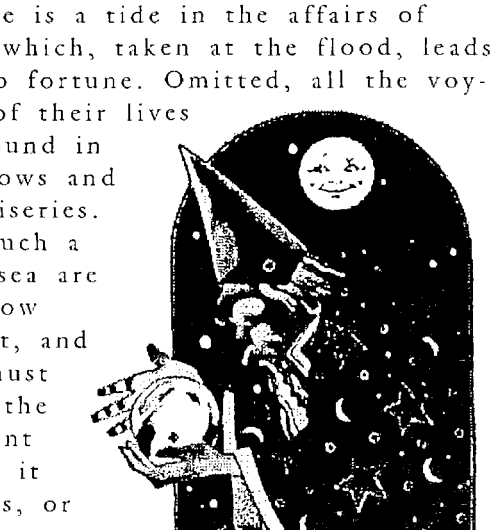
The following article by David S. Hopkins, MD, was originally published in WSMA Reports in February 1983. Dr. Hopkins is a family physician practicing in Federal Way. He was president of PCMS in 1976 and a long time editor of WSMA Reports.

I mention competition in the medical marketplace one more time only to point out that the storm clouds are no longer on the horizon—they're here.

Not too far away, in California, a Medi-Cal czar has been created to administer California's medical entitlement programs, and he is awarding contracts to hospitals for care of these patients based on competitive bids. Some very large, long-established, 400-500 bed hospitals lost out on the bidding and will lose up to one-fourth of their patient load. Some of these hospitals are teaching institutions with a small private-pay patient base. Physicians are next in line for the competitive bid program. You may say, "that's California," but California often gives us a taste of our future.

Is it possible that medical care providers may have accelerated the entry of competition by sometime charging whatever the traffic would bear, or by failing to lower the price tag of a new procedure once it became routine? One large Seattle company was offered a much lower priced dental plan by a California group. When the company relayed this information to its current dental insurer, they received a counteroffer even lower than in the California proposal. Hospitals in California that lost in the Medi-Cal competition indicated they would be able to continue by "trimming the sails." Experiences like these make the lay public a little suspicious of our sincerity to reduce their costs.

I used to feel that a good caring doctor with reasonable fees would always have patients; but there may not be that many patients left. Money talks and patients may be compelled to go with the plan established by their company by competitive bidding. It would seem prudent for the individual doctor to begin, or in his mind's eye—to formulate a possible competitive group, including a hospital, for bidding purposes. In Shakespeare's words, "there is a tide in the affairs of men which, taken at the flood, leads on to fortune. Omitted, all the voyage of their lives is bound in shallows and in miseries. On such a full sea are we now afloat, and we must take the current when it serves, or lose our ventures."¶



Oregon Tackles Health Care Problems

By Joseph C. Nichols, Jr., MD. This article first appeared in the American Academy of Orthopaedic Surgery Bulletin, January 1992. Dr. Nichols is a Tacoma orthopaedist.

During the era of turmoil in health care policy, one common theme pervades—a need for change.

There are widely held social perceptions that:

- there is a lack of access for those who need health care
- health care has become unaffordable for too many
- individuals have a right to certain basic health care needs

"Proposing change is easy, but effecting change can be a very painful process..."

Proposing change is easy, but effecting change can be a very painful process with strong political consequences. Oregon has taken that brave step. The Oregon Health Plan is an innovative proposal that has defined the problem-skyrocketing Medicaid costs and increasing numbers of uninsured people-and identified a solution. Unlike most plans, this one holds policymakers publicly accountable for the consequences of their actions.

On August 9, 1991, a conference on health care was held in Portland to unveil the "Oregon Health Plan." The conference was sponsored by a diverse group of organizations interested in the issues of health care access, including businesses, labor unions, HMOs, the Oregon Medical Association and the Oregon Hospital Association. Senator Dave Durenburger (R-MN) led the discussion by outlining the four factors necessary

to produce the change needed in the health care system:

1. The problem must be commonly understood.

2. There must be an agreed vision of the future.

3. There must be a sense of health care values.

4. There must be an institutional capacity to change the system.

Understanding the problem

For Oregon, the problem of access and affordability of health care has become painfully obvious. Eighteen percent of the state's population, or 450,000 Oregonians, have no health insurance; 120,000 cannot qualify for insurance because of high risk factors.

The state is required to function with a balanced budget and is unable to afford the demand for unlimited health care. As the budget falls short, adjustments must be made in the number of people eligible for health care services by changing eligibility. As the volume of health services utilization increases for those who qualify for coverage (especially expensive high tech services), the number of individuals who have access to those services must decrease. The number of uninsured Oregonians is currently increasing 5 percent annually.

Small business organizations find that they are unable to afford health coverage for their employees. Essential health services usually are provided for those without coverage, but only late and under emergency circumstances. Since this is uncompensated care, the cost must be shifted to an already overburdened private system. Cost shifting further increases the cost of health insurance and makes insurance less affordable, thus further aggravating the access problem.

Shared vision for change

To address the identified problems, the health care commission set out to develop a health plan that would:

- Require funding to provide "basic" health care needs to all those who are at or below the poverty level.
- Provide health care coverage to those considered uninsurable because of identified medical risk.
- Provide the same "basic" health coverage for those employed who do not have health insurance coverage because it is unaffordable.
- Establish cost accountability for services provided, and define the level of services that the legislature and public considers affordable.
- Reduce cost shifting to private insurance.
- Eliminate passive rationing of services caused by a lack of a health policy.
- Correct the existing inequity in health care delivery which restricts health care access for a large percentage of the "poor" while the remainder of the "eligible poor" receive unlimited access to all health-related services.

Sense of health care values

The key to the Oregon Health Plan is the prioritized list of services. The list is an ongoing experiment in setting a relative value on health services based on perceived social need. A line is drawn at some point

Continued on next page . . .

in an exhaustive list of prioritized health services based on the legislature's ability to budget sufficient funds to cover the cost of the services.

The new law requires the legislature to budget health care based on services provided and does not permit budget adjustments by redefining eligibility. In other words, policymakers can limit the number and type of services provided, but cannot restrict access in order to control costs.

Institutional capacity for change

The next step, implementation, will severely test the capacity of the Oregon health system for change.

Cost containment is a critical part of any plan that proposes to increase access to services. Without adequate cost containment, any budget limitation would result in fewer types of available services. The Oregon plan does address the issue of cost containment, but unlike the rest of the plan, there is nothing innovative about these proposals. Costs are controlled in three ways:

1. Managed care through one of three mechanisms:
   - Traditional prepaid HMO through a contractual arrangement.
   - Partial service prepaid health plans-PCOs (Physician Care Organizations-developed in Oregon in 1985).
   - Primary care case managers (primary care physicians who should be paid on a fee-for-service basis, but who would be paid an additional fee to act as total care coordinators and "gate keepers" for specialty referral).

2. Controlled resources (limiting the "excessive acquisition of redundant resources").

3. Modification of physician practice patterns.

Assuming that this arrangement is workable, it will be very difficult to know if it is truly saving health care costs. The Oregon Medical Association has agreed to develop practice guidelines and assess variations in practice patterns through data analysis, but many organizations have struggled with this goal for years and achieved very few meaningful changes in the pattern of health care delivery. Although it is possible to control the proliferation of certain high technology resources, controlling the demand for these resources may prove to be difficult.

Even drawing the line at 587 services out of a list of 709, the legislature must still provide an additional $33 million in funding. The strengths of the Oregon Health Plan include:

- developing a defined list of prioritized values related to health services which has a mechanism for input from the medical establishment as well as the public.
- Establishing defined public accountability for allocation of health dollars.
- Developing a more equitable distribution of health services among those who are unable to afford traditional health coverage through private third party payers.
- Creating virtually universal access to "basic" services, and defining those services.

Continued on next page . . .

- Prohibiting rationing by limiting access (redefining the poor).
- Providing for some "liability shield" for physicians and hospitals who do not provide services not covered by the health plan.
- Limiting cost shifting for uncompensated services that are provided now.
- Developing an alliance among diverse groups, including providers, third party payers, large and small employers, labor unions, legislators (bipartisan), and consumer organizations.

The weaknesses include:

- An incomplete list of services.
- A poorly defined plan for cost containment within the set of services that the health plan provides.
- A potential for increasing administrative cost in a system which already is far ahead of most states in these costs.
- A vague definition of many of the services on the list. As a result there is a significant potential for "gaming" the system by redefining services so that they fall above the line.
- A lack of universal application for the plan, resulting in a continued inequity in the types of coverage available for different groups receiving medical aid.
- A failure to address the issue of unnecessary or inappropriate care. Although much of the literature talks about the importance of eliminating unnecessary and inappropriate services, those services are never identified and there is no specific plan to eliminate them.¶

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the Society.

John J. Jiganti, MD

Orthopedic Surgery. Born 8/21/60. Medical School, Loyola-Stritch School of Medicine, 1986; Internship, Northwestern University, 1987; Residency, Northwestern University, 1991; Graduate Training, Australian Institute of Mucs-Skel, 1992. Licensedi n Washington, 1992. Dr. Jiganti is practicing at 2420 S. Union, #300, Tacoma.

Randall K. Peterson, MD

Diagnostic Radiology. Born 9/25/58. Medical School, Johns Hopkins University, 1984; Internship, Barnes Hospital-Washington University, 1986; Residency, University of Michigan, 1990; Graduate Training, University of Michigan, 1992; Board Certified Diagnostic Radiology, 1991.

Danny M. Douglas, MD

Allergy/Immunoloy. Born 1/27/57. Medical School, St. Louis School of Medicine, 1982; Internship, Walter Reed Army Medical Center, 1983; Residency, Walter Reed Army Medical Center, 1985; Graduate Training, Walter Reed Army Medical Center, 1988. Board Certified Allergy and Immunology, 1989; Internal Medicine, 1985. Licensed in Washington, 1991.

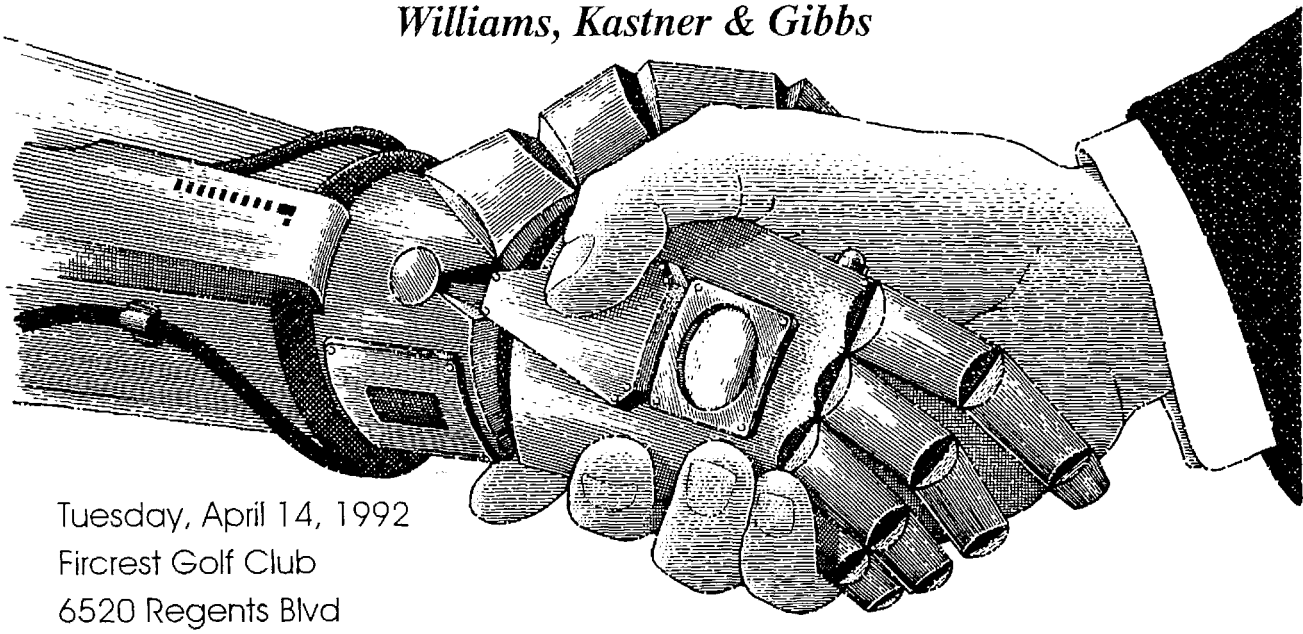
The Pierce County Medical Society
presents:

"Working with the American Disabilities Act of 1991"

featuring

Sheryl Willert

Attorney & Labor Law Specialist
Williams, Kastner & Gibbs



Tuesday, April 14, 1992
Fircrest Golf Club
6520 Regents Blvd
6:15 Social Hour
6:45 Dinner
7:45 Program

Yes, I (we) have reserved the evening of Tuesday, April 14, 1992 to join members of the Pierce County Medical Society at their April Membership Meeting and to hear Sheryl Willert speak on the American Disabilities Act of 1991.

Please reserve _____ dinner(s) at $17 per person (meal, tax, and gratuity included)
Enclosed is my check for $_____. Dr. _____
Please make check payable to PCMS and return no later than Friday April 10, 1992.

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Surgical Club CME April 17 & 18

Tacoma Surgical Club's annual dissections and CME program has been scheduled for April 17 and 18.

Anatomic dissections on Friday afternoon will again be the most distinctive part of the program for doctors, nurses, and all paramedic personnel. The Saturday meeting will be highlighted by papers presented by local physicians and invited guests from the Army Medical Corp.

The program brochure outlining procedures and addresses and registration material will be mailed soon.

HAWAII and CME Registration Open

Registration for Hawaii and CME, the College's second resort conference remains open. Join your colleagues and their families in beautiful Kauai for quality continuing medical education. The conference will be held March 30-April 3 at the Stouffer Waiohai Beach Resort in Kauai. Contact the College at 627-7137 for travel and registration details.

Tacoma Academy's Internal Medicine Review 1992 Set for March 12 & 13

The annual Internal Medicine Review organized by the Tacoma Academy of Internal Medicine is scheduled for March 12 & 13.

The very popular annual program will feature internists and internal medicine sub-specialists speaking on recent advances in internal medicine. The Category I CME program is directed by Bruce Brazina, MD and is sponsored by the College of Medical Education. The two-day conference will be held in Jackson Hall.

This year's program will include the following subjects:

- Alternative Treatment Options for BPH
- Risk to Benefit Ratio in Mature and Elderly Hypertension
- Cardiovascular Disease and Sudden Death
- Exercise as Therapy for Hypertensive and Lipid Disorders
- Is Theophylline an Anti-Inflammatory Drug?
- Congestive Heart Failure Management
- Common Orthopedic Problems
- Psychology of Irritable Bowel Syndrome
- Advances in Treatment of Acid Related Disorders
- Osteoporosis and the Post Menopausal Patient
- Chronic Pain
- Recent Developments in Anti-Microbials
- Sleep Disorders
- Hormone Replacement: Do All Females Need It?

1991 - 92 C.O.M.E. Schedule

DATES	PROGRAM	DIRECTOR(S)
Thurs., Fri. March 12 & 13	**Internal Medicine Review-1992**	Bruce Brazina, M.D.
Mon. - Fri. Mar. 30 - Apr. 3	**Hawaii and CME**	Mark Craddock, M.D. John Lenihan, M.D. Amy Yu, M.D.
Fri., Sat. April 17 & 18	**Tacoma Surgical Club**	Ken Ritter, M.D. Chris Jordan, M.D.
Fri. May 22	**Office Procedures**	Mark Craddock, M.D. Tom Norris, M.D.
Mon., Tues. June 22 & 23	**Advanced Cardiac Life Support**	James Dunn, M.D.

MARCH MEETING ANNOUNCEMENT

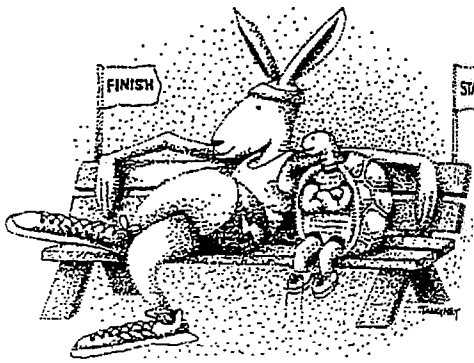
The March Auxiliary meeting will be held Friday, March 20, 10 am at Fircrest Golf Club (6520 Regents Blvd). After a brief business meeting, Classic Clothes will present a spring fashion show, modeled by some of our own auxilians. After the program, we'll enjoy a luncheon of chicken salad or garden vegetable croissants. Please indicate your choice of croissant when you send your check for $11 (payable to PCMSA) to: Sue Wulfestieg, 2830 North 27th, Tacoma 98407. Guests are welcome and encouraged to attend!

Doctor's Day March 30

Members of the Auxiliary wish to recognize our hard-working spouses on National Doctor's Day, March 30. One day of recognition hardly seems sufficient for your years of dedicated service! However, it is gratifying to have national attention focused on you and your many contributions to medicine and society.

ZERO K MARATHON

The tortoise and hare return (remember, slow and steady wins the race!) to remind us of the upcoming Zero-k marathon which benefits the Auxiliary philanthropic fund. Watch your mail (at home and office) for more information.



PDR ALERT

Eight PDRs were distributed at the recent state meeting of School Nurses of Washington (SNOW). We can use more if they are available. Bring them to the Society office or call 565-3211 for pick-up.

WHEELCHAIR DONATED

Dr. Jeff Patterson has donated a wheelchair for training helper dogs at the Purdy Prison Pet Partnership program. Thank you!

Graduating Seniors

The Medical Society and Auxiliary would like to recognize our sons and daughters who are graduating this year. If you have a son or daughter graduating from high school, college, graduate school, etc., please take a moment to fill this out and return it to:
Eve Carleton, 972 Altedena Dr., Tacoma 98466

This information must be received by April 15

Students name: _____

School: _____

Home address: _____

Parent name(s) _____

Degree or diploma received: _____

Future plans: _____

Positions Available

Contract psychiatrist needed for: 1) Children/Adolescent Services 2) Older Adult Services. Provides psychiatric assessment, medication management, and consultation to program staff. $62.00/hour, South King County location. CV to Cindi Smith, Valley Cities Mental Health Center, 2704 I St NE, Auburn WA 98002. Phone: 854-0760

Tacoma-Seattle, Outpatient General Medical care at its best. Full and part time position available from North Seattle to South Tacoma. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, M.D. 537-3724 or Bruce Kaler, M.D. 255-0056

Equipment

Abbott Vision Chemical Analyzer - With all the latest software advances. In excellent working condition. Will sell for $5,000 (New $15,120). **Clay Adams QBC** performs CBC analysis. Excellent condition - Will sell for $2,250 (New $7,500). **NEC Information Display Pager** frees you from the telephone. In excellent condition, purchased for $345. Will sell for $125. **GOMCO Suction,** like new, never used. Will sell for $100. Contact (206) 584-1982

Exam Tables, Manual and Power, preowned, $350 to $4,000. Rolling stools, goosenecks, instruments, etc. for the exam room. Call Lynlee's, Inc. (206)867-5415 or visit our large showroom in Redmond.

Supplies, Bandages, Orthopedic, surgical, patient care, all in original boxes, large inventory for sale at huge savings! Call Lynlee's, Inc. (206) 867-5415 or visit our showroom in Redmond for Quality Preowned Medical Equipment.

Appraisal Services for Medical Practices, can be used for insurance, marketing. Call Lynlee's, Inc. (206) 867-5415

Office Space

Office Space Available in Lakes Medical Plaza. Attached to St. Clare Hospital. 1036 sq. ft. Arrangements negotiable. Sub-lease full or part time. Call 584-0407 (9-5).

Lease - 1200 sq. ft. and/or 1500 sq. ft. Class A space in Graham. High traffic. Fast growing area. Call Bob York, Crescent Realty, Inc., 206-531-9400

Lease - 1600 sq. ft. free standing office building located within a medical complex in Lakewood. Has always been an MD's office. Attractive busy location. For details call Sam Henson, John L. Scott Real Estate 565-1010

MEDICAL ASSISTANTS MEETING MAR 9

The Pierce County Medical Assistants will meet for their regular monthly meeting Monday, March 9 at 7 pm. Meetings are held at Allenmore Hospital, South 19th and Union. Inquire at the reception desk for meeting room and directions. The meetings will feature educational speakers and a brief business meeting. For more information call PCMS at 572-3709. Meetings are held the second Monday of every month.

Pierce County Medical Society
223 Tacoma Ave S
Tacoma, WA 98402

ADDRESS CORRECTION REQUESTED

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PCMS
Newsletter

Volume 7 Number 2 April 1992

A Publication of the Pierce County Medical Society

Into the sunset for the Marlboro man page 3

PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization 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 individual contributors and do not necessarily reflect the official position of the Medical Society.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas, & suggestions.

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three exam rooms, nurses station, business office,
RR with shower, waiting room, lounge

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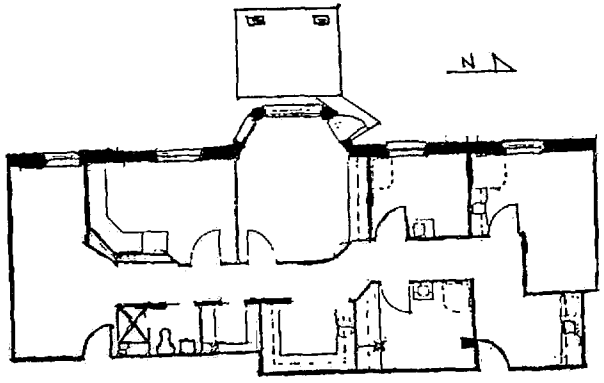
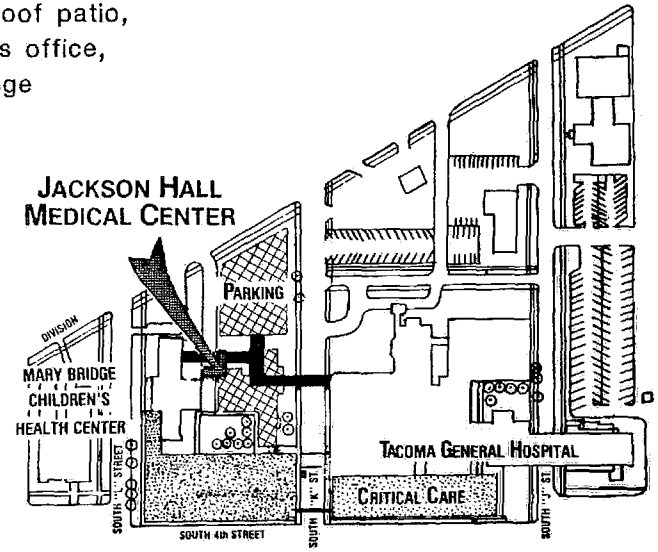




1992 DIRECTORY CORRECTIONS AND CHANGES.....

Please make the following changes in your 1992 Physicians Directory. The Directory goes to print in November and the following changes have occured since the deadline last October.

BENSON, DAVID, M.D. (change home phone) 566-9637
Also, please indicate "Accepts referral patients" for his listing.

** **BROSTROM, RICHARD J., M.D.** (Kitty) (please add listing)
Family Medicine
Accepts LI, PCMB, DSHS, VR, Medicare & R patients
Off:419 S "L" St., Tacoma 98405 383-5855
Physicians only 383-5120

CROWELL, THEODORE, M.D. (new office address)
11705 - 101st Ave. Ct. E., Puyallup 98373 840-8540
FAX number 840-8576

FISHER, LAWRENCE, M.D. (change office phone number) 591-6713

HAMMER, C. STEVENS, M.D. (new phone number) 1-800-439-3358

HOSFORD, PEGGY, M.D. (change suite number)
316 S "K" St., Suite 305, Tacoma 98405

INOUYE, THEODORE, M.D. (change radio page number) 552-9221

KOUKLIS, NORMA, M.D. (new office address & phone)
11311 Bridgeport Way S.W., #203, Tacoma 98499 582-7669

LUDVIGSON, MARK, M.D. (change home address)
1254 Fairview Dr. S., Tacoma 98465

SCHULZE, PAULA, M.D. (change suite number)
316 S "K" St., Suite 305, Tacoma 98405

ZOLTANI, GREG, M.D. (add physicians only phone number) 582-6432

We Would Like To Extend Our Apologies To The Audiologists Who Were Listed In The 1992 Directory As Speech Pathologists – Please Be Certain To Note The Following As Audiologists:

FRANZEN, RICHARD
KIRCHER, SANDRA
PETERMANN, PATRICIA
RAND, SHANN
WATTS, DONNA

1992 DIRECTORY CORRECTIONS AND CHANGES.....

Our apologies to Dr. Paul Hildebrand and Dr. Osman Carrim. They were inadvertantly omitted from the 199 Directory: Please add them to your list:

HILDEBRAND, PAUL M.D. (Rebecca)
Emergency Medicine
St. Joseph Hospital
1718 South I Street, Tacoma, 98405 591-6660

CARRIM, OSMAN O., M.D.
Internal Med
A-242 Allenmore Med. Ctr., 98405 627-2330
Physicians only: 627-3301

Please make the following changes in your 1992 Physicians Directory. The Directory goes to print in November and the following changes have occurred since the deadline last October.

KENDALL, ROSS, M.D. (Janie) (Add to listings)
Ped/Ped Gastro
316 South K St. #212, Tacoma 98405 383-5777
Physicians Only 383-2903
Beeper 594-4510

BAERG, RICHARD, M.D. (change address & phone)
1112 6th Ave. #200, Tacoma 98405 272-8664
Physicians Only 272-6349
Gig Harbor # 858-7019

BOYD, HAROLD, M.D. (add additional offices)
315 So. K St. Tacoma, 98405 594-1050
4700 Pt. Fosdick Dr. N.W. #102, Gig Harbor, 98335 851-8187

BRACK, STEVEN, D.O. (new office address)
205 15th Ave. S.W. #B, Puyallup, 98371

CLABOTS, MARIA T., M.D. (specialty listing)
Please add Dr. Clabots to the Pediatric Endocrinology specialty listing

CROWELL, THEODORE, M.D. (new office address)
11705 101st Ave. Ct. E., Puyallup, 98373 840-8540
FAX number 840-8576

HALLAS, GREGORY, M.D. (new office address)
1708 So. Yakima, Tacoma, 98405-0467 627-9151

HARMON, KIRK T., M.D. (change address & specialty)
1930 Port of Tacoma Road, Tacoma, 98421 272-6677
change specialty to occupational med from internal med

PAGE, DORIS, M.D. (new office address & phone)
B-3001 Allenmore Med Ctr, Tacoma, 98405 572-9923

TAUBMAN, GARY, M.D. (new office phone number) 572-4437

YOKOYAMA, CHERYL, M.D. (new office address)
4700 Pt. Fosdick Bldg. #201, Gig Harbor, 98335 564-4073

YU, ALLEN H.B., M.D. (new office address)
314 So. K St., #303 572-2844
Delete Puyallup office and physician only phone #

Cheney Stadium says goodbye to Marlboro Man...

Thanks to **Dr. Gordon Klatt, Dr. Clyde Koontz** and the Coalition For A Tobacco Free Pierce County, the Marlboro Man will no longer ride the field of Cheney Stadium. The Marlboro Man, a bigger than life size cowboy (see cover) smoking a cigarette, has brought advertising revenue to the Tigers for years. The Marlboro Man sits to the left of center field at Cheney Stadium. The Tacoma Tigers would not return phone calls when efforts to find out more information about the Marlboro Man were made.

Dr. Klatt and Dr. Koontz, longtime season ticket holders of the Tacoma Tigers, have put continual pressure on Tiger's management to remove the Marlboro Man. They were informed that the Marlboro Man had a five year lease that would expire in March, 1992, and would not be renewed.

In December, 1991 a letter was sent to Mr. George Foster, President of the Tacoma Tigers, asking him on behalf of the Tobacco Coalition and baseball fans to adopt a no-smoking policy similar to that of Husky Stadium that would eliminate smoking in all seating areas including box, grandstand, and bleacher seats, as well as restrooms. After receiving no response from Mr. Foster by February, Dr. Klatt called Mr. Frank Colarusso, new General Manager of the Tigers and asked him about smoking in the stadium and the Marlboro Man. Dr. Klatt explained that he had been talking with Mr. Stan Nacarrato and it was his understanding that the Marlboro Man would be removed at the end of the advertising contract.

Dr. Klatt received a letter from Mr. Colarusso on February 19 stating that:
"Cheney Stadium does not have a formal smoking policy that has been established by the City of Tacoma. The Tacoma Tigers, as the tenant in this facility do not have the right to establish a policy. We will await the City's decision"

And: "The Marlboro Man sign was under a five-year contract that has come to an end. Our organization has not decided on its future. We are mixed in our feelings and we will have a decision made prior to opening day."

Mr. Colarusso went on to invite the Coalition to sponsor a no-smoking section like is done by the Puget Sound Treatment Center for an alcohol-free section. He also said they advertise alcohol and some food products that could be unhealthy.

In response, Dr. Klatt asked the Tobacco Coalition (staffed by PCMS) to help by writing letters, making phone calls and putting pressure on Mr. Colarusso. Kathy Dorr, Nurse Practitioner for Pulmonary Consultants, went back to Dr. Koontz and informed him what was happening. Dr. Koontz said he was very puzzled and he specifically remembered correspondence from Mr. Foster saying the Marlboro Man would come down at the end of the contract. So, after thirty minutes of searching (on a very busy patient day), he found the letter from Mr. Foster that said the Marlboro Man's contract would not be renewed. Dr. Koontz faxed a copy of this letter along with a hand written note that said "what's going on?" to Mr. Colarusso. Subsequently, Mr. Colarusso asked that Dr. Klatt "call off the dogs", as the Marlboro Man would come down.

Congratulation and thanks again to Dr. Klatt, Dr. Koontz, and "all the dogs." ¶

Dr. Toth Woman of Distinction

Dr. Eileen Toth, PCMS President, was honored on Monday, March 9 along with five other women as "Women of Distinction" for 1992.

The annual awards banquet held at the Sheraton Tacoma Ballroom was presented by the Pacific Peaks Girl Scout Council. Each award recipient gave a brief presentation on how scouting had impacted or influenced their lives and careers.

Dr. Toth, first woman president of PCMS, shared the spotlight with Mayor Karen Vialle, first woman Mayor of Tacoma; Carolyn Taughn-Young, Director, Multicultural Student Services, Tacoma Community College; Kathleen Merryman, Features Reporter, Morning News Tribune; Theresa Martinez, CEO, Centro Latino SER; and Sondra Purcell, Managing Director, Portfolio Timing.

Congratulations, Dr. Toth.¶

Dr. Hogan & Coalition champions Youth Access Ordinance

Dr. Pat Hogan, Chairman of the Coalition For A Tobacco Free Pierce County (staffed by PCMS), has been busy meeting with Board of Health members, Tacoma City and County Councils members and other decision makers to garner support for passage of a proposed ordinance to prohibit youth from access to tobacco. To meet with County Executive Joe Stortini, he had to walk with him at 7:00 a.m. in the Tacoma Mall. It was the only time that Mr. Stortini had available, and Dr. Hogan agreed.

Coalition chairman Dr. Pat Hogan discusses the Youth Access Ordinance with County Executive Joe Stortini during a brisk early morning walk at the Tacoma Mall

Mayor Karen Vialle introduced the ordinance to the Board of Health on March 4 and asked that it be put on the April 1 meeting agenda. The proposed model ordinance would regulate the sale and distribution of tobacco products to minors.

Last year, the Coalition worked to strengthen existing ordinances regulating smoking in public and the workplace to no avail. After waiting one year for the County Council to take action, it was obvious that another route was essential. Dr. Hogan met with Mayor Vialle to discuss the best political avenues to introduce smoking legislation to protect the public, the workforce, and children from tobacco and tobacco smoke. Mayor Vialle recommended taking the youth access ordinance in resolution form to the Board of Health. If passed, this would recommend that all cities and towns and Pierce County adopt the resolution as an ordinance. After adoption of this ordinance, a resolution recommending an ordinance for stronger public protection and protection from smoke in the workplace will follow.

The youth access ordinance prohibits sales of individual cigarettes and the use of coupons or giving of free samples. It requires retailers to be licensed and ensures that purchasers of tobacco products are 18 years of age. Vending machines will only be allowed in bars/taverns (ten feet from an entrance or exit), and commercial buildings where the public and minors do not have access. License fees and fines will defray the cost of monitoring and enforcement.

The Coalition For A Tobacco Free Pierce County has recently set their goals for 1992. Three divisions have been formed, the Legislation Division, the Community Organization Division, and the Community Awareness Division. Each division will have several committees that will work on specific tasks.

If you are interested in becoming a member of the Coalition, please call the Society office, 572-3667.¶

PCMS meets with Mayor Vialle

Tacoma Mayor Karen Vialle met with PCMS President **Eileen Toth,** M.D. and President Elect **Jim Fulcher,** M.D., to discuss concerns the Society has in matters currently confronting the Tacoma-Pierce County Health Department deficit.

Drs. Toth and Fulcher expressed their concern with the possible loss of programs as a result of the Health Department's $1.6 million deficit for 1992. The department at press time was considering cutting services such as; family planning, medical clinics for low–income children, and counseling programs for children who have suffered sexual and physical abuse are also at risk, as well as the methadone program that helps about 300 addicts stay off of heroin.

Another point of discussion was the selection process of Dr. Al Allen's replacement. Drs. Toth and Fulcher both expressed the Medical Society's wish to be a part of the selection process, emphasizing the importance of a good relationship between the medical community and the health director.

Other issues discussed with Mayor Vialle were the future status of the Emergency Medical Services Administration formerly under the Health Department and now under the auspices of the Emergency Management Division and the future of smoking ordinances now being considered by the Board of Health.¶

Dr. Teeny to address Medical Assistants meeting April 13

The Pierce County Chapter of Medical Assistants will hold their regular monthly meeting Monday, April 13 at Allenmore Hospital (South 19th and Union). Meetings are held at 7 p.m. Steven Teeney, MD, orthopaedic surgeon will speak on *Arthritis and Joint Replacement*.

On Monday, May 11, attorney Wendy Zicht will speak about *Law and Ethics in the Office.* Both programs provide continuing education credits for medical assistants. A short business meeting will follow the speaker. For more information, contact the PCMS office at 572-3709.

OSHA standards effective March 6

OHSA regs on new blood borne-pathogen standards went into effect March 6. Specific provisions of the standard will be phased in over the next four months by the Washington Industrial Safety and Health Administration (WISHA). OSHA's jurisdiction is federal—military bases, post offices, etc. WISHA is the enforcement body of OSHA standards in this state.

The new standards create the first specific obligations for physician offices. While questionable enforcement remains the exception, experts warn that physicians unfamiliar with the range of regulations that apply to their offices could face sizable fines during a routine inspection.

May 5: Employers must have written exposure-control plans.

June 4: Employees must receive education in blood-borne disease transmission and training and universal precautions. Employers must begin recording occupational injuries.

July 6: Engineering and work practice controls should be in place. Protective equipment must be in use. Free Hepatitis B vaccinations and post-exposure treatment must be available. All hazardous material labels should be in place.

The AMA is meeting with officials from the occupational safety and health administration to arrange for physician awareness programs.

The AMA hopes to educate the WISHA inspectors and sensitize them to the workplace they will be inspecting. Meanwhile, Occupational Safety and Health Administration spokesman, Jim Foster, said doctors should keep a few main points in mind.

The blood borne-pathogen standard is a performance standard. It is based on three factors: 1)Engineering controls such as needles with the protective sheaths; 2)Work practice controls such as not recapping used needles; 3) and, protective equipment, including gloves, gowns, and goggles.. The AMA also hopes to make OSHA materials on step-by-step compliance more widely available.

Physicians sought to speak

A poll conducted at Seattle-area high schools last fall names medicine as one of the top three career fields of greatest interest to students planning post-graduate studies. To best illustrate the field for students, WSMA is developing opportunities for physicians to speak during career awareness programs at schools statewide. Physicians are asked to talk from personal experience covering such issues as: college and medical school requirements, residency programs and an overview of their "typical" practice day.

All physicians who enjoy public speaking or working with adolescents are urged to contact Kari L. Leitch, WSMA Communications Coordinator. Call 206\441-9762 or 1-800-552-0612 for additional information or to be scheduled for an upcoming career awareness presentation.

Annual library book sale

The Medical Library of Pierce County will be conducting its annual **Library Book Sale** Thursday April 30 and Friday May 1, 1992 at the Medical Library of Pierce County (Tacoma General Hospital). Over 600 biomedical books will be sold at giveaway prices ($1-$6). All proceeds go toward purchasing new books for our collection. Browsers welcome!

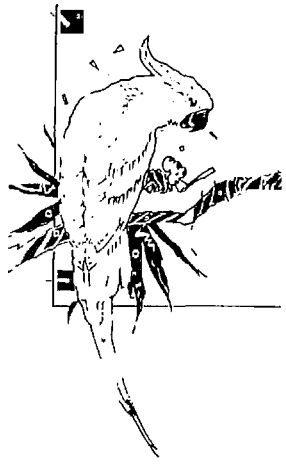
Retired members return to the South Pacific

PCMS Retired Members met on February 28 for lunch, comraderie, and entertainment at the Fircrest Golf Club. About twenty physicians and their spouses attended to hear **Dr. Herman Judd** speak on his trip to the South Pacific several years ago.

Dr. Robert Klein attended and introduced his guests, a surgeon from a 1,000 bed hospital in Vladivostok and a student from Moscow who is residing with him and attending Tacoma Community College.

Dr. John Colen addressed the group to inform them about the Senior Citizen Lobby. The lobby works to enhance the quality of life for seniors thru education and legislation. Representatives from all agencies and organizations in the state serve on the lobby and they have worked on numerous legislative issues such as the Natural Death Act, MD Licensing, Mobile Home regulations, and Nursing Home Patient taxes.

Dr. Herman Judd was introduced as the featured speaker. His slide show presented a special island in the South Pacific, Butaritari, that he and his wife Jeanne visited years ago.

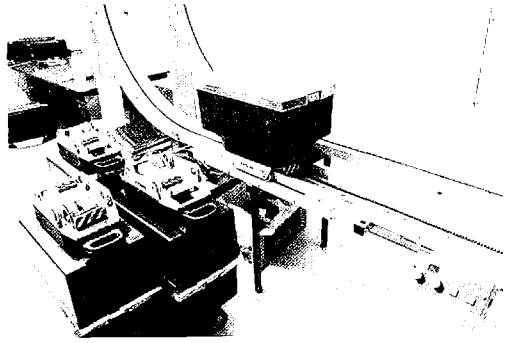


The island, although not directly on the equator, is about as close to it as it can come. It sits about 3,000 miles from Hawaii and 3,000 miles from Australia. The island was discovered by Captain Cook in 1787 and is home to about 1,300 natives. Dr. Judd first visited the island as an army surgeon during World War II. He said there were no cars on the island, it was very clean and neat and they actually built a house with a coconut thatch roof for the Judd's visit. The house featured an old kerosene refrigerator with cheese, chicken, and other foodstuffs provided. A bath house and latrine were provided separately.

Dr. Judd's slides were absolutely beautiful. If you are thinking of touring the south pacific, you might want to capitalize on Dr. Judd's knowledge of visiting the area.

Thank you, Dr. Judd. We enjoyed your trip immensely!!

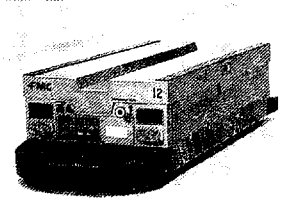
New Madigan is dedicated



In a colorful and stirring ceremony, Brigadier General John Hutton, Commanding Officer of Madigan Army Medical Center directed the ribbon–cutting ceremonies for the new 414- bed hospital on February 28.

Patients began moving from the 48 year old hospital March 21 into the new facility which is said to be the "state of the art" of all military hospitals in the United States and, perhaps, in the world. At a cost of $280 million, the hospital is the culmination of 23 years effort as stated by Congressman Norm Dicks who led the process during that time.

Assisting General Hutton and Dicks in the ribbon–cutting ceremonies were Lt. General Cavezza, Commanding Officer, Ft. Lewis; Lt. General Ledford, the Army's Surgeon General; and The Honorable Dr. Enrique Mendez, Jr., Assistant Secretary of Defense (Health Affairs).



It is estimated that 15–20% of the current PCMS physician corps received their training in the brick multi–corridored medical facility that was begun in July, 1943. The old facility was completed in February, 1944.

Top: Box conveyer system transports records and other items interstitially. Robots are part of the Automatic Transport System

The new hospital is a 414–bed tertiary care teaching hospital that can be expanded to 622 beds. It consists of a 1.2 million sq. ft. medical center with 14 operating rooms, 10 in–patient, and 4 out–patient. It has a 10 bed surgical ICU, 10 bed medical ICU, and 8 bed CCU. A full shock trauma with evacuation is available with 36 radiographic rooms, 14 dental treatment rooms, 65–bassinet nursery, 4 delivery rooms, 2 birthing, and 6 labor rooms. It will be used by approximately 154,000 people per year.

The Madigan Army Medical Center is the largest medical facility built for the US Army Corps of Engineers. It has an additional one million sq. ft. of interstitial floor space. Interstitial floors 7 1/2 feet high between each hospital floor contain all building utilities. This innovative design means utilities can be revised or repaired without interruption of hospital functions, thus helping meet the Army's goal of a hundred-year life span for the center.

PCMS members and guests will tour the new hospital on April 11. Call the Society office for details.¶

Dr. Toth to address MAMC graduation

Dr. Eileen Toth, President of PCMS, has been invited to be the guest speaker at the Annual Graduation Ceremony for those military physicians who will be completing their residency and fellowship programs at MAMC. The ceremony is scheduled for June 5.

Approximately 110 residents and fellows will be graduating from 18 different specialty programs at the time. Dr. Toth has accepted the honor and is looking forward to the opportunity.¶

*State funds 35% of births**

Medicaid now finances at least 50% of deliveries involving medical risks says a UW evaluation of First Steps. Since the 1989 Maternity Care Access Act expanded coverage to more pregnant/post partum women, Medicaid has become the dominant payer for maternity services in the state, financing 35% of all deliveries. The program now covers births to more than half of the women who smoke during pregnancy, more than half of African-American mothers, and more than three-fourths of Hispanic and Native American mothers and teens.

The report shows strong declines during 1988-90 in the share of women receiving no prenatal care (down 40%) and late prenatal care (down 17%). But high risk pregnant women still face greater financial and geographic/transportation barriers and have less awareness or the need for care and availability of services than lower risk women. Physicians reported greater willingness to provide Medicaid prenatal care, but many counties still report shortages of medical and other providers.* *Washington Health*, Volume 7, Number 3. February 20, 1992.¶

Survival programs:

A series of complimentary progams is being sponsored by St. Joseph Hospital to assist physicians with the practical implementation of requirements associated with Payment Reform. The programs will be facilitated by Linda Firnberg of Medical Office Connection.The program will consist of the following seminars: The HCFA 1500 Changes, April 16; and Optimizing Reimbursement, May 14.The seminars will be held at St. Joseph Hospital in Conference Center Rooms 3A/3B from 5:30 - 8:00 p.m. Please register by calling 591-6730.¶

Medical assistants host state meeting

The Pierce County Chapter of Medical Assistants will be hosting the annual State Meeting on May 15-16 at the LaQuinta Inn in Tacoma. A full day of educational sessions is planned for Friday, May 16. Program presenters include Dr. Robert Kenevan and Sharon L. Warning, Risk Management Analyst. Saturday sessions will be presented by Dr. Edward Przasnyski, Dr. Elizabeth Sanford and Inez Bruce, manager of Summit View Clinic. CEUs are available to members and non-members and all area medical assistants are invited to attend.¶

For registration information or a program brochure contact one of the following individuals: Sue Asher (PCMS) 572-3709; Doris Stansell, 531-1913; or Diane Goracke, 383-5949.¶

Roger Lee named to Board of Health

Dr. Roger Lee, Ob/Gyn-Oncologist, has been appointed to the Tacoma-Pierce Board of Health by the other members of the Board. Dr. Lee replaces Dr. James Wicks, retired pathologist, who sat on the Board for several years.

The Board of Health plays a critical role in determining the priorities of the Tacoma-Pierce County Health Department. The Board of Health has fairly broad powers. Members of the Board include County Executive Joe Stortini, Tacoma Mayor Karen Vialle, two city and county councilmen each and a representative of small cities and towns.¶

Dr. Coombs to address HMSS

Dr. John Coombs has been asked to address the Annual Meeting of the AMA-Hospital Medical Staff Section (HMSS) meeting to be held in July. Dr. Coombs, who is Vice President of Medical Affairs at Multicare Medical Center and served as Vice President of the Medical Society in 1990, will address the meeting on outcomes management – applying data to medical staff duties.

The meeting is held concurrently with the AMA Annual House of Delegates meeting in Chicago. HMSS has grown tremendously since its creation just several years ago. Representatives from virtually all hospital medical staffs now attend the annual meeting.¶

Legislature adjourns, little accomplished.

Gamesmanship between Senate Republicans and House Democrats again kept the Legislature from any major accomplishments.

At press time, Senator Jim West (R) Spokane, is meeting with the Governor. It is uncertain what will come out of this discussion. It appears some sort of compromise between the House and Senate on health care reform can be expected. The Governor and Rep. Braddock are adamant that a commission of seven individuals be given unlimited authority to run the state health care program. To date, the Senate has totally rejected the proposal.

WSMA is promoting reasonable reform, but opposes the commission called for in the Braddock bill. After a bitter and divisive vote in the Senate, amendments to the Natural Death Act finally passed and went to the Governor for signature. He is expected to sign it.

The legislation clarifies current state law and gives individuals signing a living will a specific opportunity to express their wishes about withdrawal of artificially-provided nutrition and hydration and references durable powers of attorney for health care decisions to make sure the public is aware of the importance of durable powers when considering living wills and other related, important health care decisions. (A living will brochure is available in bulk quanities for your office...call PCMS or WSMA)

At press time it appeared that First Steps (prenatal) and Second Steps (Pediatrics) programs would survive the budget cuts. The House budget drafted by Rep. Gary Locke restored the 2% of the 3.1% physician Medicaid payment increase the governor cut from his budget*¶

**WSMA contributed to this report.*

American Disability Act of 1991 topic for April 14 General Membership meeting

Attorney Sheryl Willert will discuss how physicians can work with the American Disabilities Act of 1990 (ADA).

The ADA, which became effective January 26, 1992 is intended to end discrimination against persons with disabilities. In some situations, for instance, physicians may be required to provide translators for hearing impaired patients. The physician would be responsible for scheduling and paying the translator.

Plan to attend the meeting to be held at Fircrest Golf Club. Social hour is at 6:15 p.m., dinner at 6:45, and the program will begin at 7:45¶

Claims for laboratory services

The Health Care Financing Administration (HCFA) mailed information to all physicians on February 25 that sole physician practitioners performing tests in their own laboratories are considered to be the ordering physician for the tests and must enter their own unique physician identification number (UPIN) in Block 17a of the HCFA-1500 submitted for the tests.

Those physicians selected by HCFA-specified criteria to receive a laboratory ownership survey have been informed of HCFA's requirements concerning laboratory ownership.

–Every recipient of a survey must complete and return the survey, either individually or at a clinic level;

–Non-responders claims for laboratory services will be denied after 2/15/92 until a completed survey has been received;

–2/15/92 allows response time for the last-sent surveys;

–Claims for laboratory services where the ordering/referring physician has a financial interest in the performing laboratory will only be paid were a qualified exemption applies denoted by a Q-4 modifier on the submitted claim.¶

Employee Handbooks:
Watch what you say or your words could land you in court

Do you consider your employee handbook a necessary evil, a binding legal agreement or a tool of communication

You want to show that you care for your workers while maintaining your legal rights to at-will employment.

and good employee relations? If the first two phrases define your employee handbook, your company is headed for big trouble. It's the last definition that should characterize your employee handbook.

What you don't want to do is lose your right to fire at will. A poorly drafted employee handbook can do that. Courts in a growing number of states have ruled that these communications pieces constitute an actual or implied contracts. For employers this means you are bound by what you have written.

For instance, if your handbook states that for a first offense a written warning will be issued, it means that you can't fire a worker for fighting on the job and seriously injuring another employee if that's the first offense. Your hands are legally tied.

Or if your handbook describes in detail the benefits that an employee will receive upon retirement-but the actual policy doesn't pay for them-you could be legally liable to make up the difference!

Get the picture? To start your new year off right, it might be a good time to take a look at your handbook.

Communications tool

There are certain questions you should keep in mind while reading it:

- Does the hand book reflect the image of my company that I want to present to my workers and possibly my customers?
- Does it present my employees with all the information they need to know about my company's philosophy, work rules, and benefits?
- If a government agency, whether state, local or federal, looked at my handbook, could I get into trouble because it failed to make clear that my company follows all relevant workplace laws?
- If an employee took me to court, could the handbook be used in his or her defense and to my company's legal detriment?

How can you get answers to these questions? "Generally, the way to approach reading your handbook is to look at it from a different perspective—not really from the viewpoint of the company," advises Randall G. Hesser, a partner in the Elkhart, Indiana, law firm of Warrick, Weaver & Boyn.

"Look at it not with what you meant to say in mind, but in an aggressive, attacking sort of way. In other words, if my goal was to use this handbook to the benefit of a bad employee, how could I do it? How could I cause the company problems by doing this? In that way maybe you can see problems," he explains.

"Look not from the perspective of what was intended, but how it could be used or interpreted by someone else," attorney Hesser cautions.

Essential elements

After reading your handbook with an eye toward ferreting out problems, you must then ensure that your new and improved version does the following:

1. Retains the right to at-will employment. Your handbook contains a disclaimer, placed right in the book's front, stating that in no way does this constitute a contract of employment. So you've preserved your right to fire at will, the hallmark of at-will employment, right? Wrong.

It's not enough to make one blanket statement. Courts have ruled that for a disclaimer to be valid, it must not only be prominent, but must also maintain your right to employment at will throughout the entire book.

And how do you do that? "You put language in there to retain at will employment. And you make that disclaimer," states Hesser. "But in addition to that, there are other places in the handbook where, while it's not repeated in its entirety, it needs to be included in a reminder sort of way. For example, in discipline."

Attorney Hesser continues, "When you outline specific types of rules you expect people to comply with, or violations which can result in disciplinary action up to dismissal, you ought to again include language saying: *Of course, the company reserves the right to impose any other rules or take any other disciplinary action in cases it deems appropriate.*

To repeat: You put the disclaimer in the handbook and then do not say or do anything that will have the effect of negating the at-will employment. This means you need to be consistent in how you apply the terms of your handbook to employees. For example, you can't say when you hire someone that the handbook says one thing, but if you do a good job here, you'll have a job for life. Such a statement can have the effect of negating any disclaimer because a court can interpret it as an oral promise of lifetime employment!

2. Complies with all federal, state, and local laws.

Your employee handbook, if written properly, can protect you from legal liability. It's imperative that you have an Equal Employment Opportunity (EEO) statement or non-discrimination clause in your handbook, as well as a policy on sexual harassment.

The first is necessary because it puts all courts on notice that you do not discriminate and have conveyed to your employees that any discriminatory conduct on their part is unacceptable.

The second is mandated by today's legal and social climate. Courts have held that employers weren't responsible for the actions of their workers who sexually harassed other employees because the companies had and enforced a policy on sexual harassment.

When drafting an EEO clause, it might be best to keep it simple and state: "It is our policy to provide equal employment opportunity to all qualified persons, consistent with the federal, state, and municipal equal employment opportunity law," writes attorney J.D. THorne in his book *A Concise Guide to Successful Employment Practices.* The reason: "While company EEO policy is important to state in the employee handbook, given the changing nature of employment laws and changing court rulings concerning them, it is a mistake to become too detailed in the wording of such a clause. For example, many states list a far greater number of 'protected classes' of employees than are covered under federal law. An almost universal mistake is that any comprehensive listing of all protective classes is invariably wrong because it either states one that is not protected or, more likely, leaves a protected class out," states attorney Thorne.

Another consideration: Your state may have laws on safety, hygiene, dress code, the barring of discrimination against married couples or sexual orientation, termination pay and health benefits that are not contained under federal law. When drafting your employee

Continued on page 12 . . .

handbook, you must be aware of all workplace laws. It would be wise to invest in good legal directories as well as counsel to review your handbook.

3. Presents a positive image of your company. Remember, your employee handbook represents what you are and stand for to all who read it. This includes not only your staff, but also outsiders—your clients, potential customers and talented individuals you might want to recruit.

You don't want to make your work environment appear too hostile or legalistic. You want to show that you care for your workers and the products that they produce-while maintaining your legal rights to at-will employment.

You can strike this balance by following the recommendations of the first two steps and including in your handbook: a welcoming message from your president; a company history; its mission, i.e. what its purpose is; and a code of ethics. Depending upon the size of your company, you might not want to have all of these, but your should consider them.

4. Give employees information of concern to them. What do workers want from their jobs? Attorney Thorne believes this includes "security, respectful and fair treatment, opportunity and advancement, a feeling that they are doing something worthwhile and last, money."

In this era of downsizing and general sense of, "Will I still have my job next year?" it might be well worth the effort to remind remaining employees that now more than ever they are essential to the company-not just as worker bees, but also as people.

You can convey this message by including policies on fringe benefits, sick and vacation leave, attendance and absence, holidays, wages and promotions, even drug and alcohol abuse, to name just a few.

Caution is required, however, regarding employee benefits. "Your employee handbook should not describe in detail any benefit available under these plans," warns attorney Hesser. "It should briefly refer to the different plans available or direct employees to see the plan or plan summary for that information."

5. Maintains flexibility to respond to changing business conditions. You have to preserve your management right to change, eliminate or alter policies as you see fit. You don't want your employee handbook to lock you into anything.

For example, if you carefully put together a lengthy list of work rules and have explained the penalties for violating any of them. But an employee does the impossible and commits an offense not listed. Can the employee be disciplined? Attorney Thorne writes that, "When drafting such policies, it is important to understand that generally, legally, when one makes a *list,* one is deemed to have specifically excluded everything not on the list. Unless work rules and their administration clearly contribute to productivity, quality, and service, they are a waste of time and should be avoided." Or you can state that work rules are not intended as a comprehensive list of prohibited conduct and that management retains its right to discipline employees, advises employment-law attorney Hesser.

Another problem area is probationary periods. Many companies use them as a way to find out whether the individual fits the job. Once the decision is made that the worker performs satisfactorily and can continue, you must make sure that he or she doesn't get the idea that "permanent" employment has begun. You have to state that full time employment is not permanent employment, and that the person still remains in an at-will situation. If you do this, you've kept your flexibility to hire and fire.

Reprinted from "You and the Law" Jan 1992 (A publication of National Institute of Business Management, Alexandria, VA 22313)

Physician payment reform Hot Line

Washington State Medicare announced that providers will now have the ability to call the Physician Payment Reform (PPR) HOT LINE with their inquiries. The HOT LINE will be staffed with PPR inquiry specialists. The telephone number is (206) 389-5650.

Completed inquiries regarding Physician Payment Reform should be submitted in writing to Linda Newton, Medicare Ombudsman, Washington State Medicare, PO Box 91078 MS/955, Seattle, WA 98111-9178.¶

Going Home

By David S. Hopkins, MD. This article was originally published in the May, 1986 issue of WSMA Reports.

A few weeks ago, a letter arrived from Minnesota announcing the 40th reunion of my high school class at St. Cloud Tech.

Emblazoned across the envelope and letterhead was "TIGER COME HOME" (as in Tech Tigers). I left the papers on my desk and now each time I walk in the room TIGER COME HOME blares at me. It's disconcerting because no one in a long time, if ever, has called me "Tiger." If anything, I am more like Eeyore, the phlegmatic donkey in "Winnie the Pooh," who, floating down the river on his back, is mistaken for a log.

One has mixed emotions about returning to the past. Should you leave well enough alone and always remember them as green and golden or face the harsh reality of what time has wrought? Thomas Wolfe was probably right when he wrote that "you can't go home again."

I went back for my 20th reunion and the original old high school buildings had been engulfed by sterile glass and steel monsters. The tall granite statue of James Hill, founder of the Northern Pacific Railroad that used to stand in the center of the park at the end of the school grounds was now dwarfed by these buildings, and the park was gone. The statue's countenance used to reflect confidence in the future and a satisfaction with the immense wealth he was piling up with no income tax. Twenty years later, the face looked nervous and uncertain, like he'd like to look around and see what the hell was going on behind him. Speaking of statues, I am reminded of one of my favorite *New Yorker* cartoons—a statue of an obviously important person, standing in a park, clad in a greatcoat, and on the pedestal is written, "Soldier, statesman, patriot—but still a disappointment to his mother." But I digress.

I wonder who will be at the reunion. I only recognize one name on the committee. I wonder if my old friend E.E. will be there. (Notice that I'm using initials to maintain anonymity the way they do in pornographic French novels like "The Story of O.")

E.E. somehow gained entrance to the principals office in our sophomore year and made off with a stack of blank report cards. For three years, a female classmate signed his mother's name to the real report card while he prepared a fake one for his mother to sign. There is a certain feeling of power to a student that goes with being able to dispense even fake grades.

E.E. would ask me, "How did I do in English?" and I would reply, "Your essay on the influence of Don Quixote on the 19th century novel was magnificent. You deserve an A." "How about geometry?" "Your hypotenuse leaves something to be desired—B+." Predictably, he had an almost straight A average on his mother's card, but circumstances dictated that he leave school one month before graduation.

The beauty of traveling a long distance to a class reunion is that no one really knows much about you, and for one evening you can be larger than life. I haven't decided whether I'll be a consultant for the University on the verge of discovering a vaccine for AIDS or the editor of the *Western Journal of Medicine*. Surely, Malcolm Watts won't run into anybody from St. Cloud down there in San Francisco.

I have decided. This "tiger" is coming home.¶

Applicants for membership/new members

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined by the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the Society.

Amira A. Morcos, MD

General Practice. Born 8/12/53. Medical School, Ain Shams University, (Cairo) 1978; Internship, Ain Shams University hospitals, 1979; Residency, Ministry of Health Hospitals, 1980; licensed in Washington, 1984. Dr. Morcos is practicing in Orting.

Michael F. Lyons, MD

Gastroenterology. Born 5/24/54. Medical School, Uniformed Services University of the Health Sciences, 1982; Internship, Madigan Army Medical Center, 1983; Resdency, Madigan Army Medical Center, 1985; Graduate training, Water Reed Army Medical Center, 1988. Board Certified Internal Medicine, 1985; Gastroenterology, 1989. Licensed in Washington, 1988. Dr. Lyons is practicing at 11311 Bridgeport Way SW #302, Tacoma.

Welcome to new members

The Board of Trustees appoved the Credentials Committee recommendation that the following applicants be approved for membership into the Society. They are:

Edward G. DeVita, MD

Neurology. Dr. DeVita is practicing at 915 6th Ave, Tacoma.

Gregg D. Ostergren, DO

Internal Medicine. Dr. Ostergren is practicing at 4700 Pt. Fosdick, #203, Gig Harbor.

Renan B. Wills, MD

Anesthesiology. Dr. Wills is practicing at 3217 N. 25th, Tacoma.

James D. Rifenbery, MD

General Surgery. Dr. Rifenbery is practicing at 1802 S. Yakima, #202, Tacoma.

Ask the experts!

Ask the experts! is a feature of the Pierce County Medical Society Newsletter. It is an opportunity for physicians, managers, and staff to ask for advice on medical management questions. Each month, selected topics will be addressed by a medical office staff consultant from Larson Associates. Send your questions and comments to: Larson Associates 223 Tacoma Avenue South, Suite A, Pierce County Medical Society Building, Tacoma 98402 (206) 383-9857

Q

Dear Norma:

This is a difficult time for my practice. Recent changes in CPT coding and Medicare reimbursement have made a significant negative financial impact on my income. Although I know that a "belt-tightening" must occur, I'm not sure how to go about it. Can you give me some pointers on where to begin?

Concerned Physician

A

Dear Physician:

You are not alone in your concern! The new regulations and codes have made an impact on all practices. Delayed payments during the past months reflect the catch-up time needed by insurance carriers and third-party payers while they adjust to the changes. Many physicians are experiencing or anticipating decreased revenues with the implementation of new billing regulations.

Why not look at this time as an opportunity? Most of us tend to drift along, content with the status quo, until something suggests we take a fresh look at things. A time of evaluation will allow you to assess the strengths and weaknesses of your practice and to do your belt-tightening in the most helpful way.

Physicians, when confronted with a cash flow problem, usually tell their staffs that costs must be cut. Instead of looking to see where to best cut them, the response is usually to try to cut back on medical or office supply costs. This may not even be the problem area. The look must be broader and more intense.

How long has it been since you looked at your efficiency or the efficiency of your staff? Are you understaffed? Overstaffed? Are your systems so inefficient that you or your staff cannot work up to capacity? Are you encouraging or allowing your staff to work as your best marketing tools? Are they underpaid or overpaid? Are employee manuals and job descriptions in place, and are evaluations being done in a timely and correct manner? Do you really understand the status of your accounts receivable? Do you know that your billing is being done in a timely manner? How much do you adjust off of your production charges because of third-party write off? Is there anything you can do about that? Are your charges too high or too low? Are you coding correctly and for maximum reimbursement? Is your overhead too high?

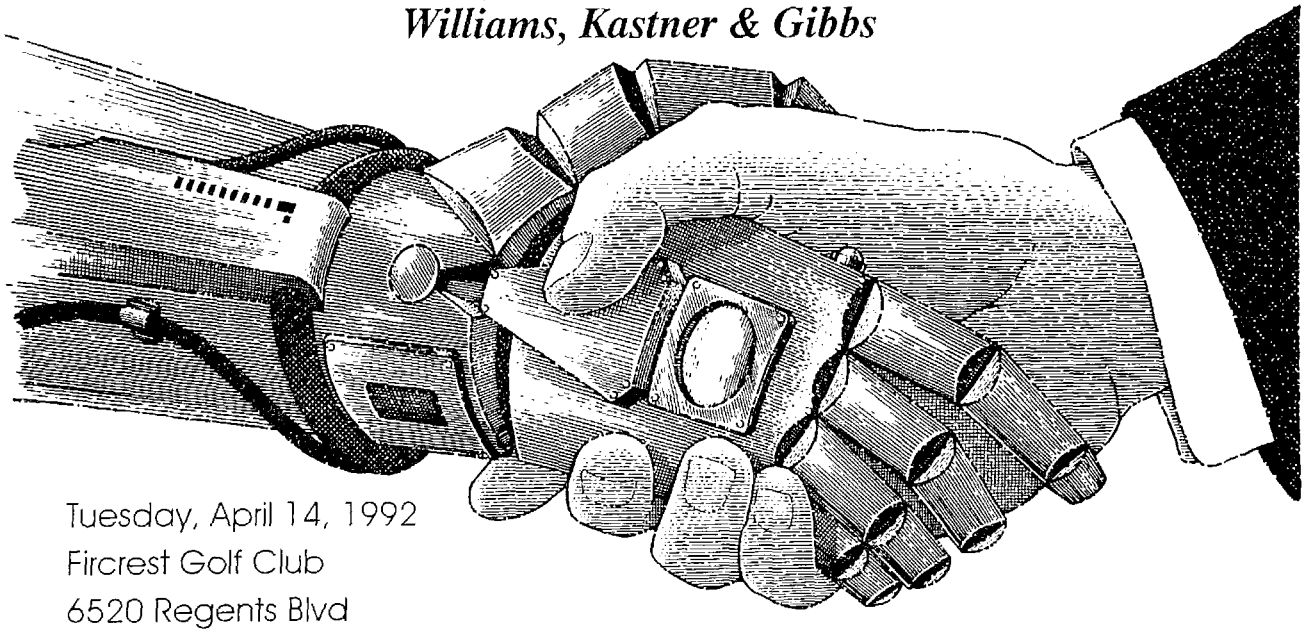
This certainly is a big list, and may not include all of the areas relevant to your practice. Doing this evaluation will require time and energy on the part of yourself and your staff. You may find that an outside consulting source will be the most objective and cost-effective way to accomplish this in-depth look. The business side of practicing medicine requires increasing skill. This careful look will allow you to make needed changes and adjustments and contribute to the overall health and well-being of your practice. That's turning a negative into a positive!

The Pierce County Medical Society
presents:

"Working with the American Disabilities Act of 1991"

featuring

Sheryl Willert
Attorney & Labor Law Specialist
Williams, Kastner & Gibbs



Tuesday, April 14, 1992
Fircrest Golf Club
6520 Regents Blvd
6:15 Social Hour
6:45 Dinner
7:45 Program

Yes, I (we) have reserved the evening of Tuesday, April 14, 1992 to join members of the Pierce County Medical Society at their April Membership Meeting and to hear Sheryl Willert speak on the American Disabilities Act of 1991.

Please reserve _____ dinner(s) at $17 per person (meal, tax, and gratuity included)
Enclosed is my check for $_____. Dr. _____
Please make check payable to PCMS and return no later than Friday April 10, 1992.

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Office Procedures CME rescheduled for May 22

Office Procedures, a course offered for the second time by the College of Medical Education had been rescheduled for May 22. The program will be held in Jackson Hall.

This one-day program will review indicators and techniques for common office procedures in primary care. Faculty will consist of primary care physicians and specialists who are competent in the procedures involved. The procedures selected were at the request of local physicians.

Enrollment will be limited. The program has been organized by Drs. Mark Craddock and Thomas Norris. A program brochure will be mailed soon.

ACLS June 22,23

The College's traditional June Advanced Cardiac Life Support Provider Course is scheduled for June 22 & 23. This course offers 16 hours of Category I credit from both AMA and AAFP. A course brochure with program details will be mailed soon. Interested physicians should register early as classes fill quickly.

Surgical Club dissections, demonstrations, and lectures set for April 17 & 18

The very popular dissections, demonstrations, and lectures presented annually by the Tacoma Surgical Club are set for April 17 and 18. Cosponsored by the College of Medical Education and the Tacoma Surgical Club, these programs are held at the University of Puget Sound in Thompson Hall.

On Friday afternoon, local surgeons and guests from the Army Medical Corps perform dissections and demonstrations on cadavers for doctors, nurses, and interested students. The procedures are scheduled from 1:30 to 4:30 pm.

Beginning Saturday morning, several short lectures featuring the latest developments in surgery are presented by local physicians and Army Medical Corps doctors.

This continuing medical education element of the program offers 4.5 Category I credits and includes lunch.

The annual program this year has been arranged by Drs. Chris Jordan and Ken Ritter and is free. Dinner on both Friday and Saturday nights for club members and their guests will be held at the Tacoma Country and Golf Club. Dinners will feature addresses by Hubert Radke, MD, Chief of Surgery Services at Seattle's VA Medical Center. For information regarding the programs or dinner reservations, please call the College at 627-7137.

1991 - 92 C.O.M.E. Schedule

DATES	PROGRAM	DIRECTOR(S)
Mon. - Fri. Mar. 30 - Apr. 3	**Hawaii and CME**	Mark Craddock, M.D. John Lenihan, M.D. Amy Yu, M.D.
Fri., Sat. April 17 & 18	**Tacoma Surgical Club**	Ken Ritter, M.D. Chris Jordan, M.D.
Fri. May 22	**Office Procedures**	Mark Craddock, M.D. Tom Norris, M.D.
Mon., Tues. June 22 & 23	**Advanced Cardiac Life Support**	James Dunn, M.D.

Graduating Seniors

The Medical Society and Auxiliary would like to recognize our sons and daughters who are graduating this year. If you have a son or daughter graduating from high school, college, graduate school, etc., please take a moment to fill this out and return it to:
Eve Carleton, 972 Altedena Dr., Tacoma 98466

This information must be received by April 15

Students name: _____

School: _____

Home address: _____

Parent name(s) _____

Degree or diploma received: _____

Future plans: _____

Teen Health Forum

The WSMAA-sponsored Teen Health Forum will take place April 21st in Ellensburg at Central Washington University. More than 500 middle school students from all over the state are participating in this year's program which is aimed directly at health concerns of young people. Many Pierce County Auxilians are helping to create this event which is free to all participants. Can you volunteer? If so, call Mary Lou Jones at 565-3128.

Northwest trekking

Where will you discover a newborn bison calf? Or maybe witness a faceoff between two bighorn rams? Or view a moose that might be cooling herself in Horseshoe Lake? At Northwest Trek, where you'll experience native northwest animals on their terms. . . roaming free on 435 acres of serene forest, lake, and meadowland.

Join the Auxiliary for a *Spring Safari* Friday, May 15 at 9:30 am (Prompt!!) at Northwest Trek for a tour aboard a comfortable tram through this world class wildlife park. Children are invited. After the tour we will gather to eat brown bag lunches (you provide), or meals may be purchased from the park. For reservations call Sue Wulfestieg or Lori Fisher by May 10. Admission at the gate: Adults $5.50/Children over 5, $3.90/Under 4, $1.80.

Planning proposal:

The Long Range Planning Committee wishes to propose that next year, PCMSA reverse the recipients of our two major fundraisers. That is, Holiday Sharing Card proceeds would benefit local Pierce County charities and Zero-K marathon funds would be earmarked for AMA-ERF. This plan would both augment and facilitate dispersal of funds for local concerns, while maintaining our strong support of AMA-ERF. What are your thoughts? Please call or write Nikki Crowley with your opinions if your are unable to attend the May 15 general meeting. Nikki Crowley, 8224 20th St. E., Puyallup, WA 98371 (922-7233).

Spring Convention

The WSMAA House of Delegates will be held this year in Yakima April 26 through April 29th. Please see your MED AUX News for complete registration information. Helen Whitney will be installed as Vice President and Mary Lou Jones will accept the position of SW Regional Vice President. Congratulations!

Positions Available

Contract psychiatrist needed for: 1) Children/Adolescent Services 2) Older Adult Services. Provides psychiatric assessment, medication management, and consultation to program staff. $62.00/hour, South King County location. CV to Cindi Smith, Valley Cities Mental Health Center, 2704 I St NE, Auburn WA 98002. Phone: 854-0760

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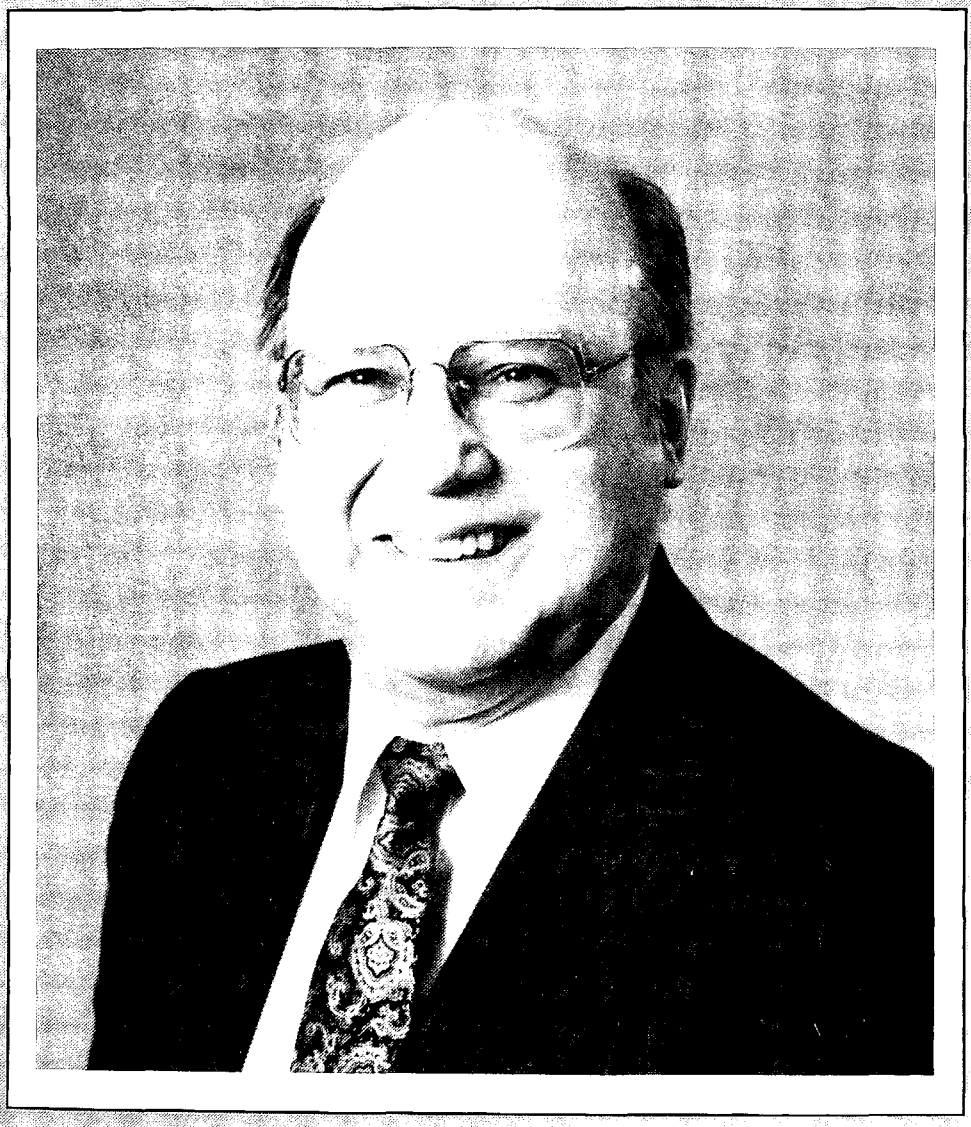
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Volume 7, Number 2 ..... May 1992



INSIDE . . .

Dr. Virak Family Doctor of the Year — See Page 5

The Bulletin is published quarterly in February, May, August, and November by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in **The Bulletin** are the first of the month preceding publication (i.e. Oct 1 for Nov issue).

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

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Retired Luncheon – May 15

Advanced Cardiac Life Support – June 22 & 23

Freedom of the Press Belongs to Those Who Own the Presses

"As doctors, I think you all ought to know that as far as the press is concerned, you're in enormous trouble in the 1990's. I think of doctors and the medical profession as sort of the Pentagon of the 1980's. And if you remember the role the Pentagon played for the press in the 1980's, it was sort of the focus of evil. The press concentrated on the Pentagon to the exclusion of many other things, and believe me, reporters and the press in general thinks (sic) of the health cost problem as the biggest in the 1990's. And they're certainly not blaming themselves, they're going to blame doctors for being too greedy, so get ready for that. You're in a lot of trouble."

These remarks were delivered by Fred Barnes, syndicated columnist, at the AMA National Leadership Conference seminar "Media Savvy", in February, 1992. Mr. Barnes is either more cynical or more honest than most journalists. The situation may not be quite so grim as he portends, but there are certain realities regarding our relationship with the press that we should recognize and cope with.

The press in general, and our own *Morning News Tribune* is no different, has a "bad news bias". Journalists have a tendency to stress negative events, even when good news may be more important or momentous. Fred Barnes says that a journalistic credo is "if you don't have anything nice to say, let's hear it." Negative news is interesting and titillating, captures peoples' interest, and sells papers.

Recently, the medical profession in our community has been the subject of a number of newspaper articles that cast us in a bad light. Many of us wish that we could convince our local journalists to treat us more fairly; after all, we know that we work hard, provide valuable services, and do a lot of good. But let's face it – headlines like "Local Trauma Surgeon Saves Life of Drug Dealer" or "Family Practitioner Gets Out of Bed at 3:00 a.m. to Care for the Homeless Man With Pneumonia For Free" just won't capture as much interest as "Crowd at Health Forum Attacks Doctors' Fees".

Although we can and should confront our press when news reports misrepresent events or aren't factual, it may be unrealistic to think that our local journalists will change the tone of their articles critical of our profession.

What can we do? It's time to take a positive, active approach to our public relations dilemma. If we try to counteract each derogatory news item, we will perpetually be in a position of reacting defensively to negative stories, presenting the public with an apologetic, self–serving image. Instead we should focus on a more positive public relations program.

We have a very powerful PR tool – simply allowing people to see first hand what we do. Let's not forget that what we do is truly awesome. We literally save lives, mend broken bodies, heal broken spirits, comfort the dying, and prevent illness and suffering. We do all of this and much more on a daily basis.

In order to begin to improve the image of doctors in the community, and to promote better understanding between doctors and community leaders, the Pierce County Medical Society is putting together a "Mini–Internship Program." This program was started in the 1970's in Oregon. In 1976, the Multnomah County Medical Society started its first formal mini–internship session by having a number of influential community leaders spend two days with practicing physicians. The program was highly successful, and has been used by many county medical societies across the country on an ongoing basis. The results have been gratifying.

We hope to have our first mini–internship in Pierce County this summer. If it works as well as we think it will, it can be repeated. Community leaders such as legislators, attorneys, elected officials, business people, clergy, and yes, even journalists, will be invited to participate in a highly structured two day program. Each participant will spend half day sessions with four different practicing physicians on hospital rounds, in the office, in the ER, lab, or operating room. The goals of this program will be to allow the lay intern to experience the patient/physician relationship from the doctor's point of view, emphasizing the human aspects of our profession. The program should give leaders and opinion makers resources to rely on when making critical decisions on health care.

We hope the mini–internship will be one of your county medical society's vehicles for improving the physicians' image which is so often tarnished by the press. In other counties, it has also gotten more doctors involved in the community, given doctors community resources they didn't have before, and helped to renew physicians' enthusiasm for medicine. Your executive committee and board of trustees is looking forward to working with you on this exciting venture.

Eileen R. Toth, M.D.

Dr. Virak Family Doctor of the Year

Dr. Roy Virak, well-known and highly respected Tacoma Family Physician was named **Family Doctor of the Year** by the Washington Academy of Family Physicians at its recent state gathering. Dr. Virak, who has a long history of involvement in the community was cited for his many contributions. They include: Founder of the University of Washington Family Medicine Residency Program at Tacoma General Hospital and team physician for Pacific Lutheran University's football and basketball teams.

He also served on the PLU Board of Regents and was honored as Alumni of the year by the school. A graduate of the University of Washington School of Medicine, he began his practice in Pierce County in 1961 after a residency in pediatrics and three years with the Indian Health Service. And he's brought more than 2,000 babies into the world.

As Morning News Tribune reporter Elaine Porterfield noted in her excellent article on Dr. Virak (quoting Dr. Roger Rosenblatt, professor and vice chairman of family medicine at the University of Washington Medical School) "He's been one of the visionary leaders able to combine a superb private practice with a much broader vision of what society needs."

Following is a portion of the Morning News Tribune article by Ms. Porterfield . . .

Virak, tall, balding and nicely turned out in a pinstriped suit and cheerful silk tie, began one of his days recently at Allenmore Hospital, visiting patients and checking up on their cases.

When one of his patients falls seriously ill or develops a complicated condition, Virak views his role as a kind of quarterback between the various specialists on the case.

Such specialists, although very talented, rarely have the luxury of knowing patients as well as he does and can miss subtle changes in patients' condition, he says.

And frequently, patients may not feel comfortable confiding in doctors they barely know.

"That's one of the nice things about family practice. It's an ongoing relationship with patients," he said, striding down the hallway. "You get a chance to see the whole person. You see them for minor problems, and they become friends."

"It's a delightful occupation"

Stopping at a nursing station during his rounds, Virak carefully questions nurses about the recovery of a patient, a woman in her 70s who has been listless after major abdominal surgery several weeks earlier.

When the nurses speak, he listens closely, respectfully. (In his 31 years of practice, he's learned that nurses often "have a better idea of what's going on" than anyone, he says.)

The patient, who visibly brightens when Virak enters the room, turns restive when he asks if she's been moving her legs.

"They won't come back unless you move," he said gently, flexing one of her legs. "You have to work at it."

After listening to her heart and urging her to eat more, it was on to St. Joseph Hospital, where another patient was in intensive care, recovering from emergency surgery to remove a tumor from the lung.

On the whole, it's an average start for Virak, who after doing rounds heads to the medical offices he shares with several other doctors in the Baker Pavilion by Tacoma General Hospital.

On a given day, patients – his current crop range in age from newborn to 101 – can walk in with everything from an ear infection to a rare endocrine disorder, making his work tremendously intellectually satisfying, said Virak, who is also an associate professor at the UW.

"You never run out of challenges," he said.

When Virak began his medical training in the mid-1950s, no formal programs existed to train doctors for family medicine. Then, as now, it held little glamour, although that has changed somewhat since it became a board-certified specialty in 1972, he said.

That desire was confirmed during three years with the Indian Health Service, which he spent treating Zuni Indians in New Mexico, an exciting, defining period of his life.

"That helped me mature a lot," he said. "You set bones, delivered babies, did everything. Many times I was in over my head, frankly, but you were the only (medical care) for 40 or 50 miles."

Rosenblatt said there needs to be more doctors in-training into practices like Virak's. But most of all, Rosenblatt and Virak each say, they hope doctors will be attracted to the field for the sheer joy of it.

"This is a field for people who revel in variety – the rewards, intellectual and social, are enormous," said Rosenblatt.

Virak put it simply. "It's a delightful occupation."

Dr. Virak joins his colleague Dr. Ken Graham who was named Family Doctor of the Year in 1984.

DR. WEARN NEW MBI PRESIDENT

On March 27, the Membership Benefits, Inc. (MBI) Board of Directors elected **Joseph Wearn, M.D.**, pediatrician, as president. Dr. Wearn succeeds **Mark Gildenhar, M.D.** who has served as MBI President since 1989. Dr. Wearn served two terms as Secretary-Treasurer of MBI in 1990 and 1991, by virtue of being Secretary-Treasurer of PCMS.

MBI is the wholly owned for-profit subsidiary of the Pierce County Medical Society. MBI operates the placement service, the publications department, purchased the building, and collects all non-dues revenue for the Society. MBI recently changed their Bylaws to require that a minimum of four board members be current or previous members of the PCMS Board of Trustees. This change was made so that MBI board members would be familiar with the relationship between PCMS and MBI.

Current members of the MBI Board are Drs. Joseph Wearn, Mark Gildenhar, Vita Pliskow, Anthony Lazar, and Peter Cannon. If you would be interested in serving on the MBI Board of Directors, please call the Society office, 572-3667.

Thank you Dr. Gildenhar, welcome Dr. Wearn.§

DRS. SINGH & SAEED EXAMINERS

Drs. Surinderjit Singh and **Mohammad Saeed**, were again asked to serve as oral examiners for the American Board of Electrodiagnostic Medical Examinations in Chicago in April.

Dr. Singh, who serves on the College of Medical Education Board of Directors, has served on the ABEM Examination Board several years. Dr. Saeed returned for his second year. It is an honor to be asked by your colleagues to serve.§

AMA PROGRAMS ON BUSINESS SIDE OF MEDICINE DUE FOR SEATTLE IN JUNE

The AMA will present a series of programs for medical office staff in June. The series will consist of one day seminars to be conducted at the Sea-Tac Radisson Hotel on:

Insurance Processing and Coding - June 16

A one day session for office managers, office staff, nurses, and physicians that takes a look a Medicare and other third–party payors, and how your practice can get full, prompt payment. Introduces key aspects of coding systems –" both CPT–4 and ICD–9.

ICD–9 Coding for Doctor's Offices - June 17

For office managers, office staff, nurses, and physicians, unlocks the complexities of ICD–9 coding and opens the door to faster Medicare claims processing and quicker payment.

CPT Coding for Doctor's Offices - June 18 (a.m.)

A half–day session for office managers, office staff, nurses, and physicians who want to develop improved skills and confidence in CPT coding. The course covers coding of both procedures and the new "Evaluation and Management" levels of service. Attendees should have at least a rudimentary understanding of CPT coding, but advance skills are not required.

Medical Collections Management - June 18 (p.m.)

A half–day session for office managers, office staff, and physicians, covers the basics on patient collections, policies, and procedures — what works, what doesn't work, and what you shouldn't even try.

The Business Side of Medicine - June 19

For office managers and physicians who want to manage the office more effectively and help it run more efficiently.

Registration for the three full day programs is $195 for each program and for CPT Coding and Medical Collection is $140 each.

Registration is available through the AMA by calling 1-800-366-6968, 8:30 a.m. to 5:00 p.m. (Central time-credit card registrations only - have your card ready).§

KING COUNTY MEDICAL BLUE SHIELD RANKED LAST

In HCFA's Annual Carrier Performance Evaluation Program for 1991 King County Medical Blue Shield ranked last out of a listing of 50 carriers. The agencies annual CPEP report rates Part B carriers on performance in claims processing, medicare secondary payor, and patient provider services. Travelers Insurance company in Minnesota was ranked number one.§

FINAL CLIA REGULATIONS BEING REVIEWED; STATE CONFLICT POSSIBLE

The Department of Health and Human Services has released its final regulations implementing the Clinical Laboratory Improvement Amendments (CLIA). The AMA is continuing its efforts to identify intrusive or burdensome requirements.

Among current areas of concern: a provision for unannounced on–site inspections of physician offices; and, an undefined standard for physician training and education.

WSMA also is reviewing the regulations to see where **there is conflict with Washington state lab regulations**. The state will have to reconcile current state regulations with federal regulations. WSMA will be meeting soon with Department of Health representatives to identify what, if any, changes are possible to minimize adverse impact on physicians offices.§

IRS REVIEWS PHYSICIAN RELATIONSHIP WITH NON PROFIT HOSPITALS

The Wall Street Journal recently reported that the Internal Revenue Service (IRS) is "arming auditors with new guidelines to step up scrutiny of not–for–profit hospitals that may be exploiting their tax–status for private gain."

"The guidelines are the latest development in a major IRS auditing campaign likely to affect hospitals in such areas as their relationships with medical staffs, their care of poor and elderly patients, and the sale of tax–exempt hospital bonds."

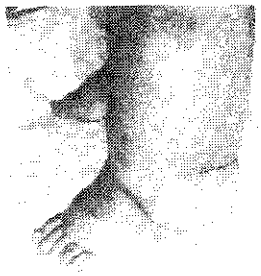
Publication of the guidelines follows a "general counsel memorandum" in which the IRS signaled a tough new stance against physician–hospital joint ventures that enable doctors to profit from patient referrals. Mr. Douglas Mancino, a member of a Los Angeles law firm with a big health care practice, stated "the laissez faire attitude is past."

The Wall Street Journal article went on to say that the IRS is also interested in loans and office space that hospitals may offer at below–market rates as incentives to recruit or retain physicians. Such techniques may benefit a community when used to recruit, say, a family doctor to a rural area that needs one, IRS officials suggest. But when used to lure a popular heart surgeon from a hospital across town to get his business, they jeopardize tax exemption.

Another area of concern to the IRS is hospitals willingness to accept indigent patients and to determine whether the proportion of services provided to Medicaid patients squares with the proportion of Medicaid recipients in a hospital's service area.§

Dear Doctor,

IT WORKS



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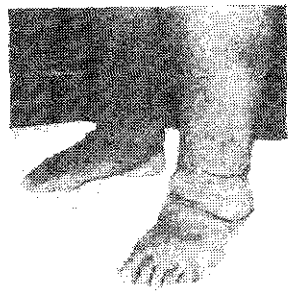

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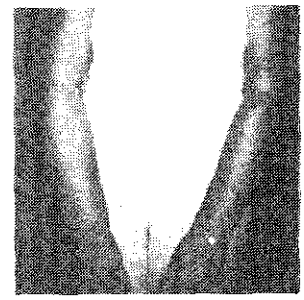
Patient with one and one-half days of LYMPHA PRESS treatment



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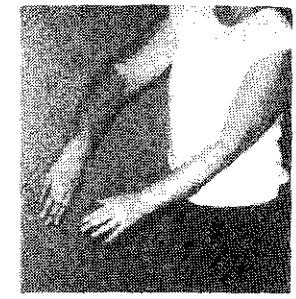

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THE LYMPHA PRESS is being used successfully on patients with primary or secondary lymphedema, venous disorders and dysfunctions of the "muscle pump" such as paralysis of the lower limbs.

IT'S SIMPLE AND IT MAKES SENSE

The **Lympha press** uses a natural "milking action on the affected limb, which produces almost the same quantity of lymphatic fluid as in a healthy limb."

Instead of a one-chamber bladder, the **Lympha press** has 12 sectional compartments that inflate in a proximal direction. We have introduced this therapy on patients who have used a one-chamber pump in the past. Everyone of them has now purchased or rented a **Lympha press** because of the dramatically increased reproducible effects.

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The **Lympha press** is approved by Medicare and other third party payors. After the initial set-up, a professional from Shaw Foundations monitors your patient's progress and contacts you with the results. This allows you to logically decide if this form of therapy is effective.

GIVE IT A TRY ON YOUR MOST DIFFICULT PATIENT

Try the Lympha press on one of your patients who is suffering from lymphedema. The initial treatment will be provided at no charge with the first month's rent always applying toward purchase. I'd be pleased to provide you with more information or reports of actual therapy results. Please give me a call at 1-800-825-4226 for more information.

Sincerely yours,

Paul A Pitler

Paul A. Pitler
President

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MOTHER'S VISIT EVOKES MEMORIES

By David Hopkins, MD Reprinted from WSMA Reports, Oct 1986

Even as I take pen in hand to write this column, my mother is winging her way toward Tacoma. "How nice," you say, " a mother coming to visit her son." Why then, do I feel this vague sense of uneasiness? I'll tell you why. We are not talking ordinary mother here. My mother marches to a slightly different drummer. Let me give you a few examples. Walk back with me down memory lane to the year 1938. I was ten years old, and we were living in El Paso, Texas. Mother decided to take an art class at a nearby vocational school. She was about 40 at the time and the next oldest in the class was 20. The prize for splattering your way through the class was a bus trip to the Carlsbad Caverns.

Dawn was breaking at 6:30 a.m. when the bus left. We arrived at 7 a.m., my mother figuring, as she usually did, that they would never leave on time. They did. Undaunted, my mother called a taxi, and we headed off across the desert in pursuit of the bus. When we had used up the allotted transportation money, we got out of the taxi. I will never forget standing in that noman's land watching the taxi, our only link with civilization, disappear along the ribbon of highway across the west Texas desert.

"What do we do now?" I asked meekly. "We hitchhike," said Mother. Her idea of hitchhiking was to stand in the middle of the highway and wave her arms. The first car narrowly missed her, but the second car screeched to a halt. As luck would have it, the occupants were two of my grandmother's former piano students, now middle aged women, and more than a little curious abut our presence out in this wasteland. We managed to overtake the bus in a little town and complete our tour of Carlsbad Caverns. On the way home, it became apparent why most of the young people had signed up for the trip. What had begun as an orderly sightseeing excursion had evolved into a wild necking party. All the way home, I kept turning around to watch the orgy behind me, while my mother was just as determined to divert my attention by pointing out the twilight splendor of the desert unfolding outside the bus, which, frankly, didn't compare to the one thousand and one nights going on in the back of the bus.

"I will never forget standing in that noman's land watching the taxi, our only link with civilization, disappear along the ribbon of highway across the west Texas desert."

Still not convinced? How about this?

One year later my mother, my sister and I took the bus from El Paso to Ruiso, New Mexico to spend the summer at a friend's cabin. Mother bought a puppy to take along with us because everyone knows that every child needs a dog. I pointed out to her that animals were not allowed on Greyhound buses (even at that age I was quite perceptive). "They won't mind," she said as she stowed the puppy in a shoebox of her own design, with airholes on top and rags on the bottom for comfort. She covered the box with a sweater, and we boarded the bus. Now, no puppy, no matter how laid back, is going to be quiet for more than half an hour in a shoebox, and this one was no exception. It began to whine. We began getting everything from sidelong glances to outright stares from the other passengers.

My sister closed her eyes, and I stared out the window. But mother was not through. She began humming in tune with the dog in a desperate attempt to convince the entire bus that there was no dog on board. She might have gotten away with it today, but in the late 1930s they weren't writing songs that sounded like dogs howling. After five minutes of this unnatural duet – and just when I was on the verge of leaping to my feet and shouting, "Okay, we've got a dog!" rather than have everyone think my mother was some kind of maniacal folk singer – the driver stopped the bus, walked back and asked wearily, "Lady, have you got a dog in your lap?" "Only a small one," said my mother. Very patiently he took the shoebox and put it under the tarp covering the luggage rack on top of the bus. For the remainder of the trip, Mother would periodically remark, in a loud voice, about the thoughtful bus driver and how she was going to write the company and see that he received a commendation.

The phone just rang. It was Mother (a "nice man" dialed the number for her). Her flight has been canceled because the jet blew one of its engines, and she is being transferred to another airline. The reservationist for the new airline, another "nice man," turns out to be her former paper boy and he has quietly upgraded her to first class without getting involved in any messy financial dealings. All this has happened, and she hasn't even left home. You see why I'm afraid to meet her at the airport?

BOARD OF HEALTH GETS TOUGH ON HEALTH DEPARTMENT

- The Morning News Tribune contributed to this article.

The Board of Health's first agenda item at their April 1 meeting was to call a ten minute closed-door executive session to reportedly discuss Dr. Al Allen's pending retirement. The Health Department has been in a state of disarray since announcing a recommendation to cut community services to solve a 1.6 million shortfall from their $22 million annual budget. Substance abuse programs, family planning, well-child and mental health programs were all recommended for deep cuts. After hearing pleas from community agencies and recipients of these services, particulary in the methadone program, the Board was convinced the services were too vital to cut. Instead the Board agreed to: cancel a computer upgrade ($300,000), increase septic-tank fees ($500,000), trim the maintenance budget ($400,000) and the administration budget ($258,000), and take $100,000 from the self-insurance fund (which must be approved by both city and county councils). The Board authorized budget writers from Tacoma and Pierce County to examine the department's financial records and hire a consultant to review fiscal and management practices.

In addition, the board decided to appoint an 18-member blue-ribbon committee to study the department's role in public health issues. The current philosophy of the health department management is that their role should be to analyze public health problems and issues and cut direct health services to the community. It was rumored that the budget deficit was a "smoke-screen" to help facilitate this change in philosophy. However, the board also indefinitely suspended Dr. Allen's wishes to appoint a committee to work with the department staff to develop a long-term plan. The Board's actions were met with approval from numerous community agencies and organizations, including the Pierce County Medical Society. As Tom Dixon, executive director of the Urban League said, "the Health Board made the right decision for this community. These audits need to be done to make sure we're spending these public dollars in the most economical and efficient way." The Health Board has begun a national search for a new health officer. Dr. Allen had announced his retirement effective December 31, 1992, one week prior to the meeting. §

WSMA Manual Helps with New OSHA/ WISHA Regulations

Physicians now have another set of medical office regulations to comply with, but WSMA has help on the way.

The Occupational Safety and Health Administration (OSHA) released its final rules regarding bloodborne pathogens on December 6, 1991. The Washington State Department of Labor and Industries, which administers the Washington Industrial Safety and Health Act (WISHA), will adopt the same regulations on April 1, 1992.

In addition to the bloodborne pathogen standards, WISHA regulations require medical offices to have a written accident prevention plan and a written hazardous material communication program. **Failure to comply with any of these regulations could result in substantial fines.** Employers are required to have a written "exposure control plan" in place by **May 5, 1992**; employee training sessions must commence by **June 4, 1992**. Developing a written plan or policy manual could consume 100 or more hours of valuable staff time.

In order to save you and your staff time and money, the WSMA has produces **WISHA Occupational Health and Safety Guidelines and Sample Policies for Medical Offices.**

This manual:

*Summarizes hundreds of pages of regulations regarding accident prevention, hazardous material communication, and bloodborne pathogen standards.

*Contains sample policies which can be adopted in the medical office (the sample policies are also available on a diskette to save you and your staff even more time).

WISHA inspectors will be making unannounced inspections. Be prepared; have the necessary documentation and save time and money by ordering your copy of WSMA's **WISHA Occupational Health and Safety Guidelines and Sample Policies for Medical Offices** today. The cost: $50 per copy for WSMA members; $250 per copy for non-members. Watch for a special mailing around April 1.§

ASK THE EXPERTS!

Ask the Experts! is a feature of the Pierce County Medical Society Bulletin. It is an opportunity for physicians, managers, and staff to ask for advice on medical management questions. Each month, selected topics will be addressed by a medical office staff consultant from Larson Associates. Send your quesitons and comments to:
Larson Associates–223 Tacoma Avenue S, Suite A, Pierce County Medical Society Building, Tacoma 98402 (206) 383-9857

Dear Steve:

What information do we need to keep on top of the business end of our practice? It would help to know what questions to ask. We don't want to spend a lot of time reading and interpreting reports.

Dear Doctor:

Gone are the days when you could get by with the occasional bank reconciliation and once a year income statement for your tax return. Physicians are recognizing that they need good information to properly oversee their practices.

Cash flow is becoming more of a factor with each new regulation and each increasing cost. Its control is crucial for the long-term viability of a practice. You need understandable, accurate and timely financial information.

Reports that summarize critical information provide you with the perspective that can be lost when dealing with large volumes of data. On the basis of what you see at this summary level, you can note the exceptions and then explore further detail as necessary. The most familiar form of summary reports are Income Statements and Balance Sheets. These can be a good place to start.

Ask yourself some questions when reviewing the expenses found in your income statement:

... Are the expenses classified correctly?

... Are the amounts what you expected?

... How do current expenses compare to those in the previous period or year?

... Are your expense ratios on target?

The funds you receive are a direct product of your production, adjustments and your ability to collect accounts receivable. To explore each of these elements, you need to go beyond the usual financial statements. Normally the income statement will have one number that represents practice revenues. The balance sheet will have one number for current accounts receivable.

Be creative. When developing your own summary reports you are not constrained by the requirements of others. Working with your consultant can facilitate the development process. You have many options available to you and the following are some that we have found to work well for physicians.

While your computer system will generate many useful reports, you will find it more efficient to have summary information in one place. Make your computer reports work for you. Once you have raised questions from your summary reports, the computer reports will provide the detail necessary to answer your questions.

For your accounts receivable, production, receipts and adjustments, determine how much of each relates to accounts billed privately and what was billed to insurance. Format the report to show a series of months for each. Report your accounts receivable by age, that is, current, 30, 60, and 90 + days. Where applicable, do this at the individual physician and office levels as well.

... Using these summary reports, ask a series of questions.

... How old are your receivables? If a substantial dollar amount or percentage of the receivables are in the 90 + day category, what is the explanation?

... If your production, adjustments or receipts have changed over time, is that reasonable?

... Is the ratio of your receipts to production appropriate?

... Is the number of days production represented by your receivables reasonable?

You may want to look at other indicators as well. What is the average number of patients you have seen per day? What is your average cost per patient? Charge? Receipt?

Reviewing your summary reports monthly fits the normal business cycle and allows you to react to problems without undue delay. One word of warning! Don't rely exclusively on you summary reports. It is in your best interest to occasionally review the detail found in the computer reports.

Keep at it! It takes commitment to develop, maintain and learn how to use financial reports. §

Now THAT'S a Dividend!

$1.6 Million in Dividends
Largest Per Capita Ever Paid in Washington

The Doctors' Company is pleased to be able to reward our members with the largest per capita dividend ever paid to Washington physicians. And it's part of a history of over $90 million returned to all our member physicians since the company's inception.

Care to know more?

The Doctors' Company is the largest doctor-owned, doctor-managed professional liability carrier in the nation, with over 16,000 members. Yet we also recognize that all states are unique. That's why our rates and dividends are based on the individual state or group's performance.

We see our job as much more than simply providing coverage at competitive rates. Our commitment is first and foremost to helping good doctors practice better medicine.

Congratulations, Washington physicians.
You've earned it.
Call 800-548-0799 For More Information

THE DOCTORS' COMPANY

PCMS MORTGAGE REDUCED

PCMS Board of Trustees and the Board of Directors of Membership Benefits, Inc. (MBI) voted at their March meetings to drastically reduce the mortgage on the PCMS office building.

The building located at 223 Tacoma Ave S with nearly 4,000 sqare feet was purchased in 1989 for $165,000. MBI purchased the building and made a down payment on the building of $65,000–$55,000 of which was loaned from PCMS.

The PCMS and MBI Boards elected to increase the monthly payment $500 (to be paid towards principal) from $1,075 to $1,575. This step will save the Society $42,494 and reduce the payment period from 13 years to 7 years. In addition, the Boards reviewed the positive reserve levels of PCMS and subsidiaries and voted to pay a $30,000 lump sum toward the principal.

Currently, all rental space in the Society building is occupied. Tenants are:

Pierce County Dental Society, Triage Clearinghouse, Larson Associates and Hiltbrunn Insurance Agency.

UNEMPLOYMENT UP

The April 6, 1992 Pierce County Business Examiner reported Washington's unemployment rate soared to its highest level in almost five years during February, reaching 7.4% – the highest it has been since May, 1987. The jobless rate for Pierce County for the month was 8.3%, up from 7.9% in January and 6.6% in February, 1991. Locally, Pierce County showed a total work force of 261,400 for February, of whom 239,000 were working and 21,600 were not. King County recorded an unemployment rate of 6.3% for the month, while neighboring Thurston County was 7.1%. §

BOARD OF HEALTH CONSIDERS TOBACCO YOUTH ACCESS ORDINANCE

At their April 1 meeting, the Tacoma-Pierce County Board of Health discussed a proposed ordinance that would restrict persons under age 18 from access to tobacco and tobacco products. The ordinance would prohibit single sales of cigarettes, distribution of coupons and free samples, and sales to anyone under age 18.

It would also retrict the location of vending machines in public places – limiting machines to bars (ten feet from an entrance or exit), or in private, commercial establishments where the public would not have access.

Mayor Karen Vialle, a strong supporter of the legislation, introduced the ordinance to the Board of Health. County Executive Joe Stortini asked for input from Drs. Toth and Hogan and received overwhelming support from those that testified. The only individuals opposing the ordinance were Mr. Martin Durkin from the Tobacco Institute and Dr. Dick Genske, owner of Genske Vending Services.

Mr. Genske testified that he believes in the free enterprise system and that the system should allow for entrepreneurs. Mr. Durkin reminded everyone of the large tax base that produces revenue on sales of alcohol and tobacco. He also testified that coupons are used as a source of advertising and that it is legal to advertise their products.

Mr. Ed Roof, a member of the Coalition Against Tobacco testified that the Board of Health should implement this ordinance within Pierce County and not send it on to the seventeen small cities and towns with a recommendation for implementation. He cited WAC's that give the Health Board the authority for implementation. This would eliminate the ordinance going before each governing body in Pierce County. It would also make enforcement easy as there could be one central enforcement agency.

Others testifying in favor of the ordinance included Norma Duras from the Restaurant Association; Dr. Pat Hogan, Chairman of the Coalition Against Tobacco, Dr. Eileen Toth, President, Pierce County Medical Society; Paul Zeman, King County's enforcement personnel for their ordinance; Chris Parent, American Lung Association; Bill VanHorn, Fox Island; and Anthony Taliente, member of the Coalition Against Tobacco.

Mayor Karen Vialle thanked the Coalition for their work on this ordinance and said that the Board of Health had previously voted for a Smoke-free Pierce County by the year 2000 and that they had better get busy. She also reminded Mr. Genske that there are many people who sell drugs in Pierce County who consider themselves "entrepreneurs." She added that it would be her goal to have something in place by September. Joe Stortini reminded everyone that smoking is the single most preventable cause of death and in light of that, this type of legislation is vital.

Cathy Pearsall-Stipek asked about the cost of implementing the ordinance and enforcement. Respondants testifed that in King County the program is self-supporting through retail license fees that pay for the cost of enforcement. In Spokane County, fees are currently being increased to cover their costs for this year. Mayor Vialle motioned to adopt the resolution and to investigate enforcement provisions and possible enactment in the county by the Board of Health for consideration at the next meeting.

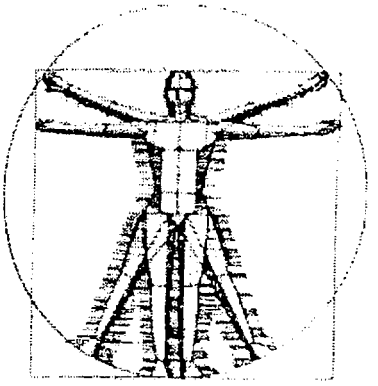
The motion was seconded and passed by a vote of six to one. Cathy Pearsall-Stipek was the one opposing vote§.

PHYSICIANS INSURANCE CELEBRATES TEN YEARS OF EXISTENCE

In 1981 the Washington State Medical Association House of Delegates voted to form and support a physician/owned, physician-directed professional liability insurance program. The WSMA loan of $240,000 was the impetus to get WSPIA to where it now has 4300 physician subscribers and assets in excess of 165 million. PCMS members who have played a role in the success of WSPIA over the years have been **Dr. W. Ben Blackett**, Tacoma Neurosurgeon and Past-President of PCMS who sat on the first WSPIA Board of Directors; **Dr. Ralph Johnson**, Tacoma Surgeon and Past-President of PCMS and WSMA, and currently sits on the WSPIA Board of Directors; **Dr. Bob Ferguson**, Family Physician, currently Vice-Chairman of the Subscribers Council and is joined by **Drs. Dave Hopkins**, Federal Way Family Physician and **Scott Kronlund**, Puyallup Family Physician. Dr. Ferguson was President of PCMS in 1970 and Dr. Hopkins served in 1976.

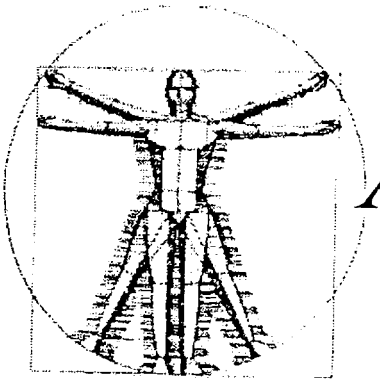
As Dr. James Kilduff, current President of WSMA notes in his annual report, "Today we have a model company, one that is financially strong and stable. It is physician-directed and, therefore, sensitive and responsive to our special needs. It is skillfully managed and nationally recognized as a leader in the professional liability insurance agency. Physician Insurance is an extraordinary success, the benefits of which we will reap for many years to come."

Pierce County Medical Society Retired Luncheon



"Medicine in Russia"

featuring



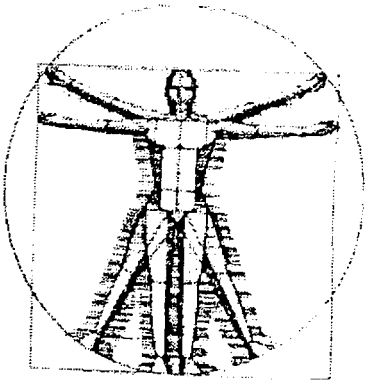
Tamaz Areshidze MD

Tbilishi, Georgia

Alexander Klementiev PhD

Moscow, Russia

Robert Klein MD



Friday, May 15, 1992

Fircrest Golf Club

$10 per person

Lunch 12 noon

Program 12:45

Yes, I have reserved Friday, May 15, 1992 to join retired members & spouses of the Pierce County Medical Society for "Medicine in Russia." Please reserve _____ lunch(es) for me at $10 per person (includes tax & tip). Enclosed is my check for $_____. Please return no later than Monday, May 11 or call the Society office at 572-3667 to confirm your attendance.

Name _____

EXPLORING THE FUTURE OF HEALTHCARE

DAVID PEARCE SNYDER

He predicts the problems facing medicine today will get worse before they get better, but he also believes physicians can enact the turnaround sooner by using today's technology. (Reprinted from the LACMA Physician, Mar 1992)

David Pearce Snyder has a vision of healthcare in America's future that he challenges physicians to seize. It involves harnessing the new technology of the Information Age to traditional medicine so that physicians deliver higher quality care at lower prices.

He calls this "precision healthcare," and he says physicians must act soon if they are to control their own destiny. "The politicians and the public are going to intervene in your future. They are either going to regulate you to death or they are going to use some kind of mechanism to ration healthcare by price. Either way will not be pleasant."

Snyder, lifestyles editor of the Futurist, the author of half a dozen books and a former researcher who studied the quality of life for the RAND Corporation, gave the opening address at the American Medical Association's annual Leadership Conference in Los Angeles February 14 through 16. Crackling with energy, Snyder strode across the entire width of the huge, darkened California Ballroom of the Westin Bonaventure Hotel after he was introduced. Then, moving around the stage like a rock–and–roll performer, gesticulating wildly with his arms, plopping charts, newspaper stories, cartoons and graphs on an overhead projector to illustrate his points and using the light to maximum dramatic effect, Snyder painted an often bleak, frequently funny, and always compelling mural of the advancing Information Age.

"Understand before we begin this exploration of the future of medicine and healthcare in America, that what you are providing in your profession is the single most important factor that people believe shapes the quality of their life," he began.

"It is so important that no matter how much you might charge for it, people will be willing to pay the bill."

But obviously, there are limits. Snyder noted many experts say that the 12% of the Gross National Product spent on healthcare today is too much. Despite this outlay, millions of Americans have healthcare needs that are not being met. Two-thirds of the over–65 population is reduced to poverty by medical expenses just before they die. Public health services are in a state of decay. Disease rates in hospitals are going up.

Physician errors are responsible for growing numbers of deaths. "This litany that you read in the papers begins to suggest to you that if the transportation industry had as bad a record published as the healthcare industry, people wouldn't fly," he said.

Snyder said that the problems in medicine and healthcare today are rooted firmly in the diminishing prosperity of America. "There are two trillion dollars missing from the United State of America!" he gasped, explaining that our current $5 trillion annual GNP would have been 7 trillion if we had sustained the economic growth rate that occurred in the 20 years following World War II. He recalled the rosy predictions made in the 1960's that people would soon live in unparalleled affluence with 20–year careers followed by long retirements in the Leisure Society. "What a joke!"

Beginning sometime in the 1960's, productivity began to grow slower until in 1990 it actually fell eight–tenths of a percent. The huge corporate bureaucracies built in the post–World War II period are now being disassembled and will never be rebuilt. Between 1970 and 1985 our economy created 30 million jobs but lost 25 million jobs. Three–quarters of the jobs lost were middle– and upper–income jobs, while only half of those created were middle– and upper–income jobs. About 11.5 million skilled blue collar workers have lost jobs during the last 20 years, and 3.5 million management jobs have been eliminated in the last 10 years.

Snyder predicts that in the next 12 months another million management jobs will disappear. The average worker in America now makes about as much money, in buying power, as the average worker did in 1959. "Today in America it is necessary for most households to send two full–time wage earners into the marketplace to maintain middle–class lifestyles," said Snyder. "If productivity does not begin to increase at two times the rate of the past 20 years, the standard of living will begin to fall for the vast majority of Americans."

In the 1980's America began to pay more attention to this problem. Calling it supply side economics, we invested $750 billion in productivity enhancing capital goods. But the productivity continued to grow slower, although in our manufacturing sector productivity actually increased. Snyder points out that only 17.5% of our workers are currently engaged in manufacturing. Over half of our workers, 56%, are information workers – white collar, professional, technical and managerial – and in this part of our economy, productivity fell 5% to 15% during the last decade.

What has been happening? Snyder said that we are in the middle of a genuine technological revolution, the transition from a "mature labor–intensive industrial economy to an information economy. Studies of previous technological transforma-

tions show that they take a generation – 40 or 50 years – and that during the first half of the revolution, the general level of economic well–being declines because both capital and labor work less efficiently. Money invested in the future comes out of the current economy and it does not necessarily produce a quick payoff.

Snyder cited biotechnology as an example. "After 10 years you've got almost nothing except a handful of boutique pharmaceuticals that cost a fortune. And, oh yeah, Harvard did in fact patent a new mouse," he said. "Research and development is risky. Most of it is money pissed down a rat hole."

During technological transformations large numbers of workers lose jobs that paid them well. He said that the average laid– off blue collar worker today suffers a 45% decrease in lifetime earnings. People need retraining to learn how to use new technology. The things you always suspected about computers have turned out to be true. They don't eliminate paperwork or clerical workers. So far, they have increased both. Unlike the sweeping technological devices that sparked previous revolutions, such as water wheels or diesel engines, computers don't directly increase a worker's physical capacity to do work. Instead, computers enhance intellectual capacity.

"You can hook a computer up to a plow if you like, but it ain't going to pull that sucker through the field," he said. Employees not only have to learn how to use computers, they have to learn the meaning of the data they work with and then, they must be empowered to act on the information. "And in our hierarchical, compartmentalized, authoritarian, top–down bureaucracies, which we invented to run the industrial labor–intensive manufacturing economy, there isn't very much discretionary authority among the rank and file."

Snyder believes that sometime in the middle of the 1990s, we will begin to get a handle on the Information Age. The economy will begin to create high–value technological jobs faster than it eliminates them. But until then, things will continue to get worse.

"During the next 10 years, more than half of all Americans will, for the first time since the Great Depression, be earning less than a middle–class wage," he warned. This is an especially risky time for medicine. Political leaders will not talk about what is happening in the economy because there is nothing they can do about it. But in a presidential election year healthcare has become "the universal worry, the big political issue." Past attempts at cost containment not only haven't been effective, they appear to damage healthcare. And now, people have begun to ration healthcare on their own, Snyder claimed, citing the drop in hospital admissions rate since 1980.

"This is a crisis of economics because we don't have enough money," he said. "It's a crisis of the AIDS epidemic that could spread."

Snyder reminded physicians that the basis of the present healthcare system was the Flexner Report, which was stimulated by the 1918 influenza epidemic that killed 500,000 Americans in six months and 20 million people worldwide. The healthcare system of that time was unable to respond.

Snyder said that "the salvation of the greatest industry in the greatest economy in the world" could be the use of information to make medicine more productive. In short, precision medicine. He described several areas where developments could lead to, or already are leading to, precision medicine:

- The National Physician Databank. While Congress created this to keep tabs on physicians and hospitals, the database is chocked full of information on performance. "Remember, this is an information revolution."

- Some hospitals have as much as six years of advance supplies on hand. Snyder said careful analysis of how hospitals use their supplies and the Japanese "just–in–time" inventory system should eventually yield substantial savings in storage and front–end overhead expenses.

- The notion proposed by the Secretary of Health and Human Services for every patient to carry a single "smart card" containing uniform billing information and interchangeable medical records. The card could save billions in administrative costs and avoid problems that arise when bad information is used in diagnoses and prescriptions.

- The RAND Corporation is already working with the AMA to study unnecessary procedures. Snyder said that early results suggest one–third of the operating costs of interventionary healthcare could be reduced through precision care.

- There are currently several accurate diagnostic computer software routines being used in medicine. "For the moment, the FDA has made it clear that they are keeping their hands off information technology applied to medicine," Snyder said.

Continued on next page . . .

SNYDER . . from page 17

"Healthcare software will eventually be regulated just like pharmaceuticals. It isn't yet. Now is the time to move."

• Automated laboratory testing will continue to evolve, saving money and improving accuracy.

• Computers will soon be able to recognize speech, enabling physicians to easily capture all of their interaction with patients and improve their ability to make decisions.

Snyder cautioned that precision medicine is not the only answer. The 1979 Surgeon General's Report said that only 10% of the variance in lifespan is due to medical intervention. ("And we spend one-eighth of the GNP on it!") The big impact is lifestyle and in the near term, prevention is crucial.

"When we talk about prevention, we're not just talking about personal habits, we're talking about everything we do," he said. For example, he said repetitive motion injuries are currently causing significant morbidity and early retirement. Physicians should be working with ergonomic engineers to redesign work stations and other new tools of the Information Age.

In conclusion, Snyder urged physicians to act with foresight, to disarm the politicians by seizing information technology, and most of all, not to let current problems overwhelm their resolve to make the future better.

"It would have done humankind very little good for Noah to have been given advance knowledge of the Flood if Noah, in turn, had not gone home and built the Ark," he said. "I'm telling you there are floods coming for healthcare in America, and it is up to you, the leadership of the American Medical Association, to build the arks for this great profession."§

PCMS DOCS INVADE COSTA RICA

A crew of 10 PCMS physicians recently invaded the jungles and waterways of Costa Rica.

Drs. Dick Bowe, Clark Deem, George Delyanis, Bill Jackson, Jim Kenney, David Millet, Dick Ohme, Del Prewitt, Sumi Wada, and **Joe Wearn** fished, basked in the sun, and feasted on tropical delicacies from one end of the island to the other.

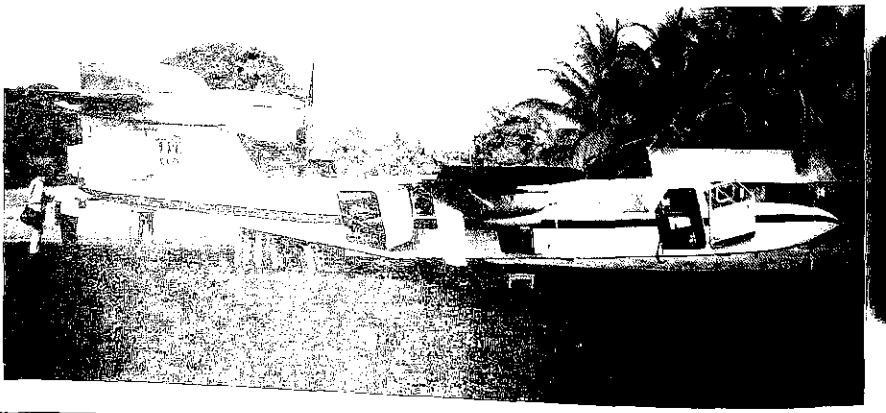
One of the most progressive third world countries, Costa Rica has no military, dedicating their resources instead to education, immunizations, and health care. As in many developing countries, the Costa Ricans are adept at creatively making do with their limited resources. For example, while visiting the local hospital in Quepos, Dr. Joe Wearn observed that the hospital was equipped with five incubators, but only two were operable. "Their solution was to put two babies in one incubator and three in the other," said Dr. Wearn. "Nothing wrong with that."

At 88 degrees, the water was too warm for optimal fishing, but no one in the group seemed to mind. While many fish were caught, all were released back into the water to be caught again another day.

Above - Dr. Joe Wearn displays a whopper

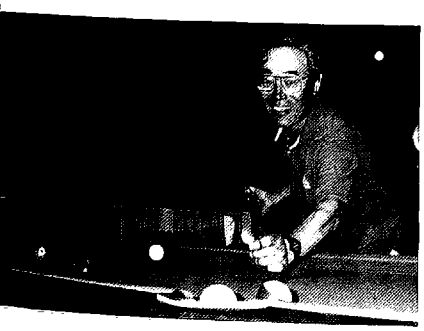
A visit to a butterfly farm was also a big hit. According to Dr. Wearn, "When Jim (Kenney) arranged the trip, he really took some ribbing about it but we all had to eat crow later. It was fascinating."In addition to crow, the group feasted on tropical delights such as fresh mangos, pineapple, and bananas, though they were surprised to receive a dinner bill for 27,000 colones.

Below - "I know I saw a pilot around here somewhere"



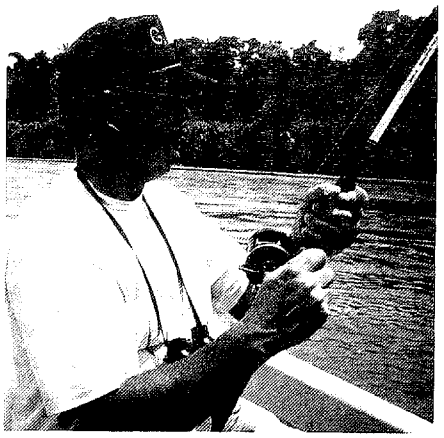
A Quepos paramedic and his "ambulance" in from of the town dispensary

L-R Sumi Wada, Dick Bowe, Del Prewitt, Delores the barmaid, Bill Jackson, Joe Wearn, George Delyanis, Dick Ohme, and Clark Deem.



" Fats" Wada

Dr. Dick Bowe scans the horizon for his quarry



Oops!

The big one that almost got away

At our new Gig Harbor Same Day Surgery Center, you'll find the recovery room very familiar.

It's home, sweet home.

At St. Joseph, we know that your patient's trip to the hospital can be something to recover from in and of itself. That's one of the reasons we built our new Same Day Surgery Center in Gig Harbor. It makes a trip to the hospital a little less stressful. And a lot more convenient.

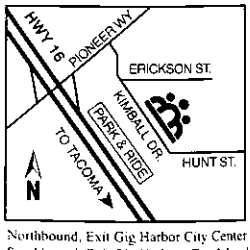
Same day surgery represents the latest thinking in medical care. It lets your patients recover in familiar surroundings at home.

The entire center is designed to make them feel more comfortable. You'll notice it as soon as you walk in. The colors are fresh and relaxing. We've even installed headphones and big, comfortable chairs in our post-anesthesia recovery lounge.

And because it's located in Gig Harbor, your patients get this special kind of medical care without the headache of driving into Tacoma or Bremerton.

There's one other thing you should know about our new center. It is filled with the same care and compassion that patients have come to expect from St. Joseph Hospital.

If you'd like to learn more about our new Same Day Surgery Center in Gig Harbor or schedule your patients, call 591-6628.



Northbound, Exit Gig Harbor City Center
Southbound, Exit Gig Harbor / Fox Island

ST. JOSEPH HOSPITAL

ST. JOSEPH SAME DAY SURGERY CENTER OF GIG HARBOR • GIG HARBOR MEDICAL PAVILION • 6401 KIMBALL DRIVE • GIG HARBOR

Ruminations of a Teaching Surgeon

By Robert A. Chase, MD. Reprinted from West J Med, March 1992

I am highly honored and deeply grateful to be the recipient of this singular honor from the California Medical Association. I would like to take a rather lighthearted approach to reviewing my world of medical education.

Laroff's credo says "It is not so important to be serious as it is to be serious about what's important."

One of the strong memories in my career was coming to California and Stanford University in 1963 as Chairman of the Department of Surgery. My vision over the years had been that except for the captain of an ocean–going liner, the last reigning monarch was the Chairman of a Department of Surgery. "Power, power at last," I thought to myself. So as an early initiative, I phoned the emergency department, the intensive care unit, the recovery room, and various areas to check on their facilities and readiness. I called the operating room and got the doctor's dressing room orderly. "Doctors' dressing room," said he. I said, "I would like to inquire about locker facilities for surgeons." "Well," he responded, "we have some open half singles for students and residents, some slightly rusty back lockers for attending and visitors, and for the fat–assed professors, we have some new combination, secured, full length locker." "Do you know who this is?" I questioned. "Nope," was his response. "This is Professor Chase, new Chairman of the Department of Surgery," said I authoritatively. "Do you know who this is?" he inquired. "Well, no," I answered. "Well, goodbye, fat ass," he retorted as the phone clicked off.

Memories

I would like to go back 47 years to 1943 when I started in the study of medicine. It was, in Dicken's words, "...the best of times and the worst of times," before ball point pens, pantyhose, and credit cards. Before hair dryers, second opinions, and touch-tone telephones. We didn't dare say condom out loud but had no fear of referring to hearts as young and gay. It was an age when Madonna was a statue at the local Catholic church, third–party carriers helped with your luggage, and marketing was something you did with a basket.

It was an era when TLC didn't mean thin layer chromatography and HMO was Haley's famous laxative. In those days physicians knew who Osler and Halsted were and fear of malpractice was not a driving force in medical decisions. Podiatrists did podiatry, general surgeons were general, and the only treatment in gastroenterology was some variation of the Sippy diet, whereas today's fiberoptic endoscopy presents endless opportunities to look into oneself. Less than a radical mastectomy would have been malpractice – if there had been malpractice.

We surgeons didn't know we were in a noncognitive specialty. There were no lasers, surgical staples, vascular grafts, or joint prostheses. Digital subtraction meant finger amputation, lithotripsy was a technique for jumping rope, and ultrasound came from jukeboxes.

I would have thought a suppressor oncogene was an auto part of a radio tube. There were no contact lenses, throw–away syringes, cyclosporins, monoclonal antibodies, or recertifications. A chromosomal short arm could have been misinterpreted by us Army docs.

Come and gone in my years have been – Wangensteen's gastric freezing, Smithwick's total sympathectomy, Gillies' tubed pedical flap, and a whole host of procedures now dealt with medically or radiologically.

We were grossly deficient in what we could do physically for our patients – no open heart surgery, no endoscopic surgery, no microsurgery, no transplant surgery, but medical care meant caring for the patient. In many ways – the best of times.

What has continued as best for me is the privilege of teaching. There is real pleasure in watching and helping students develop from freshmen who think the cesarean section is a district in Rome to seniors who understand the details of genetic recombinant DNA therapy far better than I.

It has been fun to observe the cyclic changes in medical school. There are lots of experimental curricula as at Case Western Reserve, McMaster University, Miami, and Harvard with their "New Pathway." Our generation can be characterized as one offering French in kindergarten and remedial English in college. In academic medicine we see evidence of this when reading histories. Here are some entertaining chart entries:

"This gentleman urinates around the clock every four hours." "A 54–year–old woman arrived with abdominal distress – she has constipation on the one hand and diarrhea on the other." "This 30–year-old male is married – no other serious illness." Or a prescription I saw that read, "Tenactin suppositories, dispense 24 (such) Sig: Insert one every four hours until exhausted."

What incredible satisfaction I have had in watching the unfolding of the careers of students and trainees. Recommending them for the next step in their careers is generally one of the pleasures. Yet, in today's era of freedom of information, letters are available to the student or trainee. This has led to what Lederer calls the "mangled modifier" strategy for letters of recommendation. Watch for varying interpretations in letters describing students. For example:

For the lazy student – "You'll be lucky to get Harvey to work for you," or "I can't recommend him too highly." **For the person in trouble with the law** – "He is a man with many convictions." **For the heavy drinker** – "I spent many happy hours with Hubert."

Participating as a CME instructor is always profitable educationally, since one

Continued on page 22 . .

RUMINATIONS . . . from page 21

learns from the participants. Although ours has been identified as a learned profession, its proudest attribute is that it is a learning profession.

As a teacher, do I have concerns? Of course I do. I have noted with some alarm the drop in the number of applications to medical school – about 31% of the last decade with an applicant–to-billet ratio going from 3.5 applications to one position in 1950 to 1.6 to on in 1990. Fortunately, this year's application numbers have started to rise.

I am concerned at the growing average indebtedness of our graduates. In 1989 the average debt for medical school graduates was $42,374 – nearly twice what it was in 1987. I worry that medical schools have become more dependent upon faculty–earned practice funds. In 1971 practice funds furnished 12% of total school revenues, whereas in 1990, 43% of revenues came from faculty practice earnings.

In the years ahead, our profession generally has enormous new problems to solve. A simple listing of a few of the issues might include

- The continuing struggle to meet the health care needs of our citizens versus the reality of budget constraints and deficit reduction.

- Over 30% of babies admitted to inner-city intensive care units are born to "crack" abusing mothers, and 2% or 3% are positive for the Human Immunodeficiency virus (HIV).

- An estimated 1 million people in the United States are HIV–positive.

- 14% of medical schools report medical students or residents who are HIV-positive.

- 40 surgeons and 144 dentists are known to have the acquired immunodeficiency syndrome, and the Centers for Disease Control estimates at least ten times this many are HIV–positive.

Continued on page 23 . .

RUMINATIONS . . . from page 22

- Old diseases such as measles are reappearing – 13,000 cases in the United States in 1989.

- The whole issue of positive euthanasia.

- The growing evidence of fraudulent research.

And the list goes on.

Above all, we must not let problems, challenges, and advances cloud those wonderful attributes of our profession and its activities that are changeless. Quantitatively, most clinical medicine is straightforward. It is our privilege to help most patients because they have simple curable disorders, and it is equally important that we offer effective reassurance to the one–third to one–half of patients coming to us who have no physical or biomedical ailment. In academia we are inclined to search for zebras.

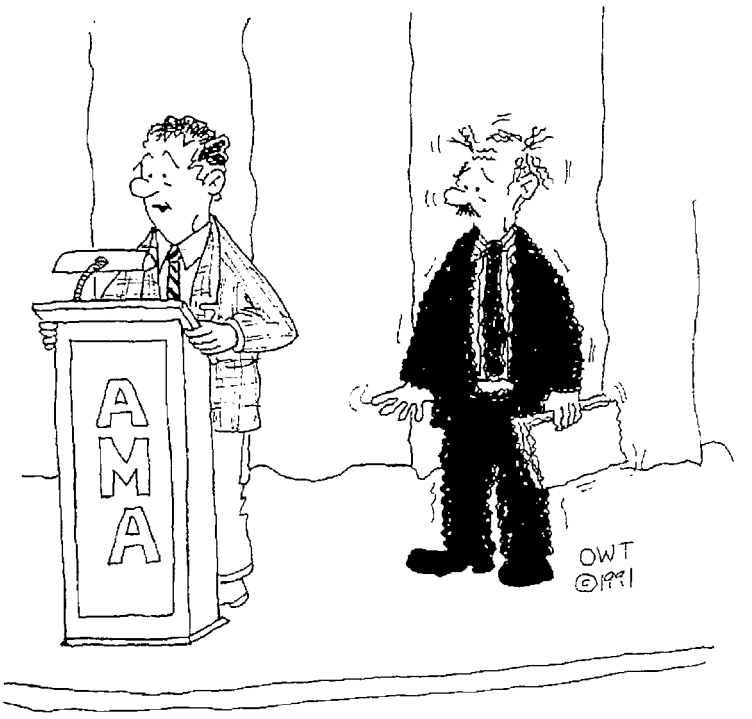
Responsibility at a distance as in "managed care" will never substitute for a physicians's responsibility for his or her patient. I find that the apparent ease with which a problem may be solved is directly proportional to one's distance from the problem. Since a physician knows more than anyone else about his or her patient, he or she is, by definition, captain of the health care team.

Next to being shot at and missed, nothing is really as satisfactory professionally as a good surgical outcome recognized by both the patient and the surgeon. A poor result makes one wish that the shot had not missed.

Despite the fact that we may all become salaried employees with rules based on cost, faced with ethical issues of monumental proportions because of emerging technologies, and despite the specter of malpractice litigation and diminishing public respect, as well as demands of society through third–party carriers and government, despite all of these, the most precious gift of all – the relationship between physician and patient – remains and always will remain in our hands.§

Inside OWT

by Oscar W. Thomsen MD, PhD



"Our next speaker will present his paper on 'Is There Stress in Medical Practice Today?' "

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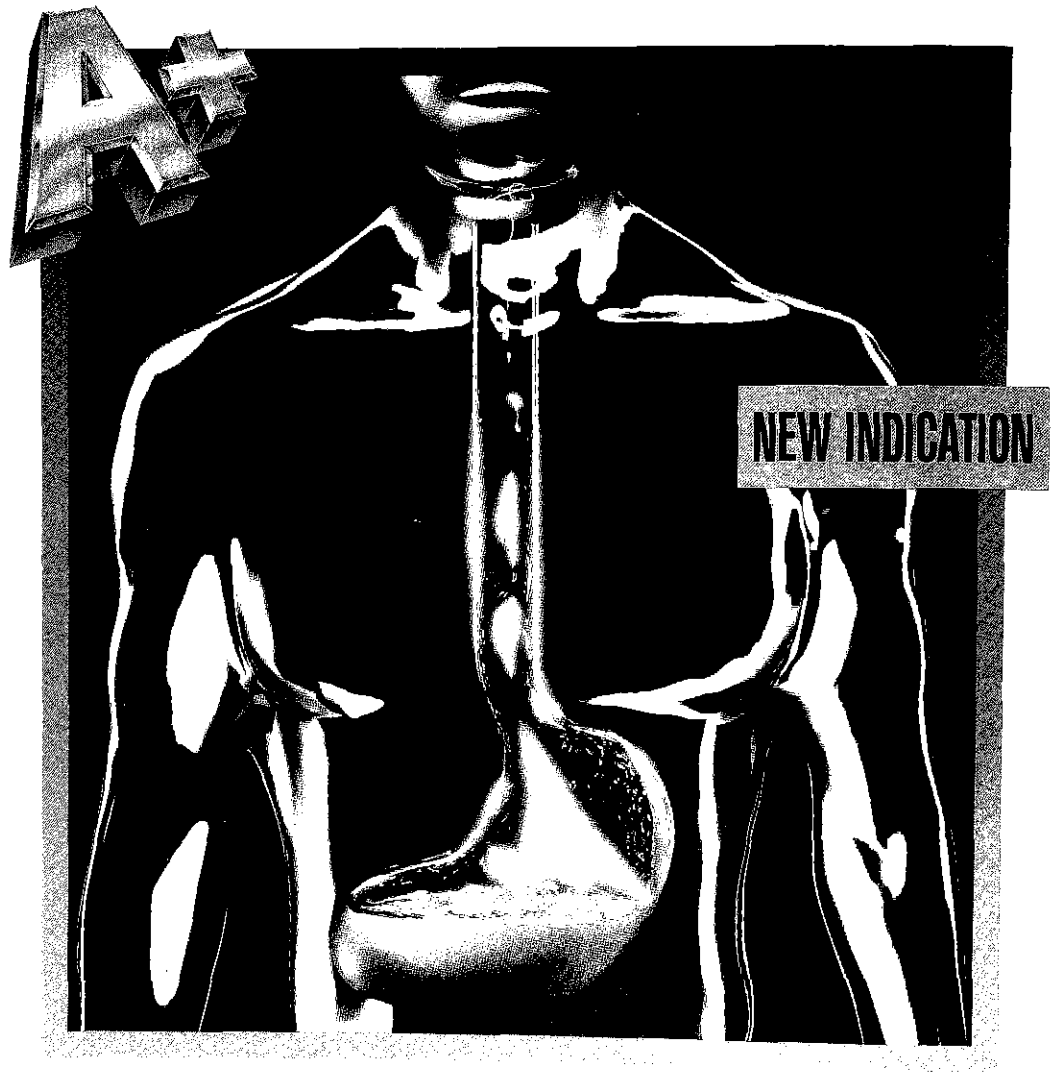

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APPLICANTS FOR MEMBERSHIP

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined by the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the Society.

Gregory E. Schlepp, MD

Gastroenterology. Born 12/08/56. Medical School, St. Louis University, 1983; Internship, Madigan AMC, 1984; Residency, Madigan AMC, 1986; Graduate training, William Beaumont AMC, 1989. Board Certified Internal Medicine, 1986; Gastroenterology 1989. Licensed in Washington, 1986. Dr. Schlepp is practicing at 11311 Bridgeport Way SW, #214, Tacoma.

Courtney M. Nevitt, MD

Internal Medicine. Born 09/20/52. Medical School, Rush Medical College, 1981; Internship, Rush Presbyterian-St. Lukes, 1982; Residency, Los Angeles County USC Medical Center, 1984; Graduate Training, University of Washington, 1987. Board Certified Internal Medicine, 1984; Occupational Medicine, 1990. Dr. Nevitt is practicing at 1702 Tacoma Ave S, Tacoma.

David M. Tate, MD

Internal Medicine. Born 01/13/58. Medical School, University of Washington, 1984; Internship, Internal Medicine Spokane, 1985; Residency, Internal Medicine Spokane, 1987. Board Certified Internal Medicine, 1987. Dr. Tate is practicing at 314 S. K St., Tacoma.

Steven K. Yamamoto, MD

Orthopaedics. Born 05/21/44. Medical School, University of Health Sciences, 1983; Internship, Madigan AMC, 1984; Residency, Madigan AMC, 1988. Dr. Yamamoto is practicing at 3909 10th St. SE, Puyallup.

POLITICAL CAMPAIGN LEADERSHIP SEMINAR HELD FOR WSMA MEMBERS

Drs. **Ken Bodily, Richard Hawkins, Dick Hoffmeister, Maria Mack**, and **George Tanbara** were joined by Auxiliary President Karen Benveniste, for WSMA's Political Campaign Leadership Seminar held at the Sea-Tac Red Lion Inn, Saturday, March 28.

The program, organized by the American Medical Association and moderated by Ms. Melinda Farris, an experienced political campaigner, stressed the importance of physicians getting involved in political campaigns. She emphasized that physicians direct involvement with a candidates campaign can have important and long–range benefits.

Ms. Farris stated that as physicians, you are looked upon in your community as a person with authority and influence, and you are already perceived as a leader. People look to you for many things beside your knowledge of medicine. They look to physicians for opinions, for guidance, and the causes and candidates you support. This makes you a major player in the field of politics.

The importance of fund raising was noted in todays campaigns. It is a good rule of thumb that a competitive race requires about $5 for ever vote you need to win.

The 1992 election in Washington State is of major importance to me icine. All members of the State House of Representatives are up for election and half the members of the State Senate. Health care is a major item on the legislature's agenda. You have an opportunity to play a role and should get involved in a campaign of a candidate you can support.

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Office Procedures CME Offers Hands-On For Primary Care May 22

Office Procedures, a one-day program designed to review indications and techniques for common office procedures has been scheduled for May 22. Driven by responses from a physician survey, six procedures have been selected.

The program is scheduled for Friday, May 22 in Jackson Hall and will feature presentations by faculty made up of local physicians and specialists who specialize in the procedures involved.

The College of Medical Education is the organizer of the program which will offer 7 hours of Category I credit for both AMA and AAFP. **Drs. Mark Craddock** and **Tom Norris** are the course coordinators.

The following procedures will be presented with an opportunity for hands-on experience:

... Endometrial Biopsy

... Plastic Surgical Wound Repair

... Dermatologic Surgical Techniques

... Vasectomy

... Flexible Sigmoidoscopy

... Casting and Splinting Techniques

The program brochure detailing the conference particulars and registration material was mailed in April. If you did not get a brochure or would like additional information, please call the College at 627-7137.

ACLS Provider Course Offers Certification, 16 Category I Credits

The College of Medical Education's highly rated ACLS Provider Course is open for registration. Unlike many other ACLS courses, this program offers 16 hours of Category I credit from both the AMA and AAFP.

The course, slated for June 22 & 23 at Jackson Hall has been developed by **James Dunn, MD.**

The C.O.M.E. program is a two-day certification and recertification course offered twice annually for physicians, nurses, and paramedics and follows the guidelines of the American Heart Association. A prerequisite is current certification in Basic Life Support which can be fulfilled during the course. ACLS manuals are provided only to those certifying.

The course is "participant friendly" combining some lecture with a great deal of hands-on practice prior to the second day's afternoon testing.

Those interested in registering should contact the College soon, as the course fills early.

1991 - 92 C.O.M.E. Schedule

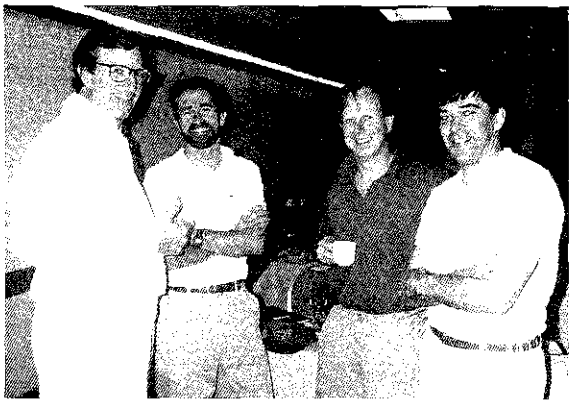
DATES	PROGRAM	DIRECTOR(S)
Fri. May 22	**Office Procedures**	Mark Craddock, M.D. Tom Norris, M.D.
Mon., Tues. June 22 & 23	**Advanced Cardiac Life Support**	James Dunn, M.D.

Hawaii & CME Huge Success, Receives Raves

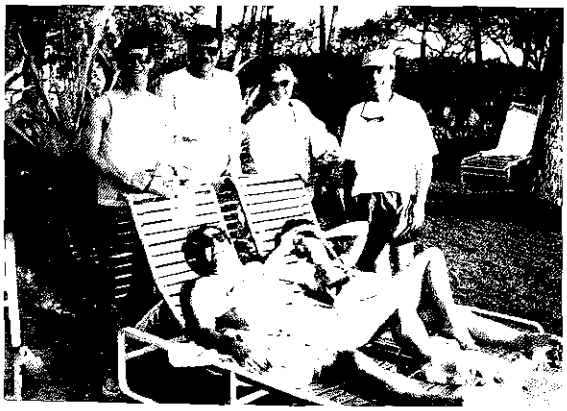
Hawaii and CME, the College of Medical Education's Second "resort" program was termed a huge success by conference participants. The program brought together a number of Pierce County and other physicians for family vacations and quality CME – this time out of Pierce County on the island of Kauai. A number of other physicians from Canada and other parts of the United States also joined the group. The program featured a potpourri of educational subjects of value to all medical specialties. Conference attendees particularly enjoyed the "rare opportunity to have in-depth discussions about clinical situations." Out of the classroom, conference participants and their families enjoyed exploring Kauai, water sports, and great weather.

The College plans another "resort" CME conference next year – this time back to skiing – likely at Mt. Bachelor in Oregon.

Alan Tice and Honolulu I.D. specialist and friend Steve Berman answer questions



Drs. John Rowlands, Mark Craddock, Dale Overfield, and Alan Tice enjoy a CME coffee break



Conference participants and speakers Dennis Drouillard, Mark Ludvigson, Carol Kovanda, John Lenihan, Bob and Kim Ettlinger enjoy the poolside sun.

Dennis and Pam Drouillard share the days exploration activities on Kauai with David Brown

Kate Craddock and Erica Overfield enjoyed their visit to Kauai too!

Mt Bachelor & CME Scheduled for '93

The College of Medical Eduction has tentatively scheduled another ski and CME program for February 1993 at Mt. Bachelor in Oregon.

Similar to the very successful ski and CME program held last year in Sun Valley, the program will likely feature medical subjects of interest to all specialties.

The program is in its planning stages and will be coordinated by Stuart Freed, MD. The program has tentatively been scheduled for February 25 through 28 and would include downhill and crosscountry skiing, family fun, great shopping, fine dining and more. Registrants would attend CME sessions in the early morning and late afternoon.

Future PCMS newsletters and a program brochure will announce details in coming months.

Above-The smiles of Carol Kovanda and Jenny Craddock show what a wonderful week it was in Kauai

First time wind surfer John Rowlands successfully sails with the help of veterans Jim Taylor and Dale Overfield

Above –Jim and Jane Taylor, John Rowlands, Carol Kovanda and Mark Ludvigson enjoy one of the program receptions. Below–A beautiful sunset from one of Kauai's fine restaurants

Bob Ettlinger addresses CME audience as Mark Craddock looks on.

SLATE OF OFFICERS FOR 1992-93

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President-Elect . . Denise Manos

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. . . . . Leigh Anne Yuhasz

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. . . . . Mary Lou Jones

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. . . . . Kris White

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. . . . . Marilyn Simpson

Corresponding Secretary
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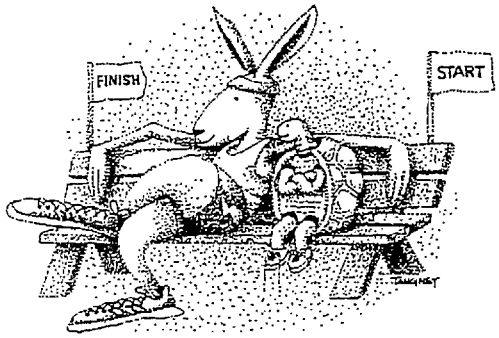
Treasurer . . . . . Sue Wulfestieg

Dues Treasurer . Colleen Vercio

Congratulations!

PLANNING PROPOSAL:

The Long Range Planning Committee wishes to propose that next year, PCMSA reverse the recipients of our two major fundraisers. That is, Holiday Sharing Card proceeds would benefit local Pierce County charities and Zero-K marathon funds would be earmarked for AMA-ERF. This plan would both augment and facilitate dispersal of funds for local concerns, while maintaining our strong support of AMA-ERF. What are your thoughts? Please call or write Nikki Crowley with your opinions if your are unable to attend the May 15 general meeting. Nikki Crowley, 8224 20th St. E., Puyallup, WA 98371 (922-7233).



ZERO-K MARATHON RAISES $2000+

The years Zero K Marathon raised $2,645. This money will be used for our philanthropic fund. Thank you to the following participants:

Arthur and Pam Knodel
John and Karen Dimant
Craig and Patrice Stevenson
Randolph and Barbara Otto
Irving and Phyllis Pierce
James and Nicole Crowley
William and Ruth Roes
James Early
Pat and Suzanne Duffy
Roger and Sylvia Lee
Stanley and Marjorie Harris
John and Jerol-Ann Gallucci
Mitchell and Mary Ann Woodruff
Peter and Margot Marsh
Vernon and Kit Larson
Andrew and Stephanie Levine
Allen and Gail Yu
Emory and Shirley Bourdeau
Thomas and Sandra Norris
Phillip and Elita Lesh
Ronald and Karen Benveniste
Wayne and Reta Bergstrom
David and Beverly Law
Robert and Dorothy Truckey
Gilbert and Jo Roller
Marilyn Simpson
Paul and Rebecca Hildebrand
Robert and Helen Whitney
Carl and Susan Wulfestieg
Thomas and Mary Lou Jones
Kenton and Marilyn Bodily
John and Cynthia Lenihan
Patrick Murto and Eileen Toth
Hsushi and Alice Yeh
Janice Strom
Robert and Debby McAlexander
Peter and Patricia Kesling
Walter and Marlene Arthur
Jerome and Candy Rao
Arthur and Peggy Smith
David and Alice Wilhyde
Richard and Marian Vimont
Ted and Denise Manos
Gordon and Trudy Klatt
William and Marge Ritchie
Douglas Jackman
Juan and Mary Cordova

NORTHWEST TREKKING

Where will you discover a newborn bison calf? Or maybe witness a face-off between two bighorn rams? Or view a moose that might be cooling herself in Horseshoe Lake? At Northwest Trek, where you'll experience native northwest animals on their terms. . . roaming free on 435 acres of serene forest, lake, and meadowland.

Join the Auxiliary for a *Spring Safari* Friday, May 15 at 9:30 am (Prompt!!) at Northwest Trek for a tour aboard a comfortable tram through this world class wildlife park. Children are invited. After the tour we will gather to eat brown bag lunches (you provide), or meals may be purchased from the park. For reservations call Sue Wulfestieg or Lori Fisher by May 10. Admission at the gate: Adults $5.50/Children over 5, $3.90/Under 4, $1.80.

Positions Available

Contract psychiatrist needed for: 1) Children/Adolescent Services 2) Older Adult Services. Provides psychiatric assessment, medication management, and consultation to program staff. $62.00/hour, South King County location. CV to Jan Harmon, Valley Cities Mental Health Center, 2704 I St NE, Auburn WA 98002. Phone: 854-0066

Tacoma-Seattle, Outpatient General Medical care at its best. Full and part time position available from North Seattle to South Tacoma. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, M.D. 537-3724 or Bruce Kaler, M.D. 255-0056

Locum Tenens Coverage and Opportunities in the Greater Seattle/Tacoma Metropolitan Area: CompHealth, the nation's premier locum tenens organization, now provides daily, weekly, weekend, evening, or monthly coverage for your practice with physicians from the local area. Or we offer you the opportunity to build a flexible practice right in the Seattle/Tacoma area. Call today for more information: 206-236-1029; evenings call 206-236-5686. Or write: 3660 - 93rd Ave SE, Mercer Island WA 98040

Tacoma Family Medicine, a community hospital based, University of Washington affiliated family practice residency, is seeking a full-time family physician for a combined practice/teaching position for employment beginning Fall 1992. The successful candidate will be ABFP certified and will have private practice experience. This faculty member will develop a teaching private practice type satellite clinic. Responsibilities will include practice, clinic administration, and precepting residents at the satellite. Salary and benefits are competitive and based on training and experience. Contact Tom E. Norris, MD, Director - Tacoma Family Medicine, 419 S "L" St., Tacoma WA 98405-3722. Phone: (206) 572-4683

Equipment

Abbott Vision Chemical Analyzer - With all the latest software advances. In excellent working condition. Will sell for $5,000 (New $15,120). **Clay Adams QBC** performs CBC analysis. Excellent condition - Will sell for $2,250 (New $7,500). **NEC Information Display Pager** frees you from the telephone. In excellent condition, purchased for $345. Will sell for $125. **GOMCO Suction,** like new, never used. Will sell for $100. Contact (206) 584-1982H

Holter Systems for sale: Great savings on 1991 Brentwood Rhythmscan, full disclosure holter monitoring system, $5500 (new price is $7000). Also, 1991 Brentwood Precision 6000 Modular Holter system with expanded software and IBM Computer, $17,000! (sells new for $22,000). Call Lynlee's Preowned Medical Equipment in Redmond. (206)867-5415 for more information.

Spirometers for Sale: Puritan Bennett PS600, $5000. Collins Eagle II, $2,000. Brentwood Spiroscan $4,000 (new $2800). Call Lynlee's Preowned Medical Equipment in Redmond (206) 867-5415 for more information.

Appraisal Services for Medical Practices, can be used for insurance, marketing. Call Lynlee's, Inc. (206) 867-5415

Practices Available

Family Practice Burien (South Seattle) for Sale/Lease. No initial investment required to start. Lab, X-Ray, three exam rooms. Call (206) 227-9777

Office Space

Office Space Available in Lakes Medical Plaza. Attached to St. Clare Hospital. 1036 sq. ft. Arrangements negotiable. Sub-lease full or part time. Call 584-0407 (9-5)

Physicians Office Space - 1550 sq. ft. suite available for sublet. Ideal for surgeon or primary care physician. Located in premier medical office building with view of golf course. For details contact Kenton Bodily, MD or Sigrid Schreiner at 383-3325

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Gig Harbor Bay — 128' no-bank western exposure Alan Liddle-designed home. Unique Sea Captain's Gallery, great dock and easy-care yard. 2 bedrooms plus loft, 3 baths. Only $650,000. Call Joan Thompson. **Rosedale's Primest Waterfront** —Sunsets over the Olympics...boat docked year-round...swim and ski in some of the Sound's warmest waters...dig clams from the no-bank beach...charming home and guest-house...$597,000. Carole Holmaas. **One Stadium Way North** — Presitgious 5th floor 2500 sq.ft. condo...with stunning Mt. Rainier, marine, sunrise and city light views. Includes 1000sq.ft. deck, secured parking and storage. $325,000. Call Joan Thompson. PENWEST REAL ESTATE 627-5422.

Sun River, Oregon - Deluxe 3 bedroom condo. All amenities - hot tub and bikes. Some summer weeks still available. Call Loren or Betsy Finley 630-2861.

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Newsletter

June, 1992

A Publication of the Pierce County Medical Society

Election '92

BUT

VOTE SMART

(story page 2)

Inside

PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization 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 individual contributors and do not necessarily reflect the official position of the Medical Society.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas, and suggestions.

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Elect no strangers

by William G. Marsh, M.D.

On November 3, 1992 all 98 members of the Washington State House and 25 members of the State Senate will be elected. There are 49 districts in the State, each represented by two House members and one Senator. The Legislature could change the practice of medicine as we know it in this state. Your representatives, elected in November, will be your practice consultants. They have the authority to pass legislation directing who you will see and how much you can charge. This function certainly fits the definition of a practice consultant. They might not do this with the patient's or your best interests in mind. If the last legislative session was any indication, they will surely influence your practice of medicine in the very near future. All in the framework of cost control, access to care, utilization review and practice parameters.

David Bailey, a legislative consultant from Virginia once wrote, "Elect no strangers.

If possible, elect friends.

If not, make friends of those elected."

These thoughts are true for medicine in Washington thisyear.

"Elect no strangers." Get to know all the candidates prior to November 3, 1992. It's better to approach a representative before they are elected rather than after, because they may think you supported another candidate (even if you did not). The name and address of all local candidates is available at the Medical Society office. Take time before the election to get to know the candidates. Two or three of you could meet a candidate for breakfast or lunch to discuss the issues relevant to your location and practice. Allow them to understand how medicine is practiced in your legislative district, tell them your concerns about cost control and access issues. More importantly, use the opportunity to get to know them and let them meet you.

"If possible elect friends"

If possible, elect friends. Do all that is appropriate to elect the candidate who supports your positions. All candidates need contributions. Consider a gift of money and/or time spent on their campaign. Any time spent for a candidate during the election is well invested when access to that elected representative is desired. You might even consider having a coffee or dessert at your home, inviting friends and neighbors to meet and contribute to the candidate. They also need votes on election day. If you haven't already, register to vote and encourage your friends to register. Then vote, either by absentee ballot or at the poll. Your vote will not count unless you cast it.

If not, make friends of those elected. There is no logical reason to write off as an enemy any newly elected representative (for 2 years) or senator (for 4 years). Medicine cannot afford enemies who constantly oppose issues we support. Professional

(continued next page)

("Elect" continued)

lobbying in Olympia is either enhanced or limited by contacts made (or not made) with legislators and candidates back home. The influence medicine has in the legislature correlates to how you are perceived at the local level by your representatives.

I can't express enough how important this election is to our profession. Now is the time to invest in your future. The newly elected legislators will and can directly affect your professional careers. Make friends or you could find yourself in business with unsympathetic legislators.

ELECT NO STRANGERS.

Dr. Marsh, a WAMPAC Director, was 1991 President of PCMS ##

Society to discontinue financial support of Medical Library

After several years of debate, the PCMS Board of Trustees voted unanimously to discontinue financial support for the Medical Library of Pierce County (MLPC) located at Tacoma General Hospital. The Society will contribute $49,989, or $84 per member, to the Library in 1992. This is 29.5% of a member's $285 annual dues.

The issue has been brought to the Board of Trustees perennially. Many members say they do not use the library and should not have to support it when they do not have to support other hospital libraries.

Many specialty societies now provide library service via electronic mail. In addition, physicians can accomplish a literature search from their office or home on their personal computers.

St. Joseph and St. Clare Hospitals have not been members of the Library Consortium for nearly four years. Members state that services at these two libraries are free and nearly comparable to those at the MLPC.

Others felt it inappropriate that the Medical Society assess a member for facilities at a single location. However, the librarian does spend one day a month maintaining the files and journals at Good Samaritan, Allenmore and Puget Sound Hospitals.

Some concern was also expressed that after November, the Library will be located in the old Western Clinic Building at 6th and K Street, separate from the hospital. Members felt that the new location would make it more difficult to access the library. Some Board members felt that Multicare should have surveyed the physicians for their opinion on the move.

It was acknowledged that some downsizing of the library would probably occur with the reduced budget. However, the consensus was that most of the services provided by the library are available at several sources in the county.

The Board will address the matter of a dues reduction at its June meeting. ##

AIDS Committee reports progress

by *John van Buskirk, D.O. Chairman, PCMS AIDS Committee*

The Pierce County Medical Society AIDS Committee has met twice to date in 1992. We reviewed the membership and purposes of the committee. We agreed that the committee exists to: 1) Provide HIV Disease related education to PCMS members and their staffs,

(continued next page)

(AIDS continued)

2) Provide educational materials for PCMS members' patients, 3) Identify problems in the care of those who are HIV infected and attempt to coordinate existing community resources, and 4) Make policy recommendations regarding HIV Disease to the PCMS.

The following is a summary report of our meetings to date.

1. EDUCATION:

A. **The Northwest AIDS Education and Training Center** at 1001 Broadway, Suite 217, Seattle, WA 98122, (206) 720-4250; offers an AIDS Clinical Training Program for Primary Care Providers and Mental Health Specialists: This unique, free ($20 if you want Category I CME Credits) program offers clinical rotations at several out-patient clinics in Seattle that serve exclusively persons living with HIV Disease. This is a very practical educational supplement for those who want to learn more than article, books, and lectures can ever provide.

B. A very useful pamphlet, *"Initial Assessment and Management of the HIV-Infected Patient,"* from Northwest AIDS Education and Training Center is now available in limited supply from the PCMS office (572-3667).

C. The well-received College of Medical Education courses on medical and dental office staff HIV Education will be offered on Wednesday, November 4.

2. PATIENT INFORMATION: Many excellent brochures are available for providers to give to patients. These can supplement the information that busy providers are able to give verbally. Topics range from general explanation of HIV antibody testing to specific safer sex guidelines. Rather than providing an annotated bibliography or deluging members with another mass mailing, we simply provide you with contacts at the two major organizations with whom to discuss your specific need for your practice.

A. The Pierce County AIDS Foundation, 383-2565, ask for Pam Chipman.

B. The Tacoma-Pierce County Health Department, 591-6060, ask for Gail Brandt.

3. DENTAL ACCESS: Dental referrals for HIV patients can be very difficult. Rene Sims of the Pierce County Dental Society suggests simply having patients call PCDS at 272-9910 for the names of three dentists, just as non-HIV patients do. If patients are turned away from dental offices because of their HIV status, the Dental Society would be interested to hear about it. Note that lack of insurance or ability to pay may continue to be a barrier to dental care.

4. MEDICAL ACCESS:

A. A recent survey by the Health Department identified that the major barrier to medical services for those living with HIV disease are similar to the problems of non-HIV patients in our community. There continues to be a lack of primary care providers for all patients.

B. Similarly, the large number of patients who are not insured have difficulty obtaining care. The state's HIV Early Intervention Program (HIP) is a well intended, but an inadequate, step to cover these individuals.

5. CDC GUIDELINES: The new guidelines did not go into effect April 1, 1992, as originally announced. The proposed changes include:

A. A new AIDS Classification system to replace the current I through IV. The new system is designed to more accurately depict the severity of disease.

B. As part of that change, HIV+ individuals with a CD4 count of less than 200 will be classified as having AIDS.

6. MEMBERSHIP: The PCMS AIDS Committee is interested in new members. We specifically need representatives from the surgical specialties, dental, mental health, minorities, and chemical dependency. Please contact **John Van Buskirk, D.O.,** at 572-4681 or Doug Jackman at 572-3667. We meet five times a year. The next meeting is May 27, 7:00 a.m. ##

Neighborhood Clinic update

by John Van Buskirk, D.O.

Staying Busy:

The "St. Leo's Neighborhood Clinic" located at 1323 S. Yakima in the basement of the old St. Leo's School has continued to be a very busy place. In 1991 a total of 1,110 patients were seen, 332 of them for the first time. These people are a diverse cultural group, representing all age groups, from all over Pierce County, with a great variety of acute and chronic medical problems.These patients have very little money, no

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(Clinic continued)
Medicade insurance and find it difficult to find health care elsewhere in our community.

The Need Is Here:

Last week at the Clinic, a South Vietnamese man in his late forties presented with recurrent renal colic. He is presently working two jobs, neither of which provide health care benefits, and neither of which pay very well. He has no means to pay a doctor's office visit, or to pay for medications. He has been in this country since 1975, but still vividly remembers suffering a severe attack of renal colic while in a North Vietnamese P.O.W. camp. He received no medical care there, except from a fellow prisoner who could only encourage him to drink lots of fluids. Until he came to visit us, that was still the only medication that he could afford. I think we can do better than that in Pierce County in 1992!

Staying Open:

The Clinic continues to be open Monday and most Thursday evenings. We are pleased to report that the plans (not ours) to raze our current building and replace it with a more expensive new one, have been dropped in favor of a remodel.

Thank You $ Donors:

We are also pleased to thank United Way for awarding us our second grant. This plus support from St. Leo's parish, and individual donors is what keeps the Clinic fiscally alive.

Thank You Volunteers:

Most of all we thank the nurses, physicians, intake staff, and other volunteers who continue to keep coming to serve those in our community who are less fortunate. These individuals continue to provide time and creative energy, often at the end of a busy "work day." The following is a partial list of physician volunteers from 1991:

Gregg Causey, M.D.
Todd Cowdery, M.D.
Robert Flack, M.D.
Stuart Freed, M.D.
Gail Fulton, M.D.
Fadi Ghanem, M.D.
John Gunningham, M.D.
Joan Halley, D.O.
Art Klose, M.D.
Mary K. Lawrence, M.D.
Tony Lazar, M.D.
Frank McHugh, M.D.
Robert Modarelli, M.D.
Greg Sanders, M.D.
Al Shelton, M.D.
Jerry Sullivan, M.D.
John Van Buskirk, D.O.
Kerry Watrin, M.D.
Steve Wells, M.D.
Al Wright, M.D.

We welcome the following new physician volunteers in 1992: **David Acosta, M.D., Susan Dirks, M.D., Chuck Forster, M.D., Fay Homan, M.D., and Anthony Soboil, M.D.**

Other major consistent supporters who donate their services include the **St. Joseph Hospital Lab, Diagnostic Imaging** (X-Ray), **Cardiopulmonary Services** (EKGs), **Cascade Vascular Assoc.** and of course the **Pharmacy**. The **Tacoma Radiologic Associates** continue to donate their x-ray interpretations. Many other physicians who are unable to staff the clinic itself continue to provide consultations in their offices.

Our patients thank you!

New Directions:

We are adding several new services this year. We are placing increased emphasis on prevention and patient self-help. This will include tobacco cessation, chemical dependency, and practical nutritional and exercise recommendations.

Also, we now have two volunteer staff members who will be available to assist patients in completing DSHS medical applications and other appropriate resource referrals.

We Continue to Need Your Help:

We continue to need primary

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Personal Problems of Physicians Committee

For Impaired Physicians
Your colleagues want to help.
Medical Problems, Drugs,
Alcohol, Retirement,
Emotional Problems

Committee Members

Estelle Connolly,
Chairman 627-5830
J.D. Fitz 552-1590
John R. McDonough 572-2424
Ronald C. Johnson 841-4241
Dennis F. Waldron 272-5127
Mrs. Jo Roller 566-5915
WSMA: 1-800-552-7236

(Clinic continued)
care provider volunteers to staff the Clinic at 6:30 on Monday and Thursday evenings. Please call 627-6353 to get on our schedule. We also continue to accept tax-deductible donations made out to The Neighborhood Clinic, 1213 S. Yakima, Tacoma, Washington 98405.

Open House:

On May 31, 1992, from 9a.m. to 2 p.m., we will have an open house to show off our new paint job, say thanks to volunteers and encourage newcomers to "come on down." Of course visitors are welcome any other time too. Call first at 627-6353. ##

Questions On Medicare?

The Washington State Medicare Part B carrier (King County Medical) has a special Physician Payment Reform (PPR) Hotline - (206) 387-5650 to answer questions on the 1992 payment changes.

The Automated Response Unit number (206) 464-5907 still handles routine claims inquiries.

##

Weekend bike ride to benefit Mary Bridge

Mark your calendars for Friday, September 12, 13, and 14, for a memorable bike ride that will benefit children and the Sexual Assault Clinic at Mary Bridge. Both will benefit from bicycle riders traversing some of Washington State's most scenic mountain passes.

Participants in the 1992 Courage Classic, as the ride is called, will begin at North Bend, travel over Snoqualmie Pass into Cle Elum and its famous bakery, through Teanaway Junction and beautiful Swauk Pass, spend the evening at Leavenworth, continue on through the incomparable Stevens Pass with its fall colors, and conclude the 199-mile ride at Monroe.

The registration fee is $35, and a minimum of $300 in pledges is all you need to ensure yourself in Washington State's best weekend ride ever.

For more information, call 1-800-39-CYCLE. ##

Retired members hear about medicine in Russia

Retired members visit with Russian guests.

M.D.'s Robert Klein, Tamaz Areshidze and Alexander Kiementiev, Ph.D. address retired members at Fircrest Golf Club.

On Friday, May 15, the PCMS Retired Luncheon featured guests Tamaz Areshidze, MD, from Tbilisi, Georgia; and Alexander Klementiev, PhD, from Moscow, Russia, speaking about Medicine in Russia. The visitors are being hosted by **Robert Klein, MD.**

They told of a Soviet Union that has ample physicians: 1.5 million, or 5 per 1,000 population. Yet, they described a system that does not work. Physicians are not motivated, dreadfully underpaid, have no resources, no drugs, and no desire. When asked to describe their health care system in general, they said it was not possible to explain it because they couldn't even define it as a "system." They said one third of the hospitals do not even have hot water.

The health care system is one that many citizens are proud of because it is free of charge. However, Drs. Areshidze and Klementiev explained that the good reputation of their health care system is a myth. Effectiveness and results are factors that are not considered.

Their health care system is controlled by the government and dreadfully underfunded. They compared percents of GNP spent on health care with other countries:

Russia: 4% GNP

Canada: 9% GNP

USA: 11% GNP

They went on to explain that the situation is getting worse. There is no relief in sight, but only future burdens to consider. They need to find new technology for waste, and find protection from radiation.

The good news, they agreed, was that they are now free to talk about their situation and their difficulties with health care. Unlike in the past, they can now openly discuss their problems and try to find solutions through communication with other countries.

Thank you, Drs. Areshidze and Klementiev for sharing yourselves with us and thanks to Dr. Robert Klein for hosting these guests and contributing to the relations between U.S. and Soviet physicians. ##

Study: Two-thirds of doctors give charity care

reprinted from the March 9 issue of American Medical News

Nearly two-thirds of doctors surveyed said they recently had provided care free or at reduced rates based on patients' ability to pay.

Those 63.8% who provided charity care said they averaged about 6.6 hours doing so - about 10.6% of their medical and administrative time in the week before the survey, according to the AMA, which conducted the survey.

Medicare and Medicaid services, which in many cases pay less than usual fees, as well as uncompensated care resulting from patients not paying their bills, were excluded from the estimates.

General and family practice physicians were most likely to give free or reduced fee care, with 71.2% saying they had in the week before the survey. Surgeons were next most likely, with 70.2%, followed by radiologists at 65.7% and anesthesiologists at 63.7%.

Pathologists were least likely to have given charity care at 52.2%, followed by "other specialties" at 53.6% and pediatricians at 53.9%.

About 2,100 physicians responded to the just-released survey, which was conducted in the fall of 1990 by the AMA Center for Health Policy Research. A similar survey of 4,000 physicians conducted by the center in 1988 had nearly identical results, said David Emmons, Ph.D., who analyzed the 1990 data.

The AMA survey does not explain differences among specialties in the proportion of physicians reporting charity care, Dr. Emmons said. But a spokesman for the American Academy of Family Physicians speculated that the nature of family practice

"Continuing to treat patients who have lost jobs...may pay off...."

may explain why general and family practice physicians reported the highest rates. Family physicians are likely to see a wider variety of patients than most specialists, according to the spokesman. Also, general and family practice doctors are more likely to be located in rural areas, where a higher proportion of the population is poor and access to care outside a private doctor's office is limited.

Likewise, the nature of problems requiring surgery could account for high rates among surgeons, said Robert Brown, M.D., a general surgeon win Midland, Mich. "A lot of what we do is emergent. You can't refuse care in an emergency."

Thomas Roe, M.D., a Eugene, Ore., pediatrician, expressed surprise that the proportion of pediatricians reporting charity care was so low. Excluding Medicaid could be the culprit. We see tons and tons of Medicaid patients, said Dr. Roe, who estimates that 20% of his practice is public and another 5% no charge.

Dr. Roe also donates time to a free clinic for the homeless and helped set up a program through the local medical society promoting the acceptance of Medicare assignment for low income elderly patients. Local physicians accept assignment for patients carrying courtesy cards issued by the program.

Dr. Brown agreed that excluding Medicaid diminishes physicians' true charity work. He said that Medicaid pays him as little as 25 cents on the dollar, and the cost of collecting it sometimes exceeds the payment.

In our office we quite frankly prefer to do Medicaid patients for free, Dr. Brown said. He also helped establish one of the nation's first medical society courtesy card programs.

Both doctors said providing charity care is a part of their duty as physicians. As a matter of policy, the AMA urges all physicians to share in the care of indigent patients.

Beyond a humane and professional obligation to serve those unable to pay, there may be good business reasons to do so as well, Dr. Brown said. Continuing to treat patients who have lost jobs and health insurance may pay off when they return to work, he said.

It's like the grocer who used to carry people in hard times. Maybe the supermarket won't do it now, but the guy on the corner would. ##

Public Health /School Health Committee targets smokeless tobacco

After several successes under their belt, such as fluoridation of the Tacoma water supply and ordinances to prohibit smoking in public, the Public Health School Health Committee, chaired by **Terry Torgenrud, MD,** seen in the photo below, agreed that smokeless tobacco should be a new project to target.

Members of the Committee, including school nurses, representatives from the Health Department, and pediatricians were in complete agreement that smokeless tobacco is a major problem. It has become a status symbol in school to have a "ring" on the rear pocket of jeans.

In efforts to curtail the use of smokeless tobacco, the committee decided to offer a program of education about the hazards of smokeless tobacco to junior high students. Conducted as a pilot project this year, the program has been held in three schools to date: Narrows View, Mann Jr. High and Gray Middle School. **Dr. Torgenrud and Dr. Joe Wearn** discussed the hazards of smokeless tobacco, showed a popular video, "Check It Out" and distributed literature featuring a student who died at age 19 from cancer caused by smokeless tobacco.

The programs were met with rave reviews. The students were receptive to the video and to the doctors, asked lots of questions, and were excellent audiences.

The Committee will discuss the possibility of offering the program each year to seventh graders in the county.

Thank you **Drs. Torgenrud and Wearn** for your investment of time and talent and your concern for the young people in our community.

Health care system meltdown predicted if major changes aren't made

Chicago - The U.S. health care system is quickly approaching crisis status, according to an editorial published in the May 15 *Journal of the American Medical Association.*

"If business continues as usual without major changes, I predict meltdown by 1996," writes George D. Lundberg, M.D., editor-in-chief, Scientific Publications, at the American Medical Association (AMA).

"...our economy can (not) tolerate these (medical) costs."

"Our doubling time for health care expenditures is not less than five years. We are looking at potential health care expenditures in 1992 dollars of $1.4 trillion by 1996. I do not believe our economy can tolerate these costs," Lundberg says.

"In a worst-case scenario," Lundberg writes, "the Congress would panic and nationalize the entire health care industry; they can do that. The physicians, nurses, pharmacists, and other health care workers would be conscripted as government employees; hospitals would be taken over and run by the government; health insurance companies would be abolished; the pharmaceutical and medical

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("Meltdown" continued)
device industries would be nationalized. I believe that such an event would be tragic, catastrophic, and certain to fail over time. I cannot imagine a government monopoly of that size succeeding."

Health care reform is not a first-rank issue for the country, Lundberg says. The lingering recession which forced large numbers of voters to face the inadequacy of their health insurance, the AIDS epidemic, and the break-up of the Soviet Union, permitting our nation to turn its attention to issues other than massive national defense, are among the reasons health care is not a primary issue.

"In successful health care reform," Lundberg says, "all players and all stakeholders will have to compromise - the patients, the physicians, the insurance companies, the hospitals, the government, the politicians, and all the special interest groups."

For health reform to be successful, it must include access to basic care "for all of our people," real cost control, quality assurance, retention of physician and patient autonomy, limits on professional liability, reductions in administrative hassle, emphasis on disease prevention and a commitment to primary care, he writes.

Lundberg adds: "We must be prepared to live with the next set of major reforms for a substantial number of years - but not forever. We should strive to enact legislation with a successful use-life of at least 10 years."

Lundberg calls on physicians to be "champions of change."

He says, "As a group, we are very smart, very well educated, very highly motivated, very well organized and led, and ready for any challenge. With these positive characteristics and outstanding ongoing communications, as long as we continue to place the interests of patients and the public first, we shall prevail." ##

"Memo of Understanding" clarifies doctor/attorney responsibilities

In 1979, the Pierce County Bar Association and the PCMS entered into a *Memorandum of Understanding* to facilitate communication between the respective professions on matters of mutual concern. The Memorandum outlines the duties of physicians and attorneys with regard to such items as notice of trial testimony, scheduling depositions, fees, medical records, etc.

The Physician's Duty to Assist. In instances where medical information is necessary to the fair resolution of a dispute, physicians should at reasonable times and upon reasonable notice make himself or herself available for the dispute resolution proceedings including, but not limited to, conferences with attorneys, depositions, and appearances for court, arbitration, and administrative proceedings.

Physician As Expert Witness. A physician called as an expert witness in a legal proceeding is an independent witness. While the physician's testimony may be more helpful to one side than to the other, the physician should not become an advocate. The physician should limit his or her participation to stating the truth as he or she sees it.

Duties of Attorneys. Notice to a Physician. Attorneys should give physicians at least 30 days notice for trial testimony, 15 days notice for attendance at a deposition, and 7 or more days notice for office conferences. Every effort should be made to schedule testimony to interfere as little as possible with the physician's schedule time.

Compliance With Local Rule. The attorney should endeavor to comply not only with the letter, but with the spirit of Pierce County Local Rule #51, which requires the issuance of a subpoena to a physician in a timely manner. This local rule states as follows:

Where an expert witness will, with reasonable probability, be called as a witness at the trial of any case, the party planning to call such witness shall cause a subpoena to be issued and served upon such witness not later than 60 (sixty) days prior to the trial date. A continuance may be denied should such a witness be unavailable for trial unless a subpoena has been issued and

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("Memo" continued)

served within the times above specified. For the purposes of this rule, service of a subpoena may be made by mail.

The Memorandum of Understanding also covers recommendations to physicians on "reasonable fees," charges for standby time, duties of the attorneys to inquire as to charges, payment of medical bills, etc. If you would like a complete copy of the *Memorandum of Understanding*, please call the Medical Society at 572-3667. ##

Living Wills: safeguard for the future

By James S. Todd, M.D.

Watching a terminally ill loved one suffer is one of life's most difficult trials. Many people have experienced the pain and frustration of a friend or family member being taken away. Physicians share in this frustration. That's why every person, young and old, should have a living will.

Also known as an advanced medical directive, a living will ensures that you never lose control of your health care decisions. Should something unforeseen happen to you, this document will outline the type of care you wish to receive and care you wish to avoid.

Quality of life is the main issue. When a dying patient is in pain and unable to make decisions, a physician must do everything medically possible to relieve suffering.

In some instances, the patient's family and physicians find themselves faced with the decision whether or not to discontinue treatment. They must ask themselves, "What is in the patient's best interest?" and "What would the patient have wanted for him or herself?"

A living will eliminates tough choices for family members by providing specific direction for treatment well in advance of a devastating illness or accident.

The American Medical Association suggests preparing a living will and discussing treatment preferences with your family members and physicians. The Medical Society and WSMA have the forms available in bulk quantity. ##

(James S. Todd, M.D., a general surgeon, is the AMA's executive vice president.)

State law usually backs patients who want their records

The Uniform Health Care Information Act that became effective in the state of Washington on July 18, 1991, continues to be an unknown quantity to many members of the Medical Society.

The Act states that, upon receipt of a written request from a patient to examine or copy all or part of the patients' recorded health care information, a physician, as promptly as required under the circumstance, but no later than 15 working days after receiving the request, shall:

a) Make the information available for examination during regular business hours and provide a copy if requested, to the patient;

(b) Inform the patient if the information does not exist or cannot be found;

(c) If the health care provider does not maintain a record of the information, inform the patient and provide the name and address, if known, of the health care provider who maintains the record;

(d) If the information is in use or unusual circumstances have delayed handling the request, inform the patient and promptly specify in writing the reasons for the delay.

Section 401 of the Act states that a patient may request in writing that a health care provider correct or amend his/her record of the patient's chart to which a patient has access.

A Health care provider is required to make the requested correction or amendment and inform the patient of the action.

Section 402 outlines the procedures for adding corrections or amendments to the records.

Under Section 302 of the Act, psychiatrists may deny access to patients records under special circumstances.

For a more complete report on the Uniform Health Care Information Act, please call the Medical Society at 572-3667.

##

Chain letter is phony, Make-A-Wish Foundation says.

An erroneous chain letter, which encourages people to send greeting cards to a seriously ill boy, continues to generate thousands of pieces of mail each day despite the fact that the boy is now healed and the family has requested an end to the mail.

In 1989, news reports stated that Craig Shergold, a 12-year old English boy diagnosed with a terminal brain tumor, wanted to be recorded in the Guinness Book of World Records for receiving the most greeting cards. In 1990, after receiving 15 million cards, his wish was fulfilled. A year later, in March, 1991, he was successfully operated on for removal of the tumor by Dr. Neal Kassell of the University of Virginia Health Sciences Center. But the cards and letters continue.

The out-dated letter has several different versions, most wrongly claiming the young boy now wants to receive the largest number of business cards and remains terminally ill. Unfortunately, the addressee is encouraged to gather business cards, send them to an address in Georgia and send the chain letter on to 10 friends.

"The chain letter claims that Make-A-Wish is involved and that our address is in Georgia. This is not true. Our organization is not, and has never been associated with this letter. Yet, our office has received literally thousands of calls diverting our staff time and resources from our mission," Karla Blomberg, National President of Make-A-Wish, stated.

The Make-A-Wish Foundation requests that people please stop sending business cards or greeting cards to Craig Shergold."

The Make-A-Wish Foundation of America, the largest children's wish granting organization in America, has 76 chapters in 47 states. The first wish was granted in Phoenix in 1980 and since then, Make-A-Wish has granted more than 14,000 wishes.

For additional information call 1-800-722-9474. ##

St. Cloud finally makes the big time

by David S. Hopkins, M.D.

reprinted from WSMA Reports, March, 1986

I grew up in St. Cloud, Minnesota but until recently I haven't talked about it much, not even when there was a lull in the conversation, because I was sure it would bring the discussion to a grinding halt. Frankly, I spent much of my time dreaming of leaving, going to New York, writing novels, and returning as a famous person.

St. Cloud achieved a certain notoriety during Prohibition when some enterprising citizens created a king of cottage industry brewing "Stearns County 69," a potent alcoholic libation that was famed throughout the Midwest.

Too, the town has had a few near misses with history. The Lindbergh family could have chosen St. Cloud as the site of Charles Lindbergh's boyhood home, but instead picked Little Falls 30 miles away. Sinclair Lewis could have chosen it as the setting for his prize-winning novel *Main Street,* but opted for Sauk Center 40 miles away.

Finally, though, St. Cloud appears headed for immortality within the pages of *Lake Woebegon Days* by Garrison Keillor. For those of you who haven't read *Time* (November 4, 1985) or read a newspaper or listened to the radio (5 p.m. Saturdays), Keillor is the host of the popular National Public Radio show called "A Prairie Home Companion."

Keillor's book is about a fictional central Minnesota town and is based on the segment of the show which Keillor opens with, "Well, it's been a quiet week in Lake Woebegon, my home town," and then proceeds to report the news from "the little town time forgot and the decades cannot improve" where "all women are strong and the men are good looking and all the children are above average, where the famous powder milk biscuits (heavens, they're tasty!) give shy persons the strength to get up and do what needs to be done."

The point of all this is that St. Cloud is only 30 miles from Lake Woebegon and is sort of a mecca for Lake Woebegonians. If they can't get something at Ralph's Pretty Good Grocery in Lake Woebegon-where the motto is, "If we don't have it, you probably don't need it," and they decide they do need it - they come to St. Cloud.

St. Cloud is where the Tolerud boy, crowded in the family car with his uncle Senator K. Torvaldson (Senator is his first name), his grandmother with the glasses that make her look like a lizard, and his aunt who keeps reading all the billboards, comes to sign up for college. He notices that people in St. Cloud have a certain shine about them and he feels like he ought to have a sign around his neck that says "hick." I am currently basking in a kind of reflective glory because if I can find a few Lake Woebegon fans at a social gathering I casually mention that I'm from St. Cloud and immediately have their rapt attention as I regale them with stories of my hometown. Stories of how we used to hang around the only cab stand in town and when the cabbie was gone we would answer the phone and tell the unsuspecting caller the cab would be right there; or how the town was 80 percent Catholic and our small paranoid band of Protestants huddled together and forbid dating Catholic girls. My mother, trying desperately to find some redeeming feature in the meager supply of Protestant girls, would say, "Mary has lovely skin," and I would say, "Yeah, but look what it's stretched over."

Enough of St. Cloud. Get *Lake Woebegon Days* and read it slowly, a little at a time, or better yet listen to the radio show. The stories are greatly enhanced by Keillor's delivery. They are a beautiful combination of gentle humor, sadness, and whimsy. If nothing else, it will give us something to talk about when we meet at a social gathering. ##

AMA's Health Care Reform: Our Cause, Its Effect

A movement of national proportions is taking hold in America. Health care reform is advancing toward the forefront of the American conscience, meaning real change for all of us. Since introducing Health Access America in 1990, the AMA has achieved success in influencing key aspects of many of the leading reform proposals. Take a look for yourself at the abbreviated similarities and differences.

Insurance

AMA's Health Access America. On this issue the AMA applauds many of the similarities between Health Access America and the other plans. Our proposal urges a phase-in of mandatory employer-provided health insurance. Medicaid would cover everyone below the poverty level. Premium subsidies for the near poor. Risk pools for the uninsurable.

Bush Plan. No employer mandate. Individuals given transferrable health insurance certificates to use toward purchasing insurance or a deduction for health insurance costs. Insurance and liability reforms emphasized.

Clinton Plan: "Play or Pay." Employers would be required to provide employees a minimum health plan or to contribute to a government-subsidized plan. Poor and unemployed also would have access to the "public plan."

Benefits

AMA. Employers would be required to provide a federally-designated minimum benefits package which would cover basic physician, hospital, diagnostic, prenatal and well-baby care.

Bush. Each state would define for itself the basic benefits package equal to the health tax credit.

Clinton. A federal health board would establish the benefits package that all insurers and the "public plan" would be required to provide.

Cost Containment

AMA. Practice parameters to guide appropriate medical care. Enhance consumer decision-making through sharing of cost/fee information. Reduce incentives for consumers to overinsure. Cost sharing to encourage consumer cost awareness. Liability reform to decrease practice of defensive medicine. Medical societies to conduct fee review. Health IRAs. We support use of electronic billing and standardized claim forms as seen in the Bush plan. Override state-mandated benefit laws. Small market health insurance reform. Reduce administrative costs. Amend ERISA. Tax caps on health insurance.

Bush. Standardized claim forms and electronic billing. Enhanced utilization review. Increased use of "coordinated" care systems. Sharing of comparative information on cost and quality. Promote healthy lifestyles and preventive health programs.

Clinton. Federal health board sets annual health budget targets nationally and by state. All-payer reimbursement system to be developed. Streamlined claims processing. Eliminate tax breaks for certain drug company activities. Medical practice guidelines.

Materials included are excerpted from *Member Matters*, a monthly publication sent to all members of the American Medical Association.

American Medical Association
Physicians dedicated to the health of America

For Your Benefit

AMA Health Care Reform Strategy: Pressing The Issue

The American Medical Association and the Federation do more than merely outline recommendations for health care reform. AMA and Federation members actively focus efforts on research, strategies, surveys and pilot projects to find out what you really want and how to keep this agenda a top priority.

Practice Parameters. Inappropriate care inflates rising health care costs. Developed by the medical community, practice parameters help to assure appropriate, high quality medical services for your patients; that way, they have the potential to reduce inappropriate care and costs.

Outcomes Research. The AMA supports [1] continued small area analysis and outcomes research, and [2] government and private funding for outcomes research and developing practice parameters to ensure substantial physician input.

Reducing the Administrative Costs. Now, there are too many different forms to choose from in order to submit the right insurance claim. Uniform claim forms and electronic billing need to be used more often to speed billing and cash flow.

Tort Reform. Defensive medicine adds an estimated $15 billion yearly to the American health care bill. Tort reform and reducing liability exposure will put a cap on these health care expenditures.

AMA Pro Tort Reform As Benefits Catalyst

The AMA continues to advocate strong medical liability tort reform and experimentation with alternate methods for resolving medical liability claims. As part of our Health Access America campaign, the AMA argues that both health care access and cost containment goals cannot be met unless liability reform is part of the solution.

The Bush Administration is listening. Vice President Quayle sent to Congress the Access to Justice Act of 1992, containing provisions that encourage alternative dispute resolution, shorten the litigation process and strengthen sanctions against those who sue in bad faith. President Bush introduced his health care reform plan, which repeats his call for strong federal medical liability reform.

This year, the AMA is escalating its federal coalition-building activity with business representatives, labor groups and others to communicate this part of the health care reform message to Congress and to all presidential candidates.

Materials included are excerpted from *Member Matters*, a monthly publication sent to all members of the American Medical Association.

AMA Board considers posting fees

At its April meeting, the AMA Board of Trustees was scheduled to review the Council on Medical Service recommendations for implementing one of the House of Delegates' key refinements to Health Access America. Board Report QQ (I-91) urged physicians and hospitals to disclose their prices or charges before they provide services.

The action was intended to foster informed, market-based decision making in health care. The council has proposed that the AMA should advise the nation's physicians to list the regular charges for the five or 10 most frequently performed services in their practices. The list would be posted in the office waiting area. A brochure listing regular charges for other services would be available on request. In addition, physicians would be asked to give fee information to civic organizations and health benefit plans that publish local directories.

Council recommendations do not become AMA policy unless they are approved by the house. ##

PCMS members to paint the town

The PCMS has committed to joining the Associated Ministries' summer project to "Paint Tacoma-Pierce Beautiful." The Associated Ministries' goal is to paint 65 homes of low-income elderly residents. Like scores of other county organizations, your Society has pledged to be a good neighbor to one of those families and to paint one of the 65 homes.

Now the Society needs your help. Call Doug Jackman at the office, 572-3667, and volunteer to help. The final coat of paint will be applied on Saturday, August 15 to the house to which we are assigned. Prior to that, we estimate four or five weekday evenings will be required to prepare the house for painting.

To make the job fun and easy, we ask you and 40-60 of your fellow members to volunteer just a few hours each. Sign up your whole office. Sign up with friends and family. Let's show the community that we care and have a fun time doing it. ##

Hearing impaired patients asking for translators

The PCMS office has had calls from members offices asking for help in finding translators or signers for hearing-impaired patients.

Two organizations in Tacoma provide translators and interpretors. Signers and language translators are available from: **Tacoma Community House**, 1311 South M St, phone 383-3951, and **TACID**, 6315 So. 9th. St, phone 565-9000. ##

Pad Finnigan takes on publications

Mr. Pad Finnigan, reporter and veteran newsletter editor has joined the PCMS staff to be Publications Coordinator. Pad is replacing Lorian McElliheny who recently resigned to accept a position with Tacoma Community College.

With Pad's writing background we plan to provide more complete reporting on Society activities. You can expect to see Pad attending our committee and general membership meetings, taking pictures, conducting interviews and crafting articles with a local flavor.

We believe with Pad's skills, the **Bulletin and Newsletter** will more accurately reflect the many activities of the Society and be more enjoyable to read. ##

In Memoriam

Russell Q. Colley, M.D.

Russell Q. Colley, a Tacoma ophthalmologist since 1956 passed away unexpectedly April 18, 1992 at home. He was 77.

A native of Alberta, Canada, he did his undergraduate work at the University of Alberta. Prior to entering medicine, Dr. Colley served as principal of the public school in Delburn, Alberta. During World War II, he served in the Royal Air Force.

Early in his career, Dr. Colley played an active role on Society and hospital committees. He will be missed by his colleagues.

Dr. Colley is survived by his daughters Susan, Barbara and Karen. The Society's condolences are extended to them. ##

Call for resolutions

The WSMA Annual Meeting will be held October 1-4, in Yakima.

Any member may submit a resolution to the House of Delegates meeting. Pierce County Delegates will introduce resolutions submitted prior to July 27 by members of the Society.

If you would like WSMA to take action on any issue, such as; health care reform, access, cost controls, reimbursement, trauma care, peer review, HCFA, etc. call the Medical Society office at 572-3667. Staff can help you draft a resolution.

WSMA responds to actions of the House of Delegates, so please submit your ideas today. **Deadline is July 20.** ##

Did You Know...Asian Americans

-by Chris Hale,

Office of Community Assessment

Tacoma-Pierce County Health Department

* In Pierce County, Asian Americans grew from about 3% of the population in 1980 to 5% of the 1990 population. They were the fastest growing group and, by 1990, were the second largest minority in Pierce County.

* Most Asian Americans in Pierce County live either in Tacoma (50%) or unincorporated parts of the county (45%). Only about 5% live in the county's small cities and towns.

* Asian americans are a marvelously diverse group. The term includes people from 10 Asian cultures and seven Pacific Islander cultures. In Pierce County, two-thirds of the Asian American population come from four groups: Korean (26%), Filipino (16%), Japanese (14%), and Cambodian (12%).

* The average Asian American woman in Pierce County can expect to have about 2.3 children, roughly the same as all women in Pierce, but higher than the U.S. average of 2.0 children per woman.

* During 1988-90, the low birth weight rate of Asian American infants in Pierce County was about the same as other infants (6%); however, infant mortality among Asian American babies was more than 20% lower.

* In 1990, life expectancy in Pierce County was about 75 years for all residents but 81 years for Asian Americans.

* The leading causes of death in 1990 were cancer (29%), heart disease (18%), and injuries (15%). ##

Buyers Clubs sell AIDS drugs

The AMA Board of Trustees advised physicians to ask whether their AIDS patients are taking underground drugs. About half of the patients are believed to be purchasing herbal nostrums, homemade remedies and unapproved dideoxycytidien, or ddC, capsules - often without their physician's knowledge - through so-called buyers clubs and underground drug stores. The Food and Drug Administration tested the ddC capsules and found a wide variation in the amount of medication they contained. The board's recommendation will not be considered AMA policy unless it is approved by the House of Delegates.##

Message from the President

by Karen Dimant, Auxiliary President

Redefining Volunteerism

"Volunteers are individuals who reach out beyond the confines of the paid employment and of their normal responsibilities to contribute time and service to a not-for-profit cause in the belief that their activity is beneficial to others as well as satisfying to themselves."

Volunteer 2000 Study

This brief definition says it all to me, yet if one reads between the lines, we see hours of hard work and volunteer commitment. We also would see the smiles on the faces of those who choose to give of themselves.

I am excited to be your President for the coming year. I am here to listen to You. This is Your auxiliary and we can shape it to fit your needs and interests. I welcome your input and I am looking forward to a successful and rewarding year as your President. Thank you for giving me this opportunity. ##

Members participate in Teen Health Forum

by Sue Barnard

The fourth annual Choice, Not Chance Teen Health Forum successfully presented a wealth of health information and inspiration to young teens, who will in turn, share with their peers. Held at Central Washington University on April 21, the statewide event for middle school teens promoted and provided skills for personal responsibility, self esteem, and personal fitness.

Pierce County Medical Auxiliary's own Jo Roller, along with other physicians, educators, and health-related experts presented 17 workshops on an array of issues. Additional PCMSA volunteers were present,headed by conference chairmen, Sharon Ann Lawson and Alice Wilhyde. Committee chairmen on hand included Mona Baghdadi, Helen Whitney, Mary Lou Jones, Leigh Anne Yuhasz, Cindy Anderson, and Marny Weber. On-site volunteers also included Susie Duffy, Patty Kesling, Peggy Smith, and **Dr. Pat Duffy**. Many PCMS Auxilians helped in the assembling of packets and the grading of test papers.

Eighty five schools, including seven from Pierce County (Aylen Jr. High, Baker Middle School, Eatonville Middle School, Jason Lee Middle School, Ferrucci Middle School, Mann Jr. High, and Woodbrook Jr. High) sent more than 500 middle school

(continued next page)

Teen Health Forum participants from Jason Lee Middle School. They received 1st prize for early registration forms.

("Forum" continued)
students to the day-long program of speeches and workshops.

Seattle physicians, specializing in adolescent health, Ann Giesel and Michael Madwed, were featured speakers.

Larry Almberg, an educator and master runner, keynoted the event with advice on goal setting.

Participants returned to their respective schools to implement action plans of their own design to disseminate the information they learned at the forum.

The forum, free to the students, was presented by the Washington State Medical Association, the WSMA Auxiliary Health Foundation, and the Office of the Superintendent of Public Instruction, with funding from additional sources. ##

"Sharing our talents"

Spring '92 WSMAA House of Delegates

"Sharing Our Talents" was Anne Youngstrom's theme that was chosen as her focus. This motivational philosophy typifies the best of auxiliary - the potential we have as individuals and as a group to make a difference in someone's life, according to Ann. She also mentioned that if we all share our talents, together we can "address the health and well-being of the public and medical community and enhance the growth and development of the auxilian."

There was business at hand as
continued on page 18

Members enjoy fun and business at luncheon

Karen Dimant takes on a new duty as PCMSA President.

Auxiliary "Trophy" winners (l to r) Nikki Crowley, Mona Baghdadi, Kris White and Denise Manos.

"Sharing" - continued from page 17

well as pleasure. The House of Delegates was represented by Pierce County with Alice Wilhyde, Mary Lou Jones, Karen Benveniste, and Karen Dimant. Also present from Pierce County were officers Susie Duffy (of course) WSMAA President; Helen Whitney, WSMAA Treasurer; Nikki Crowley, Bylaws; Kris White, Organ Donation; Marny Weber, Health Resources; and Marlene Arthur, Med-Aux News.

The two workshops on Monday, "Team Building", by Mary Kowalsky and "Grant Writing Nuggets", by Lynn Noland, were very well received.

The House voted to not recommend one way or the other regarding the name change for Auxiliary to Alliance. Also, our own Helen Whitney will be the 1992-93 WSMAA Vice-President and Mary Lou Jones will be the Southwest Regional Vice President. Congratulations!

The pleasure was outstanding. There was a fashion show following an excellent dinner at Greystone's Restaurant. The following day there was an English Tea Luncheon with flowers and lace and delicious food as well.

That evening we joined members of the WSMA and various others at the Yakima County Club. It was a delightful and well planned evening as we said "thank you" to Susie Duffy for her hard work this year and "welcome" to Anne Youngstrom as our new WSMAA President. ##

Congratulations to our graduating seniors!

The Pierce County Medical Society and the Auxiliary are pleased to recognize the sons and daughters who are graduating this year. Each one of these graduations represents a significant accomplishment and milestone in the student's life. We are very proud to have them as representatives of our community, and wish to extend to all of them our congratulations and best wishes for the future.

Dan Aasheim, son of Dr. Glen and Kemmie Aasheim of Tacoma, is graduating from the University of Washington with a Bachelor of Arts degree in drama. He will continue his studies in graduate school in drama.

Jesse Aasheim, also son of Dr. Glen and Kemmie Aasheim is receiving his high school diploma from Curtis High School. He will be attending the University of Washington this fall.

Trevin M. Anderson, son of Dr. Ronald and Shaaron Anderson, will be graduating with a Bachelor of Arts degree in business marketing from the University of Puget Sound. This summer he hopes to secure a summer internship in marketing or sales, then work toward taking the LSAT and applying to law school.

Beth Bailey, daughter of Dr. Dan and Ann Bailey of Tacoma, is graduating from Bellarmine High School. She will be taking a graduation trip to Mexico and then in the fall will attend the University of Washington to pursue her interest in psychology.

Sara Benveniste, daughter of Dr. Ron and Karen Benveniste, is receiving her Bachelor of Arts degree from the University of Washington. She plans on continuing her education and focusing on international studies with an emphasis on Eastern European events.

Lawrence Boudwin, son of Dr. James Boudwin of Bellevue, is completing graduate school at Seattle University with a Master of Business Administration Degree. He plans to continue his employment in the financial department of PAACAR on Bellevue.

Joseph O. Chan, son of Dr. Alfred and Judy Chan of Lakewood, is graduating from Clover Park High School. This summer he will be going to Taiwan for a 6-week cultural exchange. In the fall he will attend the University of Chicago.

John M. Graham, son of Dr. Martin and Karen Graham, is graduating from Curtis High School in University Place. John will continue his music career and studies at the Cleveland Institute of Music.

Colleen C. Lenihan, daughter of Dr. John and Cindy Lenihan, is graduating with honors from Bellarmine High School. She will continue her studies as a liberal arts major at the University of Washington.

Matthew R. Modarelli, son of Dr. Robert and Carolyn Modarelli, is receiving his high school diploma from Bellarmine High School. He has received a football scholarship to attend the Virginia Military Institute.

Bill Ritchie, son of Dr. William and Marge Ritchie, is receiving his Bachelor of Arts degree in marketing from Western Washington University. He plans to take a job in marketing after graduation.

Matt Torgenrud, son of Dr. Terry and Jan Torgenrud, is graduating from Curtis High School. This summer, Matt will travel to Minnesota, and in the fall he will attend the University of Washington.

Stefanie Wulfestieg, daughter of Dr. Carl and Sue Wulfestieg, is completing a dual major and receiving a Bachelor of Arts in psycho-biology and English from Swarthmore College. She plans to pursue a career in biology. ##

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

COME Program Near Mt. Bachelor Ski Area Set For February 3-7, 1993

Plans are set for COME's third "resort" CME program this time in Bend, Oregon. Drawn by the skiing and recreation opportunities in nearby Mt. Bachelor, the College has scheduled a program for February 3-7, 1993.

COME will offer family vacationing and skiing and the usual quality continuing medical education to Pierce County Medical Society members and other interested physicians. With approximately 12 Category I credits, the Mt. Bachelor program will again feature a potpourri of subjects of interest to all medical parties.

The conference will be held at The Inn of the Seventh Mountain, a major resort located just a short drive from Mt. Bachelor. The course will be coordinated by Stuart Freed, M.D.

Details regarding program content and lodging logistics are near completion. It is anticipated that reduces rates for lodging at the resort will be available.

A program brochure outlining both course content and lodging arrangements will be mailed this summer. In the meantime, those interested should note dates of February 3-7, 1993, on their calendars. ##

Registration for June 22 & 23 ACLS Provider Course Open

Registration for the College's very popular ACLS provider course scheduled for June 22 and 23 is still open. The course, which also offers 16 Category I CME credits, is coordinated by James Dunn, M.D.

The two-day certification and recertification course is offered twice annually for physicians, nurses, and paramedics follows guidelines of the American Health Association. A prerequisite is certification in Basic Life Support and can be demonstrated during the course. ACLS manuals will be provided only to those certifying and advance study is recommended.

The course is held at Jackson Hall and combines lecture and major "hands-on" practice opportunities. Those seeking additional information can call the College at 627-7137. ##

POSITIONS AVAILABLE

Urgent Care Physician Needed. Full or part-time. Experienced or boarded in Primary Care. Flexible schedule. Contact Roger Simms, MD, FirstCare Medical Center, 5702 N 26th, Tacoma WA 98407. (206)756-6655.

Physician for a Fulltime Position at an established ambulatory care facility in Gig Harbor. Family Practice/ Emergency Care experience desired. Management option available. Flexible scheduling. Good clientele and local physician support. Send resume to 4700 Point Fosdick Dr., #102, Gig Harbor WA 98335.

Vacancies exist at the American Lake VAMC, Tacoma, WA for full-time or part-time physicians to serve as emergency room and house physicians evenings, nights, and weekends. Duties include: ER, ambulatory care, and in-house patient coverage. Must be BC/BE in internal medicine or emergency medicine and have current ACLS certification. If interested contact Dr. Joseph Saiers, Chief of Medicine, or Dr. Tespai Gabre-Kidan, ACOS/Ambulatory care, (206) 582-8440 X 6637 or FTS 396-6637, or send CV and latest proficiency report to VAMC, Attn: Dr. Saiers, American Lake, Tacoma WA 98493. Equal Opportunity Employer.

Clinic Director Position. The Neighborhood Clinic is seeking a committed individual who would be responsible for clinic operations and coordination of volunteer staff. Clinic provides free ambulatory medical care to indigent members of our community. Applicants must be flexible and have a sense of humor. Washington State license required (Nursing or PA) 20 hours/week includes clinic hours Monday and Thursday 4-10pm. $10/hr plus benefits. Request applications from B. Miller, 1725 N Steele, Tacoma WA 98406 or call message phone (206)272-4380.

Tacoma Family Medicine, a community hospital based, University of Washington affiliated family practice residency, is seeking a full-time family physician for a combined practice/ teaching position for employment beginning Fall 1992. The successful candidate will be ABFP certified and will have private practice experience. This faculty member will develop a "teaching private practice" type satellite clinic. Responsibilities will include practice, clinic administration, and precepting residents at the satellite. Salary and benefits are competitive and based on training and experience. Contact: Tom E. Norris, MD, Director - Tacoma Family Medicine, 419 S L St, Tacoma WA 98405-3722. Phone: (206)572-4683.

Locum Tenens Coverage and opportunities in the Greater Seattle/Tacoma area. CompHealth, the nation's premier locum tenens organization, now provides daily, weekly, weekend, evening, or monthly coverage for your practice with physicians from the local area. Or we offer you the opportunity to build a flexible practice right in the Seattle/Tacoma area. Call today for more information: (206)236-1029; evenings call (206)236-5686. Or write: 3660 - 93rd Ave. S.E., Mercer Island WA 98040.

Tacoma-Seattle, Outpatient General Medical Care at its best. Full and part-time positions available from North Seattle to South Tacoma. Very flexible schedule, well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, MD 537-3724, or Bruce Kaler, MD 255-0056.

Contract Psychiatrists Needed for: 1) Children/Adolescent Services. 2) Older Adult Services. Provides psychiatric assessment, medication management, and consultation to program staff. $62.00/hour, South King County location. CV to Jan Harmon, Valley Cities Mental Health Center, 2704 I St NE, Auburn WA 98002. Phone: (206)854-0066.

EQUIPMENT

Appraisal Services for medical practices, can be used for insurance, marketing. Call Lynlee's, Inc. (206)867-5415.

Exam Room Equipment: Exam table, rolling stool, gooseneck light for under $500. Call Lynlee's Preowned Medical Equipment in Redmond (206)867-5415.

PRACTICES AVAILABLE

For Sale: Two Doctor Family Practice Clinic in neighborhood of Tacoma. Clinic building also for sale or lease. Write to PO Box 9007, Tacoma WA 98409.

Family Practice Burien (South Seattle) for sale/lease. No initial investment required to start. Lab, X-Ray, three exam rooms. Call (206)227-9777.

OFFICE SPACE

Physician's Office Space - 1550 sq.ft. suite available for sublet. Ideal for surgeon or primary care physician. Located in premier medical office building with view of golf course. For details contact Kenton Bodily, MD or Sigrid Schreiner at 383-3325.

Office Space Available in Lakes Medical Plaza. Attached to St. Clare Hospital. 1036 sq.ft. Arrangements negotiable. Sub-lease full or part-time. Call 584-0407 (9-5).

POSITIONS WANTED

Locums/Vacation Coverage: Family practitioner available in September. Board Certified ER and anesthesia physicians and CRNAs available now. Call 1-800-241-STAT.

GENERAL

For Rent: New Lake Chelan condo, 2 bedroom, 2 bath, sleeps 6, moorage, tennis, pool, jacuzzi. 572-7543.

Gig Harbor Bay - 128' no-bank western exposure custom designed home. Unique Sea Captain's Gallery. Great dock, easy-care yard. Wonderful for entertaining and relaxing. Only $650,000. Call Joan Thompson. PENWEST REAL ESTATE 627-5422.

One Stadium Way North - Prestigious 5th floor 2500 sq.ft. condo...with stunning Mt Rainier, marine, sunrise and city light views. Includes 1000 sq.ft. deck, secured parking and storage. $325,000. Call Peachy Smalling. WINDERMERE REAL ESTATE 627-1125.

Pierce County Medical Society
223 Tacoma Avenue South
Tacoma, WA 98402

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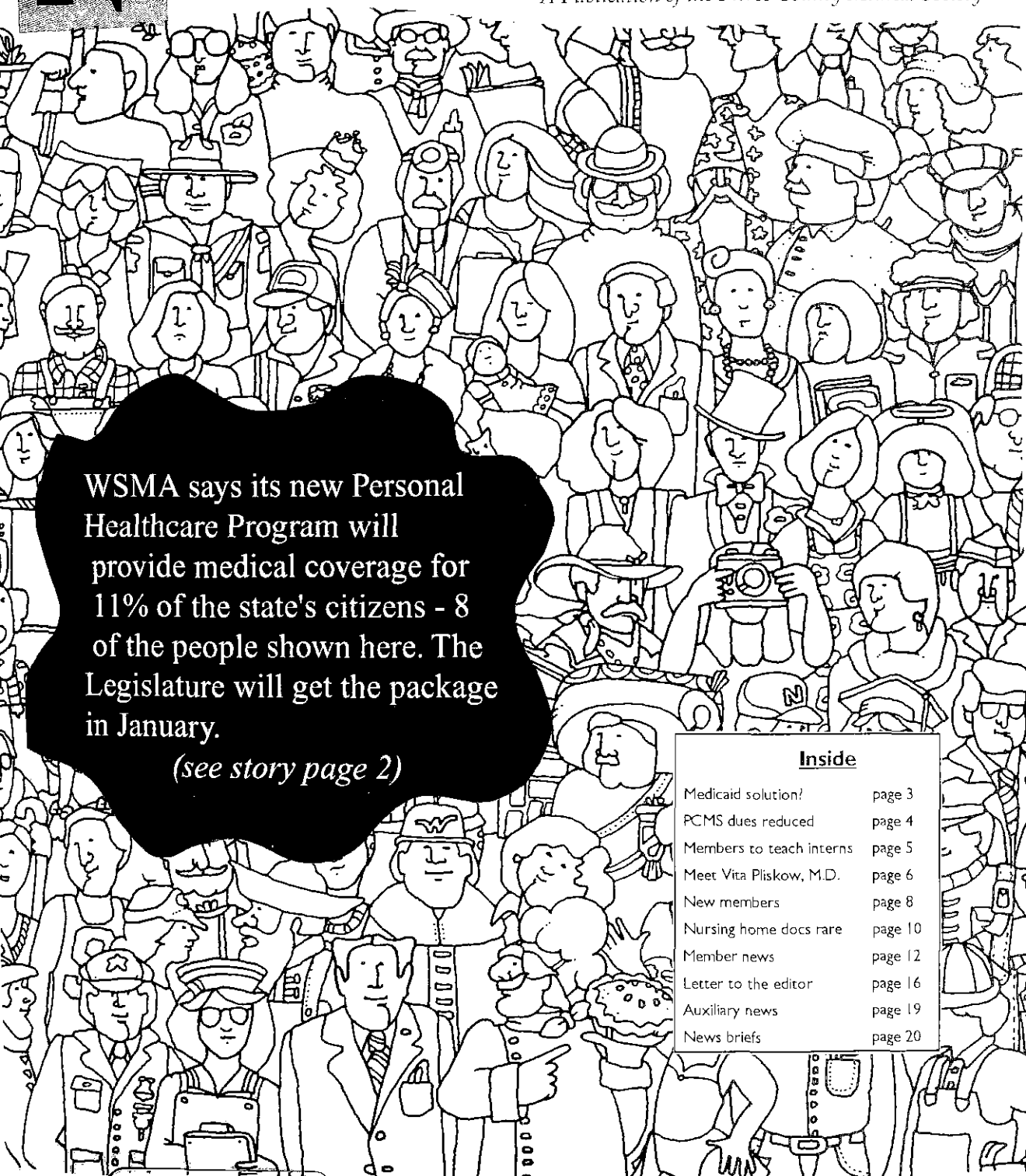

WSMA says its new Personal Healthcare Program will provide medical coverage for 11% of the state's citizens - 8 of the people shown here. The Legislature will get the package in January.

(see story page 2)

Inside

PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization 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 individual contributors and do not necessarily reflect the official position of the Medical Society.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas, and suggestions.

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WSMA proposes state-wide, universal-access health plan

The Washington State Medical Association (WSMA) is promoting a plan that would provide basic medical insurance and medical care to all state residents not currently medically insured.

During several press conferences around the state Wednesday, June 17, WSMA officials explained their Personal Healthcare Program (PHP) that has taken three years to design. The plan would require all state residents to be covered by a basic medical insurance policy, and all insurance companies operating in the state would be required to offer a policy meeting minimum insurance coverages.

Of the 550,000 state citizens not now covered by insurance, PHP would subsidize coverage on a sliding scale for about 313,000 citizens - all those with incomes below 250 percent of the federal poverty level. The remaining uninsured 200,000+ residents would be required to purchase that minimum insurance package.

The WSMA has not estimated the cost of the plan, nor has it identified how the plan is to be funded. It plans to introduce the PHP in the 1993 Legislature, leaving legislators to determine how to pay for the plan.

Under WSMA's plan, the governor would appoint, subject to Senate confirmation, a new PHP Commissioner. Guided by volunteer experts on advisory committees, the Commissioner would be responsible for PHP's operation. Major responsibilities would include:

* Setting the maximum premiums insurance companies could charge for the basic coverage

* Setting the criteria for minimum benefits the basic health insurance plans must offer

* Implementing practice parameters that define approaches to diagnosing and treating disease, physician conformance to which would be linked to payment

* Monitoring the efficiency and cost of physician practice patterns

"...all state residents (would)...be covered by a basic medical insurance policy...."

WSMA said one important aspect of the plan that sets it apart from other solutions to the health care access problem is that PHP establishes a public/private partnership that preserves the high quality health care delivery system that is currently in place for the majority of citizens.

That majority - 89 percent - are already covered by insurance. PHP would affect them positively, WSMA said, by helping control rising medical costs. Among the cost-control measures in the PHP not already men

(continued next page)

(WSMA continued)

tioned are:

* Establishing a competitive multi-payer system that forces competition between insurance carriers offering policies

* Physicians and hospitals must negotiate reimbursement rates with insurers for high-volume, high-cost services

* Co-payments will be required to control utilization rates

* Liability laws will be changed to reduce the need for "defensive medicine"

* The plan may be rolled in with Medicaid and Basic Health Plan while billing and other administrative procedures would be standardized

WSMA has recognized the need to respond to frustration with the state's health care system since 1989 and has been part of the state-wide Alliance for Health Care Reform that has been working on the issue. The PHP is an outgrowth of prospective solutions WSMA discussed in the alliance, but is a proposal of WSMA only. ##

WSMA Statistics

10.9% of Washington's population is uninsured

24% are children

46% are employed

Members offered solution to Medicaid mess

The county medical community has received a tantalizing offer - a win-win proposition - to clear up many of the problems with Medicaid.

The proposal to improve access to medical care for Pierce County Medicaid enrollees, while making Medicaid patients more attractive to physicians yet less costly to the government, was made at the Medical Society's Board of Trustees Meeting June 2.

Robert Bright, M.D., Medical Director for Kitsap Physicians Service (KPS), and KPS President, Robert Schneidler, explained how their six-year-old program, Sound Care, has resolved some of the Medicaid mess in Kitsap, Mason and Jefferson counties.

The PCMS Board asked KPS, a medical insurance group similar to Pierce County Medical, to explain its managed Medicaid program to learn about local experiences solving the national crisis Medicaid patients experience accessing health care. Sound Care was the region's first managed Medicaid program. Its success helped Spokane County Medical Society design a similar program to begin this month.

At the conclusion of their presentation, the KPS executives suggested Pierce County Medical utilize KPSs federal government "waiver of freedom of choice" to administer a Sound Care program in this county. Piggy-backing on the KPS waiver is important, they said, because it not only makes the program possible, but the feds no longer grant new waivers. In effect, joining the Sound Care Program shortcuts the time and aggravation of designing another solution. Sound Care is allowed to expand its waiver into contiguous counties.

THE PROGRAM: Schneidler explained that in 1976, after years of work, KPS received the waiver requiring all 10,000 tri-county Medicaid enrollees in the Aid For Dependent Children (AFDC) program to utilize Sound Care-participating physicians as their primary care physicians (PCPs). The AFDC patients, who constitute 82 percent of the Medicaid population there, are not allowed to use emergency rooms as their first medical care options.

By making that one very important change in enrollees' habits - enrollees are monitored and counseled to adhere to the policy by Sound Care-employed "patient advocates" and physicians alike - the plan has produced a significant medical cost reduction. Sound Care's agreement with the government allows it to distribute those savings to participating physicians in the form of higher compensation.

During the first four years of operation, participating physicians (50 percent of all tri-county primary-care physicians participate) have received about 35 percent more compensation than they would have received from DSHS without Sound Care.

(continued next page)

("Offer" continued)

Doctor Bright said Sound Care is not like the ordinary fee-for-service Medicaid. Physicians receive a monthly $15 "capitation" payment from Sound Care for each AFDC patient they have taken on, whether or not the patient has medical needs that month. Those payments are 105 percent of the usual DSHS fees. Physicians agree to accept 100 patients, but in Dr. Bright's practice, he has seen only half of his Sound Care patients in the last couple years.

In addition to the capitation, if pools of doctors, called PODs, keep their patients' use of hospitals, ERs and ambulances within budget, they receive a 15 percent incentive payment plus the surplus from the budget at the end of the year. PODs act as cost and patient management groups and effectively minimize the risk of high patient utilization rates. Primary care physicians who perform specialty work can also bill for it separately.

In all, Sound Care PCPs receive 70-80 percent of their normal charges, Schneidler said.

Physician specialists work from PCP referrals and receive fee-for-service reimbursements. Physicians and hospitals delivering OB services are paid from separate budgets because of the high intensity of those services. Likewise, a separate "preemie budget" has been established.

Schneidler said that under the Sound Care program, not only do patients benefit from having their own doctors while physicians benefit from higher reimbursements, but the state saves two percent of its AFDC payments as well. Paying Sound Care only 98 percent of DSHS's historical per capita Medicaid costs ensures the Department is rewarded for its participation in the program, too.

Doctor Bright said beyond the financial side of Sound Care, physicians feel rewarded by improving the health of the underserved population. They also prefer working with local program administrators rather than with DSHS. They feel they have a voice in the locally-run program, and indeed, changes have been made over the years that reflect physician input. And because the patient advocates counsel patients, they miss fewer appointments, he said.

After Schneidler's and Dr. Bright's presentation, the Medical Society trustees asked questions and decided to discuss the managed care program further at its next Executive Committee meeting. ##

Personal Problems of Physicians Committee

For Impaired Physicians
Your colleagues want to help.
Medical Problems, Drugs,
Alcohol, Retirement,
Emotional Problems

Committee Members

Estelle Connolly, Chairman	627-5830
J.D. Fitz	552-1590
John R. McDonough	572-2424
Ronald C. Johnson	841-4241
Dennis F. Waldron	272-5127
Mrs. Jo Roller	566-5915
WSMA:	1-800-552-7236

Due to library issue, Board reduces 1993 dues by $75

At its June 2 meeting, the PCMS Board reaffirmed its previous decision to discontinue funding of the Medical Library of Pierce County. It also elected to reduce 1993 dues by $75, returning to members money previously given to the library.

New dues will be $210, down from $285.

The Board had voted at its May meeting to discontinue Medical Society financial support ($49,989) effective January 1, 1993.

"the response from the membership regarding the (library) decision has been very light"

Board members expressed their high regard for the library, its services and staff. However, they felt their major responsibilitiy is to the membership. The library issue has been on the agenda virtually every year for the last decade.

Many members dislike 29% of their dues supporting a library that they do not use. They dislike having the Medical Society collect dues for a library when the same services are available at St. Joseph Hospital (free), and that library receives no support from the Society.

Some members use their own computers or telephones to

(continued next page)

("Dues" continued)

access the Library of Medicine, AMA Library, UW Library or their specialty society library.

To date, the response from the membership regarding the decision has been very light, with five phone calls and nine letters objecting to the decision. Some have suggested that the membership be surveyed for their opinion. But a survey was done in 1990 and the library ranked fourth in popularity among the six services members rated. The trustees do not believe another survey is necessary.

There appears to be some confusion as to the future of the library. PCMS's withdrawal of financial support does not mean the library will close.

The Board made its decision recognizing that the library may be downsized. But MultiCare will continue to administer a fine library for its medical staff and TFM.

Hospital libraries in most cities are supported by the hospital (JCAHO requires hospitals provide a library) or through "user" fees. The Medical Society urges members to support the hospital library of their choice through financial contributions and journal subscriptions. Solicitation mailings are also encouraged as well as broadening the base of library users. ##

Internship program to create community goodwill

PCMS members **Drs. Dick Bowe, Jim Fulcher, Bill Jackson, Vita Pliskow, Bill Roes and Nick Rajacich** have agreed to participtate in the county's first Mini_Internship Program to be held later this month.

The Mini Internship program will provide six community leaders the opportunity to view physicians performing operations and examining patients for two days. The program, scheduled for July 26-28, also will give physicians the opportunity to receive input from the community leaders who work with health care issues. The Society has received many offers from members to participate. They will have the opportunity in future programs.

The program's objective is to expand community leaders' understanding of and appreciation for the medical profession, thereby improving relations with the whole community.

The Mini-Internship Program begins with a Sunday dinner meeting July 26 during which the guest interns and the participating physician faculty discuss medical care and health care delivery as well as current perceptions of the practice of medicine in our community. For the next two days, the interns are assigned to meet with and follow individual physicians in the course of their daily practices.

Each physician/faculty spends one-half day with each intern, allowing him or her to witness surgery, lab tests, x-rays, ER procedures, obstetrical services, office practices, charting, hospital rounds and more. The intern is briefed by the faculty physician on the conditions of the patients to be seen and is encouraged to actively participate with the physician.

At the conclusion of the intense two days of patient care, participants will debrief each other over dinner. They will discuss the interns' perceptions of medical practice before and after their internship experiences. Interns should walk away from the experience with new knowledge, insight and respect for the contributions physicians make to our society.

Planning committee members have secured six interns for the first program. They are Dave Alger, Associated Ministries; David Condon, attorney; Doug Jackman, PCMS; Elaine Porterfield, *Morning News Tribune;* John Holterman, Pierce County Medical; and Lorraine Wojahn, state Senator.

If you have interest in participating in future Mini-Internship programs, which should run twice yearly, please contact Sue Asher at the Medical Society office, 572-3667. ##

Meet your Board members

(ed. note: this is the first in a series of Board profiles that will become regular features in the Newsletter.)

At 12, Vita Stahl set her life's course.

"I announced I was going to be a doctor," she said.

Then with a grin as wide as the Puget Sound view from her University Place home, **Vita Pliskow, M.D.**, finished the memory. "I knew nothing about being a doctor back then. I'm sure glad I liked it when I became one."

A traditional profession wasn't her style. So why not tackle tradition? Nothing else about her life had been routine.

Born in Israel, nine-year-old Vita Stahl emigrated with her parents to Europe. They moved around, living out of a suitcase until the family landed papers and passage to Toronto. There, speaking no English, Vita suffered through immersion learning in an English-speaking school. She learned quickly and remembers why: "They didn't coddle students in Israel."

At 12, Vita had also launched an avocation that supported her medical education and stirs her spirit still. "My mother said I started singing practically from the time I was born," she said.

She won province-wide classical music competitions in Vancouver, B.C., where her family settled after one Toronto winter "we barely lived through." She studied under private voice coaches, and while in college and med school at UBC, she sang professionally - opera, club dates, national anthems, pop, "Whatever they would pay me for."

It was during her internship at Cedars-Sinai Medical Center in Los Angeles that she met Raymond Pliskow. A last-year resident, Dr. Pliskow was whisked into the Army and to

Vita Pliskow, M.D.

Viet Nam right after he and Vita were married. He came back whole, and **Doctor V. Pliskow** followed Dr. R. Pliskow to Indianapolis for his final military assignment. At Indiana University Medical Center she finished the residency she began at the University of Michigan, receiving valuable intensive care and pulmonary training.

Bremerton was advertising for a radiologist when the Army released Dr. Pliskow, but Vita had no job when they moved there. She talked her way into a partnership that was to last 15 years, and she also found a colleague, Dr. Arne Dahl, who became "the closest friend in my life."

Doctor Pliskow spent her first several years in Bremerton as an acting pulmonologist before the sprouting specialty found the small town. She set up the first respiratory therapy department at Harrison Memorial, introducing the town to invasive monitoring, arterial blood gas monitoring and volume ventilators. She also helped establish the hospital's ICU. For her work, she became a Fellow of the American College of Chest Physicians.

(continued next page)

(Vita Pliskow, continued)

Until her mentor, Dr. Dahl, retired, **Dr. Pliskow** practiced "very exciting" anesthesia in Bremerton. She was elected President of the Washington State Society of Anesthesiologists 1985. She also bore and raised two daughters as a working mom. Even after her husband moved his practice and family to Tacoma, she commuted to Bremerton.

In 1985, Tacoma and Allenmore Anesthesia Associates were fortunate to find **Dr. Pliskow.** She says PCMS Executive Doug Jackman twisted her arm to transfer her medical society membership to Pierce County, which she did in 1989. Now she is Secretary-Treasurer and a WSMA delegate. Her daughters are in college, one a soprano studying pre-med, the other an English major.

Doctor Pliskow, a mezzo-soprano, and her husband, a clarinetist, periodically perform recitals in their home with their accompanist, Sandra Bleiweiss. "We empty the rooms of furniture and set up chairs for 75 people," she said. "It has grown like topsy."

She has found commitment working with medical issues and politics. "Not everybody knows what physicians do, and if we don't get involved, we abdicate our duty to politicians," she said. "We must provide our input and lead in efforts to resolve health-related issues for the sake of our patients and for all of society."

##

What's in a name

or,

Would a Dr. Rose by any other name be a Dr. Roes?

by Karen Benveniste

(Karen is past president of the Auxiliary and the creative spouse of member ***Ron Benveniste, M.D.)***

Let me be the **Furstoss** to bring this to your attention: Pierce County physicians have some very poetic names. However, you docs need to be rearranged just a little in order to emphasize this poetry.

For example, it's pretty obvious that Drs. **Bodily, Payne, Comfort,** and **Fine** ought to be in practice together. Similarly, Drs. **Berry** and **Waffle** would make a fine pair.

Drs. **Archer, Bowe, Strait** and **Pierce** should team up with **Spear, Shield** and **Sparling.** Across the hall we could **Backup** with **Cannon** and **Anwar.** Is this idea a **Teeny Early** for you?

Drs. **Wanwig, Curl** and **Tan** would be a natural combination, especially right before a beauty **Bageant.** And will I get in a pickle if I say that **Dilworth-Nickel** and **Billingsley-Nichols** belong together? Many would **Deem** them an appropriate **Camp.**

And we **Gant** forget the musically oriented group of Drs. **Singh, Song, Singer, Roller, Clapper, Drum** and **Horn.** Doctor **Bass** could join them if he hadn't already hooked up with Drs. **Claypool, Fisher** and **Fry.**

Speaking of nature brings us to what could be one of the largest groups in town, the environmentally-aligned Drs. **Marsh, Brook, Flood, Chambers.**

Annest, Baird and **Robinette** could soon join them, along with **Crabb, Craven, Shrewsbury, Fox, Baer** and **Stagner.**

This is all very simple, really. You don't have to be **Weleducated** to realize that Drs. **Knight, Bischoff,** and **Rooks** should at least serve on a board together. Check it out, guys.

Cain we continue? The Fourth of July is coming; a fine time for Drs. **Starr, Spangler** and **Bennett** to hang out their flag. And of course anytime is fine for Drs. **Jester** and **Jolley,** who have just asked Dr. **Houglum** to join them.

Is any of this my **Forte** or have I insulted you? **Oh,** I hope not. Without your **Charity,** this article could **Acosta** me **Allott.** I may have to consult the group of **Law, Page and Rue** to solve any problems I may have created here. Or perhaps it's the oppo-site. Perhaps you are calling "**Arthur, Arthur!**"

In any case, time to stop.

After more than a quarter century of spelling her name, Karen Benveniste admits to "Name-Mania," an incurable disease.

##

NEW MEMBERS

Cuevas, Eduardo S., M.D.
internal medicine
solo practice in Tacoma
Dr. Cuevas, his wife, Gigi, and two young daughters moved to Tacoma last month from Brooklyn, N.Y., where they have lived for the past three years. He completed his internship and residency at the Brooklyn Hospital Center. He and Gigi have enjoyed Broadway plays in New York. They also entertained and welcomed new medical students at the medical school. **Dr. Cuevas** likes to relax playing piano or playing basketball. He received his medical education at the Far Eastern University in Manila, Philippines where he was born.

Feucht, Kenneth A., M.D.
general surgery
practices with Dr. Robert Wright in Puyallup
Dr. Feucht (pronounced "Foyt") grew up in Portland. He enjoys alpine climbing, backpacking, and is a fanatic about classical music. He and his wife, Elizabeth, have three girls and a boy, ages 5-11. In the middle of his residency, he completed a PhD. in anatomy/cell biology. Later, while paying the Air Force back for his surgical oncology fellowship, he was sent to England. "Now I have my VFW card," he said. **Dr. Feucht** received his M.D. at Oregon Health Sciences and completed his internship, residency and fellowship at the Univ. of Illinois.

Dawson, David R., M.D.
orthopaedics
Federal Way office, Tacoma Orthopaedic and Fracture Clinic
Dr. Dawson is a Seattle native who enjoys snow skiing and gardening. He and his wife Gail live in N.E. Tacoma with a son, age 3, and a six-month-old daughter. **Dr. Dawson** graduated magna cum laude from the UW and then helped put himself through med school at the UW doing medical photography. Now he shoots nature scenes. He completed his internship at the Univ. of Arkansas and his orthopaedic surgery residency at Union Memorial Hospital in Baltimore. He also did a fellowship at Johns Hopkins Hospital.

Jergens, Mark, M.D.
emergency medicine
St. Clare Hospital
Dr. Jergens is returning to Tacoma in July to work for Northwest Emergency Physicians after having been director of an emergency department and EMS director in Bellevue, Ill., for the past five years. In 1981-1987, **Dr. Jergens** was EMS director for Pierce County. He has returned to Tacoma in each of the past five years to run the Sound to Narrows, and this year completed his first Boston Marathon. With his wife and daughter, **Dr. Jergens** will live in Gig Harbor. He received his medical education at the University of Cincinnati and completed both his surgical internship and residency at UCLA.

Nevitt, Courtney M., M.D.
internal medicine
Community Health Care Delivery System (CHCDS)
Dr. Nevitt lives with her husband, Dr. Bruce Silverman, a gastroenterologist, and two preschool-aged children in Olympia. She enjoys hiking and camping. Prior to beginning with CHCDS in March, **Dr. Nevitt** worked in health care policy for three years with the state Department of Labor and Industries. She received her M.D. and completed her internship at Rush Medical College and completed her residency at Los Angeles County/USC Medical Center. She also completed an occupational medicine fellowship at the UW.

Rao, Shyamala M., M.D.
psychiatry
consultant to Western State, Greater Lakes Menatl Health, and beginning private practice
Dr. Rao came to the Northwest a year ago when her husband began teaching at the UW. She chose to practice in Tacoma because she "wanted to stay where I could put down roots," and Tacoma's reputation for being "settled" attracted her. She jogs three miles at least four times each week, and has started a women's book club to review local authors. She came to the U.S. ("it is still a land of opportunity") in 1975, completing a residency and practicing for 10 years in Texas. She completed a fellowship at the University of British Columbia in 1990.

Walker, Jo M., M.D.
family practice
Community Health Care Delivery System (CHCDS) in Sumner
Dr. Walker was born and raised in Fife. She recently completed her family practice residency at Swedish Hospital in Seattle, and is relaxing in Hawaii while taking this month off before starting at CHCDS next month. With her residency complete, she looks forward to exercising regularly - lifting weights and using the stairmaster. She also expects to work on her Spanish to help her communicate with patients in Sumner. **Dr. Walker** received her M.D. at the University of Texas Medical Branch in Galveston. She did her internship at Swedish.

NEW APPLICANTS

Burgoyne, Brian, M.D.
diagnostic radiology
will begin practice with Diagnostic Imaging N.W. in July
medical school: USC
internship: U. Cal Irvine/VA Medical Center
residency: same
fellowship: LAC/USC Imaging Science Center

Goldsmith, Martin, M.D.
pediatrics/ pediatric endocrinology
will begin practice with Pediatrics Northwest in August
medical school: Albany Medical College
internship: Emory University Affiliated Hospital
residency: same
fellowship: Emory Clinical Research Facility
fellowship: University of California at San Francisco

Mermoud Harris, Laurel R., M.D.
ophthalmology
will begin practice with Tacoma Eye Clinic in July
medical school: Emory University Medical School
internship: Georgia Baptist Medical Center
residency: Vanderbilt University Medical Center

Morcos, Amira A., M.D.
general practice
solo practice in Orting
medical school: Ain Shams University, Egypt
internship: Ain Shams University Hospitals
residency: Ministry of Health Hospitals
prior practice: two years in Egypt

Reinbold-Carter, Alison J., M.D.
radiology
will practice with Diagnostic Imaging Northwest in July
medical school: UCLA
internship: LAC-USC Medical Center
residency: same
fellowship: same

Wurst, Tod E., M.D.
radiology
will practice with Tacoma Radiology in July
medical school: Univ. of Connecticut Medical School
internship: Hospital of St. Raphael, New Haven, Ct.
residency: NYU Medical Center
fellowship: same

AMA Advocates Nationwide Tort Reform

The American Medical Association is currently working with a wide range of health care, business and public health organizations to advocate nationwide tort reform. Together, we established the National Medical Liability Reform Coalition [NMLRC], which meets monthly in Washington to review legislative proposals and provide feedback to sponsors of Congressional bills. Coalition members support medical liability reform as an integral part of overall health care system reform.

The following NMLRC principles are health care reform guidelines for a system of medical injury compensation that will enhance ...

1. Availability, to provide access for all Americans to all necessary health care services.

2. Quality, to restrain substandard care and encourage quality.

3. Patient-Physician Relationship, to improve mutual trust and effective communication.

4. Fair Compensation, to adequately and equitably compensate patients injured by malpractice.

5. Prompt Resolution, to resolve claims promptly.

6. Innovation, to lead to better care in both diagnosis and treatment.

7. Predictability, to provide foreseeable outcomes with respect to findings and award amounts.

8. Transaction Costs, to operate efficiently and economically.

The NMLRC is collecting signatures on "Medical Liability: Principles of Reform" to demonstrate extensive support for liability reform in business, public health, among consumers and in organized medicine.

Sorry, I don't see nursing home patients

by Richard Waltman, M.D.

I am a geriatrician, and my office gets many calls from families and hospital social workers asking whether I will take patients moving to nursing homes. I have found that many of these patients have been treated by family physicians or internists - often for as long as 20 years - who have chosen not to care for them after they are admitted to a nursing home. Just like that.

I have also noticed that many of the new primary care physicians coming into the community have decided not to accept nursing home patients.

I have several concerns about what is happening. First, the refusal of many of my colleagues to continue or assume care of nursing home patients is putting a major burden on me and on those physicians who do see nursing home patients. We are overwhelmed with the demand, and I suspect the situation is similar elsewhere. I am finding it increasingly necessary to refuse new nursing home patients because I cannot give them the quality of care that I want to provide and that they deserve.

In my community of more than 650 active members of the state medical society, about 90 percent of the nursing home care is provided by 10 primary care physicians. That situation is not good.

Second, I am concerned about the rationale that allows my colleagues to drop their patients when they enter nursing homes. More than most physicians, I clearly understand the problems of providing long-term care. Reimbursement is poor, demands are substantial, and the hassle factor is high. Moreover, from a medical standpoint, these patients are not easy to care for. Still, how do we justify saying no to this needy population?

Consider for a moment if a

(continued next page)

Compassion goes a long way

Few patients purposefully try to make your day miserable.

Therefore, making judgements and labelling patients as "impossible" and "disruptive" aren't constructive attitudes. Instead, concentrate on the issues, listen to their problems, and then take action to find solutions.

Remember, patients have four basic needs that must be met.

1. The need to be understood - be empathetic to their feelings and concerns.

2. The need to feel welcome - anyone who feels like an "interruption in you day" will get defensive.

3. The need to feel important - patients want to know you think they are VIP patients and you're interested in them as individuals.

4. The need for comfort - patients need confidence in the doctor and staff to provide hope and concern in time of grief or pain.

Many potentially unpleasant encounters can be "nipped in the bud" by being consciously aware of these four needs. Although some days it may seem otherwise, few patients really enjoy harassing doctors' staff.

reprinted with permission from the ***palmer practice bulletin****, April, 1992, Diane Palmer, Executive Editor.*

('Nursing homes", continued)

physician said, "I don't take care of black people." That statement would almost certainly cost the physician his or her medical license - as it should. Or consider if one said, "I don't see Italians." That statement would certainly cause the physician a lot of trouble in the community, even if his or her license were not revoked. Yet, "I don't take care of nursing home patients" is not only accepted, but it is at times even well-received and encouraged. For example, I have had social workers explain, "Doctor X gets too depressed in nursing homes," and families say, "Doctor X really likes Mom, but he is *too busy* to go to the nursing homes" (emphasis mine).

I get depressed in nursing homes, too, and I am just as busy as anyone else. I think these physicians are taking the easy way out. They are choosing to opt out of the admittedly deep and muddy waters of long-term care. They know the patients, they know the families, and they are the physicians best suited to continue caring for them. I hereby challenge them to keep their patients and treat them in the nursing home. And if they do not like the system, I ask them to help us change it rather than run away from it.

I am most concerned about the younger primary care physicians who are choosing not to have anything to do with nursing home patients. Are we developing an entire generation of family physicians and internists who will not provide any nursing home care? We need to get them involved.

Historically, most long-term care has been provided by physicians who in academic circles are disparagingly called "nursing home docs." Now that I have worked in long-term care for more than 10 years, I can tell you that most of these nursing home physicians did and continue to practice pretty good medicine under difficult circumstances.

Yet we nursing home physicians, and I use the term with pride, continue to be harpooned both by community subspecialists and by our academic colleagues. Consider this statement from a new textbook of geriatric medicine: "all too often in the past care of older patients had been relegated to physicians of borderline capabilities, with the benefits derived by older patients equally marginal."

I ask you: Is there really a Great Relegator out there directing good physicians to the subspecialty clinics and to the halls of the university hospital and sending bad physicians to nursing homes?

It worries me that physicians in training will read that quotation and others similar to it. It concerns me that younger primary care physicians have during their training programs been turned off by long-term care before they can judge and experience it for themselves.

We need good young physicians to get involved in the care of nursing home patients. We need their input, their expertise, their energy. They can help us improve nursing home care and advance the discipline of geriatric medicine. By opting out of long-term care before they even give it a chance, they deny older patients access to young and talented physicians; and at the very same time, they deny themselves exposure to an exciting and challenging area of medicine. We can attract some of these young physicians to geriatric care, but not if we never have the opportunity. And geriatric medicine will not advance if the myth of "marginal" nursing home physicians is perpetuated in our profession.

I close with four requests and one acknowledgment:

To established primary care physicians: Keep your patients when they are admitted to nursing homes within your area.

To academic physicians: Don't prejudice your students against long-term care.

To younger primary care physicians: Give long-term care a chance. We need you.

To all my colleagues: Give nursing home physicians the support and the respect they deserve.

And to all you "nursing home docs" out there: Thanks for doing a very good and unrecognized job.

Ed. notes: Your Society receives many calls about the need for physicians in nursing homes.

Dr. Waltman is a Tacoma family practitioner/geriatrics physician and frequent contributor to medical periodicals. ##

Local news

Dr. Fulcher to interview Health Department candidates

Jim Fulcher, M.D.

Jim Fulcher, M.D., Pierce County Medical Society President Elect and emergency medicine physician, has been appointed to an eight-person committee to interview final candidates seeking to replace Al Allen as Director of the Tacoma-Pierce County Health Department.

As the only physician on the committee, **Dr. Fulcher** represents the medical community and joins other government, civic and school leaders who will meet in late July and early August. They will probably interview the final 10 of over 40 candidates who have applied for the job. The committee will send its top recommendations to the Board of Health where the final decision will be made. Allen retired June 30.

Dr. Fulcher said, "It is important that the Pierce County Medical Society have input into the selection of the new director. I want to help ensure the person chosen will work to establish a symbiotic relationship between the Medical Society and the Health Department." ##

Jim Davidson, M.D., to review city charter

Jim Davidson, M.D.

The Tacoma City Council appointed **Jim Davidson, M.D.**, to the 13-person panel that has begun reviewing the city's charter. The review, to take about four months, may result in changes in Tacoma's form of government on which the public will vote in November.

The 30-year-old document establishes the mayor-city council-city manager arrangement currently in use. **Doctor Davidson** said, "The council gave us an open charge to review any or all parts of the document. That is a contrast to the way previous review committees have worked." The charter has not been reviewed since 1983, but it has been amended 28 times since its birth in 1952, **Dr. Davidson** said.

The committee, on which **Dr. Davidson** is the only physician, consists of former council mem-

You see 3,000,000 patients, give or take

A recent Washington Post article reprinted in the Morning News Tribune cited some statistics about physicians' work habits. The average U.S. doctor, the article said, quoting AMA sources, works just over 59 hours a week and sees about 118 patients each week. The average physician also takes five weeks off yearly.

The numbers varied by specialty (for example, family practitioners see 144 patients per week, while surgeons see 107), but the averages fell in between. Your PCMS Newsletter thought it might be interesting to calculate the number of patients members see in a year using averages from the article.

If your practice is average, you see 5,546 patients each year. Since there are about 600 PCMS members, colectively you see 3.3 million patients during the year.

The number is staggering. Take five weeks off. You deserve a break. ##

bers, lawyers and other citizens. Some are very familiar with the document and others are not. "We are now trying to gather a feel for the charter," he said.

The committee began meeting in June and by its September deadline will hold about 15 weekly public meetings during which public input will be solicited. "We hope a lot of people will attend," **Dr. Davidson** said. Meetings will be held in different neighborhoods to familiarize people with the issues.

The PCMS member said he does not think there will be any medical agenda physicians need be concerned about. However, he said, "Physicians are welcome to talk to me about what they would like to see in the charter."

Doctor Davidson is a longtime Northeast Tacoma activist in land use planning and recreation, a background he believes responsible for his appointment. He was president of the NorPoint Boosters when it successfully lobbied that the land use plan require infrastructure (schools, sewers, etc.) be built before land is allowed to be developed. He was also active in raising $5.9 million in bond funding for construction of a Northeast Tacoma recreation center scheduled for completion next year.

Doctor Davidson has practiced emergency medicine in Pierce County since 1973, currently at Allenmore and Tacoma General Hospitals. ##

Three members to review Health Department

The Tacoma-Pierce County Board of Health appointed three Pierce County Medical Society members to an 18-person blue-ribbon committee that will review the goals and operations of the Tacoma-Pierce County Health Department.

Named to the committee are **John Coombs, M.D.**, a pediatrician and family practitioner who is also Vice President of Medical Affairs for MultiCare Medical Center, **William Roes, M.D.**, a family practitioner and Vice President of the Medical Society, and **David Sparling, M.D.**, a pediatrician.

The three PCMS members represent the medical community on the committee which also includes representatives from schools, labor, restaurants and the building industry. They have already begun meeting twice each month and are charged with "...reviewing where we are and where we are going," **Dr. Roes** said.

The formation of the blue-ribbon committee comes in the wake of the department's budget and confidence crisis that resulted in cuts in administration and maintenance and other stop-gap measures to eliminate a projected budget deficit.

The review will help determine the department's role in public health issues and what services the department should offer. Included in the review will be the department's financial system, its management procedures, communications, organizational structure and services provided to the community. The committee expects to report its findings by Sept. 2.

"We appreciate the opportunity to provide our input on the direction of the Health Department," said **Dr. Roes.** "I look forward to working on the committee." ##

John Coombs, M.D.

William Roes, M.D.

David Sparling, M.D.

Local news

Members sought for Russian medical interchange committee

Tacoma and Vladivostok formalized a Sister City Agreement in February after Tacoma government, business and citizen representatives visited the Russian seaport. Members of the delegation included a physician, architects, school and Port officials and general citizens.

James Billingsley, M.D. represented the Pierce County Medical Society on the visit. He explored medical interchanges between the two cities and has agreed to chair a Tacoma committee of physicians to initiate physician visits. He subsequently hosted visiting physician Dr. Sergi Novokof who further communicated Vladivostok's desire for the medical exchanges.

James Billingsley, M.D.

Tacoma physicians who participate in the committee and exchanges will gain an understanding of the problems faced by the fracture of the Soviet Union and their current attempts to reorganize. In addition, they will benefit professionally from clinical experiences in Vladivostok and have the reciprocal pleasure of showing visiting Russian physicians our medical and technical advances.

Those interested in serving on the committee are asked to contact **Dr. Billingsley** at 552-4110, or write to him at Franciscan Health Services Northwest, 1201 Pacific Ave., #1800, Tacoma, WA 98402-4300. ##

WHO IS DOING WHAT?

Your Medical Society and Newsletter staff wants to know what you or your colleagues are doing that is newsworthy

Call and tell us. We'll tell your fellow members right here on this page

or

Write the story yourself. We welcome contributing articles.

Gordon Klatt, M.D., addresses Tacoma Rotary

Past PCMS President **Dr. Gordon Klatt,** Medical Director of MultiCare's Cancer Center, spoke to more than 250 Tacoma business and civic leaders May 21.

Gordon Klatt, M.D.

At the regular meeting of the Tacoma Rotary Club, **Dr. Klatt** talked about the types of cancer research taking place around the country and at MultiCare and other local hospitals. Among other things, he explained how his MultiCare office is administering a county-wide cancer treatment research project involving several hospitals and many volunteer patients. He also explained how the collaborative effort, and many others like it around the nation, is funded. Much progress is being made in the war on cancer, **Dr. Klatt** said, but more needs to be done.

After **Dr. Klatt** concluded his prepared remarks, Rotarians asked him a number of questions, indicative of the high level of their interest, and that of the general public, in the subject of cancer. ##

COME HELP YOUR SOCIETY

Helping Ray and Mary, both developmentally disabled and living on Social Security, will be a fun, short-term, rewarding experience. It will set a good example for children and the community.

Ray and Mary take pride in their one-story, 900 ft² house. Ray wants to help us paint it.

Call the Medical Society, 572-3667, to sign up for one or more of these dates:

6 p.m., Monday, June 29 - wash down and prepare for painting
6 p.m., Wednesday July 1 - paint trim and first coat
6 p.m., Wednesday, July 22 - paint trim and first coat
9 a.m., Saturday, July 25 - final coat and clean up

Paint Tacoma-Pierce Beautiful is a seven-year-old project sponsored by Associated Ministeries that last year painted the homes of 57 low-income seniors or disabled people. Organizations like yours recruit people to paint the houses, and businesses donate paint and equipment to complete the jobs. This year, Associated Ministeries has identified 65 families who will be helped. The Medical Society has been assigned to paint Ray and Mary's house.

LETTER TO THE EDITOR

Dear Editor;

I am writing you regarding two recent articles in your publications *The Bulletin* and *PCMS Newsletter.* My comments concern journalistic ethics as I mentioned in our telephone conversation of June 8.

In the May issue of the Pierce County Medical Society's newsletter *The Bulletin,* an article entitled, "Board of Health Gets Tough On Health Department," used as a contributing source *The Morning News Tribune.* I am wondering why, in all fairness, we or Dr. Allen were not contacted for our point of view, and where this issue stands today?

As you may be aware, *The Morning News Tribune* printed an op-ed piece from Dr. Al Allen, the Director for the Tacoma-Pierce County Health Department, on April 15, 1992, entitled, "Community faces choices in meeting public health challenges." The article in *PCMS Newsletter* made no reference to this piece which is the crux of a larger issue facing financially strapped public health agencies today.

Perhaps it is coincidental that these points need to be made when press freedoms were discussed in your "President's Page" article of the same issue:

"Recently, the medical profession in our community has been the subject of a number of news articles that cast us in a bad light. Many of us wish that we could convince our local journalists to treat us more fairly; after all, we know that we work hard, provide valuable services, and do a lot of good...Although we can and should confront our press when news reports misrepresent events or aren't factual, it may be unrealistic to think that our local journalists will change the tone of their articles critical of our profession," Eileen R. Toth, M.D.., President Pierce County Medical Society.

In the same vein, professional, unbiased reporting by lay reporters for newsletters and the like, is essential"...to improving the image of doctors (health directors) in the community and to promote better understanding between doctors and community leaders..."

I have enclosed a copy of Dr. Allen's op-ed piece from the *Morning News Tribune.* It also has a story to tell which I trust you will read, and consider for coverage in your next issue of *The Bulletin.*

The second concern that I have regards professional courtesy. In the June 1992 issue of *PCMS Newsletter,* page 17, containing an article entitled, "Did You Know...Asian Americans" by Chris Hale, Office of Community Assessment, Tacoma-Pierce County Health Department.

It was quite a surprise for Chris and myself, the editor of *Health Beat,* to read this article, since it was apparently lifted from the May issue of our employee newsletter *Health Beat* (attach.) and **used without our consent.** Neither Chris nor I were consulted about the proposed use of this article in the *PCMS Newsletter.*

Professional courtesy, I am sure you will agree, would have prompted a "permission to reprint" call from you or one of your staff prior to the printing of that article. An example is how *The Bulletin* referenced *The Morning News Tribune* as a source for the Health Department budget article. Would you not agree that the same professional standard applies when other sources are being used for medical reports and journals?

I look forward to collaborating with you in the near future. My number is 591-6458.

Sincerely,

Ray Day

Community & Government Relations Coordinator, Tacoma-Pierce County Health Department

editor's note:

PCMS has extended its apologies to Mr. Day for neglecting to credit Health Beat for Chris Hale's article. We did acknowledge Chris and the Department.

The events taking place at the Tacoma-Pierce County Health Dept. merited coverage. Our reporting of the Board of Health meetings was balanced and fair. In fact, we did not report the level of hostility and distrust leveled at the Department and its leadership at those meetings. It was considerable.

Dr. Allen has been invited to submit an article or letter to the editor at any time.

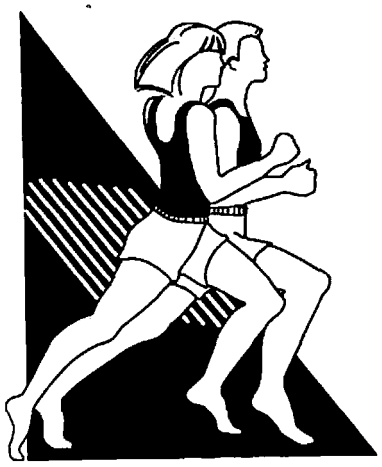
Your letters to the editor are welcomed and solicited

ATTENTION!

TEAM PHYSICIANS, COACHES, ATHLETIC DIRECTORS, ATHLETIC TRAINERS, PHYSICAL THERAPISTS

The Pierce County Medical Society Sports Medicine Committee

Presents a Two-Day Program:



ISSUES IN SPORTS MEDICINE

(Also FEATURING CPR)

Saturday, August 15, 8:30 a.m. - 4:30 p.m.
Sunday, August 16, 9 a.m. - 3 p.m.

Jackson Hall Auditorium
314 So. K Street, Tacoma

Topics Will Include:

- Preparticipation Examination
- General Medical (asthma, diabetes, nutrition, hydration, medical techniques)
- Legal Issues
- Counseling the Adolescent Athlete (steroids, AIDS, tobacco, sex)
- *Practical Applications* of orthopaedic topics:
  - head/neck
  - shoulder
  - elbow/wrist/hand
  - knee
  - ankle/foot
- CPR
- Questions and Answers

COST:
$50 (includes lunch both days)

CREDIT:
CEU's and CME Applied For

REGISTRATION:
Limited to first 80 paid registrants.
To reserve your space, please call the Medical Society, 572-3666

FOR MORE INFORMATION, CALL THE MEDICAL SOCIETY, 572-3666

Program flyer with further details will be mailed soon.

Auxiliary funds county charities

The Auxiliary of Pierce County Medical Society has in the 1991-1992 fiscal year granted funds to the following organizations:

Children's Industrial Home

Emergency Food Fund

Pierce County AIDS Foundations

Prison Pet Partnership Program (plus two wheelchairs)

Retired Senior Volunteer Program

Services to At Risk Seniors

WSMSA Teen Health Forum ##

Richard McCowen graduates, too

In our story last month about graduating seniors around Pierce County, we inadvertantly left out the name of Richard McCowen who graduated from Curtis High School. The son of **Dr. Dave and Linda McCowen**, Richard has plans to attend the University of Washington and begin pre-med studies.

Sorry to leave you out, Richard. We hope putting your name in headlines makes it up to you. ##

Philanthropic fund applications available

If you're a service or health oriented Pierce County organization and would like to be considered by the Pierce County Medical Society Auxiliary as a recipient for philanthropic funding, you may now obtain an application by calling or writing: Lynn Peixotto,13316 Muir Dr. NW,Gig Harbor, WA 98332(206) 851-3831. Proof of 501(c)(3) IRS rating is required. All applications must be requested from the chairman.

APPLICATION DEADLINE IS TUESDAY, SEPTEMBER 15, 1992. ##

AMA committed to women physicians

The AMA testified before Congress stressing its commitment to securing future leadership roles for women physicians in every phase of medical practice. Among the AMA recommendations were:

* purging the professional environment of gender inequities
* mentoring by both male and female leaders
* equal research and publishing opportunities
* a more flexible training framework to allow women to pursue their careers and raise their children
* more leadership opportunities in organized medicine, health policy deliberations, academia and government.

Physician members of Pierce County Medical Board

Physician members of the Pierce County Medical Board of Trustees for 1992-93 will be **Drs. Michael Halstead, Richard Hawkins, Chris Jordan, William Marsh, John McGowen, III, and Robert B. Whitney, Jr.**

Also serving on the Board is Representative Brian Ebersole (D) 29th Legislative District who is expected to replace Representative Joe King as Speaker of the House. Seven members of the public (consumers) sit on the Board with the six physicians.

Chris Jordan, M.D., general surgeon, will preside as chairman, succeeding **John McGowen, III, M.D.** ##

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

COMMON OFFICE PROBLEMS CME SET FOR OCTOBER 8 & 9

The very popular Common Office Problems course is scheduled for Thursday and Friday, October 8 & 9 in Jackson Hall. Designed for the Primary Care practitioner, the CME program will feature half-day sessions on pediatrics, internal medicine, psychiatry and geriatrics.

Local and regional experts will present "Common Office Problems" subjects as selected by course coordinators Drs. Mark Craddock, Kirk Harmon, Tom Herron and Tom Norris.

The course is sponsored by the College of Medical Education, is developed in response to PCMS physician input derived from the College interest survey. For information regarding Common Office Problems and other C.O.M.E. courses, please call 627-7137. The College's 1992-93 course schedule is displayed on this page for your quick review. ##

C.O.M.E. ANNOUNCES 1992-93 SCHEDULE OF CME COURSES

The Board of the College of Medical Education has established its 1992-93 CME schedule.

The programs, all offering Category I credit from the AMA and AAFP, are selected in response to Pierce County Medical Society member input and are directed by local member physicians.

DATES	PROGRAM	DIRECTOR
1992		
Thursday, Friday October 8 & 9	Common Office Problems	Mark Craddock, MD Kirk Harmon, MD Tom Herron, MD Tom Norris, MD
Friday, October 30	Diagnostic Imaging	Les Reid, MD
Friday November 6	Infectious Diseases Update	David McEniry, MD
Friday, November 20	Gastroenterology Update	Gary Taubman, MD Richard Tobin, MD
Thursday, Friday December 10 & 11	Advanced Cardiac Life Support	Mark Craddock, MD Kent Gebhardt, DO
1993		
Thursday, January 21	Law & Medicine Symposium	Estelle Connolly, MD John Rosendahl, JD
Thursday, Friday, Sat. February 4, 5 & 6	CME at Mt. Bachelor	Stuart Freed, MD
Friday February 26	Review of HIV Infections	Alan Tice, MD
Thursday, Friday March 11 & 12	Internal Medicine Review - 1993	Sidney Whaley, MD
Friday, Saturday April 15 & 16	Tacoma Surgical Club	Leo Annest, MD Chris Jordan, MD
Friday April 23	Terminal/Palliative Care Update	Stuart Farber, MD
Friday May 7	Gynecology Update	John Lenihan, Jr., MD Sandra Reilley, MD
Monday, Tuesday June 21 & 22	Advanced Cardiac Life Support	James Dunn, MD

NEWS BRIEFS

Physicians have duty to treat poor

Each physician has a personal duty to care for the poor, the Council on Ethical and Judicial Affairs said in a report. Although no other profession performs as much charity work as physicians do, both physicians and medical societies can take additional steps to help alleviate the distress and suffering of poverty. The majority of physicians provide free or reduced-fee care in their practices, but from 25% to 33% do not. The council emphasized that the duty to give care does not only apply to the profession as a whole, but to each individual physician as well. ##

(reprinted from AMAs This Week)

AMA Board recommends no dues increase

The AMA Board of Trustees will recommend to the House of Delegates that there be no dues increase in 1993. Thus, 1993 will be the fifth consecutive year with the same dues. The decision reflects the board's commitment to improving AMA membership market share - that is, the percentage of physicians who belong to the AMA - to 50 percent by the year 2000. The Division of Membership notes that the value of membership has increased because more services are funded through non-dues income. In addition, the inflation-adjusted cost of dues has decreased in the last 16 years. If dues had been raised since 1976 at the same rate as the Consumer Price Index, they would now be $614 instead of $400. ##

(reprinted from AMAs This Week)

Reforming America's Health System

by Dr. James S. Todd

More than 35 million Americans have no health insurance. That is a national tragedy.

The American Medical Association wants to change that by reforming the U.S. health care system.

There are several considerations in reviewing various reform proposals.

Beware of the quick fix. Repairing the system will be difficult. There is no magic fix, only thoughtful solutions.

Patients must be free to choose their own physicians. A good patient-physician relationship results in better care.

Build on what works well. The United States leads the world in medical education, research and technology. Reforming the system should not damage this proven infrastructure.

The cure should not be worse than the disease. Misguided reforms would only compound existing problems. Reforms must allow everyone access to high quality medical care in the most cost-effective manner.

(continued next page)

NEWS BRIEFS

("Reforming" continued)

The AMA has developed "Health Access American," a proposal to ensure complete access and provide quality care to all Americans. Details of the proposal can be obtained by writing "Health Access America," American Medical Association, 515 N. State Street, Dept. NU, Chicago, IL 60610.

(James S. Todd, M.D., is a general surgeon and executive vice president of the American Medical Association). ##

(reprinted from WSMAs MEMO)

Democrats and Republicans prepare health platforms

AMA trustees presented the medical profession's views on health care reform during the Democratic and Republican parties' platform committee hearings. Lonnie R. Bristow, M.D., testified before the Democratic National Committee in Cleveland. Rep. Nancy Pelosi (D, Calif.) chaired the hearing during the trustee's testimony. She told Dr. Bristow that she favored a single-payor system, but she thought it was important to hear different viewpoints. She said she appreciated the detail of the AMA's written statement. Jerald R. Schenken, M.D., discussed the AMA's position during the Republican National Committee's hearing in Salt Lake City. Sen. Don Nickles (R, Okla.), who chaired the session, told Dr. Schenken that the committee would look closely at the AMA's proposal, Health Access America, in developing its platform. ##

(Reprinted from AMAs This Week)

Call for resolutions

The WSMA Annual Meeting will be held October 1-4 in Yakima.

Any member may submit a resolution to the House of Delegates meeting. Pierce County Delegates will introduce resolutions submitted prior to July 27 by members of the Society.

If you would like WSMA to take action on any issue, such as; health care reform, access, cost controls, reimbursement, trauma care, peer review, HCFA, etc. call the Medical Society office at 572-3667. Staff can help you draft a resolution.

WSMA responds to actions of the House of Delegates, so please submit your ideas today. **Deadline is July 20.** ##

Ask the experts!

Ask the experts! is a feature of the Pierce County Medical Society *Newsletter*. It is an opportunity for physicians, managers and staff to ask for advice on medical management questions. Each month, selected topics will be addressed by a medical office staff consultant from Larson Associates. Send your questions and comments to: Larson Associates, 223 Tacoma Avenue South, Suite A, Tacoma, WA 98402

Q Dear Steve:

We want to start a formal process for evaluating employees. How do you suggest we proceed?

Manager

A Dear Manager:

You used the word "process" when describing employee evaluations. That is very much the case; it is more than just a single meeting. An evaluation has several components, each component is necessary for the evaluation to be successful.

Since this is new, your employees need to know how the evaluation will work and how it will affect them. Most employees welcome the chance to find out in specific terms how they are doing and to communicate back their concerns. However, until they have participated in the process, at best they may approach this with some apprehension.

The tasks and areas of responsibility that will be included in the evaluation must be clearly defined. Setting specific measurable goals can be very useful here. What constitutes success? This is a good time to reevaluate job descriptions.

Since they will be held responsible for their success or failure, your employees must be provided adequate resources for accomplishing their tasks and responsibilities. No one appreciates tilting at windmills; the goals must be attainable.

A formal meeting between manager and employee will review progress and performance. Since you are just getting started, it may be helpful to do an initial review, have a formal meeting in six months and then yearly after that. At these meetings you will discuss with the employee how well goals were met. Where it is appropriate, don't be shy about giving praise. Where you have concerns, express those as well, but be specific. You will also set goals to be met by the next meeting. After the meeting, you need to prepare a short written summary of what was discussed. Have the employee read and sign the summary and then file it in the employee's personnel file.

A note of caution! The formal meetings do not take the place of ongoing discipline or communication. As well, make certain that your employees understand that wages will be discussed at a later date and will not be part of the agenda at these meetings.

The employee evaluation process can be a valuable tool for both employee and manager. It may provide a forum for communication that is otherwise unavailable. It can also be a powerful motivator.

Steve

Q Dear Steve:

Most of the time our office is neat and organized, but after awhile, it sort of gets away from us. Any ideas?

Front desk staff

A Dear Front Desk Staff:

I once received a lecture about how a disorganized desk was a sign of a disorganized mind. Well, if the desk is a statement about the status of the mind, then since this lecture was coming from a person whose desk was continually empty...

Having shown my personal bias, it must be said that a neat, well-

(continued next page)

POSITIONS AVAILABLE

Clinic Director Position. The Neighborhood Clinic is seeking a committed individual who would be responsible for clinic operations and coordination of volunteer staff. Clinic provides free ambulatory medical care to indigent members of our community. Applicants must be flexible and have a sense of humor. Washington State license required (Nursing or PA) 20 hours/week includes clinic hours Monday and Thursday 4-10pm. $10/hr plus benefits. Request applications from B. Miller, 1725 N Steele, Tacoma WA 98406 or call message phone (206)272-4380.

Locum Tenens Coverage and opportunities in the greater Seattle/Tacoma area. CompHealth, the nation's premier locum tenens organization, now provides daily, weekly, weekend, evening, or monthly coverage for your practice with physicians from the local area. Or we offer you the opportunity to build a flexible practice right in the Seattle/Tacoma area. Call today for more information: (206)236-1029; evenings call (206)236-5686. Or write: 3660 - 93rd Ave. S.E., Mercer Island WA 98040.

Tacoma-Seattle, Outpatient General medical care at its best. Full and part-time positions available from North Seattle to South Tacoma. Very flexible schedule, well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, MD 537-3724, or Bruce Kaler, MD 255-0056.

EQUIPMENT

Equipment From Family practitioners office, including complete x-ray suite, single channel EKG, Spirometer, autoclave, cast saw, instruments and more. Call 523-4857.

O.R./Surgical/exam instruments. We have remodeled! Our extensive stock of stainless steel surgical instruments is now on display. Visit our showroom for excellent bargains on exam and specialty instruments including a great selection of orthopedic and arthroscopic equipment. Call Lynlee's Pre-Owned medical Equipment in Redmond for a free catalogue or more information. 206-867-5415.

OFFICE SPACE

Physician's Office Space - 1550 sq.ft. suite available for sublet. Ideal for surgeon or primary care physician. Located in premier medical office building with view of golf course. For details contact Kenton Bodily, MD or Sigrid Schreiner at 383-3325.

Ideal Two-Physician Medical Office space for lease at 1002 So. K St. 3500 sq. ft. includes x-ray machine. Excellent lease rate. For information, contact Dr. Bargren or Thom Comfort at 627-2038.

Graham Professional Office Space for lease; Physician's office, 1500 square feet. Radiology clinic 2000 square feet. General office 936 square feet. Physical Therapy 1560 square feet. Please call Dr. Lawrence Ladowski or Terri Howard at 847-4388.

GENERAL

Medical Transcription Service. FREE pickup and delivery. Guaranteed 24 hr. turnaround. Corinne 206-847-6945.

("Experts" continued)

organized workplace provides for better productivity and morale. Truly disorganized, sloppy workplaces can lead to poor work habits, poor clinic image and even safety problems.

There are some simple housekeeping steps that can be taken to help maintain an efficient pleasant working environment. (1) Provide five minutes at the end of each work day for staff to clean their work areas. (2) Have adequate storage at each work station. (3) Make certain all staff know the level of required cleanliness. (4) Once or twice a year, have an office clean-up drive. Look specifically for obsolete forms, outdated reports, surplus supplies and equipment, or anything that does not have a home. As a rule of thumb, if after two years something has not been used, it probably is not needed. Provide guidelines for employees and be involved in the process so that nothing of value is discarded.

Steve

Los Angeles riots wipe out several physicians

To help them return to practice, the Los Angeles County Medical Association is accepting contributions.

If you would like to help, send your check marked "Riot Relief" to:

LACMA Foundation for Community Service

1925 Wilshire Blvd.

Los Angeles, CA 90057-3691

Pierce County Medical Society
223 Tacoma Avenue South
Tacoma, WA 98402

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PIERCE COUNTY MEDICAL SOCIETY
BULLETIN

Painters in action: Scott Jackman, Pad Finnigan, Dr. Mary Ann Woodruff, Michele Maurer, Dr. Don Maurer, Dr. Roger Simms and Pat Murto

Society Helps Local Family

see Paint Tacoma-Pierce Beautiful story on page 16

The Bulletin is published quarterly in February, May, August, and November by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. *Deadlines for submitting articles and* placing advertisements in **The Bulletin** are the first of the month preceding publication (i.e. Oct. 1 for Nov. issue).

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

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Society Business

PRESIDENT'S PAGE

PCMS AND OTHER PHYSICIAN ORGANIZATIONS WILL CREATE BEST HEALTH CARE REFORM

Most of the issues challenging us in health care reform are extremely complex. Unfortunately, it is difficult for most people who are unfamiliar with the intricacies of our health care delivery system to appreciate these complexities. It's tempting to look at only one aspect of a problem, and to propose an easy fix.

Recently, I was thinking about an article in the Morning News Tribune reporting on "a disturbing trend": More and more people seeking help in the emergency room for problems that aren't life-threatening....because they don't have medical insurance.

Is lack of medical insurance the only (or the main) reason that people use emergency rooms inappropriately? I wonder.

As I was pondering this question, I had an interesting experience in my own practice.

In May, while doing "No Doc" ER call at one of our local hospitals, I had an arduous shift, with four admissions. Mrs. K, an elderly Asian woman on DSHS, who spoke no English, was admitted to me with abdominal pain. As it turned out, Mrs. K wasn't really very sick, but her family had gotten worried about her constant complaints of "stomach trouble." They felt her regular doctor, who practiced in Lakewood and had admitted her privately at St. Clair, wasn't making any progress with Mrs. K's condition, so they brought her to a downtown hospital to get her admitted and to try out a new physician.

Ms. L, a young woman with psychogenic polydipsia and emesis, presented with her usual electrolyte and acid base disturbances. She was covered by DSHS, but had been dismissed by multiple other PMD's and specialists because of her failure to comply with follow-up appointments and recommended psychiatric evaluations.

Mrs. R, a cacckectic elderly Medicare recipient from Sumner, with multiple flexion contractures, was being treated by a FP in Auburn. Her family, who stated she was quite well until five days prior to admission, brought her to a Tacooma ER to find her a new doctor.

My last admission, at about 2 a.m., was Mrs. N, a privately-insured wife of an apparently wealthy professional. She presented with a fever of 105 degrees for several days, pneumonia and dehydration. Mrs. N told the ER staff that she had no doctor, but actually had seen a local internist and a number of different specialists within the past year.

As this list of "No Doc" admissions illustrates, many patients using the emergency department for primary care are neither uninsured nor indigent. All four of these patients already had primary care physicians, but they or their families, for varying reasons, chose to use the emergency department instead.

We have a major problem in this state with the uninsured, and we often hear that ER's are being used in place of primary care physicians by people who have no medical coverage. While it is certainly true that crisis care delivered in the expensive setting of the ER is much more costly than regular visits to a primary care physician, it is a mistake to assume that inappropriate use of the emergency department is a problem only of the uninsured or the indigent.

We need to work together to solve problems leading to expensive overutilization of medical resources in order to slow the rise in health care costs. However, to solve problems, we need to understand them fully. Simply insuring all citizens of the state and giving them all access to primary care physicians will not guarantee that abuses of ER's will stop. Without adequate education and economic sanctions, many patients will continue to use the ER as a primary source of care because it is convenient and allows patients who have neglected to form relationships with PMD's, easy accessibility to quality care.

I fear that many citizens, including some of our legislators, assume that lack of insurance coverage forces people to seek primary care from emergency departments, and that universal insurance coverage will solve this particular wasteful practice.

This is a simplistic solution to a complex problem, and it won't work well.

Our best hope for affecting reasonable, workable, and efficient health care reform is through our professional organizations.

##

E. T.

MEET YOUR BOARD MEMBERS

RON GOLDBERG, MD

Dr. Ron Goldberg's day-off stubble, disheveled hair, jeans and open work shirt telegraph an unpretentious mien.

His New England accent conveys "unconventional," and when he sits, his slouch even suggests "nonconformist."

As mayor, he'd shake up city hall.

Doctor Goldberg's talk about his boyhood reveals his rebellious roots that 19 years of medical deportment haven't completely erased. "I was a hoodlum when I was young," he said. "The police were over to the house a number of times, and I didn't give a damn about school, either."

His talk about selecting a college because the tuition was cheap and the football good (Texas) focuses attention on a man with strong connections to ordinary folk. He said, "I ate a lot of baloney sandwiches and pinto beans while going to school on $1,000 a year." But he wouldn't have it any other way. "We wished we had more money back then, but looking back at it, we had a great time," he concluded.

Reflecting further about school, he reveals a man of uncommon intellect: a PhD in physical organic chemistry, which, he said, was more difficult to earn than anything he ever did in medical school; a thesis on "molecular structure and mesophase stability," or liquid crystals in plain talk; Harvard Medical School; and an oncology fellowship at the University of Vermont.

"I could have picked a million things to be," **Dr. Goldberg** said frankly, "but being from a Jewish family, a doctor was about the highest accomplishment one could achieve."

Although he acknowledges being programmed as a kid, he is glad for it. "I've never regretted the decision - medicine is a wonderful field," he said.

Before he succumbed to his culture's bias, he tried plying his PhD in the corporate world. After nine months as an Esso Oil Company chemist, he reeled at the thought of some day being 40 or 50 years old and still not in charge of his own career. The experience pushed him to medical school.

Now that he's a physician and has reached middle age, he muses, "We're kidding ourselves if we think our destiny is ever in our own hands, spiritually or otherwise."

Doctor Goldberg is a philosopher on other subjects, too. About cancer, his specialty, he observed, "When you get cancer, your stupid neuroses just disappear. If more of the world's leaders had cancer, we'd all live in a more settled place."

About his practice, he said, "I always liked oncology, even as an intern. The patients are wonderful - all underdogs."

On the problems with medicine: "We are suffering from the ills of society. A lot of attempts to control the cost of medicine aren't well thought out. We need to make decisions about rationing health care. Instead of rationing by income, we could educate. Maybe we should levy a big tax on cigarettes with the funds going to medical care."

That said, **Dr. Goldberg** laughs at the pretentiousness of his opinions. Saying he'd bet no more than a dime on his solutions, he continues, "But we also need to carefully evaluate expensive procedures in extremely ill or very old patients. We need to make hard decisions about what we want to treat. We have to get our goals and priorities straight in this country, and everything will fall into place."

His compassionate side shines when he talks about access to health care: "All people should have medical care. In my heart, I think that the poor should have the same care as the rich. How to do it within the means we have is the big question. I take assignments on poor people. We'll all have to hitch in our belts. We're physicians - there are advantages and disadvantages that go along with the mystique. But we have to keep our principles high."

Noting that physicians should not bear the load alone, he adds, "I think there are huge demands put on medicine by patients, the legal system and society that have to be curtailed."

Married with two sons, **Dr. Goldberg** is trying to teach principles of another kind to his first grader: economics. Together, they raise 35 chickens and sell the eggs. It's a hard lesson to teach. While his son believes they're raking in the cash selling eggs at $1/dozen, the teacher doesn't have the heart to reveal their total expenses.

Doctor Goldberg came to Tacoma in 1979. He began working with **Dr. Robert Thiessen**, whom he met in Los Angeles during his internship, and Dr. Katterhagen. He moved to their Puyallup office and continues to work there with Robert McCroskey, M.D., and **Richard Ostenson, M.D.**, under the name Rainier Oncology.

Dr. Golberg is currently serving his second year on the PCMS Board of Trustees. ##

200 MILES A "TRIP" FOR BIKING DOCS

Twelve PCMS members traveled to Portland the hard way on June 27-28 - on bicycles.

They were among approximately 10,000 bike-riding enthusiasts who participated in the 13th annual Seattle-to-Portland (STP) biking extravaganza. All the members covered the 200-mile distance over two days, with elapsed times in the saddle running between 11 and 16 hours.

*With the end of their 200-mile-long odyssey in sight, **Dick Bowe, Dave Wilhyde, Don Shrewsbury,** Doug Jackman and **Drew Deutsch** pause to record their accomplishment.*

While the ride was long and this year's weather hot, all the members enjoyed the race, and some were nearly ecstatic about it.

"It was great," said **Jeffrey Nacht, MD,** who rode with office-mate **Robert Wills, MD,** and a team of six other riders called the "knee jerks." The team completed the course in about 11 hours, averaging 17 miles per hour. They owe much of their success to eating beforethey got hungry and drinking before they got thirsty. "We followed our own sports medicine rules," said the orthopedic surgeon. He sipped on water and power drinks continuously, he said, drinking 14 liters the first day alone.

"**Doctor Nacht** said the bike technician who spent two hours setting up his bike to fit his body made the difference. "He made it so not one bone in my body hurt after the race." In one down-hill stretch, **Dr Nacht** reached 42 mph.

Drew Deutsch, MD, agreed with **Dr Nacht** that the camaraderie among the riders made the ride a success. He rode with **Drs Richard Bowe, Donald Shrewsbury, David Wilhyde** and PCMS exec Doug Jackman. "The people I rode with made it fun," he said. "We stopped a lot, ate a lot and had a good time."

Alice Wilhyde, past Auxiliary president , provided support to the group.

Maria Mack, MD, and her husband, Dennis, are old hats at the STP. They've ridden it five or six previous times. This year, they rode to Castle Rock on separate road bikes the first day, then on Sunday, completed the race together on a tandem bike. Having to repair three flat tires messed up their time, but Dennis said they completed the ride in about 11 hours.

"We just had a great time," said adventure lover and PCMS member, **Richard Wohns, MD.** The veteran of a Mt. Everest climb said next year he plans to include his children on the fun ride.

Drs. David Munoz and **Robert Osborne** rode together, each accompanied by his 12-year-old son. "It went wonderfully," said **Dr. Munoz.** Adding to the weekend's excitement was a house fire they rode past. Firefighters, also riding past, got to the house first and pulled out an 86-year-old lady, saving her life. "She would have perished without the bike race," said **Dr. Munoz.**

Dr. Drew Deutsch takes a well-earned rest after riding 140 miles on the first day of the Seattle-to-Portland bike classic.

Ron Benveniste, MD, completed his second STP with some friends. His wife, Karen, past Auxiliary president, drove the "chuck wagon." **Dr. Benveniste** didn't fall again, but he nursed one of four flat tires he suffered across the Portland finish line.

Finally, **Douglas Gant, MD,** rode his first STP with his wife, Colleen and two friends. Colleen rode it last year and her enthusiasm was contagious. Tired but not beaten or sore after the effort, **Dr. Gant** said, "We trained a fair amount but it was still a long and arduous ride." ##

Frame your friend.

If you know a colleague who has accomplished something significant or is involved in community activities, tell the Society so we can tell the story in MEMBER matters.

We'd like to frame his or her picture.

STANLEY FLEMMING, D.O., RUNS FOR LEGISLATURE

Stanley Flemming, D.O.

Society members are face-to-face with a unique opportunity to help themselves - an opportunity Past President **William Marsh, MD,** expressed convincingly in the June Newsletter's feature article titled "Elect No Strangers."

He said, "If possible, elect friends."

Stanley Flemming, D.O., is a friend. A PCMS member, family practice physician and medical director of the Community Health Care Delivery System, **Dr. Flemming** is running for the state House of Representatives from the 28th District.

In this political year that favors system "outsiders," **Dr. Flemming,** 39, has a leg up. He has no political background or baggage. His Sept. 15 primary election opponent, Democrat Matt Thomas, works in the system as a county attorney. The incumbent, Republican Art Broback, has served several terms in the House.

Dr. Flemming chose to run on the Democratic ticket not because of past political affiliations - he had none - but because when talking to officials in both county political organizations, he received significantly more encouragement from the Democrats.

He said, "I'm not a politician. I don't buy into a straight line of thinking. I have my own ideas. If I can develop some programs that help people, I think the Democrats can effectively champion them. People, myself included, tend to align themselves where they can do the most good."

Dr. Flemming has been active in medical circles. He serve on a sub-committee of the county Perinatal Access Committee, served on the state Higher Education Coordinating Board for Health Professional Recruitment and Resources and on the Governor's Task Force on Emergency Medical Services Cost Reimbursement.

He believes health care reform will be the top priority issue in the 1993 legislative session. For that reason, he believes county physicians from any legislative district can help themselves most by helping him get elected.

He said, "If we don't have a physician Representative in the House, we are going to get whatever is dished out. We'll be stuck with what we are given." There are no physicians in the House, he said.

"If possible, elect friends."

He likes WSMA's Personal Healthcare Program (PHP) unveiled last month and summarized in last month's Newsletter.

"I support WSMA on the issues of accessibility, affordability, administrative management, long term care and exclusion of preexisting conditions," he said. "But I want to study their proposed way of supporting the program: a state income tax."

He added that the state already pays out $13.5 billion for health care, and that perhaps the source of paying for PHP can be found in those existing funds.

He thinks the state's budget is too big. "We haven't been fiscally responsible," he said. "We need to hold office holders accountable."

He believes one of the other hot legislative issues to face the 1993 session will be education. As a former USC and UW college professor, **Dr. Flemming** views the state's education system as a 90-year-old dinosaur.

He said, "The demand for workers' skills is changing and we need to give students the tools for success. By helping them succeed now, we will save tax dollars in the future."

Some ways to achieve that, he thinks, are to build more vocational schools, to lower class sizes, and to give teachers more time to plan during the year.

He said significant education reform will not cost more money. "The money is already there - we just need to make better decisions." Asked how the medical community could help his campaign, **Dr. Flemming** said, "I really need all the help we can get financially. The cost of running a campaign is tremendous."

He has raised only $2,500 so far, more than half of it coming from WAMPAC. He is grateful for that, but to illustrate the level of support being generated in other legislative races, he pointed to a chiropractor who received $35,000 from his fellow chiropractors.

"I would sure like to see that interest from physicians," he said.

Dr. Marsh, in "Elect no strangers," also suggests helping candidate friends by hosting a coffee or desert meeting in your home. Most importantly, he said to be sure to vote.

In his close, **Dr. Marsh** said, "I can't express enough how important this election is to our profession. Now is the time to invest in your future." ##

MEMBER *matters*

JOHN COOMBS, MD, ADDRESSES NATION'S MEDICAL LEADERS

John Coombs, MD

Society past vice president and MultiCare's Vice President of Medical Affairs, **John Coombs, MD,** addressed over 300 national hospital medical staff leaders June 19 at the annual meeting of the Hospital Medical Staff Section (HMSS) of the AMA.

Doctor Coombs presented an educational program entitled "Applying Data To Medical Staff Duties" to an attentive audience of delegates, each representing one of the country's hospitals to HMSS.

Evaluating the session, **Dr. Coombs** said, "I was pleased to see the very interested and engaged attitude of the audience. They asked lots of questions at 5 p.m. on a Friday evening - so many that we had to extend the session."

He spoke to the physicians about clinical practice guidelines and practice pattern analysis , both variations on the use of data to improve outcomes in the clinical practice of medicine. They are tools physicians, hospitals, the government and insurance companies will increasingly be using in the next few years to optimize the outcome of patients' treatments while containing the costs of those treatments.

He said clinical practice guidelines take everything we know about the process of patient care and explicitly define what treatment will lead to the optimal result.

Dr. Coombs has become an authority on the subject, having recently published a book, Practice Pattern Analysis: A Tool For Continuous Quality Improvement, for the American Hospital Association and having worked within the American Academy of Pediatrics for two and one-half years to develop some of the first clinical practice guidelines.

In writing the guidelines, he and the other Academy physicians reviewed 17,000 articles - all the world's literature - on the use of photo therapy in the treatment of jaundice in newborns. They boiled that literature down to 40 key papers, forming evidence tables and completing a medanalysis to determine the best course of the disease's treatment.

He told the HMSS audience that clinical practice guidelines, like the one the Academy will publish on jaundice, can be used by hospital medical staffs to compare their experience treating diseases against national standards reflected in clinical indicators such as LOS and disease specific data elements. In addition, individual physicians can compare their own experiences. Following or not following guidelines may become an important factor in medical liability, he said.

Doctor Coombs defined Practice Pattern Analysis as a means of compiling information to study how medicine should be best practiced in hospitals.

He said the AMA, specialty societies and the government are all very proactive in developing practice parameters and clinical practice guidelines. Congress has appropriated $90 million per year, for example, to fund the Agency for Health Care Policy and Research to develop guidelines for the treatment of Medicare patients. He said physicians most likely will continue to see more financial incentives, like prospective payments, or "capitation payments," benefiting those who comply with practice guidelines.

In a 50-page handout to the HMSS delegates and during his talk, **Dr. Coombs** presented data, graphs, tables, charts and details about measuring the quality of patient care, defining the "best practice," describing the very complex process required to develop a clinical practice guideline, the difficult process of change medical practitioners are enduring with the creation of these guidelines, and many other topics. In one section of his presentation, he used MultiCare's experience managing colon resections as an example of the positive benefits that can come from the collaborative efforts of nurses, physicians and other elements of medical staffs. ##

DOCTORS AS DELEGATES

by Karen Benveniste

Three Pierce County Physicians were members of a recent official delegation to Tacoma's Sister City in Israel, Kiryat Motzkin.

Jonathan Hurst, Andy Levine, and Ron Benveniste were part of the 18-member group which spent two weeks touring Israel and two days visiting Kiryat Motzkin, located in Northern Israel, near Haifa.

The delegation was led by Tacoma City Council woman Dr. Dolares Silas, who was representing Mayor Karen Vialle.

During the Motzkin visit, delegates toured daycare facilities, senior citizen quarters, a Russian resettlement house, and visited a nearby air force base. Delegates were feted by Motzkin citizens at a special dance performance. During the program's intermission, Dr. Silas presented the Mayor of Motzkin with a check for $500 earmarked for the city's daycare program.

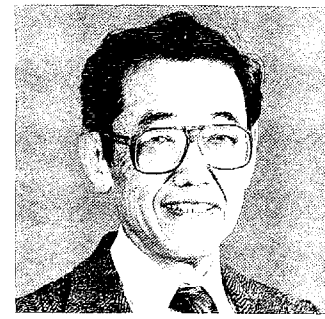
Drs. Hurst, Levine and Benveniste apply "healing substance"

Drs. Ron Benveniste, Andy Levine and Jon Husrst tour Jerusalem

While touring other sites in Israel, the delegates enjoyed in-depth lectures on history, archeology, anthropology, sociology, politics, and religion.

There was also an opportunity for medical "research" or preventative "medicine." The mud from marshes surrounding the Dead Sea is said to cure arthritis and psoriasis. If one is not afflicted with either of these diseases, a mud pack can still be used as a youth-enhancement treatment. Our Pierce County physicians, their wives, and their companions returned from Israel 10 years younger than when they began the trip!

TANBARA IS INTERIM HEALTH DEPARTMENT DIRECTOR



George Tanbara. MD

George Tanbara, MD, was appointed by the Board of Health to be Interim Director of the Tacoma-Pierce County Health Department effective July 1. **Dr Tanbara** will fill the temporary position until at least the end of September while a nation-wide search is made to hire a permanent replacement for retired director **Al Allen, MD.**

Dr. Tanbara said, "I have no personal agenda except to continue to keep the department one of the best until a permanent director arrives. I don't want to institute anything new. I will try to perform a community service at a time when it seems to be needed."

Dr. Tanbara said he will spend most mornings at the Department overseeing the three principal service divisions plus the administrative offices. Then he will spend the remainder of the mornings and all afternoons at his privatepractice.

He is no stranger to health department operations, currently serving his second term on the Washington State Board of Health. He said, "I have seen many health departments in the state and our department is among the tops."

Dr. Tanbara will continue to hold his state position.

As he did when he assumed state responsi-

(continued next page)

(Tanbara, continuecd)

bilities, he has asked fellow PCMS physicians to call him anytime to discuss the operations of the Tacoma-Pierce County Health Department or the State Board of Health. "It's an open line - anytime they want to talk to me," he said.

Ray Day, the Department's Community & Government Relations Coordinator, said of **Dr Tanbara's** appointment, "There are financial reports and blue ribbon committee reports coming up in **Dr Tanbara's** time. This is probably the most interesting time we've had in the last 20 years. It will be interesting to see what will happen. Things are changing."

Dr. Tanbara is a past president of PCMS and has received many awards in the community for his public service. ##

IN MEMORIAM
John R. Flynn, M.D.

12-24-06 to 6-20-92

by Leo Annest, MD

John R. Flynn, M.D. was taken away by our Lord. The transition from his natural to supernatural life was sudden and complete. He collapsed suddenly while walking at the Tacoma Mall in the morning of June 20, 1992.

John Flynn, MD

John was the oldest of four children born to Dr. and Mrs. Andrew Flynn. His father was an Irish immigrant who originally entered into a seminary and later became a doctor of medicine. He was a practicing physician and surgeon in Tacoma.

John attended Holy Rosary grade school, St. Leo's High School in Tacoma, Gonzaga University and received his Doctorate of Medicine degree from Creighton University School of Medicine in 1934. He interned at St. Joseph Hospital in Tacoma and practiced general medicine in the Tacoma area from 1935 to 1940. In 1940 John was the first physician from Tacoma to enter into any branch of the armed services. He enlisted in the Navy Medical Corps and was assigned the position of flight surgeon at Pensacola, Florida. Then, he was stationed at Sandpoint Naval Station in Seattle.

In February, 1943, John married Patricia Phillips from Olympia. In April, 1943, he was sent to the Soloman Islands in the Pacific, where he was assigned as naval flight surgeon for the Marine Corp. After his discharge from the Navy, John and Pat went to Chicago where he entered into a radiology residency. He was certified by the American Board of Radiology.

From 1948 to 1950 John practiced his specialty in Longview, Washington. In 1950, he and his family moved to Tacoma where he became associated with radiologist Dr. R.D. McCrae and later with Dr. Frank Rigos. He was the founder of the radiologic group that enlarged over time and today is known as the Tacoma Radiological Associates.

John Flynn, M.D., was a very excellent and competent radiologist. He was a great help to me and to many others all through the years of his service.

John and Pat had four children, two boys and two girls, Michael, Danny, Patty, and Sheila. Danny was killed in action in the Vietman War in 1970. Michael lives in Portland, Patty in Las Vegas, and Shiela in Tacoma. John, with Pat, was very concerned, supportive and devoted to their children, six grandsons, and one granddaughter.

John was a wonderful husband, father, grandfather and friend to everyone. He loved and understood people. He was always cheerful, jovial, and witty. He lived a good life to the very end. He is greatly missed by his family and all of us who knew and were closely associated with him. ##

MEMBER matters

IN MEMORIAM
Michael Halstead, M.D.

Michael Halstead, MD

Michael Lynn Halstead was the storybook small-town boy from Webster Springs, West Virginia. From the time he was born in 1949 he was literally and figuratively their fair-haired boy. He was a good athlete, the validictorian of his high school class, and an officer in every group to which he belonged. Despite his accomplishments, though, town folks would remember Dwaine and Dolores Halsteads' son for his strong moral character, his thoughtfulness to everyone and his zest for life.

When Mike left home to go to college and later medical school at the University of West Virginia, it was no surprise to anyone in Webster Springs that he would graduate with honors and a membership in Alpha Omega Alpha, the medical school honorary society. But again, friends would remember him most as a genuinely nice guy - a guy with whom you could share your troubles and a guy you could party with.

After graduation, Mike joined the Army for his internship and residency in family practice at Fort Gordon, Georgia. His third year, he was the chief resident for the program and during this time his skills as a teacher blossomed. He was assigned to the Madigan Family Practice Residency and quickly established himself as a most respected teacher. Not only did Mike care about the residents' education, but their emotional well-being as well. He walked a lot of residents through those formative years, and there was nothing they wouldn't have done for him.

Of course, all these traits made him the ideal candidate for a family doctor. When he started his Tacoma practice in 1981, he made an immediate impact on the community. His practice grew quickly. Soon he was involved in the Tacoma Family Medicine program which had just begun. With time, he was to become active in too many groups to mention - both medical and nonmedical.

To concentrate on all his achievements, though, would miss the essence of what made Mike a special person. Mike was exactly what you saw - a truly upfront individual without need for facade. **Mike Halstead** was a lover of life. He wanted to try everything and he wasn't afraid of looking foolish while trying something new. He made friends easily and kept them forever. He helped people who asked and looked for those who didn't.

Mike Halstead MD died tragically on July 3, 1992. It occurred so suddenly that it left a void for all who knew him. We'll miss you, Mike. Thanks for leading us, teaching us, listening to us and being our friend. ##

TWO MEMBERS SUE PIERCE COUNTY MEDICAL

Society members **Robert McLees, MD, and Joseph Robinette, MD,** have sued Pierce County Medical claiming the insurance provider "deliberately defamed them and hurt their business with false accusations that they submitted bogus insurance claims," according to the June 24th Morning News Tribune.

The suit was a response to Pierce County Medical's April termination of the two physicians as preferred providers. The insurance provider terminated their status because, they claimed, **Drs. McLees and Robinette** submitted claims for gynecological treatments that were really uninsured fertility treatments.

The physicians disputed the Pierce County Medical claim and responded with the suit because the termination as preferred providers could "destroy our practices," according to **Dr. Robinette** and the MNT.

SOUND TO NARROWS ATTRACTS PCMS RUNNERS

On a day meant for running, over 15,000 runners, joggers, and shufflers turned out to attack the 7.45 mile course running through scenic Point Defiance. Among the top 200 finishers were pediatrician **Tom Herron,** finishing 80th in 45:14 minutes, and general surgeon **Ron Taylor** finishing 84th overall in 45:25. Both **Herron and Taylor** finished in the top 200 last year. **Tom Herron**'s spouse, Verna, also finished 80th overall in the women finishers in a time of 56:20. **Lawrence White's** spouse, Donna, finished 5th among the women in the 40-44 age category and 589th overall.

Tom Herron ranked 9th among the 35-39 age runners and **Ron Taylor** was 5th in the 45-49 age group.

Other members, spouses, and family members finishing under the magic one hour mark were: **Ted Baer,** 59:27; **John Bargren,** 57:21; **Brian Berry,** 58:29; **John Lenihan,** 55:57; **Andy Loomis,** 50:47; **Todd Nelson,** 54:48; **Craig Rone,** 49:02; **Lawrence White,** 59:43; Donna White, 53:27; and **David Law,** 51.49.

Other members who did the run: **Dr. Kenneth Graham,** running his 17th Sound to Narrows along with Dr. Cordell Bahn, former member, who is one of the original runners who has run all twenty Sound to Narrows races; **Gerard Ames, Ron Anderson,** Cordell Bahn, **Bob Ettlinger, Kenneth Graham, Stan Harris** and children, **John Hill, Tom** and Sandy **Irish, Jim Komorous, Maria** and Dennis **Mack** and family, **Ed** and Kay **Pullen, Don Russell,** Joan Strait, Jennifer Tobin and **Pat Hogan. Doctor Peter Marsh's** daughter, Abby, also placed 6th in her 14-and-under division.

We may have missed some of you and if we did please call and we will run a correction in the September Newsletter.

Congratulations to the runners for setting the example. ##

MEMBER *matters*

JOHN COMFORT, MD, RETIRES

John Comfort, MD

For 36 years, Drs. **John Comfort** and **William Sullivan** treated chickenpox, rashes, pregnant moms and broken fingers together. They talked over cases and helped each other out. In 1961, they built a South Tacoma building to house their family practice, and their lives have revolved around that building ever since.

"It's been a great partnership," said **Dr. Comfort.**.

After **Dr. Sullivan** died June 23, **Dr. Comfort's** perspective changed.

"When I lost my best friend, it's time to go," he said. He announced his retirement effective July 1. It's not the same anymore, he said, and besides, there's too much for one person to do.

Dr. Comfort has sold the practice to a group from Puget Sound Hospital. He plans to "...get caught up on the things I haven't been able to do for the last 20 years because of my work."

He'll be spending time with his family, including his eight children and 14 grandchildren. He might pick up his fishing pole again and fish Henderson Bay around his summer home. He may play some golf and travel, too.

He said, "I've enjoyed practicing medicine. But it's getting more confusing now with all the new regulations. I'm not sad to leave that part of it."

Dr. Comfort has served on the Society Board and on the library and membership committees.

Have fun, **Dr. John.** ##

RONALD SPANGLER, MD, REITRES

Ronald Spangler, MD

After a 29-year career practicing solo otolaryngology in Tacoma, **Dr. Ronald Spangler** retired June 1.

"I'm not sure how I feel about retirement yet," he said. "It took the first two weeks just closing the office. But I think it will be fine - I'm not worried about it."

Dr. Spangler, who started practice in the Medical Arts Building in 1963 before moving to Allenmore in 1976, plans to play golf, fish and do a little traveling.

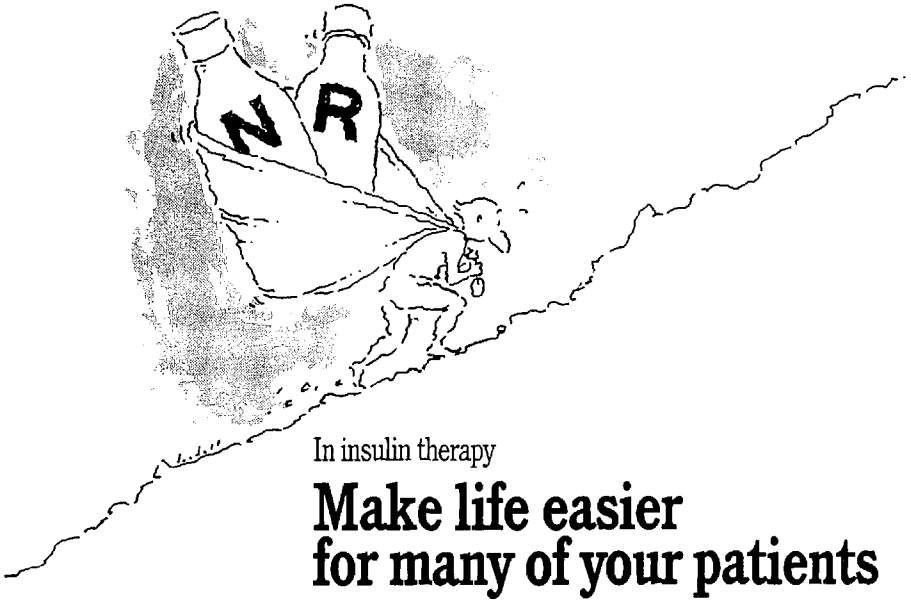
"I figure spending half my day at the Fircrest Golf Club is good enough," he said. He may spend the rest of his day on the Sound angling for salmon, he added.

His wife, Nancy, still owns her interior design business, The Design Source, so she is not free to travel much. However the couple did travel to Texas the last two weeks of June. The hot trip reinforced for them how comfortable the Northwest weather is.

Having come from Florida originally, **Dr. Spangler** not only appreciates Tacoma for its weather, but also for the chance to practice medicine here.

"It think I made a good decision 30 years ago to come to Tacoma," he said. With that, he paused. "Boy, it doesn't seem so long ago now."

Hook a big one, **Dr. Ron.** ##



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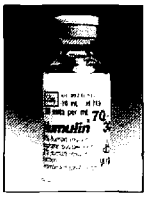

Humulin® 70/30

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(recombinant DNA origin)

The patient-friendly premix

Global Excellence in Diabetes Care
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Indianapolis, Indiana
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WARNING: Any change of insulin should be made cautiously and only under medical supervision.

WHAT DO YOU THINK?

Your Society wants to know what you think about issues that confront the medical community. Your officers and staff need to know in order to represent you correctly and effectively.

So from time to time we'll be asking, "What do you think?"

Please answer the questions on this page, tear them out and mail them back to the Society. If you need more space for comments, send us a note with your answers.

In the next issue, we'll publish the results of this poll. In that way, this page will become a forum where you and other physicians can share ideas. To further provoke the exchange of thoughts, we may also select some of your comments and letters for publication. If you do not want to have your comments published, simply make that notation and we will honor it.

1. There are a number of health care reform proposals being put forward that aim to increase access to medical care for Washingtonians and to reduce the cost of medicine.
Please choose the plan or plans below that you feel would best improve the health care system in Washington State.

☐ a. The governor, in cooperation with the insurance commissioner, shall design a health care and long term care insurance benefits package. All citizens would be required to be covered , and only state-certified insurance companies could offer the package, within state-imposed cost limits. Insurance premiums would be paid by employers or by individuals on a sliding scale according to income.

☐ b. A government-run system that would pay every citizen's healthcare insurance premium and develop taxes to generate the necessary funds.

☐ c. A governor-appointed and Senate-confirmed healthcare commissioner shall, with input from professional, volunteer advisory committees, set minimum health insurance benefits which all citizens would be require to carry. The commissioner would also set maximum costs which insurance companies could charge for the minimum coverage. Premiums could be paid by employers and low-income citizens' premiums would be subsidized by the state.

☐ d. An autonomous state commission would determine residents' minimum health benefits package, who would be eligible for it and how it would be paid for.

☐ e. Other_____

2. If additional state funding becomes needed to pay for one of the above or any other health care reform plans, which of the following additional funding sources would you support?

☐ a. A state income tax

☐ b. A sales tax on luxuries

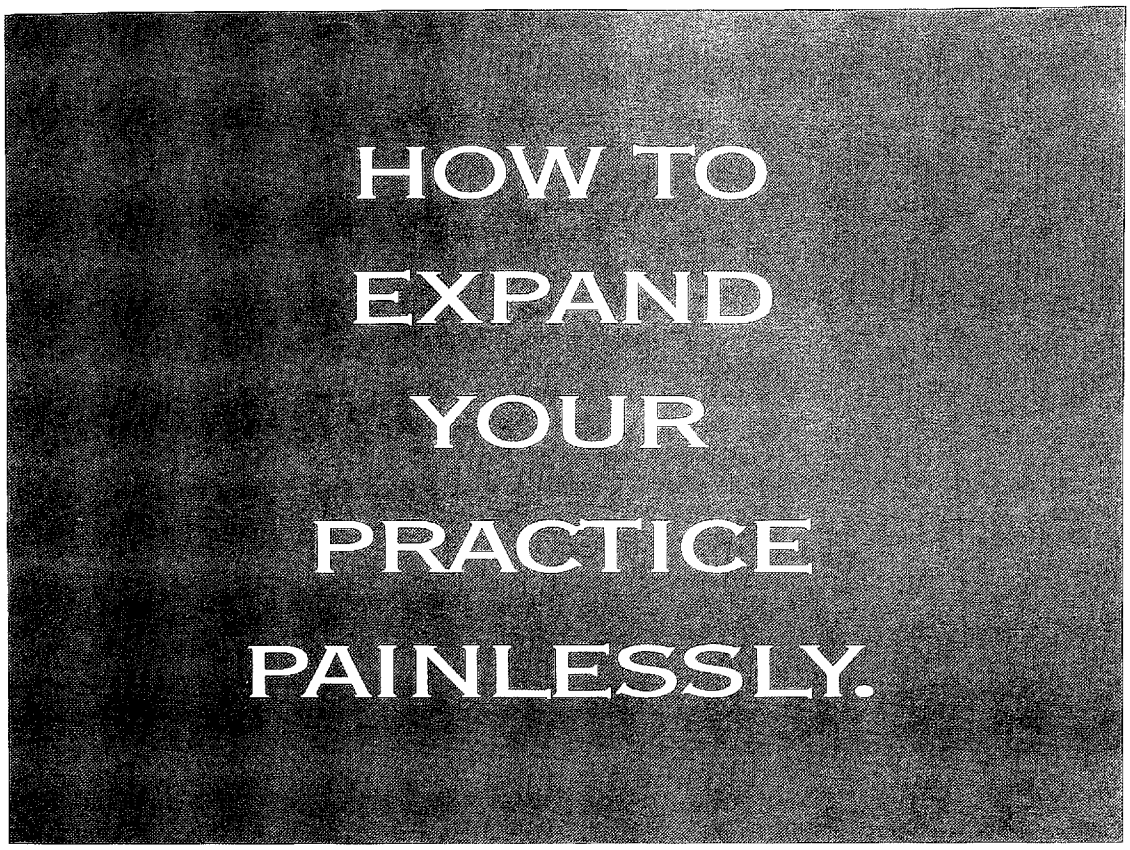
☐ c. A sales tax on health care services

☐ d. An across-the-board sales tax increase

☐ e. A "sin" tax, ie: alcohol, cigarettes

☐ f. A sales tax on all services

☐ h. Other _____

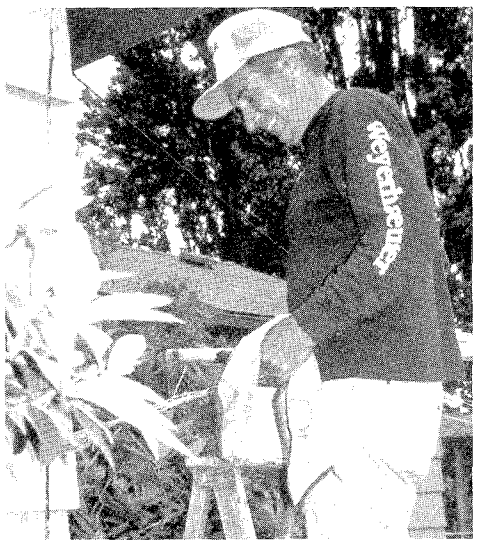


Try a time share medical suite in the Gig Harbor Medical Pavilion. Establish your practice in a new market without the hassle and expense of setting up a full-time office. ✪ Located just off Highway 16, the Gig Harbor Medical Pavilion is in a growing community of more than 50,000. With 65% young and middle-age families, Gig Harbor alone is projected to grow by 15% in the next three years. And less than 25 minutes away by car lie Bremerton and surrounding communities. ✪ Along with these market figures comes the area's newest medical facility, the Gig Harbor Medical Pavilion, also home to Western Clinic and the St. Joseph Same Day Surgery Center. Each time share option comes complete with a private office, exam rooms, receptionist and amenities to accommodate most specialists. ✪ And, the leasing terms for our suites are surprisingly affordable. ✪ Call Wade Moberg at 552-4125 for a tour and information.

GIG HARBOR MEDICAL PAVILION

SOCIETY BUSINESS

MEMBERS PAINT HOUSE, HELP NEEDY



Dr. Orvil Harrelson steps up to paint

Several Society members donned grubbies and wielded paint brushes and scrapers last month while painting the home of a low-income couple. They helped the Society participate in Paint Tacoma-Pierce Beautiful, a yearly Associated Ministries project that this year painted about 65 homes. Associated Ministries assigned the house, owned by Ray and Mary, and PCMS physicians, their families and Society staff performed the work in the evenings and one weekend day.

On the evening of June 29, Pat Murto, husband of President **Eileen Toth, MD,** Doug Jackman and staff member Pad Finnigan made quick work out of power washing the house and chipping away loose paint in preparation for painting.

Then on July 1, **Drs. Orvis Harrelson and Eileen Toth** were joined by Pat Murto, Barb Gottas from St. Joseph Hospital, Doug Jackman and Sue Asher to start painting trim and some of the wood siding. Ray and Mary were quite happy that the new paint - brown trim and gold siding - matched the color of the existing color scheme so well.

On Wednesday night, July 22, **Drs. Maurer, Simms and Woodruff** resumed painting and nearly completed the job.

As of this writing, the last day of painting, July 25, had yet to have occurred, but **Dr. Roger Simms** was scheduled to work and finish renewing the house.

Ray and Mary were pleased with the job so far. And **Dr. Toth** said, "Those of us who worked on this project got a good feeling from helping Ray and Mary and contributing to this valuable yearly project. We appreciate the time physicians gave." ##

MANAGED MEDICAID IS TOPIC AT SEPTEMBER GENERAL MEMBERSHIP MEETING

The September 8 General Membership Meeting will feature a discussion of managed Medicaid by the state's chief health official in charge of Medicaid. Jim Peterson, Assistant Secretary of the Department of Social and Health Services, will talk about Medicaid management plans already implemented around the state and his plan to introduce a statewide model.

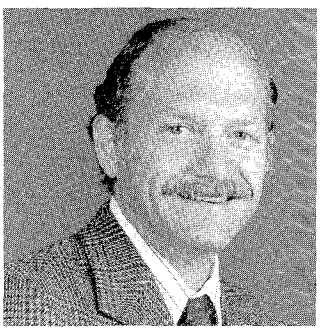
Managed Medicaid is a concept designed to offer Medicaid enrollees wider access to primary care. It is likely to be implemented in some form in Pierce County. One plan is already working in Spokane, and another has been operating in Mason, Jefferson and Kitsap counties for several years.

Your Society and Pierce County Medical will likely play major roles in designing and implementing managed Medicaid in Pierce County. Pierce County Medical, like its counterpart in Kitsap County, would be the logical choice to administer the plan, and it is studying alternatives with Mr. Peterson and his office.

You won't want to miss the September 8 General Membership Meeting at 6:15 p.m. at the Fircrest Golf Club. To attend, send your name(s) and $17 per person to the Society office by Sept. 3. ##

CEDAR SURGICAL TOUTS PCMS PLACEMENT SERVICE

The four-physician office of Cedar



Dr. Ron Taylor

Surgical Associates recently saved time and money hiring a well-qualified medical assistant with the help of the Pierce County Medical Society's Placement Service.

In fact, **Ron Taylor, MD,** Cedar Surgical's senior surgeon, said his practice relies exclusively on the PCMS service to cut time and money out of the hiring process.

"We've used the Society's Placement Service for many years because we trust them. They save us the time of advertising and screening, and that saves us money. The fees the Society charges are fair and reasonable. It's a great service and I'd recommend other physicians consider using it."

Dr. Taylor added that his office manager of 13 years, Paulette Groves, has tried hiring office personnel without the Society's help. "It's not worth the hassle - all those resumes and screening take too much of Paulette's valuable time," he said.

Paulette agrees. She said she tends to talk too much to candidates, so the fewer, well-screened candidates Placement Coordinator Peggy O'Brien sends her to interview, the better.

(continued next page)

Cedar Surgical

(continued from page 4)

She said, "I feel confident with the candidates Peggy sends me. Her screening is very good. Peggy is choosey."

Paulette said she has hired at least four front and back office people through the Society's Placement Service this past year - receptionists, medical records clerks and medical assistants. Like all the eight office people supporting the practice, the candidates have been well qualified, she said. "They're also ambitious. Peggy knows the kind of people we need in our busy office."

Dr. Taylor concluded, "We feel safe using the Society's Placement Service. We know the Society is behind it." ##

TOBACCO-FREE COALITION NEEDS YOUR SUPPORT

The Tobacco-Free Coaltion of Pierce County continues to muddle through the frustrating corridors of politics while trying to influence the city and county councils to pass ordinances prohibiting youth from accessing tobacco and a more stringent law that would prohibit smoking in the workplace and restaurants.

The youth access ordinance draft has been approved by the Pierce County Board of Health and recommended to the 17 small cities and towns in the county. The holdup has been a change in the administrative code to allow the health department to be the enforcement agency should the small jurisdictions opt to sign on with the program. The proposed ordinance would require retailers to be licensed to sell tobacco products and to require identification for proof of age; remove vending machines from public places other than a bar; and ban single sales of cigarettes, free samples, and coupons for free cigarettes.

The County Council Criminal Justice and Human Services Committee has been reviewing the restaurant and workplace ordinance for some time. Small meetings with supporters and opponents have been held to bring a "compromised" draft ordinance to the full council. The committee is divided on the issue, with Dennis Flannigan, chair, promising an ordinance; Cathy Pearsall-Stipek opposing the ordinance-"get your votes somewhere else" she was quoted as saying (MNT 7/7/92) and Barbara Skinner somewhere in between. City Councilman Greg Mykland plans to sponsor a similar ordinance that could take effect the same time as the county's law.

The Tobacco-Free Coalition has recently voted on a new name, has a new address (P.O. Box 1417, Tacoma, WA 98411), and is in the process of incorporating. Officers are **Pat Hogan, D.O.,** President; Chris Parent, American Lung Association, Vice President; and Sue Asher, PCMS, Secretary/Treasurer.

The Coalition is seeking a retired physician or a volunteer who is able to attend daytime meetings and has time to make phone calls, write letters, and interact with other cities and states that are working on similar projects.

The Coalition soon will be soliciting funds for stationery, membership brochures, mailings, membership recruitment materials, and other necessary expenses.

If you would like more information about the Coaltion, please call **Dr. Pat Hogan,** 383-1066, or Sue Asher at the Society office, 572-3667. ##

NEW MEMBERSHIP APPLICATIONS

Burger, Leslie, M., MD, Brigadier General
internal medicine
commander, Madigan Medical Center
medical school: State Universty of New York
Internship: Tripler Army Medical Center
residency: same
fellowship: University of Texas

Schubert, Timothy T., MD
internal medicine
practices with Digestive Disease Consultants
medical school: Stanford
internship: Montefiore Hospital
residency: same
fellowship: Nassau County Medical Center

Quint, Howard J., MD
urology
practices with Drs. Stagner and Ohme
medical school: Northwestern Univ.
internship: University of Arizona
residency: same

INTERPROFESSIONAL COMMITTEE MEETING

by John Doelle, MD Chairman

The Pierce County Medical Society Interprofessional Committee met on June 23, 1992. An important topic that emerged from the meeting was the increasing pressure on independent pharmacists created by the current medical climate. Specifically, DSHS reimbursement for prescriptions and prenegotiated insurance prescription plans have put significant pressures on small independent pharmacists. In a manner analogous to private practitioners of medicine, independent pharmacists find themselves struggling in an adversarial environment where overhead rises and remuneration for inventory decreases.

The pharmacists pointed out that physicians and their staff can aid pharmacists by responding to requests for refills or by clarifying prescriptions reasonably promptly. The pharmacists often find themselves trapped in a situation where patients present with a need for a refill of an ongoing medication. Despite the efforts on the part of some physicians' offices to encourage their patients to make arrangements to request prescription refills two or three days in advance, many patients do not present to the pharmacist until they have actually run out of their medication.

Pharmacists worry, much as physicians worry, about the emerging involvement of government in financing of medical care and the various legislative issues which face the profession in the state. Involvement in the political process was felt to be needed by both professional groups. ##

FUND ESTABLISHED

A memorial fund is being established in Michael Lynn Halstead's name at the Tacoma Family Practice Residency. Each year a stipend will be given to a deserving resident to be used to enrich his/her life in some nonmedical way - to have fun, to learn something new, to become a more well-rounded person. Contributions can be made to:

Tacoma Family Medicine
c/o Multicare Fund Development
P.O. Box 5296
Tacoma, WA 98415-0296

Feature

REFLECTIONS ON THE DEATH OF A COLLEAGUE

by **Dave Pomeroy, MD**

Dave Pomeroy, MD

Speaking as a member of the medical community.....

who checks on the healers? Who watches out for us, the ones of society who have chosen to take the challenge of helping the sick, the dis-eased, the unwell? There is no quality-of-life audit, no concurrent review of intensity of service/severity of commitment, no fuel gauge that allows someone else to see when we are getting near empty. Unless we reveal it, or friends pry it from us and persuade us to open up further to...who is out there? Other docs, counsellors, friends - all kinds of resources.

Maybe we haven't met the enemy yet. Unlike Pogo, for us perhaps the light bulb has not yet gone on. The enemy is not OSHA, HCFA, insurance companies, angry dissatisfied patients, dependent clingy patients, hospital committees, loan payments, booze, drugs...the enemy is us.

The feeling that "I can do it". "Got to just knuckle down and do it." The same intense from-the-bottom-of-your-gut effort that gets every physician-in-training through another hellish night on call, when it is relentlessly summoned to take on all the challenges that come along with being a doctor, a colleague, a husband/wife, father/mother, friend, confidante, responsible contributing member of society in a leadership role, that ability to get it done has a limit. And if any one does not feel or heed the warning signs that the red line on the tachometer is very close...I don't think any of us knows how we might react when we go over the limit. It's unpredictable. And often incomprehensible to any one else looking on.

Some are lucky. They are the ones who seem to be able to take the time off at the right times, to get recharged and refreshed often enough that they don't approach the limit.

I suspect most of us stumble long and by grace of (whomever you choose) we catch ourselves overextending and we pull back a bit. It's not easy. The ego takes a hit. Common sense to the rescue, but isn't there a little sense of "wish I could have done just a bit more on that. It sure deserves some attention..."?

How can we, individually and collectively, recognize and respect the quality of self-preservation, the ability and guts to say "no more"? As a society - American take-it-to-the-max corporate and individual mania to achieve, to fix it - as a local community of highly stressed capable, intelligent people, how can we help us?

By not inducing guilt in the tone of voice by which we accept the answer "no" from the colleague we just asked to serve on a committee, or to give up time to do whatever. By dishing out more "good for you" when we hear a well-reasoned "no." By supporting family time, personal time, as a refreshing necessary part of our lives. By recognizing the need to take time now in order to have energy later to do the things that need to be done. By listening, not just asking "how are you," but by listening for the response. And by being honest with ourselves, by listening to our own voice inside. When we say "fine" and inside the voice "NOT", maybe that's an early warning sign. Talk to someone about it. ##

Personal Problems of Physicians Committee

For Impaired Physicians
Your colleagues want to help.
Medical Problems, Drugs,
Alcohol, Retirement, Emotional Problems

Committee Members

Estelle Connolly,
Chairman.....627-5830
John R. McDonough.....572-2424
Ronald C. Johnson.....841-4241
Jack P. Liewer.....588-1759
Dennis F. Waldron.....272-5127
Mrs. Jo Roller.....566-5915
WSMA: 1-800-552-7236

Feature

AN AFFAIR TO REMEMBER

by **David Hopkins, MD,** Editor

David Hopkins, MD

Perhaps it was the early morning hour, perhaps the trip through the driving snow to the CPR course this past December, but somehow everything seemed surrealistic and unreal. As I walked from the snow into the bright glow of the lecture hall, I had the impression there were 20 CPR instructors for 10 doctors. Every other meeting in Western Washington had been cancelled because of the storm but not the CPR lecture. What dedication.

I sat there trying to wake up as the instructor demonstrated a CPR procedure. Before I knew it, it was my turn to pass the test. I walked toward the platform, and suddenly there she was - Resusci Annie with her close-cropped hair, her high, Nordic cheekbones (was she Scandinavian?), her slender, almost boyish figure clad in a dark, zippered jacket. She was lying there motionless. I knew she was in trouble, and I had to do something. I had unzipped the jacket in preparation for sternal compression when the instructor said, "Don't you think you should see if she's unconscious? You may get arrested for more than CPR." Flushed, I shook her shoulder and said, "Annie, Annie." She didn't answer. Somehow, I knew she wouldn't. I pressed my mouth to her firm, freshly moistened lips. I noted the faint odor of alcohol. With my every breath her chest rose and fell, her warm exhalations caressing my face. It seemed like only seconds, but it must have been a good deal longer when I felt the instructor's hand on my shoulder as he firmly terminated my resuscitative efforts, remarking dryly that the victim was probably not only resuscitated but long gone from the accident scene.

I knew then what I must do. I left the room whistling "Paper Doll" and thinking I would rather have a Resusci Annie to call my own than a fickle-minded real live girl. Exhilaration is said to be that feeling you get just after a great idea hits and just before you realize what's wrong with it. My exhilaration lasted until a few days ago when I read in the newspaper that a Chicago suburb was no longer going to use Resusci Annie because of the fear of AIDS.

I couldn't believe it. Annie, whose sole purpose has been to service mankind, now suspected of harboring AIDS in her prim little mouth and her pulmonary mechanism. My intent is to remain monogamous, but I can't be sure where Annie has been so it's back to fickle-minded real live girls for me. ##

This article originally appeared in the February 1986 issue of WSMA Reports.

The Pierce County Medical Society

announces

September's General Membership Meeting

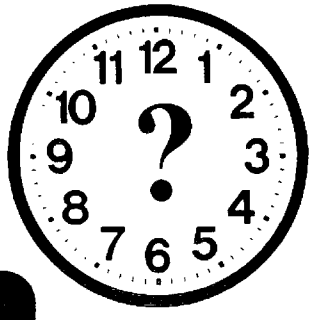
when: Tuesday, September 8
Social Hour at 6:15 p.m.
Dinner at 6:45 p.m.
Program at 7:45 p.m.

where: Fircrest Golf Club
6520 Regents Blvd.

featuring

Jim Peterson
Assistant Secretary, DSHS

speaking about



MANAGED MEDICAID HAS ITS TIME COME?

NOTE: Nominations and elections of four at-large members to the 1993 Nominating Committe will be held at this meeting. The committee will select Board of Directors nominees.

(return before Thursday, Sept. 3, to PCMS, 223 Tacoma Ave. So., Tacoma, Wa. 98402)

Please reserve _____ dinner(s) at $17 per person
Enclosed is my check for $_____

signed_____

Letter to the Society

The Head Start Program and ECEAP (Early Childhood Education Assistance Program) wish to thank you for your assistance in working with our families this past year. We certainly appreciate your doing complete medical exams (including hematocrits) on the children and your completing the medical exam form for our programs. Our health staff appreciate the opportunity to work with you in serving our families. As we are now enrolling our children for next year, you will probably be seeing more of our children (and forms) in the months to come.

For those of you who may be new to the area or who may be considering including more families of low income in your practice, I'd like to mention a little about our programs. The Head Start Program and ECEAP are preschool programs for low income families. We serve mainly four year olds and some three year olds and are pleased to accept referrals from you. Federal and state standards require a complete exam of all systems, including developmental, hearing, vision, and Tuberculosis screenings and a blood pressure and hematocrit (or hemoglobin) test. If one of these screening procedures is omitted from the examination, we refer the child back for the screening as the federal and state standards will not allow us to count the exam as being complete. These programs consist of five components: Health, Nutrition, Education, Social Service, and Parent Involvement. Thus, we serve the whole family rather than just the preschool child.

If you would like a brochure explaining these programs or some application forms or you have any questions, please call us at 439-6910 (Head Start) or 439-6906 (ECEAP) in Seattle or 596-6910 (Head Start) and 596-6906 (ECEAP) in Tacoma.

Marianne Larson, RN
Head Start Health Coordinator

News Clips

MEDICAL COMPLAINTS RATE LOW AT BBB

In the Better Business Bureau's (BBB) latest Western Washington report about calls and complaints received about businesses, medicine was not to be found. It rated so low down the list it was not reported.

The BBB received over 62,000 inquiries and 5,300 complaints about businesses in 1991. The report listed the top 15 industries in each category, and none of them were medical.

A call to the BBB revealed that it had received only 300 inquiries about hospitals, dentists, physicians, optometrists, medical labs, chiropractors and the like in 1991. Most of those calls came from consumers asking the BBB what information the Bureau had about medical practitioners from whom callers were considering purchasing services.

Bureau files also contained records of only 49 complaints registered against medical-industry businesses in 1991. Eleven of those 49 were against physicians, six against dentists and one against a chiropractor. Most often complaints were about the quality of service or the size of the bill - misunderstandings about billings, the Bureau said.

Topping both the inquiry and complaint lists were the auto industry. Inquiries flowed to the BBB most often about companies providing auto repairs. The most complaints were filed against auto manufacturers.

Businesses in the home or car industries dominated the top five industry lists.

Your letters to the editor are welcomed and solicited

BE WARY OF THOSE TEMPTING OFFERS

The inspector general of the U.S. Health and Human Services Department has warned physicians and hospitals to keep their relationships at arms length.

In a "Special Fraud Alert," the IG listed 10 illegal incentives hospitals use to entice physicians to utilize their facilities Entering into the offered arrangements could land the physician and hospital in trouble, the warning said. The AMA has said the practices are not automatically fraudulent behavior, but rather should be viewed as a red flag and approached cautiously.

The top 10 list includes:

1. payment for continuing education
2. payment for travel to conferences
3. free physician staff training, like CPT coding and lab techniques
4. free or discounted services, like billing nursing, etc.
5. free or discounted space or equipment
6. low-cost or no-cost loans in exchange for referrals
7. guaranteed income supplements
8. inappropriately low-cost health insurance
9. payment above fair market value for services rendered
10. any incentive to spur referrals

The IG said the alert is supported by a 1987 law that forbids arrangements that "constitute remuneration offered to induce, or in return for, the referral of business paid for by Medicare or Medicaid." The office is currently investigating about 200 cases of possible violations.

Reprinted from AM News

AUXILIARY

TENTATIVE SCHEDULE OF FUTURE MEETINGS

September 25, 1992 - Newcomers meeting and luncheon to be held at the home of Mary Jackson, babysitting provided. Program will involve history of, and past presidents of, the auxiliary or perhaps other surprises. 10:00 am meeting time.

October 16, 1992 - Political speakers, WAMPAC and state legislators will discuss issues of medical concern to help us become aware and educated. To be held at the home of Dorothy Grenley at10:00am. Coffee or lunch.

November 20, 1992 - A fashion show featuring children's and women's clothing for the holidays with fashions from Julia Ellen. The meeting will be held at a Country Club with a 10:00 am meeting time. Luncheon.

December 8, 1992 - Dinner with Pierce County Medical Society joined by the Auxiliary. Always great fun and good food.

January 15, 1993 - English Tea and Literary Review. Last year this was such a success we are repeating it with perhaps a variation. To be held at Kathleen Forte's home at 10:00 am with babysitting provided.

February 1993 - NO MEETING

March 19, 1993 - Skin care show and fun by SAVI who a specialist. Possiblity of a plastic surgeon to inform, educate, and answer those questions you always wanted to ask. This will be our only evening meeting and will be on Thursday.

April 1993 - No meeting held. You are invited to the House of Delegates Spring Convention, or perhaps you would like to volunteer to participate in the Teen Health Forum. Both are very interesting.

May 21, 1993 - Meeting at the Foxglove Herb Farm in Gig Harbor. A rare opportunity to be escorted and educated by the owner and to get a head start growing your own herb garden. 10:00 am meeting time. Lunch.

PHILANTHROPIC FUND APPLICATIONS AVAILABLE

If you're a service or health-oriented Pierce County organization and would like to be considered by the Pierce County Medical Society Auxiliary as a recipient for philanthropic funding, you may now obtain an application by calling or writing:

Lynn Peixotto
13316 Muir Dr. NW
Gig Harbor, WA 98332
(206) 851-3831

Proof of 501(c)(3) IRS rating is required. All applications must be requested from the chairman.

APPLICATION DEADLINE IS TUESDAY, SEPTEMBER 15, 1992.

MISKOVSKY GRADUATES

Katheryn (Katie) Miskovsky, daughter of **Thomas J. Miskovsky, MD,** has graduated with distinction from the UW in history and was elected to Phi Beta Kappa.

PIERCE COUNTY MEDICAL SOCIETY AUXILIARY
COUNTY, STATE, AND NATIONAL DUES 1992-1993

	Regular	Widow/Retired	Newcomer	Student/Resident
NATIONAL	$25	$25	$25	$10
STATE	$30	$21	$20	$5
COUNTY	$20	$10	$10	$10
TOTAL DUES	$75	$56	$55	$25

Please circle amount paid, make check out to PCMSA, and mail by September 15 to: ----->

Colleen Vercio
21 33rd Ave. Ct. N.W.
Gig Harbor, WA 98335

Name: _____
Enter below changes to your membership listing

Address: _____

_____

Phone: _____

Type of membership?
(Please circle one)

P Participating

S Supporting
(no calls for committee work)

It's Your Bread And Butter . . .

Support Medicine
Join Your Medical Auxiliary

True, you probably have interests and priorities outside medicine. You may have your own profession, and you certainly have other involvements. No matter what those interests are, medicine is an important part of YOUR bread and butter!

The medical profession is beset on all sides by professional liability costs, unreasonable court decisions, burdensome government regulations, and problems unheard of only a few years ago. Now more than ever, it is crucial for medical spouses to join together to support -- in every way possible -- the goals of the ONLY organization which exists for the express purpose of serving as AMBASSADORS FOR MEDICINE in WASHINGTON: Your medical auxiliary.

We work to elect responsible candidates to public office; we work in support of legislation for tort reform and other issues affecting medicine; and we are visible in your community working on health projects designed to improve the quality of life for citizens of Pierce County and Washington.

Realistically, you must set priorities about how you spend your time. You may or may not have free time to devote to community service. You may be a dedicated political campaign worker, or you may have no understanding of politics.

HOWEVER, YOUR MEMBERSHIP CAN GIVE YOU A VOICE IN THE FUTURE OF MEDICINE AND HELP US TO BE MORE EFFECTIVE IN OUR WORK FOR ORGANIZED MEDICINE.

We believe that YOUR medical auxiliary should be the first organization you join, and one you never give up - no matter what other demands there are on your time. We believe the threats to medical practice are so great that both partners in every medical marriage must work to combat them. And we believe that every member makes a vital contribution, no matter what level of involvement.

We hope you agree and that YOU WILL JOIN US. IT'S YOUR BREAD AND BUTTER.

Karen

Karen Dimant, President
Pierce County Medical Society Auxiliary

Nikki & Mary Lou

Nicole Crowley and Mary Lou Jones
Membership Chairmen

P C M S AUXILIARY

ABSENTEE BALLOTS FORMS AVAILABLE

If you plan to be out of town or for some other reason wish to vote the easy way - by absentee ballot - on Sept 15, the day of primary, or on Nov. 3, the general election, complete the forms below. Clip them out and mail one per voter to the Auditor's office (address shown on form). You will receive your absentee ballot in the mail.
BE SURE TO VOTE

ABSENTEE BALLOT REQUEST

Mail or Take to:
BRIAN SONNTAG, Auditor
Room 200 - 2401 South 35th St.
Tacoma, Washington 98409 - 7484

DATE: _____

M C
OFFICE USE ONLY

SEPT. PRIMARY ELECTION ☐ _____ YEAR
NOV. GENERAL ELECTION ☐ _____ YEAR
SPECIAL ELECTION ☐ _____ DATE

I, _____ , AM A REGISTERED VOTER
REGISTERED NAME (PRINT)

AT _____ _____ / _____
PRINT YOUR STREET OR LAST WASHINGTON STATE ADDRESS — PHONE NUMBER — DATE OF BIRTH

IF BALLOT IS NOT TO BE MAILED TO ABOVE ADDRESS, FILL IN WHERE BELOW:

C/O _____ X _____
SIGNATURE - SIGN

STREET ADDRESS _____

IF THIS APPLICATION IS NOT SIGNED, WE CANNOT PROCESS

CITY - TOWN, STATE _____ ZIP

Z-346

ABSENTEE BALLOT REQUEST

Mail or Take to:
BRIAN SONNTAG, Auditor
Room 200 - 2401 South 35th St.
Tacoma, Washington 98409 - 7484

DATE: _____

M C
OFFICE USE ONLY

SEPT. PRIMARY ELECTION ☐ _____ YEAR
NOV. GENERAL ELECTION ☐ _____ YEAR
SPECIAL ELECTION ☐ _____ DATE

I, _____ , AM A REGISTERED VOTER
REGISTERED NAME (PRINT)

AT _____ _____ / _____
PRINT YOUR STREET OR LAST WASHINGTON STATE ADDRESS — PHONE NUMBER — DATE OF BIRTH

IF BALLOT IS NOT TO BE MAILED TO ABOVE ADDRESS, FILL IN WHERE BELOW:

C/O _____ X _____
SIGNATURE - SIGN

STREET ADDRESS _____

IF THIS APPLICATION IS NOT SIGNED, WE CANNOT PROCESS

CITY - TOWN, STATE _____ ZIP

Z-346

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

COMMON OFFICE PROBLEMS CME TO START C.O.M.E. 1992-93 SCHEDULE

Common Office Problems, the College's long-standing CME program for primary care practicioners is set to start the C.O.M.E. 1992-93 schedule on Oct. 8 and 9.
A brochure detailing course content and registration procedures will be mailed in early September. The course will feature half-day sessions on pediatrics, internal medicine, psychiatry and geriatrics, and will be held in Jackson Hall.

DATES	PROGRAM	DIRECTOR
1992		
Thursday, Friday October 8 & 9	Common Office Problems	Mark Craddock, MD Kirk Harmon, MD Tom Herron, MD Tom Norris, MD
Friday, October 30	Diagnostic Imaging	Les Reid, MD
Friday November 6	Infectious Diseases Update	David McEniry, MD
Friday, December 4	Gastroenterology Update	Gary Taubman, MD Richard Tobin, MD
Thursday, Friday December 10 & 11	Advanced Cardiac Life Support	Mark Craddock, MD Kent Gebhardt, DO
1993		
Thursday, January 21	Law & Medicine Symposium	Estelle Connolly, MD John Rosendahl, JD
Thursday, Friday, Sat. February 4, 5 & 6	CME at Mt. Bachelor	Stuart Freed, MD
Friday February 26	Review of HIV Infections	Alan Tice, MD
Thursday, Friday March 11 & 12	Internal Medicine Review - 1993	Sidney Whaley, MD
Friday, Saturday April 15 & 16	Tacoma Surgical Club	Leo Annest, MD Chris Jordan, MD
Friday April 23	Terminal/Palliative Care Update	Stuart Farber, MD
Friday May 7	Gynecology Update	John Lenihan, Jr., MD Sandra Reilley, MD
Monday, Tuesday June 21 & 22	Advanced Cardiac Life Support	James Dunn, MD

GASTROENTEROLOGY CME PROGRAM RESCHEDULED TO DECEMBER 4

"Nuts, Bolts, and Innovation in Gastrolintestinal Disease," a College CME program, has been rescheduled to December 4. Last month's Newsletter indicated the conference would be held on November 20.

The program, new to C.O.M.E.'s offerings, is designed for primary care physicians and will feature faculty from the Tacoma Gut Club.

The course, directed by **Drs. Gary Taubman and Richard Tobin,** will reflect the multi-disciplinary approach used commonly in managing patients with gastrointestinal illness.

ASK THE EXPERTS

Ask the experts is a feature of the Pierce County Medical Society Bulletin. It is an opportunity for physicians, managers and staff to ask for advice on medical management questions. Each month, selected topics will be addressed by a medical office staff consultant from Larson Associates. Send your questions and comments to: Larson Associates, 223 Tacoma Avenue South, Suite A, Tacoma, WA 98402

Q Dear Steve:

What should we be do about backing up our office computer system. We currently have our billing and accounts receivable on our system but the back up seems to take forever.

Office manager

A Dear Office Manager:

"Forever" is a relative term. The few minutes it takes to back up your system would seem very short compared to the hours (or days) it can take to reconstruct lost data.

My dentist says "floss only those teeth you want to keep," like wise, back up only the data you want keep. It may seem far fetched to think that you could lose data, but it does happen! Computer hardware can break down, lightening does hit, fires do happen, theft does occur, viruses exist. You may work a lifetime without losing any data, but why take the chance?

Since billing and accounts receivable are the life blood of any practice, they should be backed up regularly. I recommend that you start a daily cycle. Back up the input and processing for that day and take the tape or disks offsite that night. The next day, using a different tape or set of disks, back up the daily input and take those disks or tape offsite. Once a week or so do a complete system back up. With this process, the worst you can do is lose one day of input. It is much easier to re-input one day than try to do a month or even worse.

Each computer system will have its own specific procedures for backing up data, some will use a tape, while others will use a series of disks. A few systems even have an ongoing on line back up process. If your back up process takes more than a few minutes, check with your computer vender to see what can be done. Programs and hardware may have changed since your system was purchased.

Consider the time spent backing up as an inexpensive form of insurance. You may never need it, but if you do, it is greatly appreciated.

Steve

Now THAT'S a Dividend!

$1.6 Million in Dividends
Largest Per Capita Ever Paid in Washington

The Doctors' Company is pleased to be able to reward our members with the largest per capita dividend ever paid to Washington physicians. And it's part of a history of over $90 million returned to all our member physicians since the company's inception.

Care to know more?

The Doctors' Company is the largest doctor-owned, doctor-managed professional liability carrier in the nation, with over 16,000 members. Yet we also recognize that all states are unique. That's why our rates and dividends are based on the individual state or group's performance.

We see our job as much more than simply providing coverage at competitive rates. Our commitment is first and foremost to helping good doctors practice better medicine.

Congratulations, Washington physicians. You've earned it.

Call 800-548-0799 For More Information

THE DOCTORS' COMPANY

CLASSIFIEDS

POSITIONS AVAILABLE

Clinic Director Position. The Neighborhood Clinic is seeking a committed individual who would be responsible for clinic operations and coordination of volunteer staff. Clinic provides free ambulatory medical care to indigent members of our community. Applicants must be flexible and have a sense of humor. Washington State license required (Nursing or PA) 20 hours/week includes clinic hours Monday and Thursday 4-10 pm. $10/hr *plus benefits.* Request applications from B. Miller, 1725 N Steele, Tacoma WA 98406 or call message phone (206) 272-4380.

Locum Tenens Coverage and opportunities in the Greater Seattle/Tacoma area. CompHealth, the nation's premier locum tenens organization, now provides daily, *weekly, weekend, evening, or monthly* coverage for your practice with physicians from the local area. Or we offer you the opportunity to build a flexible practice right in the Seattle/Tacoma area. Call today for more information: (206)236-1029; evenings call (206) 236-5686. Or write: 3660 - 93rd Ave. S.E., Mercer Island WA 98040.

Tacoma-Seattle, Outpatient General Medical Care at its best. Full and part-time positions available from North Seattle to South Tacoma. Very flexible schedule, well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, MD 537-3724, or Bruce Kaler, MD 255-0056.

Physicians Needed. Part-time. Change your routine-spend one weekend a month and two weeks a year as a Medical Officer with the Washington Air National Guard - Your hometown Air Force reserve. Call SMSgt Gary Plendl, Tacoma, 581-8233 or 1-800-344-0539.

EQUIPMENT

O.R./Surgical/Exam Instruments. We have remodeled! Our extensive stock of stainless steel surgical instruments is now on display. Visit our showroom for excellent bargains on exam and specialty instruments including a great selection of orthopedic and arthroscopic equipment. Call Lynlee's Pre-Owned Medical Equipment in Redmond for a free catalogue or more information. (206) 867-5415.

For Sale - Equipment from Family Practitioner's Office including complete X-Ray suite, single channel EKG, spirometer, autoclave, cast saw, instruments and more. Call 523-4857.

OFFICE SPACE

Physician's Office Space - 1550 sq.ft. suite available for sublet. Ideal for surgeon or primary care physician. Located in premier medical office building with view of golf course. For details contact Kenton Bodily, MD or Sigrid Schreiner at 383-3325.

Well Appointed Office Space *in St. Joseph* Medical Pavilion to share with surgical specialist. Pleae call 272-4334.

Ideal Two-Physician Medical Office Space for lease at 1002 S "K" St. 3500 sq.ft. includes X-Ray machine. Excellent lease rate. For informaion contact Dr. Bargren of Thom Comfort at 627-2038.

Graham Professional Office Space for Lease; Physician's Office - 1500 sq.ft., Radiology Clinic - 2000 sq.ft., General Office - 936 sq.ft., Physical Therapy - 1560 sq.ft. Please call Dr. Lawrence Ladowski or Terri Howard at 847-4388.

GENERAL

Medical Transcription Service free pickup and delivery, quaranteed 24 hr. turnaround. Corrine (206) 847-6945.

The AMA and Medical Liability: Principles of Reform

The American Medical Association believes that as the national debate on health care reform proceeds, we must address its high cost, inefficiency and inequity of our medical liability system.

The Problem

People injured by medical malpractice or defective medical products are entitled to fair and prompt compensation for their injuries. All parties should have the right to fair and cost-effective dispute resolution. The AMA believes that in resolving medical and product liability claims, the civil justice system currently:

- Costs too much and works slowly;
- Fails to provide access to the legal system or fair compensation to most patients, while providing exorbitant awards to others;
- Is unable to promptly or cost-effectively identify unfounded claims;
- Fails to promote quality health care or protect patients from avoidable injuries;
- Adds billions annually to the national health care bill in medical liability premium costs and by encouraging doctors to practice "defensive medicine" to hedge against potential lawsuits;
- Threatens access to health care, especially high risk services, such as obstetrics and emergency room care;
- Unnecessarily adds to the cost of pharmaceuticals and medical devices, and
- Inhibits health care product research and development, reducing the availability of potentially valuable new drugs and medical devices.

The impact of our medical liability system has been studied extensively. These studies agree that this inefficient system adds to the serious problems of making health care services available to all and making these services cost-effective.

The federal government, as the single largest purchaser of health care services, has a strong interest in promoting available and quality medical care and managing its cost. Because of that concern, it should take the lead to address medical liability problems.

Principles of Medical Liability Reform

The over 100 groups including the AMA that participate in the **National Medical Liability Reform Coalition** support the principles articulated below. These principles should guide any restructuring of the current medical liability system.

1. **Availability of Health Care:** A compensation system for medical injury should promote the basic goal of providing access to all necessary health care service to all.
2. **Quality of Health Care:** A compensation system for medical injury should deter substandard or unethical practices and encourage improvements in the safety and quality of medical care.
3. **Patient-Professional Relationship:** A compensation system for medical injury should enhance a cooperative relationship between patient and providers, based on mutual respect and effective communication.
4. **Fair Compensation:** A compensation system for medical injury should compensate patients injured by malpractice adequately and equitably.
5. **Prompt Resolution:** A compensation system for medical injury should resolve claims promptly.
6. **Innovation:** A compensation system for medical injury should encourage innovation in diagnosis and treatment, leading to better care.
7. **Predictability:** A compensation system for medical injury should provide predictable outcomes with respect to findings of liability and amount of awards.
8. **Cost Effectiveness:** A compensation system for medical injury should operate efficiently and economically.

We urge the Congress and the President to work on meaningful medical liability reform legislation consistent with the above principles.

Materials included are excerpted from *Member Matters*, a monthly publication sent to all members of the American Medical Association.

American Medical Association
Physicians dedicated to the health of America

For Your Benefit

American Medical Association Works to Redress Medicare Inequities

The American Medical Association is working to enact legislation in Congress to redress several inequities in the Medicare program.

New Physicians: Senate bill 2362 and House bill 4507 ask for repeal of provisions in the current law that mandate Medicare payment reductions for physicians in their first four years of providing care for Medicare beneficiaries.

EKGs: House bill 3373 and Senate bill 1810 would restore Medicare reimbursement for interpreting EKGs. HCFA says that it did not add sufficient money to visit codes to cover expected costs of paying for interpretation. The AMA, HCFA and medical specialty societies are discussing ways to recoup the money.

Geographic Price Cost Indices: HR 4393 and S 2680 would require HHS to use more accurate current data and consult with the state medical societies to revise the GPCIs. S 2683 requires HCFA to update GPCIs more frequently and make special adjustments for physicians in isolated areas.

Anti-Hassle: HR 2695 and S 1332 aim at reducing administrative hassles regarding secondary payors, payment errors, carrier user fees, and improving physician peer review.

Contact your senators and representatives to ask them to cosponsor these bills: 1-202-224-3121.

AMA Censures Disruptive CLIA Office Visits

The AMA, in comments on the final CLIA regulations, characterized unannounced HCFA inspections as disruptive for patients, especially those waiting for test results. The AMA recommended that inspectors:

- treat physician's offices differently from independent reference labs, and
- notify physicians ahead of time.

Pierce County Medical Society
223 Tacoma Avenue South
Tacoma, WA 98402

FORWARD & ADDRESS CORRECTION

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PCMS Newsletter

September, 1992

A Publication of the Pierce County Medical Society

CONGRATULATIONS GRADUATES

The first graduating class of Mini-Interns with their member-faculty include, left to right, ***Bill Roes, MD,*** *State Senator Lorraine Wojahn, Doug Jackman, Dave Alger, Dave Condon,* ***Vita Plislow, MD,*** *Elaine Porterfield,* ***Eileen Toth, MD, Dick Bowe, MD, Jim Fulcher, MD,*** *John Holtermann,* ***Greg Popich, MD, Bill Jackson, MD and Nick Rajacich, MD.*** *Not pictured is* ***Stan Harris, MD.***

(See story on page 2)

Inside

PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science, and delivery of medicine and the betterment of the healthandmedical welfare of the community. The opinions herein are those of individual contributors and do not necessarily reflect the official position of the Medical Society.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas, and suggestions.

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Mini-Internship Program brings rave reviews

The Society-sponsored Mini-Internship Program held July 27 and 28 was a smashing success and proved two significant points:

1. All eight physicians and six community leaders who participated loved every minute of the experience and want to do it again.

2. Members' concerns about patient confidentiality that prevented the program from starting for the last five years turned out to be a non-issue.

The program paired the six community leaders for half a day with each of four physicians over the two-day period. Much like medical interns or residents who follow their mentors, the mini-interns accompanied Society members on their daily schedules.

Because all the interns said they gained a greater respect for, and understanding of, the medical profession while they observed operations, office visits and emergency room action, the Society's objectives in staging the event were met.

The following members opened their interns eyes to their respective specialties:

Dick Bowe, ophthalmology
Jim Fulcher, emergency medicine
Stan Harris, general surgery
Bill Jackson, radiology
Vita Pliskow, anesthesiology
Greg Popich, orthopaedic surgery
Nick Rajacich, pediatric orthopaedic surgery
Bill Roes, family practice.

Interns who participated in PCMS's first Mini-Internship Program were:

Dave Alger, Executive Director of Associated Ministries
Dave Condon, attorney with Welch & Condon
John Holtermann, Senior Vice President for External Affairs, Pierce County Medical
Doug Jackman, Executive Director of PCMS
Elaine Porterfield, medical reporter for the *Morning News Tribune*
Lorraine Wojahn, State Senator

President **Eileen Toth, MD,** chaired a kick-off dinner meeting Sunday evening before the pairings began. Each mini-intern and physician-faculty expressed different reasons for wanting to participate in the program. Two days later during Tuesday night's debriefing session following the two-day mini-internship, **Dr. Toth** asked participants to share their experiences.

Senator Wojahn, who had wanted to participate in order to observe whether unneeded tests are being ordered, said after her internship that she learned physicians are very cost conscious. She was impressed that

(continued next page)

Mini-Internship continued

Dr. Fulcher orders the least expensive tests available that give the results he needs. She said she observed **Dr. Rajacich** use a zip-lock bag for an ice pack instead of ordering an expensive medical device.

Dave Alger agreed with Senator Wojahn's assessment. "I was sure impressed when the surgeon with whom **Dr. Pliskow** was working declined to use a new packet of medical instruments at one point during an operation. Instead, he used an already-opened pack to save the patient $300," he said.

Alger, a minister, said he entered the experience with a prejudice against physicians who, without sufficient training, counsel their patients in non-medical matters. Because of his experience with **Dr. Bill Roes**, he said, "I was impressed with **Bill** - he walked a counseling tightrope by dealing with his patient's emotional needs while recognizing his limitations."

Another old stereotype Alger said he has carried around in his back pocket for years was that physicians are aloof and removed. He admitted that he had to exercise that mistaken impression during the two-day mini-internship. "The aloofness was not there," he said. "The doctors, nurses and staff I saw were all very helpful. It was eye and mind opening for me." Their openness, he said, will help the general public understand and support the medical community.

Morning News Tribune reporter Elaine Porterfield entered the mini-internship wanting to study health care reform. While she observed **Dr. Dick Bowe** perform a cataract operation and **Dr. Vita Pliskow** monitor anesthetized patients, she said other surgeons in adjacent operating rooms learned of her presence and sent emissaries asking her to attend their operations, too. She was also amazed by the openness of physicians, and said, "I think you are all doing great things."

Society members were effusive about their experience. **Doctor Greg Popich**, who had scheduled interns with him only one of the two days, said "I would liked to have done two days. The program should be continued."

...all the interns said they gained a greater respect for, and understanding of, the medical profession....

President-elect **Jim Fulcher, MD.**, said his ER was slow much of the time and he and his mini-interns had the opportunity to discuss many current health care topics. "We solved all the health care problems," he said jokingly. One of his interns, Dave Condon, watched as ER staff tried unsuccessfully to revive a cardiac arrest victim.

Stan Harris, MD, said about the confidentiality issue, "The patients we saw all accepted the interns. Everyone handled themselves professionally."

Doctor Bill Roes went even further. "My patients were flattered that someone wanted to observe medicine in action. Many of them talked one-on-one with interns when I left the room." He added that his staff also was able to explain the business side of his practice to interns.

During the debriefing session Tuesday night, suggestions were offered that may add value to the Society's next mini-internship program. Elaine Porterfield suggested that the ER pairings be done at night when more emergencies occur. Dave Alger thought interns might like to see charitable-care clinics. And there was discussion about which medical specialties to include - perhaps adding cardiology, for example.

All the participants were excited about their experience and eager to do it again.

The Society is planning to run three Mini-Internship Programs per year. ##

Annual Meeting

The 103rd Annual Meeting of the Washington State Medical Association will take place in Yakima, October 1-4.

Representing PCMS as delegates will be your Board of Trustees:

Eileen Toth, MD, (IM), President
James Fulcher, MD, (EM), President Elect
William Roes, MD, (FP), Vice President
Vita Pliskow, MD, (Anes) Secretary-Treasurer
William Marsh, MD, (FP), Immed. Past President
Ronald Goldberg, MD, (Onc) Trustee
Alexander Mihali, MD, (IM), Trustee
David Munoz, MD, (Ger), Trustee
Robert Osborne Jr., MD, (Vas. Surg.), Trustee
James R. Taylor, MD, (Pul), Trustee
James M. Wilson, MD, (IM), Trustee

In the event that any of the delegates are not available to vote during debate in the House of Delegates, the following alternate delegates will replace them in the PCMS delegation. Alternate delegates are:

Richard Hoffmeister, MD, (Ortho)
Les Reid, MD, (Adm. Med)
William Ritchie, MD, (ENT)
Rebecca Sullivan, MD, (FP)
George Tanbara, MD, (Ped)

Dr. Toth and **Dr. Mihali** will be members of reference committee D, which Dr. Toth will chair.

Drs. Leonard Alenick, Dick Bowe, Richard Hawkins, Gordon Klatt and Charles Weatherby are WSMA Trustees. **Doctor Hawkins** is Vice Speaker of the House of Delegates, and **Dr. Alenick** is an alternate delegate to the AMA House. ##

Members to present at WSMA Annual Meeting

Two PCMS members will present separate programs during the Washington State Medical Association's Annual Meeting in Yakima Oct 1-4

Arthur Vegh, MD, will present "Am I Really Allergic to 57 Foods?" as part of the scientific program on allergy and immunology Friday, Oct. 2.

Gordon Klatt, MD, will discuss "Smoke Free by the Year 2000," also on Friday afternoon, as part of the PACE Communications Workshop session on society PR ideas that work.

Besides these two sessions, WSMA will be offering scientific sessions on: Public Health, Fatal Distraction - Stressed & Troubled Physicians: What Can We Do?; obstetrics and gynecology; orthopedics; risk management; emergency medicine; School Health: Common Programs; ophthalmology; dermatology; urology; psychiatry; and other medical topics.

A special educational opportunity that will award Category I CME credit hours will be titled, "Effective Management of Pain." This program is an outgrowth of WSMA's opposition to Initiative #119 last year, the death with dignity initiative. The initiative reflected the common view patients have that they would rather die than face interminable pain. The objective of this four-hour Friday afternoon program is to educate physicians about pain management. Two physicians will speak about managing pain in cancer patients, one will speak about Hospice, and an ethicist will speak about end-of-life issues.

The Pierce County Medical Society delegation will have two caucus breakfasts: one Saturday and one Sunday, both at 7 a.m.

This year's Annual Meeting theme is "Strong Medicine." State Association President James Kilduff said that given the pressures on medicine these days, Strong Medicine is an appropriate theme.

To register to attend the Annual Meeting, call PCMS for the registration packet. ##

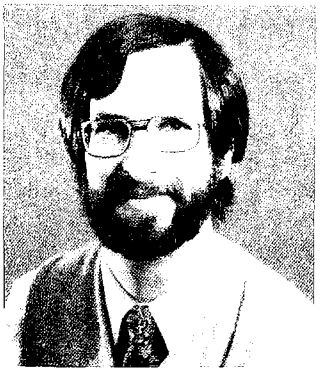
Personal Problems of Physicians Committee

For Impaired Physicians
Your colleagues want to help.
Medical Problems, Drugs,
Alcohol, Retirement,
Emotional Problems

Committee Members

Estelle Connolly, Chairman	627-5830
J.D. Fitz	552-1590
John R. McDonough	572-2424
Ronald C. Johnson	841-4241
Dennis F. Waldron	272-5127
Mrs. Jo Roller	566-5915
WSMA:	1-800-552-7236

Meet your Board members



Bill Roes, MD

Don't try to pin a "country bumpkin" label on **Bill Roes, MD**, or call his Key Center hangout a "podunk" town.

He and his town are far from bush league.

The good doctor is a pillar in his community. He conducts the city orchestra, advises county government and operates a thriving practice catering to rich tourists who summer on the Key Peninsula. His office sits strategically next to the town's busiest strip mall. It is a museum of area history and a showcase for one of his extravagant personal collections.

Recently, the physician/entrepreneur announced he intended to take advantage of the population explosion by building the Peninsula's first skyscraper, a 70-story medical building complete with heliport, rotating restaurant and water-supplying desalination plant.

No sureeee Bob. This is no ordinary country doc.

Doctor Bill Roes has made an historic contribution to the Key Peninsula's musical culture. Two years ago he formed the area's first band of the modern era - a kazoo band in which he played snare drums. Then again in June, drawing heavily on his experience (one year) as a member of the Husky Marching Band back when being a Husky was nothing to brag about, **Dr. Roes** formed and directed the Down Home Keep Clam Band to take part in a Pioneer Days parade. The band was patterned after the turn-of-the-century Home Band Association pictured on his office wall. The 12-member ensemble included PCMS members **Dr. David Pomeroy** on piccolo, **Drs. Jim Patterson** and **Andy Loomis** on trumpet and **Dr. Bill** playing trombone. Nurses, a dentist and town's folk filled in the group.

Dr. Roes said they practiced playing Sousa marches. "We ended up playing a lot of Stars & Stripes Forever since that's the only song we could play all the way through."

County government leans on **Dr. Roes**. As medical advisor to the fire department, he supervises paramedics, reviews their cases and occasionally makes emergency runs to keep himself current. He also operates a well-child clinic for the county as part of his tenancy in the county-owned office building.

The building is hard to find. There's a scotchbroom field on one side and on the other is the library, his co-tenant in the building. Down the street, just before the town intersection, is the town's strip mall, called the KC Corral. The world famous Key Center Tavern is a block away and across the street are familiar landmarks: Marty's Clip Joint and Red Dog's Country Convenience Store.

Doctor Roes clientele include very rich waterfront homeowners and visiting tourists. But they can also be very poor people who live in tents without power or plumbing, he said. "They're often either on welfare or waterfront," he said.

The Key Peninsula used to house the Home anarchist's society, **Dr. Roes** explained. Following that tradition, the area has been, and still is, home to hippies or people with non-traditional life styles. Since he is the only physician on the 20,000-person Peninsula, he sees a lot of variety. "Many patients view me as a clinic," he said. He uses a nurse practitioner who helps to see walk in clients.

He located in Key Center 10 years ago when he was with the National Health Service Corps. They paid for three years of his medical education, and he paid them back with three years of work in the physician-short area. And he stayed. "The program is

(continued next page)

*(**Dr. Roes**, continued)*

supposed to work that way," he said.

Of physicians who skip out on their service obligation under the program, he said, "They are ripping off everybody in the country."

Dr. Roes grew up in Wyoming and came to Seattle and the UW for undergraduate work because he wanted to get away from small towns. A buddy, who had hitch hiked to Seattle, convinced him the city was "really neat."

He went on to Washington University Medical School in St. Louis and came back to do his family practice residency at Tacoma Family Medicine.

Pictures from the old days on the Peninsula decorate his lobby walls. A Lionel train and track set, part of a collection he likes to tinker with at home while on call, circles the top of the cabinet housing his patient's records.

But the office is too small. For nine years **Dr. Roes** has been breaking his pick in the seemingly unpenetrable bureaucracy of Pierce County government to obtain permission to build another office building nearby. "It's frustratingly slow," he said, guessing construction could start in about half a year.

So with tongue in cheek, he announced in the April Fools edition of the local paper that he was building a 70-story medical office building. Making fun of the county, which had stalled his office project because of a lack of water, **Dr. Roes**'s article announced he would build a desalination plant in Glen Cove to supply the building's water.

"The funny thing is, I got calls. People believed the story," he said.

Dr. Roes and his wife and two young teenage daughters live in Tacoma's West End. "My wife wanted the big city and I wanted a small one. So we get the benefits of both," he said.

***Dr. Roes** and his office staff donned turn-of-the-century clothes in this photo hanging on his waiting room wall. They submitted it to the April Fools issue of the newspaper asking readers' help identifying the people in the " old photo."*

Besides his Lionel trains, **Dr. Roes** collects old cars - well, he has one; his old college '68 Mustang. He keeps it as a reminder of days gone by. It's part of "Roes' theory of mass," which hypothesizes that big items, like cars, can take the place of one's old childhood home.

Dr. Roes thinks big and is big, right there in uptown Key Center. ##

***Dr. Roes'** band with fellow PCMS members **Jim Patterson, MD,** (playing trumpet in dark jeans) and **Andy Loomis, MD,** (next to him).*

Local news

Dr. Torgenrud talked; Dr. Alenick listened

Like a shadow, the AMA is never far away.

And **Dr. Terry Torgenrud** learned first hand it is helpful.

At a Pierce County Medical Society meeting last winter, **Dr. Torgenrud** complained that the federal government's 20-page immunization informed consent form was too formidable for many parents to digest and sign for their children. Parents were wary. As a result, some of **Dr. Torgenrud's** pediatric patients did not receive needed immunizations.

Enter **Dr. Leonard Alenick**, the AMA's eyes and ears in Pierce County.

As the county's only elected representative to the AMA, **Dr. Alenick** was attending the PCMS meeting, as he does many meetings, to watch and listen. He also goes to hospital, specialty society, WSMA meetings and others - listening, watching and sometimes explaining AMA issues and positions.

Doctor Alenick recognized **Dr. Torgenrud's** legitimate complaint as a national issue the AMA could address. He reasoned neither PCMS nor WSMA could make as much headway against the federal government as the AMA could.

In preparation for the June 21-25 annual AMA meeting, he consulted with pediatrician and former WSMA President Bill Robertson, MD, about the problem. They drafted a resolution to submit to the AMA House of Delegates. If adopted, the resolution would require the AMA to wrestle the federal government over the size and technical content of the informed consent form. The AMA would also try to help the feds develop a simplified form. As a result, the doctors thought, more of the country's kids would receive important immunizations.

Dr. Leonard Alenick

Dr. Terry Torgenrud

"I saw this as an issue which demonstrates how tort law damages public health," said **Dr. Alenick**. "It is an example of the out of control

(continued next page)

Meetings, meetings, meetings

Doctor Leonard Alenick's life was full of meetings at the recent AMA convention and Hospital Medical Staff Section meeting that preceded it. Here is **Dr. Alenick's** schedule as he represented you in Chicago.

Thursday, June 18
- Arrived at noon
- 2 p.m. HMSS chairmen's meeting
- Evening HMSS education meeting

Friday, June 19
- HMSS meetings, elections, education talks
- HMSS reference committee

Saturday, June 20
- HMSS meeting
- AMA reference committee F meeting
- Meet with California delegates
- Washington state caucus meeting

Sunday, June 21
- State caucus meeting
- AMA awards, speeches, opening ceremonies
- Consider late resolutions
- Nominations and speeches
- Delegation dinner
- Receptions

Monday, June 22
- Washington delegation breakfast meeting
- Reference committee F meeting - prepare report

Tuesday, June 23
- Breakfast caucus meeting
- House of Delegates meeting - votes
- Formal president's inauguration and reception

Wednesday, June 24
- AMA election voting
- House of Delegates voting

Thursday, June 25
- House of Delegates voting until noon

Local news

(Dr. Alenick, continued)

liability situation today. Because the federal government developed this form to control excessive liability payments, some people who needed vaccines weren't getting them.''

Armed with a resolution, **Dr. Alenick** flew with Washington's other nine elected AMA delegates to Chicago's downtown Hilton Hotel, site of the annual AMA meeting. He presented his resolution to one of nine reference committees whose job is to discuss, eliminate or prepare issues for the House of Delegates meeting later in the week. The committee combined **Dr. Alenick's** resolution with some others on the same subject, passed it and sent it forward to the House.

In the House of Delegates, 430 delegates voted on more than 300 resolutions and 100 reports in just three days: June 23-25. In addition, they elected the AMA president elect, two other officers, four members of the Board of Trustees and numerous committee members.

Doctor Alenick's and **Dr. Torgenrud's** resolution was among those that passed to become official AMA policy.

''The issue has now gone to the AMA staff to implement,'' **Dr. Alenick** said.

He is pleased with the effort. ''When you come out of those meetings, you feel you've accomplished something,'' he said.

Doctor Torgenrud is glad **Dr. Alenick** was watching and listening. He said, ''I think it's fantastic what **Dr. Alenick** has accomplished on this vaccine issue. He has been a good representative for us and he deserves some kudos.''

The state is allocated one delegate and one alternate per 1,000 members and has five of each. **Dr. Alenick** was elected as an alternate delegate to the AMA at the 1987 WSMA annual meeting. As an alternate, he votes in AMA meetings when a seated delegate is not present, and may become a full delegate when a delegate leaves the position.

With his alternate delegate status goes an automatic seat on the WSMA Board of Trustees. **Doctor Alenick** is also past president of St. Clare Hospital's medical staff.

Meetings are like an avocation to

Summary of actions, AMA annual meeting

The Speaker of the AMA's House of Delegates prepared a 19-page ''summary'' of the most significant actions taken by the delegates to the 1992 Annual Meeting. The report of the complete procedings was about three inches thick.

Below is a listing of subjects covered in the Speaker's summary. For information about the content of the resolutions, call **Dr. Leonard Alenick** at 582-0525.

- Medicare physician payment reform (RBRVS) (15 resolutions)
- Confidential care for minors (6 recommendations)
- Self referral
- HIV infections and physicians
- Routine HIV testing and counseling
- Monitoring HIV-infected physicians (4 recommendations)
- Social Security listing of disabilities (2 recommendations)
- Underground manufacture and sale of drugs
- Health care workers' safety (3 recommendations)
- Patient concern and protection (3 recommendations)
- Organized medicine's role in Health care policy development and implementation (4 resolutions)
- Peer review organizations (24 recommendations)
- Health Access America and the Play-or-Pay approach to health system reform (17 recommendations)
- National practitioner data bank
- Concurrent care (5 resolutions)
- Current procedural terminology
- Clinical Laboratory Improvement Act of 1988 (11 resolutions)
- Tobacco (7 resolutions)

(Dr. Alenick, continued)

him. "I remember my first AMA meeting," he said. "I didn't know what to expect. I thought we'd have a lot of scientific sessions, but we didn't. These meetings are on a lot of nuts and bolts subjects on the functioning of organized medicine in the country.

It's a labor of love - you really have to enjoy it. You have to believe you are doing something useful, and I do," he said.

A couple years ago, he estimated that 75 percent of the issues addressed by the House were patient care issues.

Just prior to the annual meeting, **Dr. Alenick** always attends the Hospital Medical Staff Section meeting for three days (he's chairman of the WSMA Hospital Medical Staff Section). He attends the winter interim AMA meeting and four WSMA meetings each year. Altogether, he shuts down his private Lakewood ophthalmology practice for nearly four weeks a year to attend out-of-town meetings.

It's worth it, he thinks, when he can play a part in solving critical medical issues. For example, when the U.S. Congress tried to split the medical community over the RBRVS issue, "We spent a lot of time on it," he said. "Not everyone was happy, but we prevented Congress from dividing and then destroying us."

He concluded, "The AMA does represent the medical profession very well and deserves the support of all physicians." ##

Local news

Officers Meet with Morning News Tribune

Health care reform was the major topic of discussion when PCMS President **Eileen Toth** and Presdent-elect **Jim Fulcher** met with the editorial board of the Morning News Tribune in late July.

WSMA's President Elect, Anna Chevelle, MD and Sec-Treasurer Dick Seaman joined them as WSMA's Personal Healthcare Program (PHP) proposal was discussed in depth.

Members of the editorial Board appeared to favor the proposal. Their major complaint was why had the Association taken so long to respond to the cries for health care reform. They were told that the proposal was based on three years of policy development by the WSMA House of Delegates and that medicine has supported system reform for some time. ##

Dr. Vegh featured on TV

PCMS member **Arthur Vegh, MD,** was recently interviewed by Channel ll news regarding the new National Heart, Lung and Blood Institute's guidelines on asthma treatment.

Dr. Arthur Vegh

Dr. Vegh was featured doing pulmonary function and assessment of a patient while he explained that asthma treatments are finally beginning to change from the old school of just treating symptoms. If you would like more information regarding the guidelines or asthma morbidity and mortality, please call **Dr. Vegh** at 383-4721.

Members run Sound to Narrows

We inadvertently omitted two members' names from our story on the S-N run last month. **Andy Levine, MD,** completed the race in 56 minutes, and **James Rooks, MD,** in 63. ##

Local news

Legislative candidates interviewed

PCMS members from the 2nd and 28th Legislative Districts interviewed candidates for the state legislature in late June. Following the interviews the committees made a recommendation to WSMA's political action committee (WAMPAC) to support a particular candidate.

The 2nd District candidates were Rep. Marilyn Rasmussen (D), a candidate for the vacant seat. Her opponent, attorney Brian McCoy is running for the first time. Roger Bush (R) and Tom Campbell (D) were candidates for Rep. Rasmussen's seat.

Drs. Bill Marsh , Maria Mack and Mrs. Debby McAlexander, representatives on the WAMPAC Committee, interviewed the 2nd District candidates.

Members who interviewed the seven 28th District Candidates until midnight were: **Drs. Dick Hoffmeister, Maria Mack, Bill and Marge Ritchie,Theresa Terem and Terry Torgenrud.**

Among those interviewed from the 28th District was **Dr. Stan Flemming,** candidate for the House. **Dr. Flemming** is medical director for the Community Health Care Delivery System clinics. It would be nice to have another doctor in the Legislature.

The Society thanks those members and spouses who participated in the interviews. It provides the candidates an opportunity to hear medicine's view on many issues on which legislator's will be voting. ##.

Dr. Hawkins Addresses Kiwanis

Dr. Richard Hawkins

The Kiwanis Club of Tacoma had the pleasure of learning about methadone treatment for heroin addiction from Dr. **Richard Hawkins** at their July 21 meeting. **Dr. Hawkins** is currently Medical Director of the Tacoma/ Pierce County Methadone Treatment Program and the Upper Tacoma Treatment Services. He has been involved with the Health Department clinic since 1978 and spends one-half day per week there. He presented a couple patient cases, one who started using drugs at age 7 and currently uses 1.5 grams ($150) of heroin daily, another a 32 year old woman who had two pregnancies, of which both babies went through withdrawal. **Dr. Hawkins** stressed repeatedly that there is no such thing as a "typical" heroin addict. They all present with a myriad of difficulties and backgrounds. He said the challenging part of this particular job is knowing just how hard to push the clients to get better, without pushing too hard and creating too much pressure.

Although rarely do prior heroin addicts admit that they have a problem, **Dr. Hawkins** reported that the clinic does have a few successful graduates.

When asked why he has maintained an interest in working with addicts **Dr. Hawkins** replied that it gives him an opportunity to work with other people, to have variety outside of his office routine, and to contribute to the social improvement of our community. ##

Local news

Members "surf" their way to Hawaii

Imagine getting in your boat and going as fast as you can - blindfolded.

Sound foolish?

Well, five, usually-rational PCMS members did just that in July as they sailed the Victoria to Maui race with eight other crew members.

Chris Jordan, M.D., co-skipper of the 68-foot racing boat Hokulele, said, "For the first half of the race - 6 days - it was overcast at night. There was no light and we couldn't see. The winds at night got as high as 38 knots. It got a little scary."

Hitting large floating objects in the middle of the night is not unheard of. Six years ago, one boat hit something and took on water.

But for **Drs. Jordan, Tom Bageant, Ron Knight, Phil Craven, Don Hebard** and the rest of the crew, lady luck was with them. Not only did they finish the 2,308-mile race without a disaster, they recorded the fourth fastest time in the history of the race: 10 days 23 hours.

While most of the crew members have boats of their own, the team leased the San Diego-based boat because of its unique racing design. It reached a top speed of 23.6 knots, **Dr. Jordan** said, when it was surfing down big ocean waves.

Despite its speed, the boat was not fast enough to win the race. It placed third in its division and was third to finish. The race's two fastest boats, both of which have finished previous Vic-Maui races, claim the records for the first, second and third fastest times in history.

Seven times during the race exceptionally strong winds tore Hokulele's sails.

Crew members took turns tending the sails and sleeping. Four-hour shifts took the night watch and six-hour shifts covered the daylight hours. Six men worked at all times.

The race was physically exhausting, but the crew saved enough energy to throw a great party in Lahaina, Maui, **Dr. Jordan** said. Their wives and girlfriends flew over to join them and to watch all the crew get dunked in the harbor.

The crew enjoyed each other's company and vacationed on Maui together for a week or so after the race was finished. "We all stayed friends," remarked **Dr. Jordan**. The close quarters and tiring conditions can test even the most mellow disposition.

"We talked about doing the race again in 1994," said **Dr. Jordan,** anticipating his fifth trans-Pacific race. ##

***Drs. Ron Knight** (top left), **Phil Craven** (with bottle), **Don Hebard** (second from right, top), **Chris Jordan** (lower center), **Tom Bageant** (lower right) and crew enjoy "bubblies" on Maui.*

Local news

PCMS Bylaws ammendment to be voted on

The following amendment to the Medical Society Bylaws was reviewed by the Bylaws Committee and Board of Trustees and will be voted upon at the October 13 General Membership Meeting.

Proposed Amendment RE: MEMBERSHIP

Proposed deletions are underlined like this.

CHAPTER III - MEMBERSHIP

Section 1. Classes of Membership

A. Active Members

a. Qualifications: An active member must:

iv. maintain membership in the Washington State Medical Association or the Washington Osteopathic Medical Association;

In accordance with the Bylaws, Chapter XII, Section 3, "The Bylaws may be amended at any regular meeting of the Society, or special meeting called for that purpose, by a 2/3 vote of the members present and voting, provided that a copy of the proposed amendment has been sent by mail to each member not less that 15 days in advance of such meeting, such copy deemed to have been sent if published in the Bulletin or Newsletter."

The amendment is intended to have PCMS become a "unified" county with WSMA. Prior to September, 1990, PCMS Bylaws required membership in WSMA (unified) and did not provide osteopathic physicians the option to belong to WSMA or WOMA.

Several osteopathic physician members of PCMS and WOMA requested that PCMS provide the option, stating that many D.O.'s in Pierce County wished to join PCMS but did not do so because they had to join WSMA. Thus, in September, 1990, the Bylaws were amended to include the option.

Since the ammendment, the Society has not had any of the D.O.'s who had practiced here apply for membership. However, eight osteopathic physicans new to the community have joined.

WSMA does not now consider PCMS as a "unified" county and the Board of Trustees believes it is in the best interests of the membership, Medical Society and Federation to be unified. ##

Bill Sullivan, MD, dies

*by **John Comfort, MD***

Bill Sullivan was born in St. Joseph Hospital in August, 1927. He attended St. Patricks grade school in North Tacoma and Bellermine High School, graduating in 1945. He enrolled in the U.S. Navy program, attending the University of California. After the war, he attended Seattle University and received his medical training at St. Louis University.

Following internship and surgical residency at Providence Hospital in Seattle, he began the general practice of medicine with me in the summer of 1956.

I was fortunate to have attended grade and high school with him and to have been at medical school also at the same time, graduating one year before him.

Bill married Joan in the summer of 1950, raising eight children. He was devoted to his wife and family.

How fortunate I was to have been part of his childhood, adolescence and adult years. It was nice to have practiced in the same office with Bill for 36 years - having a ready consultant at all times.

While not being involved with the politics of medicine, he loved the profession and his patients. So many have expressed to me "How caring and thoughtful he was."

Practicing medicine without him is impossible for me. He is deeply missed and loved by his family, patients and me. ##

Local news

Dr. Hogan completes Ram Rod

Two miles straight up. Two miles straight down.

Those were the extremes of the agony and ecstasy **Dr. Pat Hogan** endured in a bicycle race around Mt. Rainier July 30. He was one of 800 superbly-trained riders who raced the clock over a 160-mile course in an event its name describes well: Ram Rod.

Doctor Hogan peddled his bike up countless hills and two major passes - Cayuse and Paradise - as part of the 10,000 vertical feet of elevation gain race designers threw in his face.

But since the race began and ended in Enumclaw (''what goes up must come down''), he also enjoyed 10,000 feet of exhilarating ''downhills'' at 30-40 miles per hour.

He will not say he is an elite cyclist, but he finished in the middle of the pack with a time of 10-1/2 hours. The winner took over eight hours to finish, and the course closed after 14.

Beginning back in March when he began training for the race, **Dr. Hogan** started worrying. ''I was concerned about not being able to finish the race, or finishing last - as a matter of pride,'' he said. But now that he's done it, he said, ''It is a good feeling to have it behind me - a real accomplishment.''

Doctor Hogan had ridden the Seattle-to-Portland event a couple times before, but said the

Dr. Hogan in his riding gear

Ram Rod was created for the cyclist who aims for a ''higher challenge.''

''It was a real trial of physical and mental endurance,'' he said.

The climb up Cayuse Pass was unrelenting; two hours up hill in 90-degree heat with no wind or shade. ''I just struggled to put one foot in front of the other,'' he said.

Would he do the race next year?

''I'd love to,'' he replied.

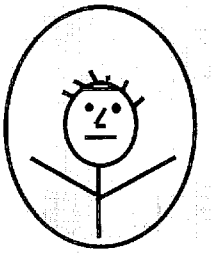
Doctor Hogan is usually known as a neurologist with Tacoma Neurological Associates. He is also President of the Tobacco Free Coalition of Pierce County and has been a PCMS member since 1987.

The Tobacco Free Coalition is currently working on promoting an ordinance to eliminate environmental tobacco smoke in work places, public places and restaurants. They have also introduced another ordinance to prohibit sales of tobacco products to youths.

Innovative educational programs for the schools are also being developed.

Dr. Hogan emphasizes the imminent need for the medical community to become involved by giving time or financial support in the efforts to reduce tobacco-related diseases and the dangers and irritants of environmental tobacco smoke.

Doctor Hogan was also recently appointed to the Washington State Department of Labor and Industry's advisory committee on clean indoor air. The 20-member committee's goal is to propose regulations to ban smoke and other indoor air pollution materials from all state workplaces. ##



Frame your friend

If you know a colleague who has accomplished something significant or is involved in community activities, tell the Society so we can tell the story in our Local news section.

We'd like to frame his or her picture right here on this page.

Local news

What do you think?

Your Society needs your help planning general membership meetings.

Please complete the following questionnaire, tear it out and mail it back to the Society at 223 Tacoma Ave. So., Tacoma, WA 98402.

Check your top preference in each category. Check more than one in each category if you rate the choices equally.

SPEAKER/TOPIC

__ PCMS business

__ medical topic

specify _____

__ non-medical topic

__ financial

__ humor

__ socio-economic

__ sports

__ travel

__ political

__ other _____

__ members speak

__ better speakers

__ none (all social)

__ other _____

TIME

__ early morning

__ noon

__ evening

__ weekend

LOCATION

__ in Tacoma

__ in county

__ hotel

__ golf club

__ restaurant

__ other _____

FOOD

__ none

__ average meal

__ deluxe meal

FREQUENCY

__ 5 times per year (current schedule)

__ 1 time per year

__ 3 times per year

__ 7 times per year

__ 9 times per year

SPOUSES/GUESTS

__ yes

__ no

Other comments _____

Local news

Your Thoughts on...

In last month's Bulletin, we asked "WHAT DO YOU THINK" about state health care reform. The response was disappointing: only five so far. But considering summertime vacations and that the column ran for the first time last month, we're hopeful future response will improve.

Four of the five respondents cast more than one vote when selecting how to tax citizens to pay for state health care reform. Considering the total votes were more than the number of respondents, the top vote-getters were:

sin tax - 4

sales tax on luxuries - 2

state income tax - 1

Another respondent thought no new taxes would be needed.

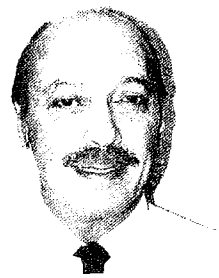
Additional suggestions were: for a state income tax with the elimination of the general sales tax; and the federal government should reward our helping the poor with funds to do more.

On the question about which health care reform system you prefer, two respondents chose the governor-appointed health commissioner plan (WSMA's proposal), two chose an autonomous state commission to determine minimum health benefits, and one suggested that an open market system that permitted adequate charges to those who were able to pay would allow you to provide more charity care.

##

Former U.S.S.R. needs medical journals

*by **Martin Mendelson, MD***



Dr. Martin Mendelson

In the winter of 1990 I had the privilege of spending nine weeks in the city of Donetsk in what was then still the U.S.S.R. I was there serving as physician to a group of 36 Americans, the staff of an exhibit of U.S. technology that was touring the Soviet Union. Winter in the Ukraine - before the collapse of the central authority - was a time of privation by our standards, even for the physicians I met and came to be friends with. In a place where a two-physician family with only two children cannot afford an automobile, life is not exactly luxurious.

Neither were the professional conditions luxurious. Although there were bright spots, especially where research was being done, most of the health care was doled out in aged and poorly-kept surroundings. I felt that only the obvious dedication of the physicians kept the system going, and that they were laboring under a constant burden as they continued to work. One burden that they often spoke of was their relative isolation from the mainstream of medical progress, and the journals that convey the information of that stream. As soon as I was finished with them, they avidly snapped up the few journals I'd brought with me to read.

I've recently received a request for assistance from one of the Donetsk doctors, a young and very capable obstetrician-gynecologist who assisted in the prenatal care of one of my patients. He asks -no, begs is more like it - for journals to be sent to the Donetsk medical community. Since the demise of the U.S.S.R. central authority, things have gotten worse than when I was there, and access to current medical knowledge is apparently almost nil. I think that if the Pierce County Medical Society were to invest in a minimal amount of staff time and postage to collect and send a select few of our used journals - especially in primary-care fields - to our colleagues in Donetsk, we would benefit a large number of people far out of proportion to what we would spend.

Ed. Note: The PCMS Executive Committee voted to assist Dr. Mendleson in providing literature to the physicians of Donetsk. ##

Local news

Laboratory directors to learn personnel standards

Directors of moderately complex laboratories are invited to a PCMS-sponsored program to review personnel requirements under CLIA '88.

The program, titled "The Technical and Clinical Consultant; who are they and what do they do?" will be held the morning of September 18 at St. Joseph Hospital's Conference Center. The course will run from 8-10:30 a.m. covering personnel standards that require moderately complex labs to have a technical and clinical consultant on staff. Cost-saving measures will also be presented. The program is directed by Judy Thompson, MT, Lab Manager, Summit View Clinic.

For a brochure and registration information, please call PCMS, 572-3666. ##

Halstead fund grows

Tom Norris, MD, director of Tacoma Family Medicine, said the Michael Halstead Memorial Fund, established after the death of our former member to benefit a second year resident at TFM, has grown to in excess of $12,000.

The largest gift, from the Independent Practice Association (IPF) and the After Hours Clinic it runs, was $10,000.

Interest proceeds from the fund will be awarded yearly to one deserving resident who may use the money at his/her discretion, no strings attached.

To contribute, mail your check to

Tacoma Family Medicine
c/o MultiCare Fund Development
P.O. Box 5296
Tacoma, WA 98415-0296 ##

Painting completed

On Saturday, July 25, three members helped complete painting the house PCMS was assigned in the Paint Tacoma-Pierce Beautiful Project.

Roger Simms, MD, President **Eileen Toth, MD,** and **Charles Weatherby, MD,** helped put the finishing touches on the house belonging to senior citizens Ray and Mary Goetz. As the members and staff surrounded the house, touching up here, trimming out there, Mary came outside repeatedly to express her appreciation for the job the Society was doing.

The work was rewarding and provided an opportunity for members and staff to become better acquainted while helping a family in need. ##

NEW APPLICANTS

Davies, Bruce G., MD
pediatrics
practices with University Place Pediatric Clinic, 2603 Bridgeport Way West in Tacoma
medical school: Univ. of Texas Southwestern
internship: Children's Medical Center, Dallas
residency: same
fellowship: same

Jin, Jonathan Y., MD
internal medicine
solo practice at 11311 Bridgeport Way SW, #204 in Lakewood
medical school: Pusan National Univ., Korea
internship: Wyckoff Height Medical Center
residency: same

Morgan, James, MD
family practice
solo practice at 3611 So. D St. in Tacoma
medical school: Univ. of California, Davis
internship: Deaconess Hospital, Spokane

Sobba, David J., MD
orthopedic surgeon
will practice with Pacific Sports Medicine, 3315 So. 23rd., #200 in Tacoma
medical school: Creighton University
internship: Creighton Univ. Affiliated Hospital
residency: Univ of Missouri/Truman Med. Center
fellowship: Tahoe Fracture & Orthopedic Clinic

Exercise and fight AIDS September 19

The Pierce County AIDS Foundation is sponsoring the first Pierce County AIDS Walk Sept. 19. The 10K walk will start at noon from Fireman's Park and wind through Tacoma's North End, along the waterfront and back to Fireman's Park.

Money raised in the pledge walk will benefit a coalition of local AIDS service agencies under the auspices of the Greater Tacoma Community Foundation.

To participate, call the Pierce County AIDS Foundation at 383-2565 for registration and sponsor information. Then collect sponsor donations and take it with you to the Walk. ##

NEWS BRIEFS

Perinatal Hepatitis B prevention program

The Tacoma-Pierce County Health Department announced an expansion of their Perinatal Hepatitis B Prevention Program.

The Department asks that you notify the Communicable Disease Program at 591-6535 of all hepatitis B surface antigen (HBsAg) positive pregnant women under your care.

In June, 1988, the U.S. Public Health Service, Immunization Practices Advisory Committee recommended that all pregnant women be screened for HBsAg. (Hepatitis B Immune Globulin) and a series of hepatitis B immunizations. If the recommended prophylaxis is not given, the risk of acquiring hepatitis B by perinatal transmission ranges from 10-85%. Infants who become infected have a 90% risk of chronic infection, and as many as 25% will die of chronic liver disease as adults.

During the past two years the Health Department has developed a tracking system for infants born to HBsAg positive mothers. With the new program, tracking can be expanded to include all infants born to such mothers, and prophylaxis can be provided by the Health Department to those infants whose families lack financial resources. The cooperation of all medical providers of perinatal care can help ensure that this service reaches all eligible clients.

As part of the comprehensive service, the Tacoma-Pierce County Health Department also will make recommendations for screening to all HBsAg household/sexual contacts with which it interacts. If the contacts are without financial resources, the screening and any subsequent vaccination will be available at the Health Department.

This new program is funded by the Centers for Disease Control and Washington State Office of Immunization.

For additional information, please call 591-6535. ##

NEWS BRIEFS

Vladivostok Medical Relief

Tacoma Rotary #8 and the Tacoma-Vladivostok Partnership are inviting your donations of medical supplies, equipment and medications for Tacoma's sister city.

Donations for the city are requested by Sept. 12.

To donate, call either Rotary #8 at 627-0230 or Larry Treleven, 572-6500. ##

Did you know that...

The AMA recorded over 225,000 address changes for its members in 1991? ##

Pierce County Medical Assistants will meet

The Pierce County Medical Assistants will meet on Monday, September 14 at 7:00 p.m. The meeting will be held at Allenmore Hospital in the cafeteria. The September meeting will feature Albert Limson, from Pratt Pharmaceuticals. Mr. Limson will speak and lead the discussion on pharmacology.

The October meeting, Monday, October 12, also at 7:00 p.m. in Allenmore's cafeteria, will be a CPR class. This meeting will be open to the public to accomodate those who want to become current in CPR training. Nonmember charge will be $15.

For more information about the Pierce County Medical Assistants or the monthly meetings, please call the Chapter President Jody Magruder at 884-3694, or Sue Asher at the Medical Society office, 572-3666. ##

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Second Infectious Diseases Update Set November 6

The second annual Infectious Disease Update CME program is scheduled for Nov. 6 in Jackson Hall. As last year, the program has been developed and supported by Infections Limited of Tacoma and is co-sponsored by the College of Medical Education. It is complimentary to PCMS member physicians.

The highly-requested course will feature presentations by all physicians of Infections Limited as an update on common outpatient and inpatient infections.

Richard Bryant, MD, of the Division of Infectious Diseases of the Oregon Health Science University, is set as the course keynoter. Dr. Bryant will speak on "Why Antibiotics Fail: The Application of Murphy's Law at Bedside to Make Sure They Don't."

The course, to be held in Jackson Hall, will offer 6 category I hours for both the AMA and AAFP. A program brochure with registration material will be available in late September. ##

Diagnostic Imaging CME Scheduled Oct. 30

Diagnostic Imaging, a half-day CME program designed to update primary care providers on clerical applications of CT, MRI, and newer imaging technologies, is scheduled for October 30.

The program is sponsored by Pierce County Medical, along with C.O.M.E., and is directed by **Dr. Les Reid.** The course will be complimentary to PCMS member physicians. A registration brochure with program details will be mailed in mid-September. ##

DATES	PROGRAM	DIRECTOR
1992		
Thursday, Friday October 8 & 9	Common Office Problems	Mark Craddock, MD Kirk Harmon, MD Tom Herron, MD Tom Norris, MD
Friday, October 30	Diagnostic Imaging	Les Reid, MD
Friday November 6	Infectious Diseases Update	David McEniry, MD
Friday, November 20	Gastroenterology Update	Gary Taubman, MD Richard Tobin, MD
Thursday, Friday December 10 & 11	Advanced Cardiac Life Support	Mark Craddock, MD Kent Gebhardt, DO
1993		
Thursday, January 21	Law & Medicine Symposium	Estelle Connolly, MD John Rosendahl, JD
Thursday, Friday, Sat. February 4, 5 & 6	CME at Mt. Bachelor	Stuart Freed, MD
Friday February 26	Review of HIV Infections	Alan Tice, MD
Thursday, Friday March 11 & 12	Internal Medicine Review - 1993	Sidney Whaley, MD
Friday, Saturday April 15 & 16	Tacoma Surgical Club	Leo Annest, MD Chris Jordan, MD
Friday April 23	Terminal/Palliative Care Update	Stuart Farber, MD
Friday May 7	Gynecology Update	John Lenihan, Jr., MD Sandra Reilley, MD
Monday, Tuesday June 21 & 22	Advanced Cardiac Life Support	James Dunn, MD

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Common Office Problems Set for October 8 & 9

Topics for this fall's Common Office Problems CME course have now been set. Specific subjects will be covered in the general areas of pediatrics, internal medicine, infectious diseases, and pharmacology. The very popular course, offered annually by the College of Medical Education, has been organized this year by **Drs. Mark Craddock, Kirk Harmon, Tom Herron and Tom Norris.** As in years past, the two-day course is designed for the primary care practitioner and focuses on practical approaches to most common problems in the office.

The course is slated for October 8 and 9 and is scheduled to cover the following subjects:

GERIATRICS

* Skin Cancer in the Geriatric Patient

* Functional Assessment of Elderly Patients

* Systolic Hypertension in the Elderly

* Communicable Acquired Pneumonia

* When to Refer for Joint Replacement

PSYCHIATRY

* Somatization Disorder

* Office Presentation of Sexual Abuse

* Depression or Substance Abuse

PEDIATRICS

* Attention Deficit Disorder

* Evaluation, Diagnosis and Treatment of Sexual Abuse

* Bronchiolitis/Croup

* Update on Pediatric Immunizations

INTERNAL MEDICINE

* Surgical Management of Carotid Vascular Disease

* New Meds: Special Consideration for the Elderly

* Chronic Sinusitis: A Salty Solution?

* Fibrositis ##

NEWS BRIEFS

Fee posting advised by AMA

The Council on Medical Service released its recommendations for posting physician fees. The council's guidelines advise that physicians should list the regular charges for their 10 most frequently performed services. They should display the list in their waiting rooms. Fee information also should be printed in brochures and directories so that patients can compare different physicians in the same specialty. The council is distributing its guidelines to the Federation. For additional copies, call PCMS.

Reprinted from the AMA's *This Week.*

##

Societies develop Practice Parameters

National medical specialty societies are becoming increasingly involved in the effort to develop practice parameters. At least 45 societies have developed a total of more than 1,300 parameters. Most of the societies participate in the AMA/Specialty Society Practice Parameters Partnership and Practice Parameters Forum.

Reprinted from the AMA's *This Week.*

##

AUXILIARY

President's Message

What's All the Excitement About?

There's excitement in the air as we are taking on new beginnings for our 1992-1993 Auxiliary year.

Fall is a time when we encourage everyone that is a spouse of a physician to join us and find out what we are doing for our community. Last year we funded the Emergency Food Network which approached us in desperate need. We came through for them. We also raised philanthropic funds for the Lakewood Senior Center, Prison Pet Partnership Program, Children's Industrial Home, Retired Senior Volunteer Program, the WSMAA Teen Health Forum, and the Pierce County AIDS Foundation. Members also volunteered time in the community. They helped with vision and hearing screening in the Tacoma schools and many went to Ellensburg last spring for the Teen Health Forum to help educate teens on many topics. We also located a wheelchair for donation to the Prison Pet Partnership Program so they can train dogs for those who are disabled and require the help.

Your Pierce County Auxiliary has consistently been the largest fundraiser for the American Medical Association Education and Research Fund (AMA-ERF). We are proud of that.

These are several reasons to join and become involved in auxiliary, yet they don't begin to describe what fun we have behind the scenes as well as the friendships we develop through participation.

This year we have some very exciting irons in the fire which you will hear more about as the year unfolds! Won't you please come find out why we are excited?

Karen Dimant

Honoring Auxiliary: Past and Present

Friday, September 25, 1992, will begin PCMSA's '92-'93 season with a luncheon honoring Auxiliarie's past presidents and this years new members.

Beginning at 10 a.m. at the home of Mary Jackson, everyone will have an opportunity to greet friends old and new. We will also hear a sample of past president's highlights over the years.

A hosted luncheon will be served by auxiliary, and babysitting will be available for a small fee.

Please don't miss this morning of sharing with the Pierce County Medical Society Auxiliary!

R.S.V.P. by Monday, September 21, 1992 to Kathleen Forte at 759-6381. Please indicate if you will need babysitting for your children. ##

Sally Foster gift wrap sold

Don't be caught without it!

We will again have the opportunity to purchase this money-saving, top-quality, all-occasion gift wrap. Those holidays, birthdays, weddings, etc. are all just around the corner. Be ready!

Help our Auxiliary pay our Holiday Card expenses from the proceeds of this limited-time sale. Maybe your neighbors would enjoy this super gift wrap also.

Questions? Call Bev Graham, 752-3457. ##

Welcome Newcomers

The Pierce County Medical Society Auxiliary would like to welcome you to the beautiful Pacific Northwest. And no, the person standing on either side of you does not have webbed feet!

During the summer all newcomers should have been personally contacted by an auxiliary member. If you have not been contacted, please call Newcomer chairman Mona Baghdadi at 851-6306.

We're looking forward to meeting all of you at the September 25th Newcomers meeting and luncheon at the home of Mary Jackson. Please join us - you'll find a friend waiting for you. ##

AUXILIARY

Philanthropic fund applications available

If you're a service or health oriented Pierce County organization and would like to be considered by the Pierce County Medical Society Auxiliary as a recipient for philanthropic funding, you may now obtain an application by calling or writing: Lynn Peixotto,13316 Muir Dr. NW,Gig Harbor, WA 98332 (206) 851-3831. Proof of 501(c)(3) IRS rating is required. All applications must be requested from the chairman.

APPLICATION DEADLINE IS TUESDAY, SEPTEMBER 15, 1992. ##

Kupka graduates

Matt Kupka, son of Pat Wearn and **Dr. Joe Wearn**, graduated from U.P.S. in May. He studied international affairs.

Matt will be doing a business internship in Germany this fall and winter. ##

Tentative schedule of meetings

September 25, 1992 - Newcomers meeting and luncheon to be held at the home of Mary Jackson, babysitting provided. Program will involve history of and past presidents of, the auxiliary or perhaps other surprises. 10:00am meeting time.

October 16, 1992 - Political speakers, WAMPAC and state legislators will discuss issues of medical concern to help us become aware and educated. To be held at the home of Dorothy Grenley at 10:00 am. Coffee or lunch.

November 20, 1992 - A fashion show featuring children's and women's clothing for the holidays with fashions from Julia Ellen. The meeting will be held at a Country Club with a 10:00am meeting time. Luncheon.

March 19, 1993 - Skin care show and fun by SAVI who a specialists. Possiblity of a plastic surgeon to inform, educate, and answer those questions you always wanted to ask. This will our only evening meeting and will be on a Thursday.

April 1993 - No meeting held. You are invited to the House of Delegates Spring Convention, or perhaps you would like to volunteer to participate in the Teen Health Forum. Both are very interesting.

May 21, 1993 - Meeting at the Foxglove Herb Farm in Gig Harbor. A rare opportunity to be escorted and educated by the owner and to get a head start growing your own herb garden. 10:00am meeting time. Lunch. ##

PIERCE COUNTY MEDICAL SOCIETY AUXILIARY
COUNTY, STATE, AND NATIONAL DUES 1992-1993

	Regular	Widow/Retired	Newcomer	Student/Resident
NATIONAL	$25	$25	$25	$10
STATE	$30	$21	$20	$5
COUNTY	$20	$10	$10	$10
TOTAL DUES	$75	$56	$55	$25

Please circle amount paid, make check out to PCMSA, and mail by September 15 to: ----> Colleen Vercio
21 33rd Ave. Ct. N.W.
Gig Harbor, WA 98335

Name: _____
Enter below changes to your membership listing

Address: _____

_____

Phone: _____

Type of membership?
(Please circle one)

P Participating

S Supporting
(no calls for committee work)

POSITIONS AVAILABLE

Locum Tenens Coverage and opportunities in the Greater Seattle/Tacoma Metropolitan area: CompHealth, the nation's premier locum tenens organization, now provides daily, weekly, weekend, evening, or monthly coverage for your practice with physicians from the local area. Or we offer you the opportunity to build a flexible practice right in the Seattle/Tacoma area. Call today for more information: 206-236-1029; evenings call 206-236-5686. Or write: 3660 - 93rd Ave. S.E., Mercer Island, WA 98040.

Great Opportunity to take over an established family practice in the Federal Way area. Office for rent or sale. Phone evenings or weekends 838-7921.

Physicians needed. Part-time. Change your routine-spend one weekend a month and two weeks a year as a Medical Officer with the Washington Air National Guard-your hometown Air Force reserve. Call SMSgt Gary Plendl, Tacoma, 581-8233 or 1-800-344-0539.

Tacoma-Seattle, outpatient general medical care at its best. Full and part time positions available from North Seattle to South Tacoma. Very flexible schedule, well suited for career redefinition for GP,FP,IM. Contact Andy Tsoi, MD 537-3724 or Bruce Kaler, MD 255-0056.

OFFICE SPACE

Well appointed office space in St. Joseph Medical Pavilion to share with surgical specialist. Please call 272-4334.

GENERAL

Morning Star Nannies. Resource and Referral. Located in Tacoma. 565-1800, 1-800-929-0242. Ask about our unique programs.

Medical Transcription Service. Free pick-up and delivery, guaranteed 24 hr. turnaround. Corrine (206) 847-6945.

Pierce County Medical Society
223 Tacoma Avenue South
Tacoma, WA 98402

FORWARD & ADDRESS CORRECTION

BULK MAIL
U. S. Postage
PAID
Tacoma, WA
Permit #605

PCMS
Newsletter

October, 1992

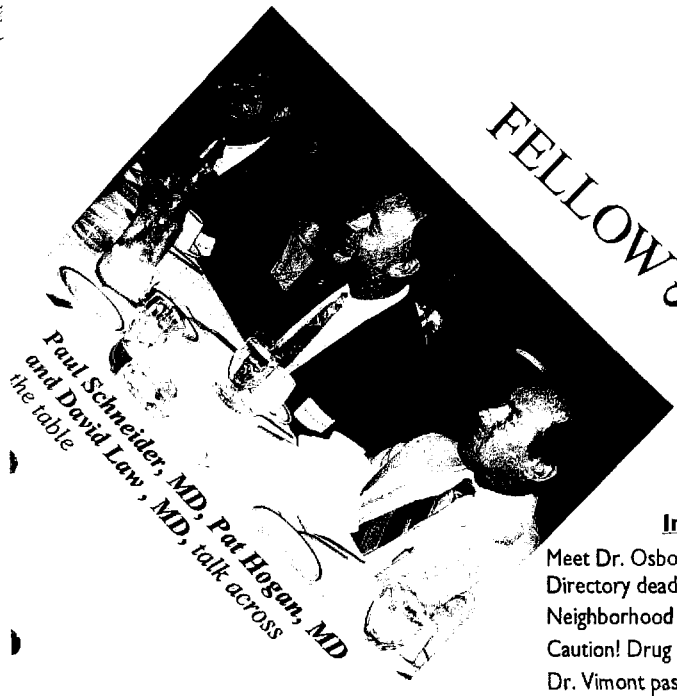
A Publication of the Pierce County Medical Society

Drs. ***Oris Houglum, Dave Hopkins and Bill Ritchie*** *enjoy the night*

MEMBERSHIP

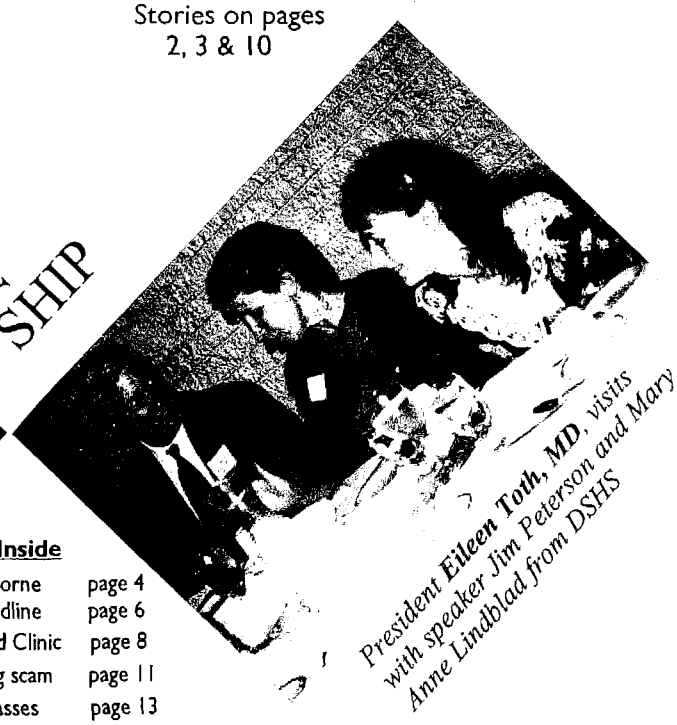
Dr. and Mrs. John Jiganti *sit with President-elect* ***Jim Fulcher, MD***

Stories on pages
2, 3 & 10



Paul Schneider, MD, Pat Hogan, MD and David Law, MD, *talk across the table*

FELLOWSHIP



President ***Eileen Toth, MD,*** *visits with speaker Jim Peterson and Mary Anne Lindblad from DSHS*

Inside

PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization 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 individual contributors and do not necessarily reflect the official position of the Medical Society.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas, and suggestions.

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Pierce County Medical Society
223 Tacoma Avenue South
Tacoma, WA 98402
(206) 572-3666

Member Pat Donley, MD, to speak at October membership meeting

Says work can become a treatable addiction

Pat Donley, MD

Pat Donley, MD, a PCMS member and Tacoma psychiatrist, will be the featured speaker Oct. 13 at the Society's general membership meeting. The title of his talk is "The Balancing Act - Workaholism, the Respectable Addiction." The meeting will begin at 6:15 p.m. at the Fircrest Golf Club.

Doctor Donley said it is no accident that he should be asked to talk to fellow physicians about this topic. The condition can be life threatening for physicians, he said, in part due to the stresses created by third party payers and government and other regulations. The recent death of one young physician is fresh in members' minds and underscores the need to deal with stress in medicine at this time, he said.

Doctor Donley said one frequently-seen indicator of workaholism is that workaholic's children get into trouble. He will discuss other indicators and also deal with ways to address the addiction, which, he says, is as destructive as drugs or alcohol.

To attend this timely meeting, send your name and $17 per person to PCMS by Oct. 7. ##

(see page 10 for registration form)

Members like evening general membership meetings, bringing guests

In last month's column "What do you think?" we asked your preferences for scheduling speakers/topics at the monthly general membership meetings.

All respondants agreed that night meetings fit their schedules best, and they like bringing spouses or guests when appropriate.

Non medical speakers/topics were preferred by most members - socio-economic issues primarily. An equal number of respondants then preferred political, financial and PCMS-business topics.

Members prefer meeting in Tacoma, votes being split between meeting in a golf club and a restaurant.

A minority of respondants asked that food not be part of the meeting, and two wanted an average meal.

Members were split between holding three or five meetings per year. ##

Incentives offered to physicians of Medicaid patients

Pierce County physicians have an opportunity to improve their practices by providing managed health care to approximately 40,000 potential patients.

That message was delivered to PCMS members at the Sept. 8 general membership meeting by Jim Peterson, Assistant DSHS Secretary in charge of Medical Assistance Administration. Peterson has been working with county medical communities for more than seven years to help solve a plethora of Medicaid problems.

He explained that 10 percent of the state's population - 535,000 people - are enrolled in Medicaid, and the cost of their medical claims, $2.5 billion yearly, is growing by eight percent annually. Given the ever-increasing competition for state tax dollars and the built-in inefficiencies of the existing fee-for-service system DSHS now operates, the system must change, Peterson said.

He has started offering a Primary Care Options Program to counties as the solution. Many counties, including King, Spokane, Kitsap/Mason/Jefferson and others have taken him up on his offer.

The result in Kitsap/Mason/Jefferson counties, for example, is that for the last seven years, physicians have received at least 15 percent higher fees for seeing Medicaid patients, he said. About 10,000 Medicaid recipients there now are required to use primary care physicians as their primary source of health care.

A study revealed that 60 percent of Medicaid recipients around the state have previously used costly emergency rooms as their primary source of health care. Changing their habits saves the state money that has been redistributed to physicians and other health care providers under the Primary Care Options Program. That increases by at least 15 percent what has been a 40-50 percent DSHS physician reimbursement rate.

"...for the last seven years, physicians have received at least 15 percent higher fees for seeing Medicaid patients...."

"Spokane's program has been so popular with physicians that they compete for the 22,000 Medicaid recipients, AFDC patients, 90% of whom are mothers and children" Peterson said. "So many physicians have signed up that the program has a capacity to handle 34,000 patients."

The programs rely on federal waivers that require all covered Medicaid recipients to enroll in the program that links them to primary care providers.

Peterson said the Primary Care Options Program has four goals:

1) provide higher fees to physicians as incentives for caring for Medicaid patients, thus reducing state bureaucracy and eligibility problems.

2) provide a disciplined system so recipients can not go to whichever care giver they choose, whenever they choose.

3) reduce the rising cost of Medicaid

4) provide a system compatible with whatever comes from health reform initiatives.

To be successful, Peterson said, he must have the support and active involvement of medical society members. He seeks care givers to help custom design the Primary Care Options Program to the needs of each community.

In addition, he needs a group such as a medical bureau, HMO, medical plan or some preferred provider recognized by the state insurance commissioner to assume the risk of the program. That group generally administers the plan's ongoing operation.

In his experience, Peterson said, care providers benefit by achieving better client relations, reduced government intrusion, easier billing (a capitation system pays a fixed amount per patient per month whether the patient seeks care or not), fewer eligibility problems, active participation in the system's management, and of course, increased fees.

Care recipients benefit under Primary Care Options Programs because they solve their health care access problems by being required to choose their own primary care provider, achieve better health outcomes and having 24-hour access while still

(continued on page 13)

Meet your Board members

Bob Osborne, MD

In many ways, the life and times of **Bob Osborne, MD**, shout "like father, like son."

Vascular surgeon **Dr. Osborne** is the son of deceased urologist Dr. Osborne.

"It was assumed I would go into medicine," he said. "It was a good choice. I thoroughly enjoy it and get a lot of satisfaction from it."

Like father, like son.

Bob Osborne, MD, was one of five Osborne boys who grew up in Tacoma. He married and had three boys of his own. His brothers married too, and produced boys in their own families. Male genes run strong in the Osborne clan.

"We almost had 10 boys in a row," **Dr. Osborne** said, "but my brother had a daughter and stopped our string at nine."

Like father, like son.

Bob Osborne, MD, graduated from Charles Wright. His sons, ages eight, 11 and 12 also attend Charles Wright.

"We just keep recycling the population there," he said.

Like father...."

But similarities stop when talking about father-son relationships.

"I saw the time my dad put into his work and made changes in my life," **Dr. Osborne** said. "I spend more time with my kids than my dad did. It is an important part of my life to participate in their activities."

While he works up to 18-hour days and is frequently called to work emergencies, he said his family is his biggest stress release.

"Since time is always limited, we're always planning family activities, he said."

Activities, indeed.

Try swimming, biking, river rafting, camping, fishing, baseball, cross-country and downhill skiing, Y Indian Guides, water skiing, inner tubing and least of all, roller blading.

Rumor has it he buys Ben Gay by the case.

Is it true he has a sports medicine specialist on retainer?

Don't say roller blading too loudly around him. The vibration in his shoulder makes it hurt.

"I was going downhill the second day we tried our blades and I was going a lot faster than I expected," he said. "You don't get the same control with those blades as you do with skis."

Pads on his hands and elbows saved those surgeon's joints when he fell. But not his shoulder. He dislocated his shoulder and is still recovering and rehabilitating. His boys did fine, though.

Doctors Osborne and David Munoz rode the Seattle-to-Portland (STP) bicycle event with their 12-year-old sons together.

Number one son Eric and **Dr. Osborne** trained for the STP together, warming up with a 60-mile ride around the Key Peninsula.

During the STP, they rode up beside a house fully involved in fire. **Doctor Osborne** helped stabilize and prevent hypothermia in a female occupant who was burned but rescued from the fire.

"If not for the bike ride, she would have died," he said. "Eric was impressed with the STP."

Doctor Osborne lives and breathes for Y Indian Guides. He likes playing games there with his youngest son, Paul, but struggles with crafts. Eric and Bryan did their time with their father in feathers, too.

"I arrange my schedule around Indian Guides," he said. "I wouldn't give that up for anything. It's a wonderful thing to go home, pick up the kids and go to an Indian Guides meeting."

His conversation about Indian Guides was interrupted by a call from his wife, Martha, an RN he met in medical school.

Dr. Osborne, MD

(continued)

He asked her whether Eric had done any work around the house.

He told her he was just dictating (on his day off) but that he'd be home by the time school was out.

"She works real hard being a mother," he said after hanging up.

His practice, Cascade Vascular Associates, is unique in Seattle and Tacoma, he said, because all four partners limit their practice to vascular surgery. Such a partnership is rare in the US, he said.

He and his partners, **Kenton Bodily, MD, James Buttorff, MD** and **Aksel Nordestgaard, MD,** have all done vascular surgery fellowships, he said.

"We're quite happy doing this, and with four of us working together, we have a more efficient office and life style," he said.

Because his skills are often required in trauma cases, he is a member of the Western Trauma Association and the PCMS Trauma Committee. Trauma is a subject on which he has strong opinions.

"The biggest problem is so much trauma involves patients who are disreputable - drunk, disruptive, demanding and litigious. For all the work that goes into them, we rarely get paid for it. It's a function of our job we get very disgusted with," **Dr. Osborne** said. "It is hard to ask surgeons to do trauma when they don't choose to do it as a vocation.

"Now the Legislature wants to designate a trauma center in Pierce County. I don't want to see a trauma center here because none of the hospitals are big enough to receive all the trauma cases. There have been studies showing the way we now take care of trauma patients produces better results than state or national statistics."

Doctor Osborne would like to see the PCMS Trauma Committee take a more active role in local trauma issues.

But more involvement means more meetings. And since **Dr. Bob Osborne** is not like his dad on this issue, those meetings better not conflict with Y Indian Guides or time with his family.

##

MARK YOUR CALENDAR

save December 8

for the

Annual Joint Meeting

to be held at the

Tacoma Sheraton Hotel

Plan on a **fun time**

New officers installed

Personal Problems of Physicians Committee

For Impaired Physicians
Your colleagues want to help.
Medical Problems, Drugs,
Alcohol, Retirement,
Emotional Problems

Committee Members

Estelle Connolly, Chairman	627-5830
J.D. Fitz	552-1590
John R. McDonough	572-2424
Ronald C. Johnson	841-4241
Dennis F. Waldron	272-5127
Mrs. Jo Roller	566-5915
WSMA:	1-800-552-7236

1993 PCMS Budget Approved

The PCMS Board of Trustees has approved the proposed 1993 budget. The budget is based on a membership of 610 full dues-paying members. This is an increase of 15 members over 1992.

As a result of the discontinuance of financial support to the Medical Library, membership dues were reduced from $285 to $210 a year. Total income for 1993 is projected to be $188,527. Nearly $65,000 (30%) of total income is derived from non-dues income such as interest, WSMA dues collection, and salary reimbursement. A reserve of approximately $6500 is projected to be carried over into 1993. Reserve levels for the Society at the conclusion of 1992 should be approximately $80,000. This is 42% of one year's operating costs.

It was reported that the Society's for-profit subsidiary, Membership Benefits, Inc. (MBI), is self sustaining, realized a profit and has nearly $50,000 in reserves. The Society's non-profit subsidiary, College of Medical Education (COME), is self supporting and currently has a reserve level of approximately $30,000. ##

Sound-to-Narrows update

Alan Tice, MD, recently informed us that he, too, ran the hilly Sound-to-Narrows race - in 68 minutes. Congratulations, **Dr. Tice.** ##

Nominating Committee elected, mulls candidates

At the Sept. 8 general membership meeting, four members-at-large were elected to the Nominating Committee which will propose candidates for 1993 PCMS Board of Trustee and officer positions.

Elected to the committee were **David Brown, MD, Joan Halley, DO, Paul Schneider, MD and Richard Spaulding, MD.**

They join President **Eileen Toth, MD,** President-elect **James Fulcher, MD,** Vice President **Bill Roes, MD,** Secretary-Treasurer **Vita Pliskow, MD,** and Past president **William Marsh, MD,** to make up the nine-person Nominating Committee.

The committee would appreciate knowing if members are interested in serving on the Board of Trustees or as president-elect, vice president, or secretary-treasurer.

The committee will issue its report of candidates Nov. 1. After that and until ballots are mailed out November 23, additional nominations for any office may be submitted by petition. The petition must state the nominee's name and the office for which he/she is being nominated. It must be accompanied by the nominee's written statement of consent to serve if elected and bear the signatures of at least 20 active or senior members of the Society. The petition must arrive at the Society office by Nov 15.

New officers and Board members take office at the Annual Meeting Dec. 8. ##

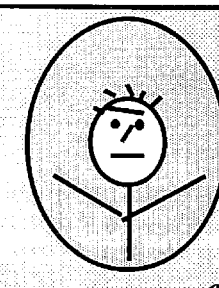
Deadline approaching for your "lifeblood," the Directory

Can you imagine not being listed in the 1993 Pierce County Medical Society directory? Well, it is now in the last stages of preparation.

To be sure you are listed in the directory, Oct. 15 is the date to remember.

By Oct. 15 you should have returned the directory questionnaire PCMS already mailed to you. The questionnaire must be completed if you want changes in your listing (new address or phone number, for example). If you do not return the questionnaire, your 1992 listing will be repeated in the 1993 directory.

If you have questions about the directory, call 572-3709. ##



Frame your friend

If you know a colleague who has accomplished something significant or is involved in community activities, tell the Society so we can tell the story in our Local news section.

We'd like to frame his or her picture right here on this page.

Certificate of Appreciation

presented to

The Pierce County Medical Society

for your Service

to the Community

Executive Director, Associated Ministries of
Tacoma/Pierce County

Pierce County Executive

Mayor, City of Tacoma

August 1992

Volunteers give care and caring for 10 years

Patients had been waiting up to an hour and one half to see a doctor.

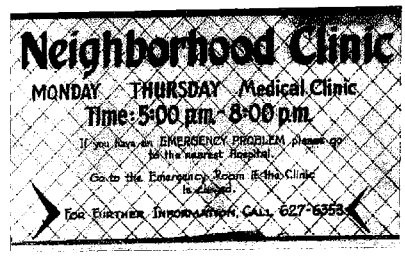
By the time one arrived at 6:30 p.m., more than a dozen patients were sitting on the concrete stairs, wandering around the parking lot or resting their tired and sick bodies on torn chairs in the waiting room.

But they were understanding about the wait, not angry. They knew whichever doctor came to the Neighborhood Clinic, he or she was volunteering his time after a full day doctoring at a regular job. Some patients made sure to arrive early - at the 5 p.m. opening time - to ensure they are seen by a physician in this first come, first served, free Clinic.

Some of the low-income patients had tested the limits of their resources just getting to the Neighborhood Clinic underneath TAG in the old St. Leo's school. They came from all over the county. Few had any money.

But they all had a need for medical help. Their waiting time was about all they could give for the help they were about to receive.

When **Dr. John Van Buskirk** did arrive, the patients knew they would wait some more - wait their turn. About half of them, statistics show, had waited there before in the 10 years the clinic had been operating. The newcomers had heard about the clinic from friends or from agencies like Catholic Worker House, Food Connection, Hospitality



Kitchen or the Martin Luther King Shelter.

Volunteers, like **Dr. Van Buskirk,** founded and staff the Clinic, and patients who otherwise would not receive medical care are grateful. "The patients who come here are generally very appreciative," said **Dr. Van Buskirk.** "They tell me so directly and I hear it from the other physicians who work here, too. There is little sense of entitlement in the patients here."

About 26 physicians, mostly family practitioners, keep the Neighborhood Clinic open twice a week by working one evening each month. Sixteen are PCMS members. They include:

David Acosta, MD
Gregg Causey, MD
Todd Cowdery, MD
Susan Dirks, MD
Stu Freed, MD
Chuck Forster, MD
John Gunningham, MD
Joan Halley, DO
Fay Homan, MD
Mary Lawrence, MD
Tony Lazar, MD
Robert Modarelli, MD
Greg Sanders, MD
Al Shelton, MD
John Van Buskirk, DO
Kerry Watrin, MD

Other volunteer physicians include **Drs. Robert Flack, Gail Fulton, Fadi Ghanem, Art Klose, Frank McHugh, Chris Schmitt, Jerry Sullivan Steve Wells and Al Wright.**

It takes about the same number of support volunteers - nurses, clerical, etc - to operate the Clinic as well. Like most of them, Bette Miller, RNC, must squeeze one night a month out of other job and family commitments. Miller, one of the interim Clinic managers and President of the Board of Directors, works at the GYFT Clinic.

Bette Miller, RNC, and ***Dr. Van Buskirk*** *discuss patient list*

Dr. Van Buskirk said despite the obvious scheduling problems, "Working at the Clinic is very energizing. It is a very direct way to provide care to underserved people. We're all concerned about improving the nation's health care delivery system in general, but this is where the rubber hits the pavement. It brings me immediate satisfaction."

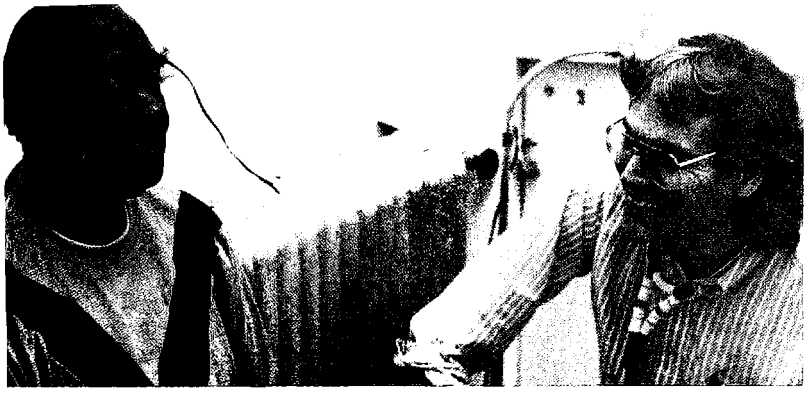
Volunteering at the Clinic is a way physicians have to avoid governmental directives, he said. "People, especially physicians, don't like being told what to do. Here, you get a chance to feel good about yourself for volunteering instead of mad at someone else for forcing you to help."

A full-time faculty member at Tacoma Family Medicine, **Dr. Van Buskirk** is currently the lone physician on the Neighborhood Clinic Board of Directors.

Financial support for the Clinic comes from United Way, the Junior League, St.Vincent DePaul, Gig Harbor Peninsula FISH, St. Charles Borromeo parish, St. Leo's parish, Tahoma House Association, St. John Thrift Shop, Tacoma After Hours Clinic and private donations. The Clinic has also asked the PCMS Auxiliary for support.

Crucial to the Clinic's operation is the support given by other local medical organizations. St. Joseph Hospital fills prescriptions at cost and donates some lab work. Tacoma Radiology provides x-rays and mamograms, and AKE Lab does Pap smears.

Because some patients will not or can not travel to pick up medications, the Clinic stocks part of their formulary in a wall of wire baskets reminiscent of high school gym lockers.



***Dr. Van Buskirk** visits with the evening's first patient in exam room*

Paint on the Clinic's floors is worn away, creating an interior of the mottled genre. Furnishings look to be rummage sale left overs. Two shower curtains substitute for exam room doors, and volunteers once chased rats out of an old closet to create an intake interview room. It's the style of medical clinic GI's might have visited on remote assignments in the 1950's.

But for patients who don't have bus fare or who sometimes volunteer one dollar for their care, the Clinic works superbly. They see the smiling faces of caring volunteers, not the architecture. Last year volunteer physicians treated over 1100 patients there, about 90 percent of whom had family income under $8,000. In a two-month period, 14 percent of the patients were treated for asthma/bronch/URI/pneumonia illnesses and 13 percent for HTN. Many patients have chronic high blood pressures or are chronic depressives because of their stressful life styles.

As Bette Miller said, "This is not always an easy place to be. Sometimes we can not make the patients' health much better because we can't change their life situations."

But Miller has volunteered one night a month for years and so have many of the other staff members.

The Neighborhood Clinic exerts a draw, a tug, on people who care. Even though they often confront society's failures, volunteers continue to come. **John Van Buskirk, DO,** came in last month with a package of disposable diapers tucked under one arm and a list of pharmaceutical manufacturer donors in the other. ##

Volunteers needed

More volunteer physicians are needed at the Neighborhood Clinic. The clinic is forced to close early or completely some nights for the lack of a physician. **Dr. Van Buskirk** asked that physicians call 627-6353 or 272-4380 to volunteer.

"It is very rewarding work," he concluded.

The Pierce County Medical Society

announces

October's General Membership Meeting

when: Tuesday, October 13
Social Hour at 6:15 p.m.
Dinner at 6:45 p.m.
Program at 7:45 p.m.

where: Fircrest Golf Club
6520 Regents Blvd.

featuring our own member

Pat Donley, MD

PSYCHIATRIST

speaking about

THE BALANCING ACT - WORKAHOLISM, THE RESPECTABLE ADDICTION

(return before Friday, Oct. 9, to PCMS, 223 Tacoma Ave. So., Tacoma, Wa. 98402)

Please reserve _____ dinner(s) at $17 per person
Enclosed is my check for $_____

signed_____

Member scammed by drug seeker

I have recently been scammed by a patient and the method was so well thought out that I thought it should be published in the Newsletter to alert others of this fraud.

My patient is a white male in his 30's on chronic disability for long standing back pain. He presented reporting that he had recently fallen. He gave the history flawlessly in great detail of an impact flat down on the buttocks. He reported that he had instantaneous pain in his left leg radiating posteriorly to the foot accompanied by numbness in the upper leg. He even offered that his bowel and bladder function was OK. He was however, in excruciating pain. He related this with tears in his eyes. He further embellished the history with an aside that he had even vomited on the street because the pain was bad.

Well, this man had been fishing in Oregon at the time of his injury and allegedly went to a Bay Area Hospital. The ER there saw him, a CT scan was done. He gave me a copy of the X-ray report and offered that he had the films in the car. I accepted the report which had all the correct information along with the HNP of L4-5 with the post surgical changes that I knew to be there.

In great sympathy, I offered to find a surgeon for him in the next few days and give him Percocet #10 for this terrible discomfort. (I have given Percocet about 2 times in the last 7 years!) I didn't trust this guy so I decided to find out first how much Percocet that ER had given him and then just to confirm that the X-ray was really his.

Surprise!! The ER hadn't seen him. The hospital doesn't have a CT scanner. And the local radiology group hadn't seen him since 1990. On closer examination, I noted that the dates had been altered and copied over and that the reported weight was different by 20# than the weight in my office that day. I called four different pharmacies that all had filled Percocet and Vicodin from many MD's and even more DDS's. I called TPD narcotics and they confirmed that this behavior was illegal. I called the patient and confronted him with the facts. At first he denied everything then admitted that he had a narcotic problem. He is unwilling to do inpatient but is willing to participate in an outpatient program. I have agreed to help him on a 0 tolerance basis.

My purpose in relating this case history is the cleverness of the fraud. I am a real hard nose about narcotics. My office manager can tell from their tone of voice over the phone and tells people calling that I don't give narcotics. In spite of this, I was taken and I know some of the rest of you have been as well. I hold little hope for this patient unless he embraces a miraculous transformation in accepting his disability and his pain, but we will give him a chance.

Matthew S. Newman, MD

Hotline identifies prescription abusers and stolen blanks

The Professional Pharmacists of Pierce County operate a telephone hotline to warn of drug scams and stolen prescription blanks. They urge physicians and nurses to use it. The phone is 846-0511.

Don Hebert, pharmacist at Rankos' Stadium Pharmacy, said 23 pharmacies in the county cooperate to make the hotline work.

Hebert listed common situations that could be scams suitable for reporting:

* Patients visit physicians claiming to be allergic to a drug and requesting a controlled substance instead.

* Patients visit physicians just before office closes and ask for controlled substance.

* New patients, or those claiming recently to have relocated, asking for controlled substances.

* Patients phoning in their own prescriptions.

Hebert said there are too many scams to list completely, and he warned physicians to be wary.

In addition, he said, "It is advisable that physicians not have prescription blanks laying on their counters."

Stolen blanks should be reported on the hotline. ##

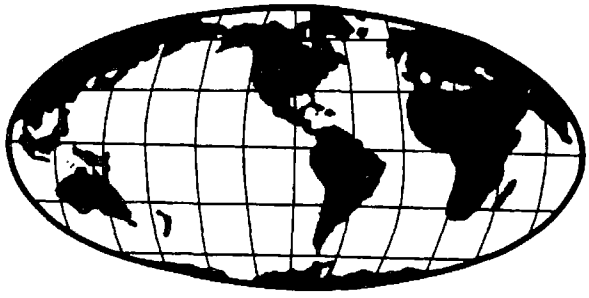
Pierce County Medical Society

Retired Luncheon

featuring

John Lincoln, MD

"TRAVEL LOG: FROM CHINA TO THE CARIBBEAN"



Friday, Oct. 9, 1992 Fircrest Golf Club
$10 per person
Lunch at noon Program at 12:45

Yes, I have reserved Friday, Oct. 9, 1992 to join retired members and spouses of PCMS for "Travel Log: From China To The Caribbean."
Please reserve _____ lunch(es) for me at $10 per person (includes tax and tip).
Enclosed is my check for $_____.

(please return to PCMS no later than Monday, Oct. 5, or call 572-3667 to confirm your attendance)

Pierce County Medical Society

223 Tacoma Ave. South • Tacoma, WA 98402 • Telephone (206) 572-3666 • FAX (206) 572-2470

Dear Colleague:

We now have an opportunity to send someone to Olympia who is knowledgeable of the health care system. Our colleague Dr. Stan Flemming, a member of PCMS and WSMA has won the primary race for House Position #2 in the 28th District (Lakewood, Fircrest, University Place) and will be opposing Rep. Art Broback (R) in the November 3 general election. Stan has the support of WAMPAC your political action committee.

Your PCMS Executive Committee believes he warrants your support. The state of Washington is leading the way in health care reform. But, we need intelligent change. Many of our non-physician legislators do not have adequate knowledge of the complexities of our health care system.

The September 7 Morning News Tribune editorial stated, "Flemming is outstanding. A physician and gulf war veteran, directs the Pierce County community clinics that provide health care for the area's working poor. Though a newcomer to politics, his grasp of state issues is impressive."

Stan Flemming is a family physician and Medical Director of the four Community Health Care Delivery System Clinics. He also serves on the PCMS AIDS and EMS Committees and is active in the community.

Political campaigns are very costly. Your financial support is needed and would be greatly appreciated.

NOW IS THE TIME FOR ACTION. HELP PUT SOMEONE WE KNOW IN THE LEGISLATURE.

Contributions to the campaign can be sent to:

Committee to Elect Stan Flemming
7619 Chambers Creek Road W.
Tacoma, WA 95467
Phone # (206) 564-6675

THANK YOU....LET'S HAVE A PHYSICIAN REPRESENTATIVE IN OLYMPIA

Eileen Toth, MD....President
James Fulcher, MD..President Elect
William Marsh, MD..Immediate Past President
William Roes, MD...Vice President
Vita Pliskow, MD...Secretary-Treasurer

RICHARD THOMAS VIMONT, M.D.

Just a few days after his 72nd birthday, **Dick Vimont** died peacefully at home on August 19, 1992. His was a good life and he lived happily with his wife, Marian.

A Tacoma native, Dick loved this area and Washington State. As a teenager, he hunted and fished on the tide flats. He loved and enjoyed the outdoors and the beauty of the area. Dick and Marian taught their children an intense appreciation and respect for nature, which has carried down to their grandchildren.

A graduate of Lincoln High School, Dick majored in Chemistry at the College of Puget Sound and completed his M.D. degree at St. Louis Univeristy in Missouri in 1945. He was interning at St. Joseph Hospital when he was drafted into the U.S. Army. He finished his internship and completed his military obligation at Fort Sam Houston at Brooks General Hospital. He completed his pathology residency at Colorado State Hospital in Pueblo, Colorado; Santa Rosa Hospital in San Antonio, Texas and at St. Joseph Hospital in Tacoma. In 1952 he joined the medical staff at St. Joseph Hospital and worked in the laboratory with Dr. Charles McColl.

Dick spent his entire active, professional life at St. Joseph Hospital until his retirement in 1982. He loved his work, dealt with challenges with a sense of humor and great common sense, and throughout his career he maintained a very high standard of ethics and principles.

As a person, teacher and administrator, Dick was a gentle and noble man, ready to listen and ready to help and give advice.

At St. Joseph Hospital he worked closely with the Sisters of St. Francis who saw in him a trusted advisor, always willing and ready to serve in any capacity.

Throughout his career, he served with distinction in many positions. He was in charge of the intern-resident program at St. Joseph Hospital when I came as an intern and later on he became President of the Medical Staff. In 1970 he was Vice-President and Program Chairman of the Pierce County Medical Society. A long time resident of the town of Milton, he was a member of the Planning Commission and Board of Adjustments for Milton. Just lately, he had been approached by the Town Council to serve in the Growth Management Committee planning for growth.

Dick also served as a member of the State Health Service Agency to oversee compliance with the certificate of medical needs process.

After his retirement, he was elected and re-elected by his peers to serve on the Washington State Medical Disciplinary Board where he served for about eight years. He became an active participant and delegate of the Association of Senior Physicians of Washington, of which he was its first President, to the Senior Citizen Council.

I knew Dick for 34 years. We worked side by side most of those years until his retirement and we remained friends to the end.

Dick is survived by his wife, Marian, his three children, Thomas, Joanne, and John and their respective spouses, Jane, Robert Shore, and Terry, and 6 grandchildren.

"Well done, thou good and faithful servant."

Dick Vimont, dedicated physician and teacher, loving husband and father, giving colleague and friend.

Juan and Mary Cordova

Medicaid patient incentives

(continued from page 3)

being able to use emergency rooms in bona fide emergencies.

The state benefits from programs by building partnerships with local medical communities, allowing private insurers to care for people, achieving more predictable budgeting and containing cost increases.

In Pierce County, the PCMS Board of Trustees will be discussing whether or how the Society wants to be involved with the Primary Care Options Program in the near future.

If you would like a 10-page handout explaining coordinated care, capitated payments and primary care case management, call the Society at 572-3666. ##

Dixi Gerkman heads Placement Service

Dixi Gerkman is the new Placement Coordinator for the PCMS Medical Placement Service.

Dixi Gerkman (l) with former Coordinator Peggy O'Brien who received an offer she couldn't refuse from Hillhaven, and who was sorry to leave PCMS.

Dixi was Office Manager for **Dr. Robert Osborne, Jr.,** for eight years before returning to the University of Washington, Tacoma campus, to complete her Bachelor of Arts degree. She is enthusiastic about returning to work in the medical community. In her first week on the job she renewed many old acquaintances.

Over the next year, she would like to extend the services offered by the Placement Service in responding to your personnel needs: placements, problems or questions. ##

Membership application

Mathews, Paul T., MD
anesthesia
paractices with Tacom Anesthesia Associates, 314 S. K St., suite #302
medical school: Loma Linda Medical School
internship: same
residency: same

Candidates receive Association support

The Washington State Medical Association's political action committee, WAMPAC, has awarded financial support to Pierce County candidates for six legislative offices.

In the Second District, Senate candidate Marilyn Rasmussen and House candidates Roger Bush and incumbent Randy Dorn were awarded WAMPAC support.

In the 25th Legislative District, Senate incumbent Marc Gaspard received Association financing as did House incumbent candidates Randy Tate and Sarah Casada.

The WAMPAC also made awards to 27th District incumbent candidates Lorraine Wojahn in the Senate race and Art Wang, candidate for the House.

In the 28th District, Pierce County Medical Society member **Stan Flemming, DO,** candidate for the House, received WAMPAC support as did incumbent Art Broback, now **Dr. Flemming's** general election opponent. Shirley Winsley, candidate for the Senate, also received funds.

In the 29th District, support was given to incumbent House candidates Rosa Franklin and Brian Ebersole.

Finally, in the 30th District, only House incumbent Maryann Mitchell received WAMPAC support. ##

NEWS BRIEFS

Comparing Bush and Clinton health care reform proposals

Both the Bush-Quayle and Clinton-Gore campaigns sent PCMS their candidates' health care reform proposals. They are summarized here so you can compare their plans to improve access to care, reduce the cost of medicine and to reform insurance practices.

The Bush-Quayle campaign proposal says it will control costs, extend coverage and improve access "without raising taxes." The Clinton-Gore papers are silent on the cost of their proposals.

	Clinton-Gore	Bush-Quayle
Access	* Offer guaranteed core benefits package through employer or public program * Expand school-based clinics and community health centers * Give people access to health networks of insurers, hospitals clinics and physicians * Expand Medicare: more long-term care, more home- and community-based care	* Health insurance tax credits or deductions up to $3,750 for moderate to low income individuals/families * Expand funding for Community and Migrant Health Centers, National Health Service Corps
Cost Reduction	* Smaller employers group together to buy private or public programs * Health networks end duplications, share technology, control costs, receive fixed amount for each consumer * Crack down on billing fraud * New health standards board will set national health budget to limit public and private spending * Eliminate tax breaks for drug companies whose prices increase faster than Americans' incomes * Discourage excessive drug company marketing spending	* Small employer groups form networks to buy insurance * End needless malpractice suits * Encourage preventive care, use of least costly and most effective treatments * Automate paperwork * Improve access to insurance policy and treatment cost information * Encourage state coordinated care Medicaid programs that allow consumer choice * Encourage state basic benefits plans so similar plans have comparable costs * Remove state-imposed benefit mandates
Insurance Reform	* Ban practice of denying coverage for pre-existing conditions * Require community ratings to protect small businesses * Streamline billing with one claim form	* Eliminate "job lock" due to pre-existing conditions clauses * Standardize claims procedures

NEWS BRIEFS

Clinical laboratory regulations changed

"The AMA, it seems, has achieved another victory," the Washington Post reported in the wake of new announcements regarding the Clinical Laboratory Improvement Amendments of 1988 (CLIA).

A statement issued by Louis Sullivan, M.D., Secretary of HHS, outlined several important changes for physicians affected by CLIA. These announcements include:

1. The process of surveying clinical labs will begin with the largest labs. The first bi-annual inspections of physicians' facilities will not take place until 1993-1994.

2. The purpose of the initial inspections of physician facilities will be education. If inspectors find a lab that does not meet CLIA standards, the lab will be asked to come into compliance and will be provided technical assistance. Sanctions will be applied only if conditions pose immediate jeopardy to patients.

3. Laboratories located in physician offices where unannounced inspections could disrupt patient care will be surveyed on an announced basis.

4. A 90-day grace period has been granted. The deadline to register with HCFA under CLIA has been extended from September 1 to December 1.

"It is our hope the CLIA implementation will involve an ongoing partnership with the physician community." Dr. Sullivan stated. ##

WSMA pursues its health care reform plan

"When WSMA presented its proposal for health care reform...this summer, our association ensured that physicians will play a leading role in the health care debate," said WSMA President James Kilduff, MD, in a press release last month.

The plan reflects members' wishes, he said. It proposes:

* Universal access to affordable basic insurance

* Basic health insurance be required for every state citizen

* To reform insurance underwriting and administration

* To reform tort laws to deacrease costly defensive medicine

* Adequate funding of state-sponsored health care

For more information about the plan or to comment, Dr. Kilduff invited your communication. ##

Organizations call for health reform debate

The AMA, in conjunction with the American Assn. of Retired Persons and AFL-CIO, urged presidential candidates to participate in a televised debate on the nation's health care system. The organizations issued a joint statement at a September 10 press conference advising the candidates, the press and the voting public to focus on the need for comprehensive reform. The statement listed five questions the public should ask when assessing the reforms that the candidates propose during their campaigns.

Charity Care

Nearly two thirds of physicians provide an average of 6.6 hours of charity medical care a week, according to an updated survey from the AMA. At the current cost of medical services, physicians contribute the equivalent of $6.8 billion a year to needy patients. ##

Botanical gardens yield medical wisdom

by **David S. Hopkins, MD,** editor

When I was much younger I worked weeding "rich people's" gardens during the summer to earn money. Incidentally, it was during this time I accidentally discovered that, by biting firmly on my lower lip and sucking air through the space between my upper two front teeth, I was able to produce a musical note and by varying the tension of the lip I could hit most of the notes in a scale. I called it my lipsichord, and with a little practice was soon playing everything from the "Red River Valley" to "The Brandenberg Concerto." But I digress.

As a teenage gardener, I vowed to never again touch a garden tool, but in the last few years I have returned to the garden and now find the smell of the rich earth and the birds singing in the stillness of the early morning very soothing and satisfying.

In somewhat the same vein I have taken to browsing through botanical gardens. A few weeks ago, I was wandering through the herb section of the University of British Columbia Botanical Gardens. With each plant there was a plaque giving a brief history of the herb and, since many of these herbs were used medicinally, the place is a gold mine for the physician history buff.

For example, did you know that "belladonna" was so named because Renaissance ladies used the herb juice to dilate their pupils thinking it made them more beautiful and erotic? That digitalis purpura was called "foxglove" because it resembled a medieval musical instrument, the "foxesglewe," which had bells hanging from it? Or that the opium poppy, which was first grown in Sumeria in 3500 BC, derives its name from the Celtic word "pap" or porridge because it was mixed with gruel and given to babies to put them to sleep?

My all-time favorite is "common rue" which "maketh chaste, transfuseth wit, and putteth flies to flight." I know what you're thinking after reading that, but don't bother sending me any. I am already taking the maximum daily requirement.

You now have a few gems to use when the conversation lags, as it is virtually certain no one will know where you read it. By the way, anyone interested in lipsichord lessons can reach me at the WSMA. The only qualifications are a willingness to learn and a space of two millimeters or greater between the upper two front teeth.

ed. note: This article originally appeared in the August, 1985 issue of WSMA Reports.

Booklet explains laboratory regulations

The AMA booklet,"What Every Physician Should Know About CLIA," is available free of charge to members. To obtain a copy, call the Member Service Center at (800)262-3211. The Clinical Laboratory Improvement Amendments go into effect Sept. 1. Each physician who provides in-office laboratory services should have a waiver certificate or a registration certificate along with a CLIA identification number. Medicare and Medicaid will not pay claims for laboratory services unless the physician includes the ID number. Physicians who provide laboratory services may be liable for penalties if they are not registered. ##

AMA membership up over last year

The AMA has 231,407 dues-paying members as of June 30 - 5,273 more than had joined at the same time last year. Total dues-paying membership is expected to reach 268,100 by the end of the year. When dues-exempt members are included, the year-end total is projected to be 297,000. ##

Ask the Experts

Q Dear Norma:

The telephones in our office are very busy. Recently we replaced a long time employee with someone who has little telephone experience. Do you have some hints to help smooth the transition?

Office Manager

A Dear Manager:

Telephone calls are very important! They may be the first contact a prospective patient has with your practice or perhaps a patient needing help during a medical emergency. The person answering your phone has only a few moments to assess and respond to a situation, and this must be done in a way which conveys warmth, knowledge and care. It's essential to give employees guidelines in telephone communication and etiquette.

Compile a list of different types of calls and how they are to be handled. Each physician should list the calls which should be put through to him/her immediately. Write down instructions for what is considered an emergency call and who is to handle it. List the calls which the physician can return at a later time and inform your telephone person when those calls will be made. Make clear which calls are handled by other staff members and give instructions about forwarding calls and/or taking messages. Provide a telephone log book and message books which document in duplicate. Decide what other kind of forms will be of assistance, such as forms for new patient information or medication refills. Update and print the list of telephone numbers which are frequently used by your office.

Don't assume that telephone training is not needed! Make a list of the most common situations which this employee will encounter. Tell the employee how you want her/him to respond. Then take time to do some role playing. If your telephone has multiple lines you may do some of your role playing on the phone. Listen to the way your employee sounds. Encourage him/her to speak warmly and slowly.

A busy office means that you will need to use that dreaded "hold" button. Make certain that all callers are asked if they may be placed on hold and are then given the opportunity for response. Insist that patients be on hold for as brief a time as possible and that quick check backs are done until full attention can be given to the caller.

Good telephone communication requires ongoing monitoring. Discuss ways to make improvements during staff meetings. Listen carefully to any complaints which you may hear from patients and follow through in determining their validity. Assist your employee by encouraging participation in classes or seminars which address telephone use. The time you spend now doing careful training will save frustration and problems in the future for the physician, the patients and the employees. ##

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Diagnostic Imaging CME complementary on Oct. 30

A half-day, complementary CME program designed to update primary care providers on clinical use of diagnostic imaging is set for Oct. 30 at the LaQuinta Hotel.

The program will include presentations by a local radiologist focusing on both neurologic and musculoskeletal imaging applications and discussing new diagnostic imaging and intervention techniques.

The program has been organized by Dr. Les Reid of the Pierce County Medical Bureau in conjunction with the College of Medical Education.

Although no registration fee is required, physicians wishing to attend must complete and return a registration form. Early registration is encouraged, as the conference is anticipated to fill early. ##

Common Office Problems registration remains open

Registration for the very popular Common Office Problems program set for Oct. 8 and 9 is still open. Scheduled in Jackson Hall, the 14-credit, Category I course will feature half day sessions on geriatrics, psychiatry, pediatrics and internal medicine. For further information regarding Common Office Problems and the other C.O.M.E. courses, call the College at 627-7137. ##

DATES	PROGRAM	DIRECTOR
1992		
Thursday, Friday October 8 & 9	Common Office Problems	Mark Craddock, MD Kirk Harmon, MD Tom Herron, MD Tom Norris, MD
Friday, October 30	Diagnostic Imaging	Les Reid, MD
Friday November 6	Infectious Diseases Update	David McEniry, MD
Friday, November 20	Gastroenterology Update	Gary Taubman, MD Richard Tobin, MD
Thursday, Friday December 10 & 11	Advanced Cardiac Life Support	Mark Craddock, MD Kent Gebhardt, DO
1993		
Thursday, January 21	Law & Medicine Symposium	Estelle Connolly, MD John Rosendahl, JD
Thursday, Friday, Sat. February 4, 5 & 6	CME at Mt. Bachelor	Stuart Freed, MD
Friday February 26	Review of HIV Infections	Alan Tice, MD
Thursday, Friday March 11 & 12	Internal Medicine Review - 1993	Sidney Whaley, MD
Friday, Saturday April 15 & 16	Tacoma Surgical Club	Leo Annest, MD Chris Jordan, MD
Friday April 23	Terminal/Palliative Care Update	Stuart Farber, MD
Friday May 7	Gynecology Update	John Lenihan, Jr., MD Sandra Reilley, MD
Monday, Tuesday June 21 & 22	Advanced Cardiac Life Support	James Dunn, MD

AUXILIARY

President's message

I encourage all of you to join the Auxiliary, whether it be in an active or passive way.

Just joining and sending in your dues is a big help in carrying out our goals.

The Auxiliary is the volunteer arm of the medical community. The mission is to promote the health and welfare of the community.

Karen Dimant

Have you heard?

If you have news concerning new babies, illnesses or deaths of our Auxiliary members, please call Rubye Ward, 272-2688. ##

October meeting set

Please join us for the Oct. 5 Board meeting.

Special guests will be State President Anne Youngstrom and President-Elect Jan Wesche.

They will inform us about the WSMA Personal Healthcare Program and what Auxiliary can do to help in moving it through the Legislature.

Time: 9:30 a.m.

Place: TG Board Room #1 (behind Mary Bridge Reception Desk)

Lunch to follow at Shenanigan's at 12:15 p.m.

RSVP to Karen Dimant, 265-2516. ##

Holiday Sharing Card alert

Can you believe it's that time of year again? We'll be sending you information soon as to how you can be part of our 1992 holiday sharing card!

This is an opportunity you can't afford to miss. Just imagine being able to make a tax-deductible donation to your local Pierce County charities and have someone else send out your holiday card for you. No more addressing and licking stamps. Our Auxiliary will send a card to your Pierce County Medical associates with your name included in time for the holiday season.

Pierce County has been number one in donations for many years. And this year our own local health-related charities will benefit from the proceeds of our card. Watch for your letter coming soon with all the information you need to make 1992 our biggest year ever! ##

PIERCE COUNTY MEDICAL SOCIETY AUXILIARY
COUNTY, STATE, AND NATIONAL DUES 1992-1993

	Regular	Widow/Retired	Newcomer	Student/Resident
NATIONAL	$25	$25	$25	$10
STATE	$30	$21	$20	$5
COUNTY	$20	$10	$10	$10
TOTAL DUES	$75	$56	$55	$25

Please circle amount paid, make check out to PCMSA, and mail by September 15 to: ----> Colleen Vercio
21 33rd Ave. Ct. N.W.
Gig Harbor, WA 98335

Name: _____

Enter below changes to your membership listing

Address: _____

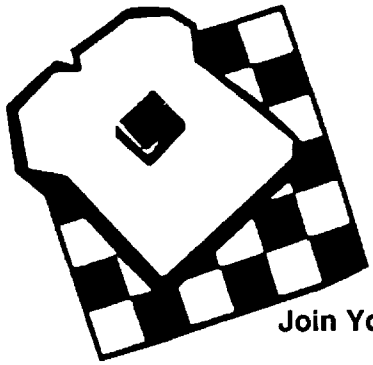
_____

Phone: _____

Type of membership?
(Please circle one)

P Participating

S Supporting
(no calls for committee work)



It's Your Bread And Butter . . .

Support Medicine
Join Your Medical Auxiliary

True, you probably have interests and priorities outside medicine. You may have your own profession, and you certainly have other involvements. No matter what those interests are, medicine is an important part of YOUR bread and butter!

The medical profession is beset on all sides by professional liability costs, unreasonable court decisions, burdensome government regulations, and problems unheard of only a few years ago. Now more than ever, it is crucial for medical spouses to join together to support -- in every way possible -- the goals of the ONLY organization which exists for the express purpose of serving as AMBASSADORS FOR MEDICINE in WASHINGTON: Your medical auxiliary.

We work to elect responsible candidates to public office; we work in support of legislation for tort reform and other issues affecting medicine; and we are visible in your community working on health projects designed to improve the quality of life for citizens of Pierce County and Washington.

Realistically, you must set priorities about how you spend your time. You may or may not have free time to devote to community service. You may be a dedicated political campaign worker, or you may have no understanding of politics.

HOWEVER, YOUR MEMBERSHIP CAN GIVE YOU A VOICE IN THE FUTURE OF MEDICINE AND HELP US TO BE MORE EFFECTIVE IN OUR WORK FOR ORGANIZED MEDICINE.

We believe that YOUR medical auxiliary should be the first organization you join, and one you never give up - no matter what other demands there are on your time. We believe the threats to medical practice are so great that both partners in every medical marriage must work to combat them. And we believe that every member makes a vital contribution, no matter what level of involvement.

We hope you agree and that YOU WILL JOIN US. IT'S YOUR BREAD AND BUTTER.

Karen

Karen Dimant, President
Pierce County Medical Society Auxiliary

Nikki & Mary Lou

Nicole Crowley and Mary Lou Jones
Membership Chairmen

AUXILIARY

October 16 meeting about politics and medicine

The Pierce County Medical Society Auxiliary will hold their October meeting on Friday Oct. 16 at the Tacoma home of Dorothy and **Dr. Phillip Grenley.** Ms. Meara Nesbit and Ms. Winnie Klein will discuss political issues affecting Washington's medical families. The speakers serve as governmental affairs liaisons for the Washington State Medical Association and help represent the medical community at the Legislature.

This is a crucial election year. Over half the state's legislative seats are up for election. The individuals chosen to fill those offices may have long term impact on the financial stability of the medical community in Washington. Our speakers will update us on the implications that election year legislative turnover may have on medical issues, on specific candidates and on other issues.

The meeting will begin at 10 a.m. Refreshments will be served.

Additionally, there will be an opportunity to join the Washington Medical Political Action Committee.

Reservations can be made by calling Ms. Kathleen Forte at 759-6381. ##

Newcomers welcome

A very warm welcome to all medical families new to the Pierce County area. Congratulations on choosing this lovely part of the country to live and practice medicine.

Relocation is stressful and exciting all at the same time. Your local medical auxiliary is here to help you and your family make the transition as smoothly as possible. At the very least, a medical spouse will fully understand the frustration of yet another night or weekend on call! The very most you will find is a dear friend.

For further information, call Mona Baghdadi, 5311 Canterwood Dr., Gig Harbor, at 851-6306. ##

Holiday Joint Dinner

Ladies, the Auxiliary needs your help and generosity for the upcoming Holiday Joint Dinner on Tuesday, December 8. As you know, we will raffle a holiday gourmet food basket at this special event. Please bring your nonperishable food items to the November board meeting and/or the November general meeting. The night of the Holiday Joint Dinner, please bring a wrapped gift (identify contents) for women at the Y.W.C.A. Support Shelter and an unwrapped gift for children at the shelter. Thank you, Mary Jackson, Chairman. ##

Entertainment '93 is the book of choice

Imagine dining at your favorite restaurant, spending a relaxing weekend at a luxury hotel or resort, attending the theater or a major league sports event all at two-for-one, or 50 percent off.

ENTERTAINMENT, the ultimate local and international discount guide, can let you do just that. Now in its 31st exciting year, ENTERTAINMENT offers hundreds of discounts worth thousands of dollars at popular local, national and even international establishments.

This year's ENTERTAINMENT book is packed with hundreds more offers and many establishments that can be found only in the ENTERTAINMENT book. The book also boasts an easier-to-use format and an easier-to-handle shape.

For only $35 you'll find that just one or two uses will more than pay for your investment in ENTERTAINMENT.

Books were available beginning September. ENTERTAINMENT '93 is valid upon purchase and can be used until December, 1993, so you will have more than a year of enjoyment. For more information on how to get your membership, contact the PCMS office.

A portion of the price of the book will benefit the Auxiliary.

##

POSITIONS AVAILABLE

Locum Tenens Coverage and opportunities in the Greater Seattle/Tacoma Metropolitan area: CompHealth, the nation's premier locum tenens organization, now provides daily, weekly, weekend, evening, or monthly coverage for your practice with physicians from the local area. Or we offer you the opportunity to build a flexible practice right in the Seattle/Tacoma area. Call today for more information: 206-236-1029; evenings call 206-236-5686. Or write: 3660 - 93rd Ave. S.E., Mercer Island, WA 98040.

Tacoma-Seattle, outpatient general medical care at its best. Full and part time position available from North Seattle to South Tacoma. Very flexible schedule, well suited for career redefinition for GP,FP,IM. Contact Andy Tsoi, MD 537-3724 or Bruce Kaler, MD 255-0056.

Homeless cat. Under one year old, abandoned on Tacoma Ave. Starving for attention, human contact and a place to call home. Please call the PCMS office, 572-3666.

E.R. Director - Oregon. Be your own boss - run the show. State-of-the-Art ER, Level III, in modern, financially secure hospital located in dry, sunny area: fishing, hunting, boating, camping, horseback riding. Call Marilyn Swensen, National Emergency Services at 1-800-554-4405 or in California 1-800-356-5225.

OFFICE SPACE

Well appointed office space in St. Joseph Medical PAvilion to share with surgical specialist. Please call 272-4334.

Pierce County Medical Society
223 Tacoma Avenue South
Tacoma, WA 98402

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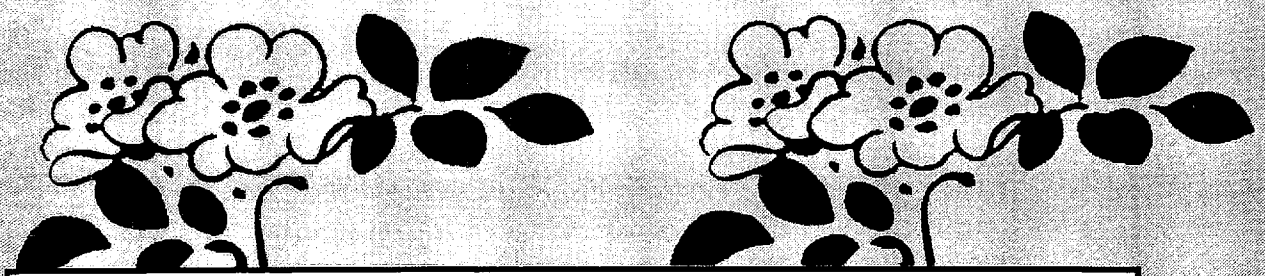
PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
November, 1992



I'd pick more daisies

If I had my life to live over,
I'd try to make more mistakes next time.
I would relax. I would limber up.
I would be sillier than I have been on this trip.
I know of very few things
I would take seriously.
I would be crazier. I would be less hygienic.
I would take more chances.
I would take more trips.
I would climb more mountains,
swim more rivers, and
watch more sunsets.
I would burn more gasoline.
I would eat more ice cream and less beans.
I would have more actual troubles
and fewer imaginary ones.
You see, I am one of those people who lives
prophylactically and sensibly and sanely,
hour after hour, day by day.
Oh, I have had my moments.

And, if I had it to do over again,
I'd have more of them.
In fact, I'd try to have nothing else.
Just moments, one after another.
Instead of living so many
years ahead of each day.
I have been one of those people who never go anywhere without a thermometer, a hot water bottle, a gargle, a raincoat, and a parachute.
If I had it to do over again,
I would go places and do things.
And travel lighter than I have.
If I had my life to live over,
I would start barefooted
earlier in the spring.
And stay that way later in the fall.
I would play hooky more.
I wouldn't make such good grades
except by accident.
I would ride merry-go-rounds.
I'd pick more daisies.

see story on page 21

The Bulletin is published quarterly in February, May, August, and November by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in **The Bulletin** are the first of the month preceding publication (i.e. Oct. 1 for Nov. issue).

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 the Medical Society. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. **The Bulletin** and Pierce County Medical Society reserve the right to reject any advertising.

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Tacoma, WA 98402
(206) 572-3666, Fax 572-2470

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

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PRESIDENT'S PAGE

PCMS WOMEN IN MEDICINE COMMITTEE TO FORM

"We women physicians don't have to incorporate societal biases into our self images and try to fashion ourselves after our male colleagues. We should recognize that our differences are real and that we are valuable in our own right."

These words were spoken by Dr. Kay Hanley, a member of the AMA's Women in Medicine Advisory Council, at the first AMA leadership workshop for women members. Nancy Spaugh, a third year TFM resident, and I were inspired by Dr. Hanley's message as we attended the conference jointly sponsored by the AMA and the California Medical Association's Women in Medicine Committee in San Diego last month. The meeting included talks and workshops on strategies to foster leadership abilities in women physicians.

Why a leadership conference specifically for women? Let's look at the demographics of our profession. In 1970, only 7.6% of American physicians were women. By 1987, our numbers had risen to 16.4%. By the year 2010, 30% of our country's physicians will be women; 53 percent of the first year medical school class at the University of Washington are women. That's right - for the first time in the history of the UofW, women outnumber men in a medical school class. However, our membership and participation levels in organized medicine remain disproportionately lower than our male colleagues. If organized medicine is to have credibility in the future, we must continue to represent large numbers of physicians. It is only by getting more women to join our ranks that we can do this.

The AMA has initiated the Department of Women in Medicine to mainstream women physicians into organized medicine. Women will be "fully mainstreamed" when the proportion of female physicians joining the AMA is the same as the proportion of male physician members, and the number of women in AMA leadership positions is proportional to our numbers in organized medicine. Physician leaders are developed through their activities at the county and state society levels. It is crucial to get women involved at grassroots level.

In order to work toward achieving these aims, your county medical society will be establishing a Women in Medicine Committee. The initial goals for this committee will be to:

1. Increase the number of women members in PCMS.

2. Increase the number of women physician leaders in PCMS and, ultimately in WSMA.

3. Address issues specific to women physicians.

4. Increase awareness of women physicians within PCMS and the community.

In general, women are not taught from an early age (at least not as much as men are) to have leadership and organizational skills. Many women feel uncomfortable assuming leadership roles, or even participating in organizations, because we've never learned "the rules of the game." We need to train ourselves in meeting skills, mentoring, time management, image enhancement, public speaking techniques, strategies for influencing legislation, and relating to the news media.

It was exciting for both Nancy and me to spend the weekend at the AMA-CMA conference with women who have achieved prominence in their organizations. As Dr. Hanley stated, "Our challenge now is to enlist women physicians in the fight for the survival of the profession. We have the creativity, the sensitivity, and the fortitude to do it!"

Eileen Toth, MD

MANAGED MEDICAID WILL HAPPEN

Les Reid, M.D., medical director of Pierce County Medical, told the PCMS Board of Trustees Oct. 6 that Pierce County will have managed Medicaid by January, 1994, one way or the other.

He told Board members that PCMS, his Bureau and other members of Pierce County's medical community could choose to design the county's new managed Medicaid system together now, or the state will move to initiate a plan in the county by 1994.

After explaining the managed Medicaid options in a way President **Eileen Toth, M.D.** said were the most understandable terms she had ever heard, **Dr. Reid** asked the Board, "What is your commitment? How do you want to be involved?"

The Board responded it wants to play an active role in the system's design.

Dr. Reid explained that DSHS is determined to implement managed Medicaid plans in all counties. He said Kitsap County's plan is seven years old, Spokane's started in July, and that King County's design is well down the road and will be implemented next summer. As the state's next two largest counties, Pierce and Snohomish Counties are next on the DSHS agenda, he said.

Any managed Medicaid system in Pierce County would require one or more administrative organization (such as the Bureau or Group Health) to receive the money DSHS already spends providing medical care to the county's approxi-

Les Reid, MD

mately 38,000 Medicaid recipients. Depending on the system's design, administrators would then reimburse care givers: primary care and specialty physicians, CHCDS, hospitals, etc.

There are two reimbursement options to choose between, **Dr. Reid** said: capitation payments (a fixed monthly payment per patient), or fee for service. He said it is also possible to mix the reimbursement types. Pierce County Medical does not prefer capitation systems, he said.

All managed Medicaid plans share one design feature, **Dr. Reid** said. Medicaid enrollees are assigned to, or choose, a primary care giver whom the patient must utilize for health care. The Kitsap County plan, the only plan operating long enough to accrue results, has found it reduces overall costs by shepherding patients away from emergency rooms and to primary care physicians.

Dr. Reid said that if Pierce County operates its plan for a year, it may also experience cost reductions that would allow the system to reward participating physicians with higher reimbursement rates.

But that is not certain to happen, he said. Managed Medicaid plans transfer the responsibility and risk of Medicaid health care delivery to counties, **Dr. Reid** said. To be most effective and beneficial to participants, plans require an effective partnership between all members of the medical community.

Dr. Reid said Pierce County Medical is willing to be a partner and asked the Society for its involvement. The Board committed. He said he had already asked Group Health for a similar commitment but has not yet received a reply.

He said the Bureau and some physicians already have experience with a similar managed care plan which will help in designing the managed Medicaid plan. In the Basic Health Plan, a Bureau administered, state supported medical plan for low income, Medicaid-ineligible people, 160 Pierce County primary care physicians already participate.

That prompted Board member **Ron Goldberg, M.D.**, to ask whether there are enough primary care physicians in Pierce County to care for approximately 38,000 Medicaid patients. **Dr. Reid** replied, "That's a good question," but added the question reinforces the need for the maximum involvement by PCMS members.

MEET YOUR BOARD MEMBERS

ALEX MIHALI, MD

Committees are a second home to **Alex Mihali, M.D.** He joins them more than most.

As he puts it, "I do my service, my part. You need to be involved."

In the 16 years he's practiced internal medicine at Allenmore, he's done his part on every one of the hospital's committees - on some more than once. Along the way he's also been chief of staff there and president of the Tacoma Academy of Internal Medicine, too. Not to mention the PCMS Board and other activities.

But perhaps his background - his roots - explains a deeper reason for this compulsion he has to participate in the democratic process of policy setting and self governance.

Where **Alex Mihali, M.D.** came from, Nazis repressed freedoms to the west and communists to the east were killing people for their beliefs. Even though he's lived 40-some years a free man, his childhood memories of running for his life in Eastern Europe haven't left him. Perhaps they cause him to participate more than most people as an expression of his finer appreciation for the freedom he now enjoys.

"We were kind of on the move," he said of his first seven years. His mother, sister and he "...literally got the last train out" when the Russian army invaded his East German home town.

"We were lucky," he said. His father didn't make it.

At one point, the Russians admitted they would have shot his father, a successful businessman, just for his money. "That's how communists redistribute wealth," he said.

With blood lines from many countries - Hungary, Romania, Ukraine, Germany and others - the family of three fled to the U.S. when **Alex** was seven. Speaking German at home, he grew up in Cicero, Illinois, suffering ethnic discrimination from Americans.

But his mother, forced to do domestic work to keep the family going, provided the impetus for his future academic success.

"I always got blasted as a kid," he said. "My mom kept saying, 'You've got to get your education. They can take away everything else but not your education.'"

In college in the liberal '60s, he was a rabid anti-communist "because of my own experience with communism." Arguing with teachers and students was his release.

He remembers, "My only defense was to read and talk."

Fulfilling the one major goal he had from the time he was five years old, he completed work for his M.D. at the Medical College of Wisconsin.

Dr. Mihali first fell in love with the Pacific Northwest when he and a friend car-tramped 9,000 miles through the West before medical school. Later, he spent two years at McChord AFB as an Air Force Captain between his internship and residency at Wisconsin. Following residency, he called Tacoma home.

Of his 16-year career here, he said, "I enjoy medicine. I'm happy I made the decision."

But his practice and tendency to join has restricted him some. He would like to have retraced his roots in Eastern Europe since the iron curtain fell, but hasn't. "Medicine has a way of taking up your time," he reflected.

Despite that, he said, "I would strongly recommend that all Society members serve two years on the Board if asked to serve."

As a Board member, he exercised his voting rights at the annual WSMA meeting Oct. 1-4 in Yakima for the first time. He said, "It was an excellent learning experience. I learned how little I knew about what is going on in our state society."

He helped hone the focus of WSMA's health care reform proposal called the Personal Health Care Plan (PHP).

"It took a lot of guts," he said for the committee he joined to address the PHP funding issue and to recommend, among other things, a state income tax.

"At least they were willing to recommend something. It's better to give the politicians our recommendations to start from than nothing at all," he said.

In addition to exercising his voting rights, **Dr. Mihali** also exercises his body regularly. Lifting weights and tromping the Stairmaster three times a week is his way of staying in shape for ski season.

He doesn't share the level of excitement his wife, Debbie, has for horses, though. She keeps two "somewhere in Spanaway," he said.

Dr. Mihali has two grown daughters, Melissa and Sara, one in college, the other considering it. In his 14-year-old son, Matt, **Dr. Mihali** has regenerated his ties to his homeland; his son is studying German in school and hopes to spend a year there.

MEET YOUR BOARD MEMBERS

BILL MARSH, MD

Bill Marsh, M.D., is efficient.

One learns that. Quickly.

His movements are brisk. Direct. Springs from his chair. Loses no time. He is built lean. Moves smoothly.

He gets right to work. No chatty Kathy. Wasted time. Time-motion expert's dream.

He answers questions without pause. Right to the point. Knows the answer. Polite. Cordial. Friendly. Next question.

Smiles come easily. Often. Eyes twinkle a while. Then back to business.

He gets a lot done. Always has. Normally leading. Fraternity president three years. Chief resident. Past PCMS president. Past president of Good Samaritan Hospital. Legislative Chairman, Washington Academy of Family Physicians. WAMPAC Board of Directors.

Even efficient riding his stationary bike. Reads the paper. Early morning. Must get to the office. No time to waste.

Likes to swim. Swam sprints in high school, college. No time now. Too much to do. Meetings and such.

He says he likes to golf. When? Days off. Not this warm, sunny day off, though. Working today. Golf on days off? When's that?

He says he likes to travel. Family RV vacations. When, where? Well, no, not this year. He remembers Yellowstone five years ago. But he and his wife, ErrolLynne, have plans. Buy an RV. Travel to small towns. "That may be our recreation." May be.

He's been to all 50 states. Cruised to Alaska last year. 50th state. Did most travelling when he was a kid. Pretty busy now.

Very busy practice. 35 employees. Parking lot jammed. More than 50 cars. Lobby full. Kids crying. Moms comforting.

He has four partners. PCMS members **Robert Alston, Warren Miller, Stephen Egge and Timothy Schmidt.** Summit View Clinic. Located at Canyon Road and Hiway 512. High traffic area. Growing.

Beautiful new building. Built it three years ago. Main floor and a basement. Built over and around previous building. Saw patients all during construction. Only missed 1/2 day. Efficient planning. Execution.

They have their own lab. Central to exam rooms. Efficient flow. They rent space to a pharmacy. Efficient for patients.

They also rent to some Good Samaritan Hospital departments: Physical Therapy & Sports Medicine, Work Rehabilitation, Puyallup Valley Institute. Symbiotic. Efficient.

Also share space with Diagnostic Imaging Northwest. Convenient.

Have nutritionist. Mental health counselor, too. One-stop shopping.

Tour the building. Walk fast. Lots to see. In. Say "Hi." Out.

Each physician has three exam rooms. A nurse practitioner does too. 18 exam rooms.

Dr. Marsh decided on medicine career while young. High school. Watched TV show: "Hennesy," a Navy doctor. Liked it.

Picked family practice before entering medical school. Decisive."I liked people."

Met wife at University of Oregon. Two children before MD degree there. Joined Navy. "It paid the bills."

Seven year obligation. Last year med school. Internship at Naval Hospital, Great Lakes, Illinois. Residency at Wright Patterson Air Force Base Hospital.

Three years active duty at Whidby Island Naval Air Station. Lots of angry patients there. Disgusted with "the system."

"I got out so I could do a better job than that." Certainly has. Fourteen years at Summit View Clinic.

"I like to follow people along as they get better or worse. I like to see people in families."

Quit delivering babies. Two years ago. Life style reasons. Midnight calls. Not efficient. Litigation worries. Too many emergency room, assigned patients. Couldn't follow their families along.

Now follows infant patients as they grow.

Accepts welfare pediatric patients. Felt obligated when state started 2nd Steps.

He's political. Astute. "It's a screwy process but it's interesting." Led Society's Initiative 119, Death With Dignity, effort.

Has three boys. One in medical school. Oregon. Youngest is high school senior. "Looking forward to being an empty nester."

Three in college at once. That's **Bill Marsh, M.D.**; always efficient.

WSMA HOUSE OF DELEGATES DEBATES MAJOR ISSUES BEFORE HOUSE OF MEDICINE

PCMS was well represented at the House of Delegates meeting Oct. 1-4 in Yakima. We were led by President **Eileen Toth**, President-Elect **Jim Fulcher**, Secretary-Treasurer **Vita Pliskow**, Immediate Past President **Bill Marsh**, and Trustees and delegates **Alex Mihali, David Munoz, Jim Taylor, and Alternate Delegates Dick Hoffmeister, Les Reid, Rebecca Sullivan and George Tanbara**, as well as its WSMA Representatives, Vice Speaker **Richard Hawkins**, AMA Alternate Delegate **Len Alenick**, and Trustees **Dick Bowe, Gordon Klatt, and Chuck Weatherby .**

*PCMS delegates (l to r) **Vita Pliskow, MD, Eileen Toth, MD,** with **Charles Weatherby, MD,** WSMA Trustee, and **George Tanbara**, PCMS alternate delegate.*

***Dr. Dick Hoffmeister** addressing the House of Delegates on one of the many issues debated at the Yakima meeting.*

As Vice Speaker, **Dr. Hawkins** presided over Reference Committees A and C deliberations and at the conclusion of the meeting was elected Speaker of the House, a high honor. **Dr. Hawkins** is well recognized for his knowledge of parliamentary procedure and presiding over the House of Delegates.

Dr. Toth chaired Reference Committee B and **Dr. Mihali** was a member of Reference Committee C.

The House heard legislators Brian Ebersole, anticipated to be the 1993 Speaker of the House, Senator Mark Gaspard from Puyallup, Senator Jim West of Spokane, and Chairman of the Senate Health Care Committee, and Representative Clyde Ballard of Wenatchee. Representative Ebersole stated that he was "committed to working with physicians for health care reform and the doctors need to be at the table." He considered WSMA's personal health care program a thoughtful, serious proposal and said it will be given serious consideration. Health care and the budget will be the dominant issues in the 1993 legislative session he said.

Senator West said that he would propose a tobacco tax of $1 per pack to raise $200 million for expenses for an extended basic health care plan that would reach 90,000 people.

Senator Gaspard noted the difficulty the 1993 legislature will have. The president of the British Columbia Medical Association stated "that a unified profession is absolutely essential." He related the situation that resulted in BC physicians going on strike last summer. The new BC government ruled all past contracts void and terminated the plan which would provide the physicians their pensions. He stressed that unity and solid ethical conduct are absolute necessities for the profession.

***Gordon Klatt, MD, George Tanbara, MD, and Charles Weatherby, MD** (l to r) confer before voting on a resolution during House of Delegates meeting.*

SOCIETY BUSINESS

HAWKINS ELECTED SPEAKER OF THE HOUSE

Dr. Richard Hawkins, Tacoma Family Physician and Past President of PCMS (1986), was unanimously elected Speaker of the WSMA House of Delegates.

Dr. Richard Hawkins, past PCMS president, presiding over the House of Delegates.

Dr. Hawkins was elected to the WSMA position of Vice Speaker in 1986. He and Speaker of the House Dr. David Williams, Yakima, have always shared the duties of presiding over the WSMA House of Delegates meeting. Dr. Williams is retiring.

WSMA BOARD OF TRUSTEES SAY, "TAKE THE HIGH ROAD

The WSMA Board of Trustees, with Pierce County Representatives **Drs. Alenick, Bowe, Hawkins, Klatt, and Weatherby,** voted at its October 1 meeting in Yakima to continue to fight for universal access and cost control regardless of the avenues that other members of the Health Care Alliance may choose to travel. They elected to move forward with the WSMA Personal Health Care Plan with the 1993 legislature and continue to seek change.

The Board heard retiring Representative Dennis Braddock (D), creator of Initiative-141, describe the merits of the initiative which he considers are:

- Universal access

- Certified health plans could be established by different entities

- Emphasis would be on preventive care

- 5% of the cost would be dedicated to public health

- Financing -- the Governor and Legislature would determine

- Governance -- the Governor would decide

Representative Braddock considered that a global budget would be required to contain costs.

The Board of Trustees also heard from Mr. Macon, Boeing Airplane Company lobbyist, who stated that Boeing supports some reform and is strongly opposed to Initiative-141 which, if successful, locks the system in for 2 years. He stated that health care costs per Boeing employee are $4,200 per year. Macon stated that Boeing would fight Initiative-141 which will most likely have an alternative on the ballot in November, 1993.

Dr. Tom Miller, Chairman of WSPIA Board, reported that WSPIA now insures 4,500, or 68%, of the physicians in Washington State. He noted that the frequency and severity of claims are going up about 25% annually. He stated that major claims are a result of failure to diagnose, primarily cancer and breast cancer. He also noted that physicians in the lower insured classes can expect a modest increase in premiums.

Dr. Ralph Johnson, past PCMS and WSMA President, was reelected to the WSPIA Board of Directors.

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Committee Members

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J.D. Fitz	552-1590
John R. McDonough	572-2424
Ronald C. Johnson	841-4241
Dennis F. Waldron	272-5127
Mrs. Jo Roller	566-5915
WSMA:	1-800-552-7236

Feature

SUMMARY OF A MEDICAL AND ECOLOGICAL VISIT TO CHELYABINSK, RUSSIA

by **David Sparling, M.D.**

Last spring, I joined a multiprofessional group heading for Moscow and Chelyabinsk. The group, a delegation from Northwest chapters of Physicians for Social Responsibility, was made up of physicians, geologists, ecologists, lawyers, computer and communications specialists, a University of Washington medical student, members of citizen action groups and representatives of the media.

Our goals were to attend the first International Radioecological Conference which was to be held in Chelyabinsk, to evaluate conditions of medical practice and care in the Chelyabinsk region, make contacts with local health professionals, to plan for future exchanges of people and information - and to see an area of the world which was totally new to most of us.

To Chelyabinsk Twenty-four of us arrived at Moscow's Sheremetievo International Airport late in the afternoon of May 17th. Early on the morning of Tuesday the 19th we ate our sack breakfasts as we bussed to the Domodedovo Airport, from where we were to fly two hours and two time zones east to the other side of the Ural Mountains (and therefore into Asia) to Chelyabinsk.

In Chelyabinsk (Helqbinsk) we found ourselves with 37 other non-Russian registrants (including a delegation from California PSR, other Americans, and individuals from Britain, Norway, Sweden, Japan, and Germany) and nearly 500 Russian representatives from 36 different cities and 284 organizations attending the conference.

David Sparling, MD

Chelyabinsk is a city of a million people and the administrative and medical center of the Chelyabinsk oblast (province), an area half the size of the state of Washington. It has been the location of the Soviet nuclear armaments industry and the site where, at Kyshtym in 1957, a tank of radioactive waste exploded at a weapons plant releasing 20 million curies of radioactivity which fell on an area extending many kilometers to the east and exposing over 270,000 people (but none in the city of Chelyabinsk). An untold number of people suffered from subsequent radiation effects. Though the disaster was not officially acknowledged until June 1989, around 20,000 people were relocated, though some not till two years later. Twenty percent of the radioactive trail area was fenced off as too dangerous for habitation (80 sq. km. remain closed).

In the Mayak complex, a principal plutonium producing facility, water from the Techa River used for reactor cooling was being directly returned to the slow-flowing river. Dumping into the river between 1947 and 1952 resulted in such radioactive pollution that deaths in villages for miles along the river were a fifth higher than in unaffected areas. In 1956, two-thirds of the inhabitants of one village were diagnosed as having chronic radiation illness.

Subsequently, Mayak nuclear waste was pumped into Lake Karachai, which has no outlet and where total contamination eventually reached 120 million curies. With the end of the Cold War, five nuclear reactors at Chelyabinsk-65 have been shut down, but an estimated 823 million curies of high-level liquid nuclear waste continues to be stored in tanks on the site, about twice the amount currently stored at Hanford.

The Congress. During the next three days in the attractive City Hall chambers, we heard vivid recitations of the history outlined above and significant scientific papers describing what is known about acute radiation effects and apparent increased frequency of leukemia and other malignancies and of birth defects in the exposed population. Presenters from Washington State included Bruce Amundson, M.D., coordinator of our group, Ralph Patt, a hydrologist involved in Hanford studies, Ted Hunter, president of Pacific Energy Institute, Rev. William

(continued on next page)

DR. SPARLING'S RUSSIAN VISIT *(continued)*

Houff, Dr. David Hall, Paul Hoefel, Marylia Kelley, Richard Nelson, Don Provost and Rodney Brown. Resolutions completed on the final day of the meeting called for a halt to nuclear weapons testing and production, cessation of plutonium production, release of all scientific and medical data related to nuclear exposure and contamination, expanded health services and medical evaluations for affected populations, aggressive attention to environmental cleanup and waste management, consideration of a Russian environmental bill of rights, compensation for radiation victims and international cooperation to deal the environmental impact of worldwide nuclear weapons production and testing.

Medical visits. During six full days in Chelyabinsk, I, along with others from outside Russia, had unusual opportunities to visit a number of medical facilities including the Chelyabinsk Municipal Polyclinic. Though the building, with offices for 75 doctors and with 100 in-patient beds, was somewhat crowded, it was neat, spotlessly clean, and obviously well staffed. The clinic does minor surgery not requiring general anesthesia, provides out-patient services for municipal employees and their families, the police and other government workers, and gives in-patient care in all major specialty areas except pediatrics. As in other medical facilities we visited, the pharmacopeia was reminiscent of the 80's, xray facilities did not include image intensifying equipment, ultrasound equipment did not include Doppler capability, EKGs were done with 6-channel ink-writing equipment, bacteriology was limited by the need for each laboratory to prepare its own media, hematology equipment consisted of a microscope with a few stains and a hand-operated counter, microchemical technics and autoanalysers were not available, and there was no regular possibility to send specimens to reference laboratories when the small number of test tube chemistries done in the facility were completed. Intravenous solutions were prepared in the facility and administered with reusable equipment from open-topped containers such as were used in this country in the early 50's. Disposable needles and syringes were not available, but the clinic had spotless dirty and clean central supply rooms with closed stainless steel containers and a large autoclave such as was used for bulk sterilization in this country not too long ago.

Later, I was driven to the Chelyabinsk Medical Institute, the regional teaching hospital and medical school complex. The Institute has a total of 4,000 students. All enter medical instruction, chosen as a result of entrance examinations, directly after secondary school, choose their area of medical specialization at the time of enrollment, and complete the five-year course, taking final examinations provided by the International Board of Medical Examiners before receiving their diplomas and beginning employment, usually as a junior physician at a polyclinic.

The school is very proud of its library of 5,000 books. During my tour I saw one spectrophotometer, one cryocentrifuge, and one analytical instrument with a video monitor which I could not identify, all imported. I also saw three monocular microscopes and three typewriters, but no computers. I was told later that the Chelyabinsk Medical Institute appeared to have been particularly starved for research funds by the Soviet government for fear that physicians there, who knew through rumor of the nuclear production hazards and contamination, would begin research related to it. Medical research and publication have been hampered by these fears and poverty of funds, and by a centralized bureaucracy which requires that any publication in national or international journals be first approved in Moscow.

Particularly impressive at the Medical Institute was the Department of Anatomy, chaired by Dr. Victor Turygin, who proudly showed us the scores of anatomical dissections, carefully preserved in glass, which his students use in their studies, papers and posters prepared by students showing anatomy in the fine arts, and many highly detailed anatomical drawings, also done by the students.

Thursday, in the company of the three child psychiatrists in our group, and others, I visited the child psychiatry institute, which is also both a training and medical care facility. We learned about problems related to alcoholism and social unrest, as well as the more typical psychiatric disorders. By contrast, however, drug related problems are almost unknown, infants born of drug-abusing mothers practically do not exist. Here, as elsewhere in the world, there is a significant waiting list for child psychiatric care, particularly of the in-patient variety.

In the afternoon I joined a group which visited Children's Hospital No. 2, which is part of the Medical Institute. We toured the cardiology and pulmonary diseases wards and the oncology section, with subsequent visits to the premature intensive care and progressive care nurseries. Two infants were under care in imported incubators in the ICU. The neonatologist was proud to show me a printout from the imported blood gas machine, but I gathered that arterial punctures are not the rule. The progressive care nursery contained infants of 3 and 5 months of age who were receiving neurodevelopmental therapy.

Our medical school visit concluded with a discussion about the possibility of a future two-month visit by students from the University of Washington and, if financing could be arranged, a reciprocal visit to Seattle by senior students from the Institute.

ed. note; Dr. Sparling's article will be completed in the next Newsletter issue.

MEMBERS TESTIFY BEFORE STATE HEALTH CARE COMMISSION

Five Pierce County Medical Society members gave the Washington Health Care Commission a piece of their minds Tuesday night, Sept. 29. They were among about 100 people who addressed the commission about its draft health care reform proposal.

The five members, **Stan Flemming, D.O., Richard Hawkins, M.D., Leonard Alenick, M.D., Tom Norris, M.D. and Ken Bodily, M.D.,** spoke as representatives of their specialty societies or expressed their individual thoughts when they told the 12 commission members what they liked and disliked about the draft recommendations.

The 17-person commission was formed by the Legislature in 1990 to develop comprehensive health care reform recommendations that, if passed through the Legislature, would provide universal access while controlling costs.

The hearing, held in Tacoma's Bicentennial Pavilion was the eighth and final statewide hearing organized to allow responses to the draft plan that was two years in the making.

Stan Flemming, D.O., representing the Washington Osteopathic Medical Association, told the commission that his 413-person association supported reform and wanted a multi-payer system that eliminates the concept of pre-existing conditions from the plan's vocabulary. He said the association opposes increased sales or B & O taxes to pay for the higher costs that will result from providing universal access. He said his group supports taxes on alcohol and tobacco products.

Richard Hawkins, M.D., speaking as an individual family practitioner, congratulated the commission for its work, adding that providing a system of universal access is important to society. He said he believed that if practice parameters were made part of the new insurance system's guidelines, fat would be trimmed out of the process. He told the commission he supported regulatory reform of the insurance industry, and that more money, not less, needs to be injected into the medical system.

After waiting more than two hours for his turn as the 40th speaker to address the commission, **Leonard Alenick, M.D.,** said he believed the country's medical system is the world's finest, but added that its shortcomings need to be addressed. He reminded the commissioners that centralized planning does not work, and he cited the state's problems at Western State Hospital and the former Soviet Union as two examples. Therefore, he said, a global health care budget concept will not work either. He supported establishing minimum health insurance coverages, setting limits on the costs of those plans and then letting the free-market insurance companies compete for the business. He also said he supported elements of WSMA's health care reform plan without naming its sponsor.

Tom Norris, M.D., spoke representing the Washington Academy of Family Practitioners. He also endorsed universal health care access. He said he was concerned that the commission's draft plan did not assign a definitive role for primary care physicians. In addition, he said he would like to see the health personnel resource plan commit to training a sufficient number of primary care physicians to care for the increased patient load universal access would create.

Kenton Bodily, M.D., testifying for the state chapter of the College of Surgeons, of which he is immediate past president, told the commissioners his organization felt there should be adequate compensation for trauma care. Surgeons, who care for trauma patients, currently receive only about 25-30 percent of their normal fees under state payment schedules, he said.

Dr. Bodily also asked the commission to reconsider their recommended managed care plan since there is no data showing such a plan produces cost savings. He endorsed the portability aspect of the draft plan and told commissioners an employer-based system would be most equitable if the state picked up unemployed patients.

Former PCMS president, **Bill Marsh, M.D.,** also signed up to testify representing the Washington Academy of Family Physicians. However, he was called out of the hearing to help a patient. He left commissioners his written remarks. In them, he called for the performance of primary care physicians to be compared with standards, such as practice parameters. Such comparisons would help manage the use and cost of health care in the new system, he said.

In addition to Society members, other physicians from both sides of the Cascades spoke about their reactions to the draft plan. Hospitals, such as Fred Hutchinson and the Sisters of Providence system, also sent representatives, as did Group Health Cooperative. Representatives from many other health care groups such as the Midwives Association, the Pierce County Mental Health Advisory Board and the Washington Sate Board of Health were allowed up to five minutes to speak.

For nearly every health care industry person who spoke, a representative of a health care user group also signed up to tell the commission about the special needs of his or her constituents. Two labor unions, the National Organization of Women, the Independent Business Association and AARP were among the user groups represented.

Most impressive were a mother and two physicians from Yakima who teamed up to speak one after the next about the special needs of children born with cleft lips and palates. The plan does not yet address their needs, they said.

Their testimony and that of others was a reminder that only by participating in the formation of health care policies will physicians ensure their interests are heeded.

MEMBER *matters*

DANIEL NIEBRUGGE, MD, APPEARS ON 60 MINUTES

On Sunday, Oct. 3, PCMS member **Daniel Niebrugge, M.D.**, was shown examining his pediatric patient Michael Coons on the national news feature show 60 Minutes.

Daniel Niebrugge, MD

The segment dealt with the financial problems families face when a family member suffers a catastrophic illness. **Dr. Niebrugge's** patient, a hemophiliac, had been diagnosed with AIDS five years ago. While insured, Michael's family was unable to pay their 20 percent share of their extraordinarily high medical bills. Michael's mother and father said it was unfair that as a married couple they could get no governmental help with the bills, but if they divorced, went on welfare or into bankruptcy, they would receive assistance.

"Those are bizarre ways to solve the problem," agreed **Dr. Niebrugge.**

Michael, who died of AIDS the week before the segment aired, was taking the effective yet expensive drug DDI every four weeks.

New advances in AIDS medications are wonderful, **Dr. Niebrugge** said, "but they're not cheap advances."

Many of **Dr. Niebrugge's** patients are young cancer victims and their families can face staggering medical bills even if they have insurance. Some parents do not insure their children. While he feels it is unfair that those families must work three jobs or go bankrupt to pay for medications and other treatments, **Dr. Niebrugge** admits he does not have an answer to the difficult national problem of catastrophic health care coverage.

"It's going to come down to 'how much money is there?'" he said. He believes the health care reform discussions that are part of political races now are helpful. "That's a start to finding a solution," he said.

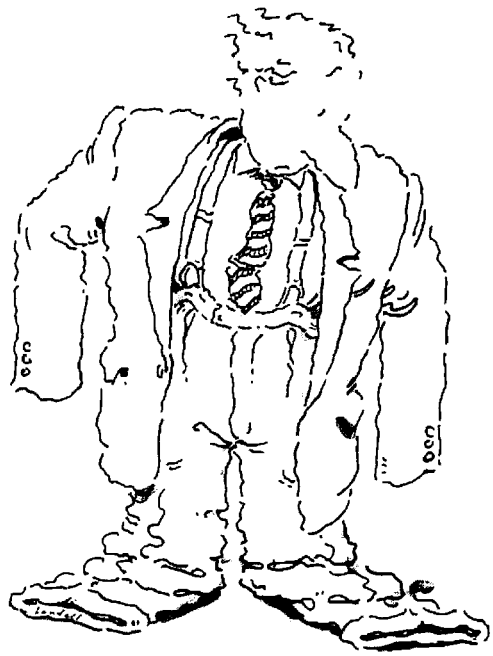
His patient was part of the segment because his family had been very active for years trying to obtain help. They had talked to insurance companies, congressmen and anyone who would listen, **Dr. Niebrugge** said. He assumed the television network learned of the Coons family because of their national involvement in AIDS. The segment in **Dr. Niebrugge's** office was filmed about six months ago.

MEMBER TO SERVE ON NATIONAL COMMITTEE

Mohammed Saeed, M.D., has been honored by his colleagues by being selected to serve on the Education Committee of the American Association of Electrodiagnostic Medicine.

Mohammed Saeed, MD

Dr Saeed attended the committee's meeting on Oct. 17 in conjunction with the association's annual meeting in Charleston, South Carolina.



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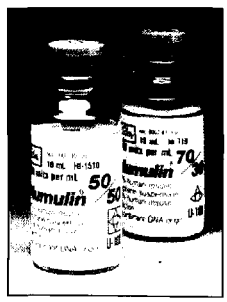

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MEMBER *matters*

JOHN LINCOLN, MD, FINDS HIS ISLANDS IN THE SUN

Sandy beaches on small Caribbean islands. Half-day patient loads with afternoons free for exploring coral reefs.

Retired PCMS member, **John Lincoln, MD**, told fellow retired physicians Friday, Oct. 9, he had found the best of both worlds during his first year and one-half of retirement. During two separate stints doing locum work on two Caribbean islands, Barbuda and Providenciales, he kept his hands in medicine yet lived on, and snorkeled around, islands he had never heard of before.

*Retired physician **John Lincoln, MD,** tells members how he has mixed doctoring and snorkeling on two Carribean islands.*

During November-December of 1991, **Dr. Lincoln** and his wife Betty lived in the biggest house on five-mile-long Barbuda at the eastern edge of the Caribbean. He was the island's only physician for the island's 1,200 natives. In the mornings, he saw 10-15 patients, five days a week, then was free to enjoy the warm sun and entertain friends who came to visit.

The small clinic in which he worked is staffed by a relay of volunteer physicians.

He enjoyed the stress-free island so much he has signed up to return for two more months next fall.

Providenciales, where **Dr. Lincoln** and Betty lived this September, is 100-miles north of Haiti. The 15-mile-long island has four physicians. He was vacation relief for one.

The well-equipped clinic he ran attracted many Haitian and Dominican Republic refugees. Along with the normal strains, breaks, and respiratory infections that he treated, he also saw stress-related illnesses and many cases of AIDS.

As on Barbuda, he was given a house and car, but also a small stipend on Providenciales. He plans to return again for four months next winter.

Dr. Lincoln also showed slides and pictures from China to the retired physicians attending the regular retired luncheon at the Fircrest Golf Club. He contrasted the drab, spiritless life people seemed to lead during his first trip there in 1978 with the colorful, vibrant qualities they displayed during his visit to Shanghai this year.

"Capitalism is alive and well in China today," he said. The opportunities it presents have awakened the world's most populous nation, he said.

The schedule for the next retired luncheon will be announced soon.

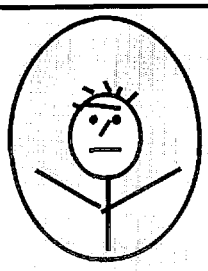
***Stan Tuell, MD,** his wife Stephanie, **Drs. John Colen** and **Glenn McBride** enjoy themselves and a fine spread at October's retired physicians' meeting.*

MEMBERS ADDRESS CIVIC GROUPS

Member **Richard Hawkins, MD,** addressed the University Place Kiwanis Club on Tuesday, Sept. 22. **Dr. Hawkins** updated the business and civic leaders on health care cost and access issues. He also explained WSMA's Personal Health Care Plan (PHP), which will be considered by the Legislature next term. **Dr. Hawkins** is also scheduled to appear before senior citizens at the Marine View Presbyterian Church in January.

President **Eileen Toth, MD,** will also address health care reform issues at the Nov. 11 meeting of Lakewood Lions Club. On Nov. 5, she will speak to the West Tacoma Optimist Club on the importance of Living Wills. On Saturday, Oct. 17, **Dr. Toth** addressed the Medical Records Technicians annual meeting.

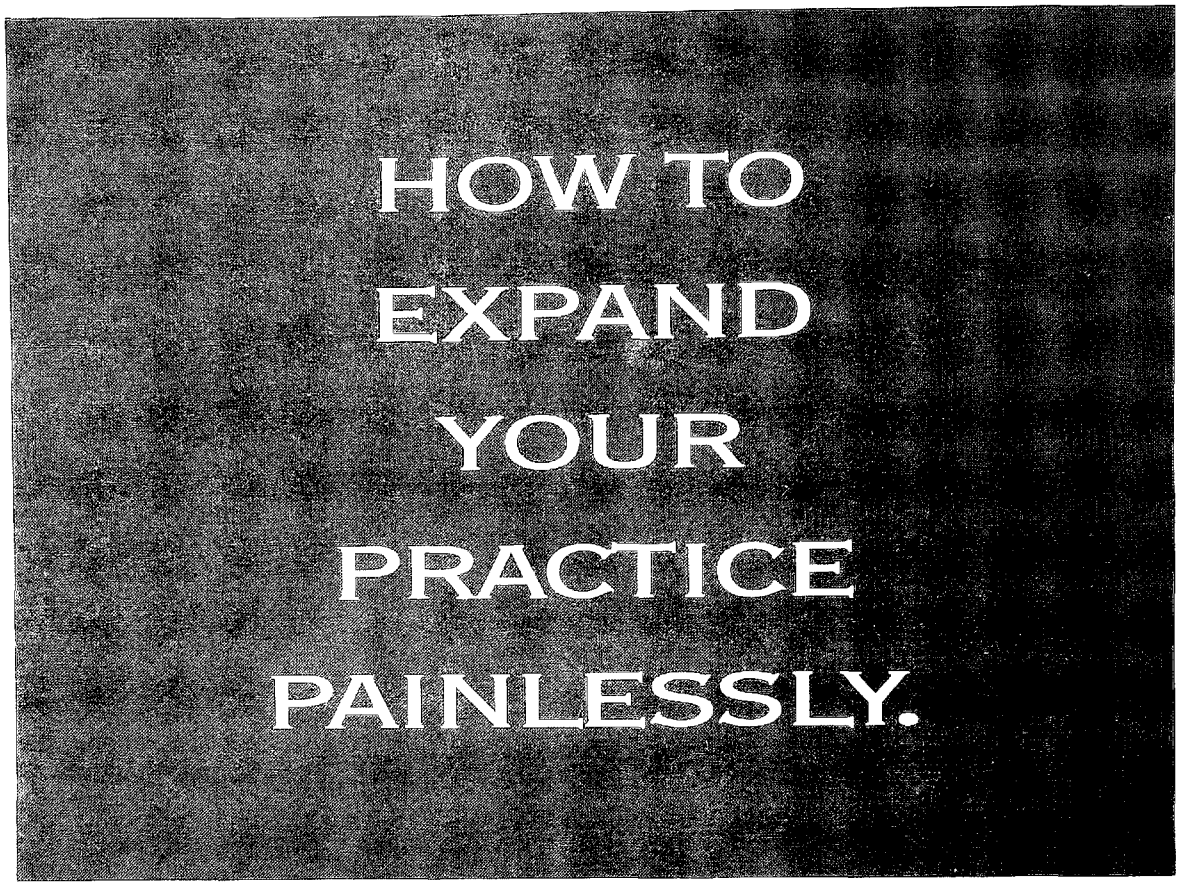
Also addressing the West Tacoma Optimist Club will be **Dr. Bill Jackson,** radiologist and PCMS president in 1988. **Dr. Jackson** will speak on magnetic imaging. The Optimist Club will also hear **Dr. Alan White** on Nov. 10 speak about laproscopic surgery, **Dr. Hawkins** on Nov. 17 speak about health care costs, and **Dr. Jim Fulcher** speaks about health care reform on Dec. 1.



Frame your friend

If you know a colleague who has accomplished something significant or is involved in community activities, tell the Society so we can tell the story in our Local news section.

We'd like to frame his or her picture right here on this page.



Try a time share medical suite in the Gig Harbor Medical Pavilion. Establish your practice in a new market without the hassle and expense of setting up a full-time office. ✪ Located just off Highway 16, the Gig Harbor Medical Pavilion is in a growing community of more than 50,000. With 65% young and middle-age families, Gig Harbor alone is projected to grow by 15% in the next three years. And less than 25 minutes away by car lie Bremerton and surrounding communities. ✪ Along with these market figures comes the area's newest medical facility, the Gig Harbor Medical Pavilion, also home to Western Clinic and the St. Joseph Same Day Surgery Center. Each time share option comes complete with a private office, exam rooms, receptionist and amenities to accommodate most specialists. ✪ And, the leasing terms for our suites are surprisingly affordable. ✪ Call Wade Moberg at 552-4125 for a tour and information.

GIG HARBOR MEDICAL PAVILION

CHCDS MEANS LOW-INCOME HEALTH CARE

Q. What do some Nordstrom employees, day care teachers, barbers or construction workers have in common with street people?

A. CHCDS, the Community Health Care Delivery System.

CHCDS is the primary health care system for nearly one-quarter of Pierce County's 53,000 medically uninsured or under-insured people; where you will see street people sitting in the lobby beside clothing salespeople in business suits or teachers.

"There is a perception that we only take care of street people," said **Stan Flemming, DO,** medical director of CHCDS. "But that is not true. "Without this program there would be more than 12,000 low income people from all walks of life going to emergency rooms, trying to access private physicians or out on the street without medical care," he said.

With six Society-member physicians, five clinics and a host of specialty programs, CHCDS is currently a major provider of low income health care in the county.

One of 600 similar community systems in the country, it opened in 1980 with the help of the Pierce County Medical Society. **George Tanbara, MD,** and other Society members helped cement a cooperative attitude that resulted in obtaining the first $320,000 federal grant to start CHCDS.

"The joint effort between private physicians in the Society and the public sector physicians to solve the health care problems and leverage health care dollars has been, and still is, unique to Tacoma," said Florence Reeves, executive director of CHCDS.

Society members serve on the CHCDS Board of Directors. **Charles Weatherby, MD,** is currently a director, replacing long-time member **Keith Demirjian, MD.**

Society members formed the Quality Assurance Committee that provides external quality-of-care reviews. Society members also help interview, screen and hire new physician staff members. A new member will begin work in January.

"The Medical Society as a whole has supported CHCDS and has been its catalyst," **Dr. Flemming** said.

CHCDS

Prior to its formation, Society members volunteered their time in clinics similar to the St. Leo's Neighborhood Clinic, said Reeves. But since CHCDS began, specialty physician support has been especially important. In what is now a series of informal, individual agreements, radiologists, cardiologists and other specialists have agreed to see some CHCDS-referred patients.

"We want to thank everybody for their support," said Reeves. "We hope new Society members continue that support - to perpetuate the referral system that is so important to the existence of CHCDS."

The clinics especially need help from **orthopedists** and **psychiatrists** right now, **Dr. Flemming** said.

Since its initial grant, CHCDS has grown to a $3.4 million operation, with only 50 percent of its revenue coming from the federal government. The other half comes from a number of local sources. Only 20 percent of the funds support overhead; 80 percent goes to patient care.

The six physicians, **Bob Ferguson, MD, Stan Flemming, DO, John Gunningham, MD, David Kilgore, MD, Courtney Nevitt, MD,** and **Jo Walker, MD,** staff primary care clinics on the Hilltop, in Salishan, Sumner and Lakewood. They also support the following specialty programs:

Comprehensive perinatal care
HIV early intervention primary care
WIC
diabetic complication prevention
adult nutrition
adult flu immunization
medical outreach and medical follow up

In addition, CHCDS operates a dental clinic, a homeless dental program and provides emergency dental services.

Central to the CHCDS concept is that patients buy in - that they pay something for their care.

"When people are vested in the program, they use it more judiciously," said **Dr. Flemming.**

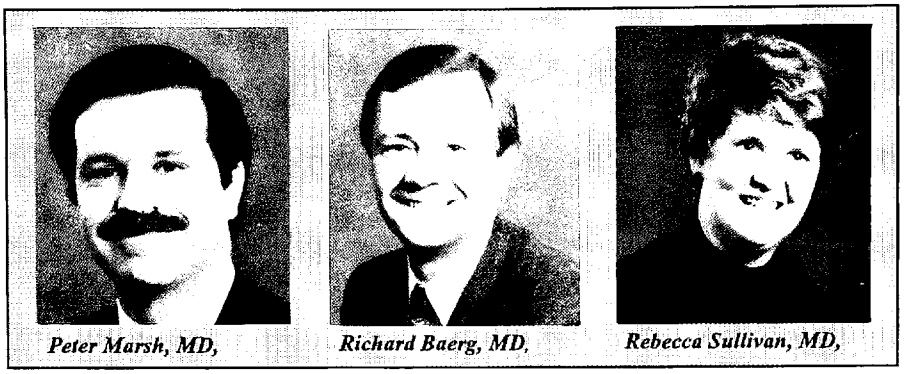
Patients must prove their financial need with tax returns or pay stubs. Then, with a few case-by-case exceptions, all patients pay at least $5 per visit. Those earning over 100 percent of the federal poverty level pay more on a sliding scale. Patients earning 200 percent of the poverty income or more pay 100 percent of their medical bills.

"We have a good thing going here," said **Dr. Flemming.** "We don't have second class health care in Pierce County - everybody is treated equally. That's where the nation is headed and Pierce County is a forerunner of that system.

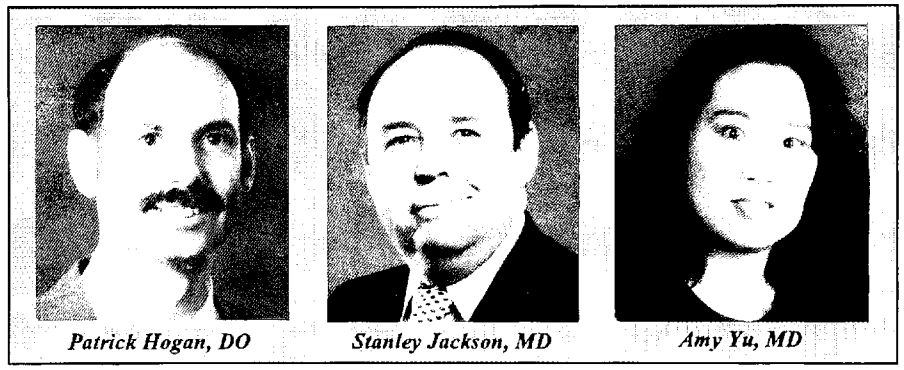
"I want the members to know that the Medical Society does more than just collect dues. Its active support of CHCDS has been and continues to be vital as our country wrestles with the issues of health care reform."

1993 PCMS OFFICERS AND TRUSTEES NOMINATED

Peter Marsh, M.D., Infectious Disease Specialist, was nominated for 1993 President-Elect at the September 23 meeting of the Nominating Committee. Nominated to serve with **Dr. Marsh** were **Richard Baerg, M.D.,** as Vice President, and **Rebecca Sullivan, M.D.,** as Secretary-Treasurer. **Dr. Marsh** and **Dr. Baerg** served previously as members of the Board of Trustees and as presidents of the College of Medical Education. **Dr. Sullivan,** a Puyallup Family Physician, was a delegate and alternate delegate to the 1991 and 1992 WSMA Annual Meetings.



Peter Marsh, MD, *Richard Baerg, MD,* *Rebecca Sullivan, MD,*



Patrick Hogan, DO *Stanley Jackson, MD* *Amy Yu, MD*

The three trustee candidates are **Patrick Hogan, D.O., Stanley Jackson, M.D., and Amy Yu, M.D. Dr. Hogan** is a neurologist, **Dr. Jackson** is a plastic surgeon, and **Dr. Yu** an oncologist.

The Committee had many fine candidates to consider, and the selection process was difficult. However, the Committee felt that the nominees give the Society leadership a broad base of specialties represented and geographical representation.

Additional nominations for any office may be submitted by petition to the Medical Society office by November 15. The petition must state the nominee's name and the office for which he/she is being nominated. It must be accompanied by the nominee's written statement of consent to serve if elected and bear the signatures of at least 20 active or senior members of the Society.

Some members may ask, "Why only one candidate for each office?" *Robert's Rules of Order* states, "It is usually not sound to require the Committee to nominate more than one candidate for each office, since the Committee can easily circumvent such a provision by nominating only one person who has any chance of being elected." Also, it has been the experience of the Society that many fine candidates, after being defeated the first time in an election, refuse to submit themselves to a second election.

MEMBERS SOUGHT FOR NEW COMMUNICATIONS COMMITTEE

The Board of Trustees at its Oct. 6 meeting authorized establishment of a new committee to be called the Communications Committee. Its purpose is to begin the public relations effort members have been interested in for several years.

Members interested in helping define the goals of our new public relations effort and selecting the appropriate projects to accomplish those goals are asked to contact the Society office. Publications Coordinator Pad Finnigan will provide staff support to the committee.

There are many audiences, or publics, with which the Society may choose to communicate in order to improve understanding and appreciation of the Society and its members. Some choices include non-member physicians, patients, seniors, women, business, government, the media, or the general public. The committee's first task will be to select the public with which it wants to improve relations and to define the results it wants to achieve. From there, the methods or projects will be chosen to accomplish the goals.

Pad has put together a list of over 100 projects other Societies have used to successfully improve their public relations.

Public relations can be stimulating, rewarding work. Membership surveys have repeatedly revealed members' interest in it.

Members with an interest in marketing, advertising, writing, politics or other persuasive-type disciplines are urged to volunteer their assistance. It's time we toot our own horn.

NEW PIERCE COUNTY MEDICAL SOCIETY MEMBERS

Bahn, Cordell H., MD
cardiovascular & thoracic surgery and aviation medicine
solo practice - office in Western Clinic Office Building
medical school: University of Rochester
internship: King County Hospital
residencies: Univ. of Wash., Univ. of Oregon, Los Angeles County-USC Medical Center and Children's Hospital of Los Angeles.
Dr. Bahn practiced in Tacoma from 1973-1989 when he moved to Bend, Oregon. He returned to Tacoma in July. His access line is 924-1140

Burger, Leslie M., MC, Brigadier General
Commander, Madigan Army Medical Center
medical school: State Univ. New York
internship: Tripler Army Medical Center
residency: Tripler Army Medical Center
fellowship: Univ. of Texas
Dr. Burger, an internist, is commander of Madigan Army Medical Center. His office phone is 968-1215

Burgoyne, Brian, MD
diagnostic radiology
practices with Diagnostic Imaging Northwest
medical school: USC
internship: Univ. Cal-Irvine
residency: Univ. Cal-Irvine
fellowship: Los Angeles County/USC Imaging Science Center (MRI)
Dr. Burgoyne's address is 7424 Bridgeport Way W., #103. His phone is 581-4333.

Davies, Bruce G., MD
pediatrics
practices with University Place Pediatric Clinic
medical school: Univ. of Texas Southwestern Medical School
internship: Univ. of Texas Southwestern Children's Medical Center
residency: Children's Medical Center,
fellowship: Children's Medical Center (chief pediatrics resident)
Dr. Davies' address is 2603 Bridgeport Way W. His phone is 564-1115.

Goldsmith, Martin A., MD
pediatrics
practices with Pediatrics Northwest
medical school: Albany Medical College
internship: Emory Univ.
residency: Emory Univ.
fellowship: Emory Clinical Research Facility
fellowship: Univ California, San Francisco (ped. endocrinology)
Dr. Goldsmith's address is 316 S. K, #212. His phone is 383-5777

Harris, Laurel R., MD
ophthalmology
practices with Tacoma Eye Clinic
medical school: Emory Univ.
internship: Georgia Baptist Medical Center
residency: Vanderbilt Univ. Medical Center
Dr. Harris's address is B-6001 Allenmore Medical Center. Her phone is 272-9309

Morcos, Amira A., MD
general practice
practices solo
medical school: Ain Shams Univ., Cairo, Egypt
internship: Ain Shams Univ. Hospitals
residency: Ministry of Health Hospitals, Monophia, Egypt
Dr. Morcos's address is 214 S. Washington Ave., Orting. Her phone is 893-2266.

Quint, Howard J., MD
urology
practices with Ralph Stagner, MD, and Richard Ohme, MD
medical school: Northwestern Univ.
internship: Univ. of Arizona
residency: Univ. of Arizona
Dr. Quint's address is Suite A221, So. 19th & Union. His phone is 572-6835.

Reinbold-Carter, Alison J., MD
radiology
practices with Diagnostic Imaging Northwest
medical school: USC
internship: LAC-USC Medical Center
residency: LAC-USC Medical Center
fellowship: LAC-USC Medical Center (body imaging)
Dr. Reinbold-Carter's address is 7424 Bridgeport Way W., #103. Her phone is 581-4333.

Schubert, Timothy T., MD
internal medicine/GI
practices with Digestive Disease Consultants
medical school: Stanford
internship: Montefiore Hospital, Bronx, NY
residency: Montefiore Hospital
fellowship: Nassau County Medical Center (gastroenterology)
Dr. Schubert's address is Allenmore Medical Center. His office phone is 272-5127.

NEW PCMS MEMBERS

Sobba, David J, MD
orthopaedic surgery
practices with Pacific Sports Medicine
medical school: Creighton Univ.
internship: Creighton Univ. Affiliated Hospital
residency: Univ. of Missouri/Truman Medical Center
fellowship: Tahoe Fracture & Ortho Clinic (sports medicine)
Dr. Sobba's address is 3315 So. 23rd, Suite 200, Tacoma. His phone is 572-8326.

Themelis, Nicholas J., MD
pediatrics
practices with Timothy Jolley, MD
medical school: Oregon Health Sciences Univ.
internship: Madigan Army Medical Center
residency: Madigan
Dr. Themelis' address is 1322 3rd. St. SE, #204, Puyallup. His phone is 848-1572.

UNPROVEN MEDICAL DEVICES TICKLE DR. ETTLINGER'S FANCY

Member **Robert Ettlinger, MD,** gets his "kicks" from a collection of magical boxes sold 100 years ago to cure whatever ails you. The kicks he gets are electrical, and the boxes are low-output electric generating devices that patients held to parts of their body to shock themselves back to good health.

Dr. Ettlinger's collection is displayed in his lobby and office. Each of the devices is shaped differently but contains the same basic components: a generating source (battery, hand crank), wire leads and application attachments.

They have appealing names: Medicoil Cabinet Battery," "Magneto-electric Machine" or "Mechanical Heart," for example.

Produced when electricity was new and buyers not electricity-smart, the machines were advertised to cure hundreds of conditions - just about anything the patients believed they would.

***Dr. Ettlinger** demonstrates the face and brush attachments of "Ward's Medical Battery." He still has the 1928 sales slip that shows a $12.95 purchase price. His patients and friends bring him machines.*

MEMBERS TOLD TO BALANCE LIFE, COME OUT AHEAD

"I am a workaholic."

Those were the carefully chosen words psychiatrist **Pat Donley, MD,** used as he began his talk to fellow physicians at the October general membership meeting.

Pat Donley, MD

Alcoholics begin AA meetings with a similar admission: "I am an alcoholic," and **Doctor Donley** explained that work can become an addiction much like alcohol. His statement demonstrated that addicted people continually fight denial by admitting their problem while on the road of recovery.

During his presentation, **Dr. Donley** bared his workaholic life to examination by his understanding peers. He said he used to work seven days a week for six years - 17-hours a day on weekdays. On weekends he tried to get home by early afternoon.

He said he lost credibility with his wife, forever calling her to say he was on the way home when he wasn't. "Just one more consult, just one more phone call," he would think to himself.

Though he vowed he wouldn't repeat his physician-father's mistakes, he became a stranger to his children.

Nearly blind to the effects of his obsession, he said "I was totally consumed by work."

The effects were there, however. He chose to ignore the fact that his back pain, knee problems, weight gain, hives and chest pains were stress-induced.

*Puyallup family practitioner **Ted Crowell, MD,** talks with OB/Gyn specialist **Carol Kovanda, MD,** prior to dinner.*

To relax, he frequently took drugs. "A pill was always better than a drink," he rationalized. He sometimes popped nitroglycerin tablets to relieve or prevent his chest pain.

While in his self-destructive spin, **Dr. Donley** thought he was doing the right thing; working hard to be a better doctor. Everybody was doing it. His dad had done it. He continued doing it.

But the effects piled up, eventually damaging his spirit.

"For years I said the grass was brown on both sides of the fence," he confessed.

Gradually he saw his true reflection. "I was mentally blitzed, burned out," he remembered.

Telling his story was as therapeutic for **Dr. Donley** as it was helpful for his friends in the audience. It also served as a foundation for his comments on the antidote for workaholism.

Using a state-of-the-art computer-controlled slide presentation he created, **Dr. Donley** spoke about the need for balance in one's life.

One slide showed how physicians are pulled in all directions by the demands of time, wealth, health and love. Another slide depicted a pie-chart measuring the time one devotes to work, sleep, hobbies, spouse, children, friends, meditation, play and to one's self.

The key, he said is taking time for all of them in a balanced way.

"No one recognizes you for being balanced," he said of success in medicine. "That's an inside job," he said. "Be clear what you want for your slice of life."

Slides repeatedly answered the rhetorical question, "How to play?"

Included in his prescriptions were: take lots of naps; give away money; celebrate every moment; watch snails; make lots of "yes" signs and post them all over your house; cry during movies; swing as high as you can; and of course, smell the roses.

The ideal balance is to be well and free of disease, he said; to be all you can be.

*Mary and **Dr. Juan Cordova,** past PCMS Secretary-Treasurer, chat with past president **James Early, MD,** a Lakewood internist.*

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

GASTROINTESTINAL CME PROGRAM REGISTRATION UNDERWAY

"Nuts, Bolts and Innovation in Gastrointestinal Disease," a one-day course for primary care physicians, is open for registration.

The course, set for Dec. 4, will feature Tacoma Gut Club and other speakers focusing on the multi-disciplinary approach used in managing patients with gastrointestinal illness.

Those seeking information regarding the course should call COME at 627-7137.

ANNUAL SURGICAL CLUB PROGRAM, DINNER DATES CHANGED

The annual events associated with the Tacoma Surgical Club's Surgical Dissection and Demonstration have been rescheduled.

Due to space conflicts at the University of Puget Sound, site of the popular program, all events have been set for April 23 and 24, 1993

Events rescheduled include the surgical demonstrations, the next day's surgical CME lectures (also at UPS), and both club dinners held at the Tacoma Country and Golf Club.

CME AT MT. BACHELOR REGISTRATION OPEN

The program for the College's third "resort" CME schedule, scheduled for central Oregon, is set and available for registration.

The multi-disciplinary COME conference will be held at the Inn of the Seventh Mountain in Bend, Oregon, and will feature presentations on musculoskelatal injuries, antibiotics, colon cancer, AIDS, low back treatment and skin cancer.

The course is scheduled for Feb. 3-7, 1993, and also features family vacationing and winter sports at nearby Mt. Bachelor.

In addition to the delivery of quality continuing medical education, this year's program will also open two organized ski activities for participating physicians and their families. On Friday, "Ski Touring and Lunch: A Back Country Ski Picnic" will be available. On Saturday afternoon, the first Annual PCMS Slalom will be staged. More information on both of these events is available to conference registrants.

Those interested in the conference are urged to register early and take advantage of the reduced lodging rates at the Inn of the Seventh Mountain. For more information, please call the College at 627-7137.

DATES	PROGRAM	DIRECTOR
1992		
Friday November 6	Infectious Diseases Update	David McEniry, MD
Friday, December 4	Gastroenterology Update	Gary Taubman, MD Richard Tobin, MD
Thursday, Friday December 10 & 11	Advanced Cardiac Life Support	Mark Craddock, MD Kent Gebhardt, DO
1993		
Thursday, January 21	Law & Medicine Symposium	Estelle Connolly, MD John Rosendahl, JD
Thursday, Friday, Sat. February 4, 5 & 6	CME at Mt. Bachelor	Stuart Freed, MD
Friday February 26	Review of HIV Infections	Alan Tice, MD
Thursday, Friday March 11 & 12	Internal Medicine Review - 1993	Sidney Whaley, MD
Friday, Saturday April 23 & 24	Tacoma Surgical Club	Leo Annest, MD Chris Jordan, MD
Friday April 23	Terminal/Palliative Care Update	Stuart Farber, MD
Friday May 7	Gynecology Update	John Lenihan, Jr., MD Sandra Reilley, MD
Monday, Tuesday June 21 & 22	Advanced Cardiac Life Support	James Dunn, MD

The Pierce County Medical Society

announces the

Annual Joint Meeting

when: Tuesday, December 8
Social Hour at 6:15 p.m.
Dinner at 6:45 p.m.
Program at 8:00 p.m.

where: Tacoma Sheraton Hotel Ballroom

featuring our own members

VITA PLISKOW, MD, MEZZO-SOPRANO
RAYMOND PLISKOW, MD, CLARINETIST

accompanied by Sandra Bleiweiss

performing

A SHORT CLASSICAL MUSIC PROGRAM

(return before Friday, Dec. 4, to PCMS, 223 Tacoma Ave. So., Tacoma, Wa. 98402)

Please reserve _____ dinner(s) at $35 per person/$65 per couple (tax & tip included)

Enclosed is my check for $_____

signed_____

Organ Donations Critically Needed

By Dr. James S. Todd

The American Medical Association urges everyone to authorize organ and tissue donation because thousands of people die while waiting for organs or tissue for transplants.

The number of people in critical need of such donations is more than 27,000, according to the United Network for Organ Sharing (UNOS), and every 20 minutes a new name is added to the list. The need for organs is greater than the supply, and the gap is widening.

Compounding the shortage, many hospitals and physicians fail to ask the next of kin to donate, even if the donor has signed a consent card.

Federal and state laws give adults the right to decide ahead of time whether to donate their tissues and organs.

All Americans should sign donor cards or pledge to donate by signing the backs of their drivers' licenses.

In addition, to avoid confusion or next of kins' reversal of decisions to donate, individuals should make their families aware of their wishes ahead of time.

Five percent of eligible adults in this country donate blood. If the same percentage of Americans donated tissues and organs, the nations' tissue and organ needs could be met and thousands of lives would be saved.

The AMA realizes this is a major decision that requires a great deal of thought. To learn more about how you can help others by consenting to donate, or for more information, please call UNOS at 1-800-24-DONOR, or write to 1100 Boulders Parkway, Suite 500, P.O. Box 13770, Dept. NU, Richmond, VA 23225.

Give the Gift of Life.

Dr. Todd is a general surgeon and executive vice president of the AMA

Perinatal Hepatitis B Prevention Program

The Tacoma-Pierce County Health Department is pleased to announce an expansion of their Perinatal Hepatitis B Prevention Program.

The Department asks that you notify the Communicable Disease Program at 591-6535 of all hepatitis B surface antigen (HBsAg) positive pregnant women under your care.

In June, 1998, the U.S. Public Health Service, Immunization Practices Advisory Committee recommended that **all** pregnant women be screened for HBsAg. It said that infants born to HBsAg positive women should receive HBIG (Hepatitis B Immune Globulin) and a series of hepatitis B immunizations. If the recommended prophylaxis is not given, the risk of acquiring hepatitis B by perinatal transmission ranges from 10-85%. Infants who become infected have a 90% risk of chronic infection, and as many as 25% will die of chronic liver disease as adults.

During the past two years, the Health Department has developed a tracking system for infants born to HBsAg positive mothers. With the new program, tracking can be expanded to include **all** infants born to such mothers, and prophylaxis can be provided by the Health Department to those infants whose families lack financial resources. The cooperation of all medical providers of perinatal care can help ensure that this service reaches all eligible clients.

As part of the comprehensive service, the Tacoma-Pierce County Health Department also will make recommendations for screening to all HBsAg household/sexual contacts with which it interacts. If the contacts are without financial resources, the screening and any subsequent vaccination will be available at the Health Department.

This new program is funded by the Centers for Disease Control and Washington State Office of Immunization.

For additional information, please call 591-6535.

Society Negotiates Contracts For Members

The Vermont State Medical Society is preparing for the implementation of the health care reform statute that allows physician groups to negotiate expenditure targets, fee schedules, contracts, and other issues with state agencies. VSMS lobbied for the right to form a physician bargaining group to represent the interests of the state's physicians. Since passage of the measure, the society has focused on setting up an internal structure to develop a consensus. The new system is to be set in place during the second half of 1994.

reprinted from AMA This Week

AMA-backed changes advance in Congress

As of Oct. 12, the House of Representatives approved legislation containing significant medicare reforms. The changes, part of a tax/urban aid bill, include several provisions favored by the AMA: repeal of payment disparities for "new" physicians; restoration of payments for EKG interpretations; improvements to the Geographic Practice Cost Indices; and several "anti-hassle" amendments. Details of this and other health legislation approved by Congress just before adjournment will appear in the next issue of AMA This Week.

reprinted from AMA This Week, Oct. 12

Pierce County Chapter of Medical Assistants
Fall Meeting
Monday, Nov. 9
Industrial First Aid (as required by OSHA)
Allenmore Hospital, 7 p.m
$15 book fee

Certification Study Group
Wednesdays 5:30 p.m.
Allenmore Hospital Cafeteria

For further information, please call Jody Magruder, PCCMA President, at 884-3694, or Dixi Gerkman, Pierce County Medical Society, at 572-3709.

AUXILIARY

PRESIDENTS MESSAGE: "NEW BEGINNINGS"

The arrival of autumn brings a feeling of new beginnings. Our first general membership meeting was a wonderful success, joining newcomers to the area, past presidents and our general membership. Each past president shared memories of her favorite activities and accomplishments during her year in office. As our auxiliary's history unfolded, these dedicated women inspired us all. We were left with a strong feeling of pride for our Auxiliary's past endeavors, and a desire to recommit ourselves to pursuing and achieving auxiliary goals. One enthusiastic newcomer wanted to know how she could become involved immediately!

At the September board meeting, we approved emergency funding to be given the YMCA's new program called "ENCORE". This is a unique service that provides support, education, and an exercise program for women who have undergone surgery for breast cancer.

I encourage you to take advantage of our major fundraiser, the "Holiday Sharing Card." Proceeds from the sale of this card benefit our own community through PCMSA's philanthropic donations. The finance committee has been researching the applicants for our philanthropic funds, and the recipients will be announced shortly.

On October 5th, board members were visited by State President Anne Youngstrom and President-Elect Jan Wesche. They informed us about the WSMA Personal HealthCare Plan and how Auxiliary can help to ensure its passage.

This fall is off to an exciting start with new beginnings, new members and new programs. As the arrival of autumn stirs us to new beginnings, so too does it provide a continuity in our lives, a dependability of seasonal change. PCMSA also provides a continuity in our lives; we have a 60 year history of promoting health care and programs in the community. We have a legacy of commitment. If you haven't already joined us, please do. I welcome your ideas and energy.

Sincerely,

Karen Diman

HOLIDAY FASHION SHOW CHANGES LOCATION

That magical time of year, the holiday season, is just around the corner, and it is about the time we begin to search our closets for festive holiday wear. Women's clothier, Julia Ellen, will provide some insight into this year's party attire.

Join the Auxiliary on Friday, November 20, 1992, for a fashion show and luncheon. We shall see dressy party clothes, casual wear, and a novel assortment of sweaters; something for everyone and every occasion!

The morning begins at 10:00 am at the Oakbrook Country Club. For a reservation, please send your check for $10.00 to Kathleen Forte by Monday, November 16, 1992. Guests are welcome.

Kathleen Forte
2109 N Prospect St
Tacoma WA 98405

PIERCE COUNTY MEDICAL SOCIETY AUXILIARY
COUNTY, STATE, AND NATIONAL DUES 1992-1993

	Regular	Widow/Retired	Newcomer	Student/Resident
NATIONAL	$25	$25	$25	$10
STATE	$30	$21	$20	$5
COUNTY	$20	$10	$10	$10
TOTAL DUES	$75	$56	$55	$25

Please circle amount paid, make check out to PCMSA, and mail by September 15 to: ----> Colleen Vercio
21 33rd Ave. Ct. N.W.
Gig Harbor, WA 98335

Name: _____
Enter below changes to your membership listing

Address: _____

_____

Phone: _____

Type of membership?
(Please circle one)

P Participating

S Supporting
(no calls for committee work)

WAMPAC NEEDS YOU

The November, 1992 election is upon us. This is a crucial election for medicine in Washington State. The governorship, a Federal Senate seat, the State Attorney General and many more State Senate and Representative seats than usual are "open seats"-those with no incumbent running.

The medical community must, as Dr. William Marsh has so aptly written, "Elect friends; not Enemies." This takes money.

WAMPAC is the political campaign arm of the Washington State Medical Association. WAMPAC and the WSMA each have important but different functions in the State's legislative process.

WAMPAC provides the dollars to support the election of candidates whose views are similar to those of organized medicine. WSMA funds are used to support legislative agendas, but cannot go the support political campaigns. This is why we need a strong PAC.

WAMPAC has been successful in supporting winning candidates. 1990's election found fifteen of the nineteen WAMPAC supported candidates for State Senate elected. On the State House scale, 63 of the 73 supported candidates won.

Decisions to support candidates are made by the WAMPAC Board of Directors - two physicians, an Auxilian from each of the State's nine congressional districts, and by physician interview committees in the various legislative districts. Personal interviews, research of voting records, and consultations with political sources are all considered.

WAMPAC is non-partisan and support is given regardless of party affiliation. Auxilian dues for WAMPAC are $45. How about your physician spouse? His or her dues are $100 for a regular, $300 for a chairperson's membership. Contributions are not deductible for federal income tax purposes.

WAMPAC has many current needs and requests for funds. We will also be asked, after the election, for help retiring campaign debts. Please join us in electing and keeping our "Friends" in the legislature. Mail your personal check for membership to:

WAMPAC
PO Box 2376
Olympia WA 98507-2376

FALL CONVENTION

The first weekend of October, I had the pleasure of joining the state auxiliary representatives for their fall meeting in Yakima. What a knowledgeable, informative group of folks. I learned so much and had a wonderful time.

Those present with me were: Karen Dimant, Mary Lou Jones, Helen Whitney, Nicole Crowley, Kris White, Sharon Ann Lawson and Alice Wilhyde.

The WSMAA Board of Directors discussed focusing its energy and financial resources on a spring convention only, which is traditionally more successful than the fall convention. Continuing education in-services would be available in the fall.

Our national organization, the AAMA, has voted to change the name "Auxiliary" to "Alliance". Each state and county will vote its preference. PCMSA votes in June.

AMA-ERF has a new fund-raiser! Cobalt blue coffee mugs with a quilted square pattern are now being sold, $10 for one, $15 for two. Buy your holiday hostess gifts now. Contact Karen Dimant for information.

Past PCMSA President Helen Whitney, currently serving as State Vice-President, conducted an in-service titled "Speak-Up." This brain-storming session gathered long-range planning goals, which we will hear more about in January.

Skagit County won the philanthropic award for the Friendship House Childrens' Program. This program is funded by donations only, providing emotional and education support to the children in the shelter for the homeless.

Yakima County Auxilians were gracious and organized, providing me with an educational and enjoyable experience.

Denise Manos
President-Elect

MEMBER NEEDS YOUR BLOOD

Norma Smith, Auxiliary member since 1966, and past president of the Auxiliary, needs Type A Positive blood donors for a directed blood donor program.

If you are able to donate, please call **Dr Larry Smith**, 584-7721, for further information.

Feature

TRUE REFORM OR SIMPLY CHANGE? ONLY TIME WILL TELL

By Joseph C. Nichols, M.D.

Dr. Nichols, a PCMS member, published this article in the summer, 1992, issue of INSIGHT, a quarterly newsletter of the Washington State Orthopaedic Association, of which he is vice president.

In Brief: *"Health Care Reform"* has become a kind of warm-and-fuzzy, all-encompassing buzzword over the past several years. Politicians, providers, payers and patients all advocate it. But beneath the surface, all these groups really share is a desire for some type of fundamental change in the way that health care is delivered and paid for. The agenda of each group is actually quite different. When we talk about health care reform, it is vital that we understand whose vision of change we're discussing.

Any time you hear discussion of change in the structure of the health care delivery system, one phrase is certain to come up: Health Care Reform. Every interest group, and every player in the system has their own ideas of exactly what "reform" will entail.

This is an important point, because it is exactly this lack of specificity, this vagueness, that makes health care reform an easy topic to focus on in an election year.

We create a false sense of consensus. As long as we don't have to talk about tradeoffs and taxes, about cuts, costs and compromises, everyone likes the idea of reform.

But the Big Lie -- the dangerous myth that we all seem to want to cling to -- is that we can add millions of people to the health care system, allow them unlimited access to top-quality care and contain costs at the same time.

The way we get away with making these impossible promises is that we never really define what we're talking about. To define is to limit. If we set limits, we will be held accountable when someone runs up against them.

How much easier it is simply to talk about reform!

And we're all for reform -- we always have been. In 1988, pollsters found that Americans, by a 2-1 margin, supported Michael Dukakis' proposal for an employer-funded universal health plan over the timid and nebulous health programs espoused by candidate George Bush. In 1989, an NBC News poll pegged public support for a government-funded national health plan at 69 percent, up 19 percent from its 1982 level. Recently, a survey of 1,000 voters conducted for the non-profit Pepper Commission showed that almost 60 percent of Americans would support a national insurance program, especially if it were to be funded through increased taxes on tobacco, alcohol and people who make over $50,000.

Our chances for real reform are best if we agree to drop the warm-and-fuzzy doublespeak and start to talk about specifics

With such widespread, continuing support, why haven't we seen major health care reform? We haven't seen it yet because public support drops off dramatically as soon as the discussion becomes specific.

In my mind, "health care reform" is one of those terms which should be used after the fact, if at all. It should be used only in an historic sense, to describe a process which actually succeeded in bringing about those changes it was intended to produce.

We seem to have a great propensity in this country for labeling our public processes, as if naming them gives them greater validity. Remember the Tax Simplification Act -- the one that made many of us give up on filing our own taxes? How about the Paperwork Reduction Act? More often than not, the names we attach seem, in retrospect, ludicrous. But they serve a purpose. They allow us to achieve false consensus, while ignoring the very real, foreseeable consequences of what we do.

Is Health Care Reform an accurate description of the process we are about to undertake? Only if it leads to real answers to our very real problems.

Whether we will achieve Health Care Reform, or simply bumble our way into change is a question whose answer will become clear only after the fact.

Our chances for real reform are best if we agree to drop the warm-and-fuzzy doublespeak and start to talk about specifics.

Before we are ready to embrace any major change, we as a society must have a well-developed common understanding of several key issues.

1) We Must Have a Common Understanding Of The Problem.

Although everyone involved seems to have a different perspective, we do seem to be developing some consensus about the problems we face.

First and foremost, health care costs more than we are willing to pay. Absent major change, this problem will only become worse. Within the next eight years, health care costs are projected to soar to $1.6 trillion per year, and to consume 16.4 percent of the Gross National Product.

(continued on next page)

But the real problem will hit a decade later, when the first of the Baby Boomers reach the age of 65. As life expectancies increase and the number of workers paying taxes to bolster entitlement programs drops, the safety net that many of our citizen rely on will become fatally flimsy.

Across the country, many who would like to purchase health coverage have been priced out of the market, thanks in part to the more than 700 mandated benefits that have been adopted by state legislatures.

In Workers Compensation cases, medical expenses represent more than 40 percent of total costs. If work loss is involved, the average cost per claim is now over $3,500 -- more than twice the cost in 1980.

We also are concerned about access to care. In 1990, 16.6 percent of Americans under the age of 65 were without health insurance. Well over half of these were working adults and their dependents. The problem of access goes beyond the issue of denied care. We must also look at the cost shift that results from uncompensated care. As providers find their ability to shift costs restricted, they will in turn be forced to turn away more of the needy.

There is also consensus that some of the care provided in this country is inappropriate, and that the administrative burden of providing care has become too great.

2) We Need A Shared Vision of The Future.

All of the major stakeholders in the health care delivery system have different desires for the future. But we have reached a certain level of public consensus. I think it is safe to say that we all:

*Believe the costs of health care needs to be contained and controlled;

*Believe there must be a mechanism to match utilization of services with quality and appropriateness;

*Believe we must create a mechanism guaranteeing universal access to "essential health services"; and

*Believe we must improve the efficiency of the health care delivery system's administrative process.

3) We Need A Shared Sense of Health Care Values.

It is difficult to define a sense of value for health care services. Providers generally believe that the services they provide are of great value. Patients and their families similarly value whatever services they need or want at a given moment. Payers tend to evaluate services based on their ultimate impact on the bottom line. Politicians just want to please their constituents.

This lack of a shared sense of values is likely to become a major stumbling block as we seek consensus on changes to the health care delivery system.

4) We Need To have The Institutional Capacity For Change.

Assuming that all the other elements necessary for change are present, we then need to decide now to implement change. We have two basic options -- we can force change by regulation, or we can guide it by incentive.

Regulatory change, historically, has failed -- witness the Soviet Union. It's like trying to change the course of a river by forcing it upstream. You may build a magnificent channel and try to block the river, but the river's incentive is gravity. The river won't flow against gravity -- it will simply back up and stagnate.

If you want to change the course of the river, you have to make the downhill course easier by removing impediments, rather than by creating a restricted pathway. This is what we call incentive.

Incentives will always affect change, but they are often a double-edged sword. For every positive change an incentive brings, there is also a perverse side, which may dominate.

If, for example, we were to measure the outcome of a certain procedure, then profile all providers based on their outcomes, we might create a positive incentive for physicians to improve their care. But if the outcome studies did not consider factors about the patient population that could adversely affect outcome, we might see an entirely different set of perverse incentives developing. Physicians might see an incentive to tilt their practice toward a high volume of relatively healthy patients who would look good on outcome studies. The sickest patients, who have the greatest need for service and represent the greatest risk, could easily come to be viewed as medical pariahs. Physicians might ultimately avoid those patients to protect their profiles.

If we are to manage change wisely, we need to do several important things.

We need to develop a broad societal consensus on the nature of the problems we face, a consensus on our vision of health care for the future, and a consensus on a sense of values or priorities. Finally, we must develop a clear and realistic plan for implementation -- one that recognizes both the desirable and perverse incentives that can develop.

There can now be no doubt that fundamental change is on the horizon. Whether future generations will credit us with bringing about true health care reform, or fault us for dismantling a basically good delivery system, depends, to a large extent, on the soundness of the decisions we make as a society today.

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The Doctors' Company is pleased to be able to reward our members with the largest per capita dividend ever paid to Washington physicians. And it's part of a history of over $90 million returned to all our member physicians since the company's inception.

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THE DOCTORS' COMPANY

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Locum Tenens Coverage and opportunities in the Greater Seattle/Tacoma Metropolitan area: CompHealth, the nation's premier locum tenens organization, now provides daily, weekly, weekend, evening, or monthly coverage for your practice with physicians from the local area. Or we offer you the opportunity to build a flexible practice right in the Seattle/Tacoma area. Call today for more information: 206-236-1029; evenings call 206-236-5686. Or write: 3660 - 93rd Ave. S.E., Mercer Island, WA 98040.

Tacoma-Seattle, outpatient general medical care at its best. Full and part time position available from North Seattle to South Tacoma. Very flexible schedule, well suited for career redefinition for GP,FP,IM. Contact Andy Tsoi, MD 537-3724 or Bruce Kaler, MD 255-0056.

Physician - Part-time, Monday & Tuesday, 8:30am-3:30pm. Alpha Therapeutic Corporation seeks MD or DO with current state licensure to perform physicals in conjunction with donor screening/ evaluations. Retired health professionals/ residents encouraged to apply. Company-paid liability protection. Please contact Dolores Gorden, Center Director, at (206) 383-5616. ALPHA PLASMA CENTER. 1216 Center St., Tacoma WA 98409. EOE.

Part time relief physician to work at the Pierce County Detention and Corrections Center. For further information, contact Captain Mike Larsen at 593-2188

EQUIPMENT

Appraisal Services for medical practices, can be used for insurance, marketing. Call Lynlee's, Inc. (206) 867-5415.

OFFICE SPACE

Well appointed office space in St. Joseph Medical Pavilion to share with surgical specialist. Please call 272-4334.

AMA Calls For Smoke-Free Environment

The AMA offered strong support for the Environmental Protection Agency's draft document, "Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders." The report confirms that secondhand tobacco smoke is an environmental risk. Each year it causes 3,000 non-smoking adults to die from lung cancer. In a statement that was sent to the EPA's Science Advisory Board, the AMA recommended that the Occupational Safety and Health Administration eliminate smoke exposure in the workplace. In addition to its effect on adults, secondhand smoke puts children at risk for respiratory illness. The AMA advised that parents, teachers, and day care and nursery workers be made aware of the hazard.

reprinted from the American Medical Association's This Week

ASK THE EXPERTS

Ask the experts is a feature of the Pierce County Medical Society Bulletin. It is an opportunity for physicians, managers and staff to ask for advice on medical management questions. Each month, selected topics will be addressed by a medical office staff consultant from Larson Associates. Send your questions and comments to: Larson Associates, 223 Tacoma Ave. So., Suite A, Tacoma, WA 98402.

Q Dear Steve:

What makes a successful waiting room? Ours is a little bit dowdy and small, but it is serviceable.

A Dear Doctor:

Patients form their opinions of a medical practice based upon many factors. Their impression of your waiting room is one. They know whether your facility makes them feel comfortable and meets their needs as a patient.

You used the word "dowdy" when referring to your waiting room. Is this the image you want to portray to your patients? If not, how do you change?

It is important that your facilities reflect your practice style. What is the nature of your practice? What can you do to make your type of patients comfortable? Answering these questions will help you decide what you need.

Each practice will be different. For example, in a family practice, you will want to make it more personal, more homey. In an ob-gyn office, or a practice with a high proportion of medicare patients, you will want to have chairs with armrests, that are firm and not too low. You may need some bench seating for larger patients. One simple area often overlooked is choosing magazines that do not reflect your patients age or interests.

It is a given that your waiting room must be safe. Lighting must be bright, but should not glare. Sharp edges should be avoided. Carpeting must be secure. Furniture must be sturdy. Any toys provided must be child safe.

Patients will appreciate that you have taken their needs into consideration. Their stay in your waiting room will set the tone for their visit. They are already under stress just being in a doctor's office and a well-designed waiting room can help ease the situation. With attention to detail and planning, your waiting room can serve you well.

MDs SHOULD CONSULT WITH DEAF PATIENTS

The AMA advised state medical association attorneys on physicians' responsibilities for deaf and hard-of-hearing patients under the Americans with Disabilities Act. Legal foundations that represent the hearing disabled have incorrectly informed physicians that they face discrimination charges unless they provide a qualified sign-language interpreter during patient office visits. The AMA General Counsel's office advised that the act does not, in fact, mandate the use of qualified interpreter for every physician encounter. The General Counsel suggested that physicians consult with their hearing disabled patients about how they prefer to communicate. In most cases, physicians may meet the requirements by using written notes or listening devices instead of hiring interpreters.

reprinted from the American Medical Association's This Week.

Pierce County Medical Society
223 Tacoma Avenue South
Tacoma, WA 98402

FORWARD & ADDRESS CORRECTION

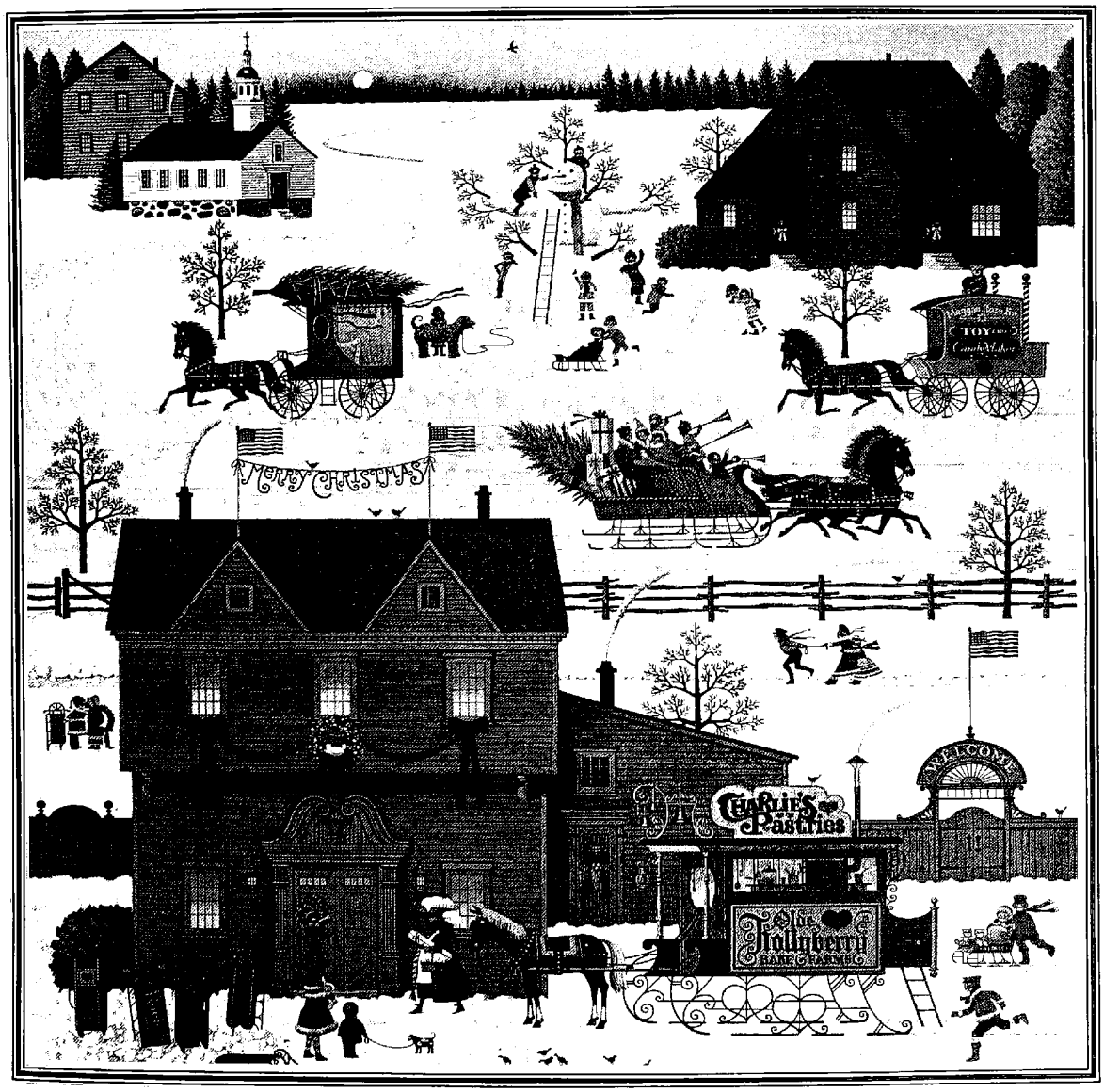
Pierce County Medical Society

Newsletter

December, 1992

A Publication of the Pierce County Medical Society

SEASON'S GREETINGS



inside

PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization 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 individual contributors and do not necessarily reflect the official position of the Medical Society.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas, and suggestions.

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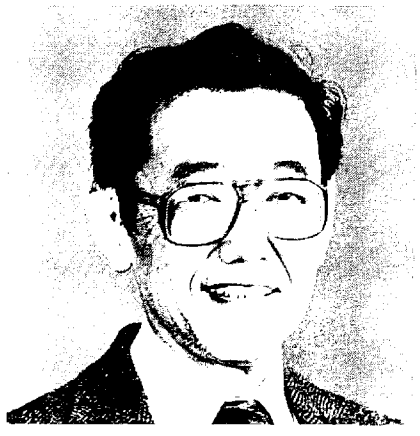
Pierce County Medical Society
223 Tacoma Avenue South
Tacoma, WA 98402
(206) 572-3666

George Tanbara, MD, given Humanitarian Award

Past PCMS president (1981) **George Tanbara, MD,** received the St. Francis Humanitarian Award from the Franciscan Foundation for Health Care and the Sisters of St. Francis on Friday, Nov. 6.

Doctor Tanbara received the annual award, given in recognition of people who put forth extraordinary effort to offer succor and help to others who are less fortunate, from **James Billingsley, MD,** vice president of medical services for Franciscan Health Services Northwest. Dr. Tanbara is the first physician ever to receive the award.



George Tanbara, MD

He was singled out for his energy, commitment and compassion in helping the poor and underserved. He was founder of the Pierce County Pediatric Society and, in 1954, began donating his services as the first volunteer pediatrician for the Children's Home Society in Tacoma. He continues that work today.

He was also recognized for managing the inpatient and outpatient pediatric tuberculosis cases in the county for 10 years.

The Franciscan Foundation also honored **Dr. Tanbara** for helping organize the Explorer Medical Programs in three hospitals in the county.

Dr. Tanbara and his wife, Kimi, have four children. He excels at tennis and coaches junior tennis players. One of his regular tennis partners over the years has been Governor Booth Gardner.

Replying to the honor, **Dr. Tanbara** said, "We know that each race, culture, religion or nation has produced great men. With this knowledge, individuals can build faith, trust and confidence in other individuals and a better understanding should be obtained. Rather than struggle for dominance, let that effort be used to create harmony."

cover credit: *A Warm Christmas Love* by Charles Wysocki, copyright 1984 by The Greenwich Workshop, furnished courtesty of The Lakewood Gallery

Annual Joint Meeting hours changed

The November Bulletin announced the Dec. 8 Annual Joint Meeting's social hour begins at 6:15. We want to save you 15 minutes. The social hour will actually start at 6:30 at the Tacoma Sheraton Hotel Ballroom.

Likewise, we announced the dinner would begin at 6:45. Make that 7:15 - more time for good conversation.

And the program, our own **Drs. Vita and Raymond Pliskow**, will start at 8:15, not 8:00. The **Drs. Pliskow** will perform a short classical music program with pianist Sandra Bleiweiss. Vita is an accomplished singer, from opra on down to popular music, and Ray is equally proficient on the clarinet and plays with the Tacoma Symphony.

The Joint Annual Meeting is a fun event you don't want to miss.

Congratulations Representative Stan Flemming, DO

Member **Stan Flemming, DO**, was elected to the Washington State House of Representatives Nov. 3 representing the 28th Legislative District.

Doctor Flemming ran a tough race against the incumbent Art Broback. His victory was not assured until absentee ballots had been counted.

Stan and his wife, Martha, had a new baby girl during the campaign, too. Contratulations on both counts!

Physician support group formed

Ever wish you could talk with other physicians about your feelings? Not as part of a formal "program" or "committee," but in an informal, absolutely confidential colleague-to-colleague setting.

Beginning this month, Pierce County physicians have a resource for discussing stress, anxiety, marital/job problems or any other emotional issue. The idea is to provide a low-key nonthreatening outlet to proactively explore these feelings and problems among peers before they become destructive. Formal programs and agencies exist for dealing with already-established, serious problems. The support group will concentrate on the other end of the spectrum.

The support group will meet as needed in an informal setting. PCMS will act as an interface to put physicians in touch with the group, but the group is not affiliated with any established organization.

You may contact the group by calling Doug Jackman at PCMS, 572-3667, and leave a number where you can be reached. You need not give your name. A member of the support group will contact you. Complete and absolute confidentiality will be maintained.

Second Mini-Internship Program held last month

On Monday and Tuesday, Nov. 16 and 17, six community leaders watched eight PCMS members work in operating rooms and their offices as part of the Society's second Mini-Internship Program.

Like many Mini-Internship Programs conducted around the country and like the highly-successful inaugural PCMS program held in July, the objectives of this program are to foster better understanding of, and appreciation for, the medical profession.

Participating as interns were:
- Tacoma Mayor **Karen Vialle**
- Morning News Tribune columnist **C.R. Roberts**
- Pierce County Chamber of Commerce director **David Graybill**
- Puget Sound Bank vice president **Tom Hosea**
- American Association for Retired Persons executive director **Otho Smith**
- Attorney **Steve Fitzer**

Society physicians who participated in this Mini-Internship were:

Dan Bailey, MD
Jim Fulcher, MD
Ron Goldberg, MD
Chris Jordan, MD
Robert Kenevan, MD
Jim Taylor, MD
Eileen Toth, MD
Stan Harris, MD

A report on participants reactions will appear in next month's Newsletter.

Meet your Board members

Eileen Toth, MD

Seventeen years ago, a New York physician placement service directed a young resident to a Tacoma clinic.

"I put all my belongings in my VW station wagon and drove out here," said New Jersey-born **Eileen Toth, MD.** "I went from Manhattan to Vashon Island with everything I owned."

Everything except her favorite recliner chair which didn't fit in the car.

She had visited friends in the area and knew she liked it.

What she didn't know was that also living on the island was Vashon native Pat Murto. The rest is romance.

During her first three years here, **Dr. Toth** and her husband, Pat, lived on Vashon. Amy, now 16 and ready to drive a car, was their first child.

"I think 16 is too young to drive," **Dr. Toth** said. "Amy has my sense of direction - she doesn't know where she is half the time."

Her mother majored in chemistry and knew in college that she wanted a medicine career. But as a sophomore at Bellermine, Amy already knows she does not want to follow her mother's footsteps.

"Both of my kids think that physicians work too hard," said mother **Toth.** "I've told Amy she ought to be an attorney because she argues so well."

Their nine-year-old daughter, Katherine, an Annie Wright third grader, has inherited Pat's artistic talent. He is a sculptor and she draws and paints. Together they like to visit the Tacoma Art Museum.

Katherine is one of the few reasons **Dr. Toth** will leave her office. Every other Monday afternoon, Brownie leader **Eileen Toth** blocks out her appointment calendar to teach Katherine and six other Annie Wright School Brownies the virtues of conservation or how to make finger puppets.

"Both my kids think that physicians work too hard."

The conservation theme led to a recent trip to Wolf Haven. The troop, which includes the daughters of members **Craig Rone, MD,** and **Alan Tice, MD,** learned to smile around wolves because they read facial expressions.

"Being a Brownie leader has given me a lot of appreciation for the skills of an elementary school teacher," **Dr. Toth** said. "It is not easy keeping the group in line all the time."

Pierce County Medical Society business is the other reason **Dr. Toth** will leave her Allenmore internal medicine practice during office hours.

"I've been doing office medicine for 17 years, and being involved with the Society has enabled me to branch out a little," she said. "It has been very interesting. Professionally, it has been the most fulfilling year I have had."

Among her year's highlights was holding the first-ever Mini-Internship Program. She attended the AMA's National Leadership Conference where Mini-Internships were discussed during a work session.

"So we just did it," she said. "The physicians who participated just loved it. It was like a big show and tell for them."

In a closely-aligned activity, **Dr. Toth** has been working with the WSMA's PACE committee which focuses on public relations. The speakers bureau is one example of PACE committee programs with which she believes PCMS needs to work synergistically. To illustrate, she said in November, the PACE committee had her speak to the Lakewood Lions Club about health care reform and the PCMS Speakers Bureau scheduled her to talk to the West Tacoma Optimist Club about living wills.

She thinks the new PCMS Communications Committee, like WSMA's PACE committee, is important work. Some people

(continued next page)

Dr. Toth (continued)

in the community have misconceptions about physicians that need to be corrected, she said.

For example, at the Lakewood Lions Club, one club member told her he thought physicians' motives for supporting health care reform were to gain more money for themselves. She pointed out that under WSMA's Personal Health Care Plan, physicians will be making sacrifices. Correcting those misconceptions in the community will take work from every member as well as the Communications Committee, she thinks.

Another of **Doctor Toth's** highlights this year was the Women in Medicine conference she attended in San Diego. "Next year, I will try to increase female membership and activity in the Society," she said.

Participating is hard, she said, because health care reform has created so many new stresses for physicians that they feel overwhelmed. But she said, "Things are not necessarily bad because they are different from the way they have always been. Some positive things have already developed from health care reform and more will happen. I try to keep a positive outlook."

New PCMS member applicants

Boulange, Chris, MD
general practice
practices at Gig Harbor Urgent Care Center
medical school: Univ. of Washington
internship: Queens Medical Center
Dr. Boulange's address is 4700 Point Fosdick Dr. N.W., Gig Harbor. His phone is 851-8182.

Brennan, Michal, DO
family medicine
practices at Tacoma Family Medicine
medical school: Univ. of Osteopatic Medicine and Health Sciences
internship: Madigan
residency: same
fellowship: Univ. of Washington (family medicine)
Dr. Brennan's address is 419 S. L, Tacoma. His phone is 383-5855.

Jin, Jonathan, MD
internal medicine
solo practice
medical school: Pusan National Univ. College of Medicine, Korea
internship: Wyckoff Height Medical Center, NY
residency: same
Dr. Jin's address is 11311 Bridgeport Way S.W., #204, Tacoma. His phone is 584-5788.

Wessbecher, Francis, MD
radiology
practices with Tacoma Radiology
medical school: Johns Hopkins Univ.
internship: Overlook Hospital, N.J.
residency: Yale/New Haven Hospital
fellowship: Univ. of Washington (neuroradiology)
Dr. Wessbecher's address is 3402 So. 18th., Tacoma. His phone is 383-3731.

Mark your calendars for WSMA seminars

Two upcoming WSMA workshops will help physicians prepare for the future. Registration forms will be sent to WSMA members soon.

On Saturday, Dec. 12, the WSMA and the Washington State Hospital Association will offer "New Structures for the '90's: Physicians and Hospitals Working Together" at the Sea-Tac Red Lion, 9 a.m. - 2 p.m.

On Tuesday, Jan. 26, the WSMA's 1993 "LegislativeSummit" begins at 9 a.m. at the Westwater Inn, Olympia, and concludes with a reception from 5:30 - 7:30 p.m.

For details about either workshop, call Mimi Schott at the WSMA, (206) 441-9762 or 1-800-552-0612.

Members testify to ban workplace smoking

Five PCMS members took the stand Oct. 28 to help persuade the Pierce County Council to ban smoking in workplaces, restaurants and other public places.

George Tanbara, MD, interim director of the Tacoma-Pierce County Health Department, **Pat Hogan, DO,** president of the Coalition for a Tobacco Free Pierce County, **Gordon Klatt, MD,** director of MultiCare's Cancer Center, **Eileen Toth, MD,** PCMS president and **Clyde Koontz, MD,** a pulmonary physician testified in support of a proposed county ordinance that would ban smoking in most public places. Before a hearing of the County Council's Criminal Justice and Human Services Committee, chaired by Councilman Dennis Flannigan, all five members cited studies and personal experiences supporting the idea that the ban should be implemented as part of the county's duty to protect the public's health.

Doctor Tanbara said the Department supports the ordinance because smoking-related deaths are the third most numerous preventable cause of death in the country. He cited a U.S. Health Department study that concluded passive smoke increases the risk of lung cancer. He pledged the Department's help in educating employers about the dangers of second-hand smoke if the ordinance were passed.

Pat Hogan, DO, pounded home the concept that second-hand smoke is a health issue. He cited a just-released study by the University of California that concluded waitresses in smoke-filled restaurants experience four times the normal rate of death due to lung disease and 2-1/2 times the normal incidence of mortality due to heart disease. In one eight-hour restaurant shift, he said, a waitress will breathe second hand smoke equivalent to smoking 1-1/2 or two packs of cigarettes.

He also countered claims by ordinance foes who also testified at the hearing that its passage would create economic ruin for certain employers. In Beverly Hills, California, where a similar ban has already been instituted, **Dr. Hogan** said restaurants actually experienced an increase in business. Similarly, cities enacting similar legislation experienced increases in convention business. He said he called those cities himself to obtain the information.

Doctor Klatt, likewise, testified that economic arguments against the ordinance are moot. As witness, he observed that airlines that have implemented a domestic-flight ban on smoking have not been economically injured as a result. He said second-hand tobacco smoke contains more carcinogens than smoke inhaled by a smoker. He encouraged the committee to take a leadership role and pass the ordinance. "It's the right thing to do," he said.

President **Eileen Toth, MD,** told the committee that the Society, representing 85% of the county's physicians, supports the ordinance. She related the problems some of her patients had experienced as a result of breathing second-hand smoke. "It is a public health issue," she said, commending the committee for its leadership on the subject.

Clyde Koontz, MD, explained that many of his patients, too, suffer lung cancer, increased frequency of respiratory infections, lung-function deficits and increased asthma episodes as a result of breathing second-hand smoke. He said the effects of these illnesses include reduced job productivity. He said passing the ordinance is an opportunity for the council to support good public health.

Also testifying in support of the ordinance were waitresses personally affected by years of breathing second-hand smoke, a State of Washington toxicologist, a consultant who travels the country evaluating similar proposed legislation, the Ameri-

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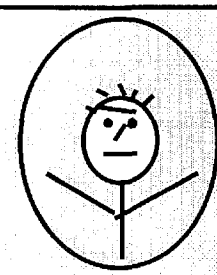


Frame your friend

If you know a colleague who has accomplished something significant or is involved in community activities, tell the Society so we can tell the story in our Local news section.

We'd like to frame his or her picture right here on this page.

Smoking *(continued)*

can Lung Association's regional director, the owner of Engine House #9 which recently went completely non-smoking, a pulmonary nurse practitioner, a native-American member of the ethnic minority commission and several other individuals.

Several business owners or business trade-association officials testified against the ordinance. They expressed concern with its economic impact on their ventures. The director of the Washington State Restaurant Association and the president of the Four-State Tavern Association, among others, said government should not mandate non-smoking. They said the free market place is effectively responding to the interests of its customers by voluntarily reserving more and more space for non-smokers. They objected to provisions in the proposed law that requires them to set aside 30 percent of their space for non-smokers. They and bowling industry representatives also fear that customers will not frequent their businesses if they cannot smoke, forcing them to go out of business.

After 2-1/2 hours of testimony, many people had not spoken who wanted to. Another hearing was scheduled for 9:30 a.m., Wednesday, Dec. 9 in the County Council chambers on the 10th floor of the County-City Building.

If you would like to testify in favor of this ordinance or would like more information, please call Sue at PCMS, 572-3667.

Board Adopts Position on Pre-Hospital Medical Care

Dr. Clark Waffle, medical director, Pierce County EMS System, met with the Board of Trustees at its Nov. 3 meeting to discuss the future of pre-hospital care in Pierce County.

For the last two years, St. Joseph hospital has voluntarily assumed the cost (estimated annual cost $350,000) to sustain the base station at St. Joseph Hospital. St. Joseph is unable to carry this type of expense in perpetuity. To date, finding other sources of revenue to help cover these costs has been unsuccessful. With the closure of the St. Joseph Hospital Base Station scheduled Jan. 1, the Board was interested in what plans the Pierce County EMS System had for pre-hospital care.

Dr. Waffle reported that the EMS Office is working to put together a Base Station system request for proposals for the entire county. In the meantime, it is planned that the base stations at Good Samaritan Hospital and MAMC will direct patient distribution for Tacoma.

The following position on pre-hospital medical care was adopted by the Board:

1. Pre-hospital medical care by paramedics in Pierce County shall, at all times, be monitored and supervised by physicians through an adequate program of medical control. Medical control must include both on-line and off-line components of (a) medical direction, (b) quality assurance with linkage to education, and (c) data management.

2. Medical control is an essential component of an EMS System.

Personal Problems of Physicians Committee

For Impaired Physicians
Your colleagues want to help.
Medical Problems, Drugs, Alcohol, Retirement, Emotional Problems

Committee Members

Estelle Connolly, Chair 627-5830
J.D. Fitz 552-1590
John R. McDonough 572-2424
Ronald C. Johnson 841-4241
Dennis F. Waldron 272-5127
Mrs. Jo Roller 566-5915
WSMA: 1-800-552-7236

Board Contributes funds to 1993 Teen Health Forum

The PCMS Board of Trustees voted to contribute $500 to the 1993 WSMA Auxiliary Teen Health Forum: Choice, Not Chance. The Society has been a staunch supporter of the Forum which will be holding its fifth Forum at the Central Washington Univ. campus in Ellensburg.

Program topics for the 1993 meeting will emphasize physical fitness, self-esteem, and personal responsibility. Sharon Ann Lawson and Alice Wilhyde, two PCMSA activists, are co-chairing the 1993 Forum.

Meet your Board members

Jim Fulcher, MD

Beatles' songs have moved many souls, but they moved **Jim Fulcher** body and soul.

There was a time when he was young back in Los Angeles that surfing and surfer music temporarily dominated his thoughts.

Oh, he was a good student alright. He attended classes at UCLA while in high school, and his local medical society even gave him a small college scholarship.

But as an undergrad at UCLA, he wasn't totally focused. So he dropped out and joined with three friends to form "The Vectors."

"We were the standard surfing group," he said. "Three guitars and a drummer." They all sang, too.

The Vectors traveled the country "on tour" with the *Shindig-A-Go-Go* show out of Hollywood. They were good. But just as they were about to get a big break, the Beatles made their first US appearance. Suddenly, surfing music was out, rock was in. Sorry, boys.

Might **Jim Fulcher** and the Vectors been superstars? Nobody knows.

But the Beatles moved **Jim Fulcher**'s body and soul back to UCLA.

He was better off, though, for having followed his heart. With that in mind, he said, "I would advise kids today that if they're not serious about school, they should do what they need to do until they are ready. Education is so important it deserves your undivided attention."

Doctor Fulcher worked his way through undergraduate and UCLA medical school. Then he stayed in Los Angeles, doing his internship and residency in internal medicine at UCLA-Harbor General where he met a pediatric nurse named Ane. They married in 1974. Jim and Ane lived in Pacific Palisades for five years where he practiced emergency medicine in Santa Monica.

"As long as we continue to advocate for our patients..., we will be respected...."

The birth of their daughter in 1978 caused Jim and Ane to take stock in their surroundings.

"We wanted to leave Southern California. There were too many people and it was not our idea of a family environment," he said.

They visited Gig Harbor and decided to move there in 1980.

His daughter, Jennifer, is 14 now. She and her dad share an interest in music together.

"While I still like rock, I prefer classical music," **Dr. Fulcher** said. He has switched from guitar to piano. Recently, he joined his daughter in playing a piano duet, "Canon in D" by Pachelbel, at her recital.

With his 9-year-old son, Tyler, **Dr. Fulcher** shares another passion: computers.

"I've always been a gadgeteer," he said. There were several years as a ham radio operator at age 12, then he logged 1,200 hours as a pilot with instrument and multiengine ratings, and now computers.

He's a walking wysiwig. Talk to him for five minutes and you hear words like gigabytes, TIFF or local bus.

Today, the press of time limitations - he's St. Joseph Hospital Emergency Department Director, PCMS incoming president and family man - prevent him from pursuing his ideas on computer applications to health care.

Dr. Fulcher looks forward to his year as president. He feels prepared, having served as emergency medicine representative to the PCMS Board of Trustees for eight years. In 1989 he served as Society vice president. He has also been EMS Committee chairman and was state president of the American College of

(continued next page)

Dr Fulcher *(continued)*

Emergency Physicians in 1990.

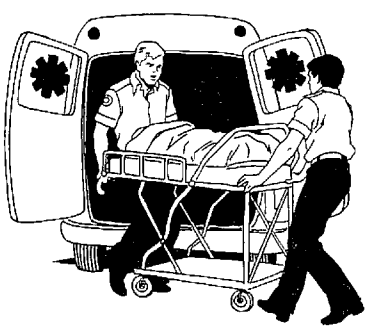
He feels those experiences have given him a broad perspective of the challenges in medicine today.

"This is a pivotal time for us nationally and locally," he said. "As the rate of change in medicine accelerates, physicians' reactions change too. As long as we continue to advocate for our patients, for universal access, for example, we will be respected as leaders in this reform. But if we only promote our own self interest, we will lose credibility, and our influence will be limited."

Dr. Fulcher believes PCMS must work with WSMA to affect the direction of change in Washington health care.

Locally, he wants to involve more members in Society activities. He believes that each member can play a significant role in shaping medicine's future by being informed on important medical issues and adhering to the principles which make medicine a noble profession.

"I'm very optimistic about the changes coming in our health care system," he concluded.



Summary of a Medical and Ecological Visit to Moscow and Chelyabinsk, Russia

by David Sparling, MD

ed note: The first half of **Dr. Sparling's** article ran in last month's Bulletin. In it, he told how he spent 11 days last May with 24 other Northwest members of Physicians for Social Responsibility who attended the first International Radioecological Conference in Chelyabinsk, Russia. The area suffered acute radiation effects as a result of previous Societ practices. We resume the article with his description of visits to area medical facilities.

Friday's visit was to Chelyabinsk Hospital No. 9. Our group had brought several thousand dollars worth of medical supplies, equipment and drugs, including contributions from private physicians, pharmaceutical companies and from Mary Bridge Children's Hospital, as a humanitarian gift to the people of Chelyabinsk. Most of this had been given to Children's Hospital No. 2, but the gift which was brought by Ralph, whose wife is a diabetes educator, over a thousand dollars worth of insulin and a blood glucose monitoring instrument, was for patients with diabetes and its complications. Care of diabetes, epilepsy, asthma, and other chronic diseases throughout Russia is hampered by the unavailability of chemical monitoring.

Hospital No. 9 is a 400 bed facility which does major surgery and has 3500 deliveries per year. Chronic pulmonary disease is a particular problem of this hospital. Industrial pollution is the problem. Workers commonly suffer from intractable chronic pulmonary disease due to exposure to fluorine and magnesium vapor.

In the pediatric department of Hospital No. 9, patients are felt to be suffering from effects of chronic low-dose radiation exposure. The principal problems appeared to be difficulty in fighting respiratory infection and lowered vitality. While depressed white blood counts, and occasionally decreased platelet counts, have been noted in some children from areas of medium-dose chronic radiation exposure, these findings did not appear to be common in this patient population. My eye-glance impression, again, in looking at these children, was that improved nutrition would help.

We returned to our hotel riding in the hospital ambulance. The ambulance had two canvas sling stretchers hung from metal brackets, and no monitoring or any other kind of medical equipment or supplies, and no radio.

Into the radiation area. Saturday many from the American group went to Kasli, a town on the edge of the area of 1957 nuclear contamination. Though in Kasli our Geiger counter showed only background levels of 14 to 18, en

(continued next page)

Dr. Sparling (continued)

route we crossed the Techa River, where at water's edge it recorded over 900 counts per hour, and 279 on the bridge.

The hospital usually has about 600 deliveries a year but expects more this year. Cesarian sections are routinely done for breech presentation and previous section. Mothers uniformly nurse their babies and, because of the Russian policy of 18 months paid maternity leave after each delivery, are able to continue nursing 'till weaning. The nursery had one incubator, but there was no indication of phototherapy equipment. The physician in charge was concerned about the high spontaneous abortion rate in the area. Induced abortions continue to be the principal method of birth control.

We found that we were the first non-Russians to enter Kasli since the 1917 Russian revolution.

Departure. Throughout my visit to Chelyabinsk, each new acquaintance asked for my reactions to what I found. I found a people who, with rare exception, were enthusiastically using their new freedom of expression, learning the political process, becoming increasingly self-reliant, using their ability to inquire, and proud of their advance from decades of despotism. But they have no kind words for those responsible for hiding for over 30 years the information regarding nuclear contamination, for failure to protect and provide adequate medical care for exposed individuals, or for continuing to protect centralized control and heavy-handed bureaucracy.

Medical care has always been underfunded in comparison with anything that most of us have experienced, and both contemporary technology and such basic services as pre-hospital emergency care and many social services are not yet available. Medical equipment has always been unavailable as Soviet engineers were told to direct their energy toward armaments and heavy industry, and new pharmaceuticals have always been slow to arrive. Now even basic drugs and vaccines are commonly unavailable. Yet medical care is universally accessible, hospital beds and clinic appointments are available, physicians seem dedicated and conscientious, and care appears to be given in a very humane manner.

On my last day, I attended the meeting at the Russian Department of Ecology, mentioned before, and heard impassioned pleas from a Russian geneticist and member of Parliament, Dr. Nikolay Vorontsov, among others, for release of scientific information and a cessation of nuclear testing. (''Proponents of nuclear testing, scientists and politicians, are sincere people worshiping the wrong god. As a result of nuclear tests in the U.S.S.R., 5 to 6 million people perished, and no one denied it. Is it moral for our country, which gets aid from abroad, to put money into nuclear tests?'')

Conclusions. At the conclusion of the conference, plans were made for establishing e-mail communication with leadership in Chelyabinsk, and for health professional and student exchanges. A linkage of children's hospitals including the Northwest and Chelyabinsk, and a hospital-to-hospital linkage involving communities in the immediate area of atomic danger, both in Washington and the Chelyabinsk oblast, were considered. A proposed extension of these plans was the development with American contributions of a center of medical excellence in the Chelyabinsk area. Communication between US and Russian citizen activist groups and exchange of information was anticipated. Interprofessional contacts were expected to be maintained.

As of this date (November), however, whether because of pride and sensitivity, or because of increased bureaucratic resistance such as has been noted in other departments of Russian government, there has been precious little response to letters and e-mail communications sent to Chelyabinsk contacts regarding these proposals.

Dr. Klatt elected to national post

Past PCMS president **Gordon Klatt, MD,** has been elected to the national executive committee of the American Cancer Society. He has also served on its Board of Trustees. He was president of the Washington chapter of the Society for two years. **Dr. Klatt** organized Tacoma's first 24-hour run for cancer in 1985, a major fund raising idea that has caught on around the country.

New Pierce County Mecical Society members

Arrigoni, James, MD
internal medicine
practices with Group Health
medical school: Creighton University
internship: Univ. of Minnesota Affiliated Hospitals
residency: same
Dr. Arrigoni's address is 209 So. K. His phone is 596-3300

Choi, Youl, MD
OB/Gyn
practices with **Edward Williams, MD**
medical school: Chonnam University, Korea
internship: Booth Memorial Medical Center, N.Y.
residency: Grace Hospital, Mich.
Dr. Choi's address is 11311 Bridgeport Way S.W. His phone is 588-9878

Karr, Nancy, MD
rheumatology
practices with **Michael Lovy, MD**
medical school: Univ. of Washington
internship: same
residency: same
fellowship: same (rheumatology)
Dr. Karr's address is 2420 So. Union, #150, Tacoma. Her phone is 756-2182

Matthews, Paul, MD
anesthesia
practices with Tacoma Anesthesia Associates
medical school: Loma Linda Univ.
internship: same
residency: same
Dr. Matthews' address is 314 So. K St., #302, Tacoma. His phone is 594-1117.

Minagawa, Arthur, MD
anesthesiology
practicing with Tacoma Anesthesia Associates
medical school: Loma Linda Univ.
internship: Sacred Heart Medical Center, Spokane
residency: Loma Linda Univ.
Dr. Minagawa's address is 314 So. K St., #402, Tacoma. His phone is 272-4500.

Sarrafan, Ali, MD
gynecology
solo practice
medical school: Univ. of Esfahan, Iran
internship: Lawrence General Hospital
residency: Beth Israel Hospital, Mass.
Boston City Hospital, Mass.
Univ. of Utah
fellowship: Univ of Washington (gynecology endocrinology)
Univ. Framen Klinik, West Berlin
Dr. Sarrafan's address is 3716 Pacific Ave, #G, Tacoma. His phone is 472-6921

Shuster, Patricia, MD
ob/gyn
practices with **Dr. Elizabeth Sanford**
medical school: Jefferson Medical College, Pa.
internship: Georgetown Univ.
residency: same
Dr. Shuster's address is 316 So. K St., #309, Tacoma. Her phone is 572-2288

Sobba, David, MD
orthopaedic surgery
practices with Pacific Sports Medicine
medical school: Creighton Univ.
internship: Creighton Univ.
residency: Univ. of Missouri
fellowship: Tahoe Fracture & Orthopaedic Clinic (sports medicine)
Dr. Sobba's address is 3315 So. 23rd, #200, Tacoma. His phone is 572-8326.

(continued on page 13)

The Pierce County Medical Society

and

The Pierce County Medical Society Auxiliary

announce the

Annual Joint Meeting

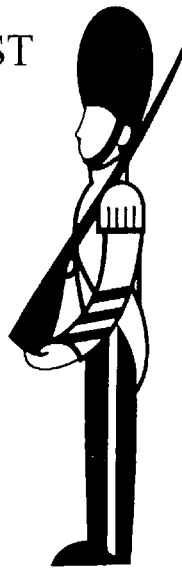
when: Tuesday, December 8
Social Hour at 6:30 p.m.
Dinner at 7:15 p.m.
Program at 8:15 p.m.

where: Tacoma Sheraton Hotel Ballroom

featuring our own members

VITA PLISKOW, MD, MEZZO-SOPRANO
RAYMOND PLISKOW, MD, CLARINETIST
AND
ACCOMPANIED BY SANDRA BLEIWEISS, PIANIST
performing

A SHORT CLASSICAL MUSIC PROGRAM



Please bring an unwrapped toy for a child or a wrapped gift for a woman for residents of the YWCA Shelter

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(return before Friday, Dec. 4, to PCMS, 223 Tacoma Ave. So., Tacoma, Wa. 98402)

Please reserve _____ dinner(s) at $35 per person/$65 per couple (tax & tip included)
Enclosed is my check for $_____

signed_____

Amendment to Bylaws sought

The Board of Trustees at their November meeting voted to submit to Annual Meeting attendees an addition to the PCMS Bylaws.

Currently, PCMS Bylaws may be amended at any regular meeting of the Society, or special meeting called for that purpose, by a two-thirds vote of the members present and voting. However, at such meeting, a quorum needs to be present and the Bylaws currently state that, "At any regular or special meeting of the Society, 100 active or senior members shall constitute a quorum."

Attendance at Society general membership meetings does not always reach 100 and a vote cannot be taken.

A vote will be taken at the December 8 Annual Meeting to amend the Bylaws to permit voting by proxy to assure having a quorum present at future meetings.

New PCMS members

(continued)

Themelis, Nicholas, MD
pediatrics
practices with **Dr. Timothy Jolley**
medical school: Oregon Health Science Univ.
internship: Madigan
residency: same
Dr. Themelis' address is 1322 3rd St. S.E., #240, Puyallup. His phone is 848-1572.

WISHA words of wisdom...

In trying to analyze why registrations for the "HIV in the Medical and Dental Office" program were so low that they decided to cancel it, the planning committe members discussed the WISHA standards and how the implementation and enforcement of the regulations are proceeding. The following information was shared:

> It is important that medical offices not be concerned with WISHA inspections. Don't be afraid. There still is a lot of fear in the medical community about inspections.

> WISHA has many occupations that they must monitor. The health care industry, specifically medical offices, is one small portion of their work. Medical offices are not a high priority and WISHA primarily respond to complaints.

> The primary citation in the medical office is for not having the Accident Prevention and Right to Know portions of the policy in writing. Most offices have concentrated entirely on infection control. They have forgotten the other two elements. It is essential that your policy have three required components.

> Your policy must be a "working" policy. You must modify any sample policy to your office and explain specifically how the policy is carried out in your office. Small employers can use an annotated copy of the standards and write in the margins "who does what in this situation" and this will be acceptable. Larger employers need a more formal policy.

> You must have "initial" training as well as "annual" training and these must be documented. Training must be incorporated for all elements of the standards.

> Be careful about anyone or any organization peddling products. It is usually not essential to make a major purchase to be in compliance with these regulations. If you have any questions or concerns about major purchases, please call PCMS or the local WISHA office. Many well-meaning providers of services have made unnecessary purchases from people primarily interested in making a sale.

> If you are cited you have the right for a timely appeal.

"Maybe this is a positive" said **Alan Tice, MD,** surprised that only fifteen people had registered for the education program that was to be held on November 18. Cancelling it due to low registration, the Pierce County Medical Society and Pierce County Dental Society were surprised after having 150 persons attend last year. Dr. Tice and the committee agreed that maybe the education programs have been working and people are feeling comfortable and there is not a need at this time. "Maybe we have already done a good job", added Dr. Tice.

The planning committee will meet next spring to re-evaluate the need for an education course. If you have any concerns, ideas, or specific needs that we might help you with, please call Sue at the Medical Society office. The committee stands ready to respond to you.

NEWS BRIEFS

What should you do if a disaster strikes?

Under the provisions of the Pierce County Emergency Management Plan, St. Joseph's Hospital has been designated the Disaster Medical Control Center. (Madigan is the first alternate and Tacoma General is the second alternate.) In the event of a major disaster the Disaster Medical Control Center has the following responsibilities:

1. Coordinating the damage and capability assessment of each hospital in Pierce County, including personnel, medical supplies, communications, bed space and pharmaceutical supplies.
2. Coordination of requests from the field for additional medical supplies, doctors and nurses.
3. Network control for hospital communications.
4. Coordination of patient disposition.
5. Coordination with the Pierce County Emergency Operations Center (EOC).

The Pierce County Emergency Operations Center (EOC) will coordinate with the hospitals and regional EOC's to assist in the distribution of personnel and resources where they are most needed.

If communications are not disrupted, normal telephone and pager call-out procedures should be utilized.

PROCEDURES

If a major disaster occurs and communications methods for contacting physicians are disrupted, Medical Society member physicians are requested to do the following:

1. Report to the hospital where you practice the most, or, report to the nearest hospital.
2. If you do not practice at a hospital, go to your office or the site where patients might seek out your services on their own.
3. If you are already part of a regional plan, such as that which has been developed for the Peninsula Area, report to the predesignated site for providing emergency care as outlined in that respective plan.

Anti-gun violence proposal supported

The AMA testified before a Senate subcommittee on the ''''Bullet Death, Injury, and Family Dissolution Control Act of 1992,'' sponsored by Sen. Daniel Moynihan (D, N.Y.) AMA Trustee Robert McAfee, MD said, ''I must say that I'm a little sick and tired of being sent the bill for violence and then being criticized for the high cost of health care...When costs for ambulance services, physician services, rehabilitation, and long-term care are included, total medical expenditures for just firearm injuries reach an estimated $1 billion per year. Is there any doubt this money could be better spent?'' Dr. McAfee reiterated the AMA's support for the ''Brady bill,'' calling for a mandated national seven-day waiting period before the purchase of a handgun. Also at the hearing of the Senate Finance Subcommittee on Social Security and Family Policy, JAMA Editor George Lundberg, MD cited an editorial he co-authored with former Surgeon General C. Everett Koop, MD, which said: ''We believe violence in America to be a public health emergency, largely unresponsive to methods thus far used in its control.'' The editorial called for the enactment of legislation to establish a national system of gun registration and licensing for gun owners and users, with conditions similar to those in place throughout the states covering the right to own or operate a motor vehicle.

Reprinted from AMA This Week

NEWS BRIEFS

Reimbursement expert available to help you

Since March, Bob Perna, WSMA's new insurance reimbursement specialist, has been helping physicians with vexing problems or questions about reimbursement.

Perna is the first person to fill the newly-created WSMA postition that was formed to deal with the increasingly complex issue of insurance reimbursements. He has been focusing some of his efforts on a Medicare Liaison Committee that was formed to sort through RBRVS problems. He also has been involved in helping King County implement a managed Medicaid system.

Questions from physicians Perna frequently encounters include:

* "Why didn't (insurance carrier) pay for (procedure)?"

* "How come (insurance carrier) only paid ($__) for my services?"

When questions have obvious widespread impact, they are taken to WSMA committees for further and more complete handling, Perna said.

Perna, with 24 years of medical insurance experience, invites your calls. His phone is the same as WSMA's: 1-800-552-0612.

Advance directive kit helps patients and physicians

The Washington State Medical Association has produced kits to help physicians talk to patients about advance directives. The kits also help patients understand and complete the legal health care agent form.

The kits are available to WSMA members free of charge. To obtain one, call WSMA (1-800-552-0612) or call the Medical Society (572-3667) and request the information kit.

The kits contain:
•one 11" x 20" wall poster for your office
•a one-page "Tips For Practical Use Of Advance Directives In Your Practice"
•a blank legal form for patients to complete designating a health care agent
•"A Physicians Guide To Advance Directives" - 6 pages of commonly asked questions, myths and facts and other information

Medicaid clients should call for referral

Physicians who are unable to grant appointments to Medicaid patients should tell them to call Medicaid's toll-free number, 1-800-562-3022. Medicaid keeps a referral list of providers who can see Medicaid patients. Physicians should call the same number to be added to the list.

AMA honors Florence Reeves of CHCDS

Florence Reeves, executive director of Pierce County's Community Health Care Delivery System, will receive the AMA's Dr. Nathan Davis Award for 1992. She will receive the award as the outstanding career public servant at the state or local level at a February gala banquet in Florida.

Nominated by Congressman Norm Dicks and endorsed by PCMS, Ms. Reeves is being recognized for a quarter century of service to the nation's health care system. Particularly, Ms. Reeves is responsible for establishing one of the nation's finest public health care systems.

To accomplish that, Ms. Reeves raised public and private funds and doubled the number of health care clinics available to low income people. She focused special attention to obstetric care.

In nominating Reeves, Dicks said, "The establishment of the community health centers has made the difference for many families who have been forced to choose between paying the electric bill or taking their child for a medical checkup."

Florence Reeves received her bachelor degree in nursing from PLU and has been executive director of CHCDS since 1980.

NEWS BRIEFS

Tobacco Free Coalition gets under-18 law

Over two years of work for the Tobacco Free Coalition finally came to fruition on Tuesday, Nov. 10, when the Tacoma City Council voted to pass the youth access ordinance that will restrict tobacco product access to persons under age 18. The ordinance passed by a vote of eight to one with Councilmember Hal Neilson being the lone opposing vote.

The ordinance, which will go into effect Jan. 1, 1992 requires tobacco retailers to be licensed, forbids tobacco sales to persons under age 18 and requires vendors to check identification. The ordinance also bans individual cigarette sales, free coupons and free samples, and mandates that tobacco vending machines be located only in bars, taverns, and workplaces not accessible to anyone under age 18.

The only opposition to the ordinance came from the vending machine lobby. They wanted to change the ordinance to allow locking devices on machines which would require staff monitoring. Seattle and King County abandoned their locking device provision in July, 1991 after experiencing high numbers of machine vandalism. They banned the locking devices to the delight of merchants who were tired of dealing with monitoring the machines.

The youth access ordinance is now being prepared for presentation to the County Council. Each small city and town council in Pierce County will be lobbied to pass the ordinance so that all jurisdictions have the same law. The law will be enforced and monitored by the Tacoma Pierce County Health Department. License fees and fines will defray the cost of enforcement. Similar legislation is in effect in Spokane, King and Snohomish counties.

If you would like a copy of the new ordinance or have any specific questions, please call Sue at the Society office, 572-3667.

Speaker of the House Ebersole will seek incremental change

Representative Brian Ebersole (D-29) addressed the Legislative Committee of the Tacoma/Pierce County Chamber of Commerce Nov. 10 and paid high compliments to Pierce County physicians and WSMA for their participation and proposal on health care reform.

Ebersole noted that Governor-Elect Mike Lowry will be asking supporters of Initiative 141 (Representative Braddock) to stop getting signatures for the Initiative as it will greatly complicate the legislative process in 1993. The Initiative, Ebersole said, if it garners enough signatures, will tie the hands of the Legislature. Big business is expected to block any attempt by the Legislature to offer an alternative because they believe they can defeat the initiative at the ballot box in November of 1993.

Ebersole noted that he, the Governor-elect and Sen. Gaspard would like to see one health care proposal brought before the Legislature. He predicted there will be incremental change to correct a very complicated health care system and may take a decade to accomplish.

The Speaker of the House noted that physician offices have a tremendous amount of paperwork, much of it involving billing to 1,500 different insurance companies. Ebersole said that the state government will have to become more efficient and set the example for private enterprise.

WHAT DO THESE DOCTORS HAVE IN COMMON ?

JAMES FOSS, M.D.	
MICHAEL LOVY, M.D.	CONVERSION FROM TECHNICARE
JOHN ATKINSON, M.D.	CONVERSION FROM COUNCELOR
GREGORY ARNETTE, M.D.	
THEODORE CROWELL, M.D.	CONVERTING FROM OFFICE CARE
MICHAEL R. JACKSON, M.D.	
WAYNE BERGSTROM, M.D.	
RONALD MORRIS, M.D.	CONVERSION FROM PMSI
HAVEN SILVER, M.D.	CONVERSION FROM PMSI
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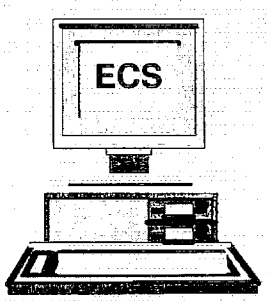

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Ask the Experts

Ask the experts is a feature of the Pierce County Medical Society Newsletter. It is an opportunity for physicians, managers and staff to ask for advice on medical management questions. Each month, selected topics will be addressed by a medical office staff consultant from Larson Associates. Send your questions and comments to: Larson Associates, 223 Tacoma Ave. So., Suite A, Tacoma WA 98402

Q Dear Steve:

Our office has decided to go to extended hours three days each week. I have worked with the front office staff to see how we can structure these hours and cause the least disruption for the employees. We have come up with a schedule that will mean two of them work three nine-hour days and two seven hour days, each week. How will this overtime affect my payroll?

A Dear Doctor:

Front office staff will normally be classified as ''non-exempt'', or in other words, employees to whom overtime is paid. In the State of Washington, all ''non-exempt'' employees are paid time and one-half for time worked beyond 40 hours in one week. You do not calculate over time on a daily basis.

Your employees will be working a total of 41 hours per week. Overtime for these employees will then be 1 hour per week. Payroll taxes and any benefits tied to earnings will also increase.

To maintain accuracy and to provide the legal documentation of hours worked, use a time clock, or have your employees complete time cards on a daily basis.

If not done carefully, extending hours can be disruptive to your staff and cause resentment. Because you have involved your staff with the implementation of this decision, you have gone a long way to alleviate possible problems and develop team players.

Keep your team spirit going. Utilize your staff to problem solve while you are adjusting to extended hours and new routines.

Q Dear Steve

I thought that our payroll cost was higher than it should have been. I went back and reviewed the overtime hours. I found that our overtime had increased considerable from one year ago. How can we better control over this?

A Dear Doctor:

signed time cards
overtime policy
approval for overtime
review workload
does your staff need additional tools
do you need additional staff
can you hire part time staff to cover some tasks that require less experience and knowledge.

Steve

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Registration underway for Mt. Bachelor CME course

Registration has begun for the College's CME at Mt. Bachelor course. Scheduled for Feb. 3-7, 1993, at Oregon's Inn of the Seventh Mountain, the course features a potpourri of subjects of interest to all specialties.

The College's third ''resort'' CME program offers family vacationing and winter sports at nearby Mt. Bachelor in addition to the usual quality continuing medical education.

For more information, please call the College at 627-7137.

ACLS course offers 16 Category I hours

The College of Medical Education's ACLS provider course offers 16 Category I hours (both AMA & AAFP) as well as certification status from the American Heart Association.

The two-day provider status and renewal of status course is scheduled for Dec. 10 and 11 in Jackson Hall.

Law and Medicine Symposium Program announced, set Jan. 21

The very popular annual Law & Medicine Symposium offered by the Doctor/Lawyer Committee is scheduled for Jan. 21, 1993.

The symposium presents topics of interest common to both physicians and attorneys.

This year's program was designed by Estelle Connolly, MD, and John Rosendahl, J.D.

The program will be held in rooms 3A & B of St. Joseph Hospital.

The program will offer physicians seven Category I CME credits for AMA and AAFP.

This year' s schedule includes discussion on these subjects:

- sexual contact/misconduct with patients and client
- experimental versus ''state-of-the-art'' medicine
- healthcare and world reform
- the dying patient
- workman's compensation
- health care reform
- product liability in medicine

DATES	PROGRAM	DIRECTOR
1992		
Friday, December 4	Gastroenterology Update	Gary Taubman, MD Richard Tobin, MD
Thursday, Friday December 10 & 11	Advanced Cardiac Life Support	Mark Craddock, MD Kent Gebhardt, DO
1993		
Thursday, January 21	Law & Medicine Symposium	Estelle Connolly, MD John Rosendahl, JD
Thursday, Friday, Sat. February 4, 5 & 6	CME at Mt. Bachelor	Stuart Freed, MD
Friday February 26	Review of HIV Infections	Alan Tice, MD
Thursday, Friday March 11 & 12	Internal Medicine Review - 1993	Sidney Whaley, MD
Friday, Saturday April 23 & 24	Tacoma Surgical Club	Leo Annest, MD Chris Jordan, MD
Friday April 23	Terminal/Palliative Care Update	Stuart Farber, MD
Friday May 7	Gynecology Update	John Lenihan, Jr., MD Sandra Reilley, MD
Monday, Tuesday June 21 & 22	Advanced Cardiac Life Support	James Dunn, MD

AUXILIARY

Philanthropic applicants selected

The Finance/Philanthropic Committee, chaired by Lynn Peixotto, met during August and September and investigated various organizations that have applied for philanthropic funds for the 1992-1993 year. The committee recommendations for disbursement of funds were accepted by the Board on Oct. 5 and will be presented to the general membership for approval at the November meeting.

The following applications are pending approval by the general membership:

1. **Community Health Care Delivery System (CHCDS)** - requested funds for medicine for chronically ill patients and diagnostic procedures.

2. **Neighborhood Clinic** - a free medical clinic whose volunteers consist of local physicians and nurses. They requested funds for stock medical supplies, such as aspirin, antihistamines, decongestants, antibiotics, etc.

3. **YWCA Support Shelter** - requested funds for basic medical supplies, such as aspirin, children's non-aspirin, disposable thermometers, bandages and first-aid cream.

4. **YWCA Encore Program** - a new program for mastectomy patients. It requested funds for therapy equipment, floor mats, tape player, tapes and books regarding breast cancer.

5 **Teen Health Forum** - requested funds for students and faculty attending this conference from Pierce County schools.

Questions or concerns? Please contact Lynn Peixotto, Chairman, Finance/Philanthropic Committee, at 851-3831, or Karen Dimant, PCMSA president, at 265-2516.

Male Auxiliary members

Why would a physician's male spouse want to join a medical auxiliary?

For much the same reasons as women members chose to;
- to become involved in the community
- to relate better to the medical community, as well as to support his wife in her chosen profession
- for the fellowship, the opportunity to meet other physicians' families and discuss common problems
- to help influence legislation and public opinion.

What can a man contribute to a medical auxiliary?
- a different point of view, new ideas
- expertise of his business or profession
- a complementary working relationship in a group setting
- a change in the public's conception of the meaning and the work of a medical auxiliary

PIERCE COUNTY MEDICAL SOCIETY AUXILIARY
COUNTY, STATE, AND NATIONAL DUES 1992-1993

	Regular	Widow/Retired	Newcomer	Student/Resident
NATIONAL	$25	$25	$25	$10
STATE	$30	$21	$20	$5
COUNTY	$20	$10	$10	$10
TOTAL DUES	$75	$56	$55	$25

Please circle amount paid, make check out to PCMSA, and mail by September 15 to: ----> Colleen Vercio
21 33rd Ave. Ct. N.W.
Gig Harbor, WA 98335

Name: _____
Enter below changes to your membership listing

Address: _____

_____

Phone: _____

Type of membership?
(Please circle one)

P Participating

S Supporting
(no calls for committee work)

AUXILIARY

Vietnam nurse speaker set Jan. 15

The Pierce County Medical Society Auxiliary will sponsor a lecture and tea Jan. 15, 1993. Mary Anne Jacobson, anthropologist and lecturer, will discuss her experiences as a nurse in Vietnam. The presentation will be held in the north Tacoma home of Anthony and Kathleen Forte. Tea, coffee and light refreshments will be served at 10 a.m. The business meeting will begin at 10:30 and Ms. Jacobson's talk will follow at 11.

Babysitting will be available at the Forte home. There will be no charge for this event and guests are welcome. Reservations are available by calling Kathleen Forte at 759-6381.

When Nominating calls, the answer is "Yes!"

Nominating Committee members will soon be meeting to select a slate of officers for the 1993-94 Auxiliary year.

The members of the nominating committee are Denise Manos, Trudy Klatt, Marilynn Simpson, Kathy Forte, Lavonne Campbell, Dorothy Grenley, Dottie Truckey and Karen Benveniste, chair.

Would you like to be an officer? Feel free to call any member of the nominating committee to mention a position that you would be interested in filling. If a member of the nominating committee calls YOU, remember our slogan: "Just say YES!"

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ENTERTAINMENT '93 is valid upon purchase and can be used until December, 1993, so you will have more than a year of enjoyment. For more information on how to get your book, contact Denise Manos.

A portion of the price of the book will benefit PCMSA.

NEWS BRIEFS

Prenatal Triage Clearinghouse to expand to pediatircs

This winter, the Prenatal Triage Clearinghouse, a prenatal care referral program for pregnant women in Pierce County, will be expanding to newborn referrals for a primary care physician. The program will initially place only infants 0-3 months of age, and participating physicians will be expected to see them for eighteen months (through their first set of immunizations).

Because of the large number of young families moving into the area and the increase in births in Pierce County, there has been a deluge of infants and children needing medical services. Several medical offices report being overwhelmed with calls requesting pediatric care, and many infants are not receiving the basic care they need. In 1991, just over 50% of Pierce County children entering kindergarten had received all their immunizations.

The pediatric component of the Triage Clearinghouse may prove to be the answer to this growing need in Pierce County. A nurse at the Clearinghouse will conduct a basic assessment, obtaining an infant's medical and social history. She will also ask the parent if they have any preferences for type of provider, such as location of office, male or female, language spoken, etc... Based on this information, and the physicians' criteria for accepting patients, the nurse will match the infant with an appropriate doctor.

The individual attention given to each referral is a unique and critical ingredient of this program. As has been demonstrated with the prenatal component, focusing on meeting the needs of both patients and providers has many benefits. Physicians appreciate the medical screening and information provided by the Triage nurse; patients are more likely to show for appointments, thereby reducing the "no-show" rate; and pregnant women are calling the Clearinghouse earlier in their pregnancy, and often beginning care in their first trimester. Clearinghouse staff hope that accessing care early will carry over to the pediatric component, and women will call for a pediatrician prior to delivery.

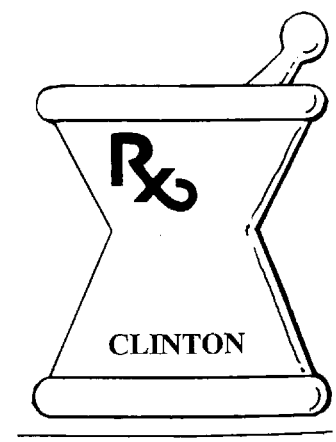
The Triage Clearinghouse is a joint program of the Tacoma-Pierce County Health Department, the Pierce County Medical Society and over 60 participating practitioners. Nearly 2500 women have been served by the Clearinghouse since it began in January, 1991. Any physicians interested in obtaining more information on this program can call Marjorie Rich with the Tacoma-Pierce County Health Department (596-6882), or Doug Jackman with the Pierce County Medical Society (572-3667).

What Clinton said on system reform

One of President-elect Clinton's most specific recent statements on establishing a national board for health care was delivered Oct. 2. He proposed setting up "a national panel - not governmental but private sector people, health care providers and consumers, who will make two decisions: what the aggregate spending level will be and what our target will be. And secondly, what the basic comprehensive health package will be that employers or government will offer so you won't have a two-tiered system. That will simplify the administration costs dramatically."

The next step, he said, would be to "give people significant incentives to be in big health care groups and large managed care groups and we'll just tell 'em here's how much money we've got and here are the services you have to provide."

Reprinted from AMA This Week



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OFFICE SPACE

Well appointed office space in St. Joseph Medical Pavilion to share with surgical specialist. Please call 272-4334.

Anti-tobacco groups plan conference

The AMA is organizing a "summit conference" to develop a national agenda for controlling tobacco use. Conferees will plan action strategies to curb smoking, especially among women, children and minorities. They will also discuss secondhand smoke in the environment, nicotine addiction and cigarette advertising. The meeting is scheduled for January 9-12, 1993, at the Hyatt Capitol Hill, Washington, D.C. For more information, call Tom Houston, M.D., at (312) 464-5957.

Pierce County Medical Society
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