PCMS
Newsletter

January, 1993

A Publication of the Pierce County Medical Society

Changing of the guard

Jim Fulcher, MD, receives PCMS gavel

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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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State may tax your practice

According to a draft plan of the Washington House of Representatives Revenue Committee, legislators are considering taxing health services, both medical and dental, to help resolve the state's budget problems.

Included in a seven-page list of alternative new taxes and fees, the House estimates it could raise $341 million from you in the next biennium if a professional services tax were levied.

After the state budget, health care reform is the second most important issue before the Legislature this year. Since providing universal access to all citizens is part of almost every health care reform plan being considered, some movement toward providing it is very likely. But it will cost the state money to provide medical care for the thousands of people currently unable to afford it. Taxing health services is, therefore, all the more likely to be seriously considered. The revenue a tax on health services raises could be targeted to pay for universal access or could just apply to the state's general fund shortfall.

Think you could just pass on the tax? Think again, according to member **Stan Flemming, DO**, newly elected member of the House from Lakewood/University Place. Many legislators have already talked about prohibiting physicians from passing this new tax along to patients. If that happens, you may personally pay for health care reform and universal access.

Bylaws amendment permits proxy voting

At the Dec. 8 Annual Joint Dinner Meeting, PCMS members voted to amend Article V of the Bylaws to include a new Section 6 as follows:

Section 6. Voting by Proxy

At any regular or special meeting of the Society, members may vote in person or by proxy. A proxy shall be executed in writing by the member or by his or her duly authorized attorney-in-fact. No proxy shall be valid after eleven (11) months from the date of its execution, unless expressly otherwise provided in the written proxy. Subject to any express limitation on the proxy's authority appearing on the face of the appointment form, the Society is entitled to accept the proxy's vote or other action as that of the member making the appointment. An appointment of a proxy is revocable by the member at any time.

Mini-Internship Program draws raves again

Public education effort suggested

The Pierce County Medical Society's second Mini-Internship Program held Nov. 16 and 17 pulled seven community leaders closer to understanding our health care system. During their two days observing physicians, interns also came to appreciate how caring and competent Pierce County physicians are.

The nine members who each hosted four community leaders for half a day were:
Dan Bailey, MD
Ken Elam, MD
Jim Fulcher, MD
Ron Goldberg, MD
Stan Harris, MD
Chris Jordan, MD
Robert Kenevan, MD
Jim Taylor, MD
Eileen Toth, MD

Community leaders participating in the program were:

Steve Fitzer, J.D., attorney with Burgess, Fitzer, Leighton and Phillips;
David Graybill, executive director, Pierce County Chamber of Commerce;
Tom Hosea, vice president, Puget Sound Bank;
Sally Leighton, attorney with Burgess, Fitzer, Leighton and Phillips;
C.R. Roberts, columnist, Morning News Tribune;
Otho Smith, executive director, Northwest Region, American Association for Retired Persons;
Karen Vialle, mayor, City of Tacoma.

The program, like those nearly a hundred other Societies sponsor around the country, aims to educate influential leaders about our medical care delivery system from the trenches: operating rooms, office exam rooms and emergency rooms. Participants invariably come away with a great appreciation and admiration for the job physicians perform.

Members and interns, from l to r, ***Eileen Toth, MD, Robert Kenevan, MD,*** *Steve Fitzer, Otho Smith,* ***Jim Taylor, MD,*** *Karen Vialle,* ***Ron Goldberg, MD,*** *Tom Hosea, C.R. Roberts,* ***Chris Jordan, MD,*** *and Dave Graybill*

For example, banker Tom Hosea said, "I saw doctors with a lot of true care and feelings for their patients. It was great."

He witnessed an open heart operation and a code 4. "It was amazing how organized it was," he concluded.

Columnist C.R. Roberts expected his time with oncologist **Ron Goldberg, MD,** to be depressing. However, during a debriefing dinner at St. Joseph Hospital, he reported, "I saw a sense of great vitality and love and caring and positive attention. I had a wonderful time. Thanks for opening my eyes."

Sally Leighton: "I was amazed and impressed how dedicated doctors are."

Dave Graybill: "I saw caring and concerned individuals. I also saw a lot of good business managers. I am grateful for this experience and I hope the program is continued."

Otho Smith will testify about changing the nation's health care delivery system in March before the National Association for Retired Persons. He said, "Now they can't say, 'Physicians aren't doing a good job.' If others attended an internship, they wouldn't feel that way."

During the post-internship debriefing dinner, C.R. Roberts initiated a robust discussion about health care cost and access. On cost, he concluded, "The perception is physicians are over paid. I don't think so. But you need to educate the public about that."

About access, Sally Leighton reiterated the need for the Society to communicate messages to the public. She said, "The public has no idea how much free care physicians give. It requires a real public education."

Jim Fulcher, MD, assumes Society presidency

President **Eileen Toth, MD,** handed **Jim Fulcher, MD**, her gavel and the reigns of the Pierce County Medical Society Tuesday night, Dec. 8, at the Joint Annual Dinner Meeting. **Dr. Fulcher** officially became president at the end of a lovely evening of socializing, good music, first class entertainment and delicious food at the Sheraton Hotel. Highlighting a totally enjoyable night that brought several memorable events was the change of officers and Board members, an important milestone that will determine the Society's activities and impact in 1993.

During the social hour and throughout dinner, a quartet of musicians from the Tacoma Youth Symphony played soothing background music on violins, the viola and bass. Next to the ballroom's back wall stood a glimmering Christmas tree, the base of which was piled high with gifts members brought for the YWCA Shelter.

Following the salmon dinner, all of the approximately 300 people in attendance recognized Mary Jackson for having organized the evening's festivities.

Still president, **Dr. Toth** conducted some quick business when a vote of members ratified an amendment to the PCMS Bylaws permitting proxies to be used in voting Bylaws changes.

The tone of the event quickly changed from mundane to oh-my-gosh as pianist Sandra Bleiweiss, mezzo-soprano **Vita Pliskow, MD,** and clarinetist

***Drs. Vita and Raymond Pliskow** entertained accompanied by Sandra Bleiweis*

Raymond Pliskow, MD, entertained members and spouses with three wondrous classical musical selections. Their show-stopper was a three-movement sonata - a duet for piano and clarinet by Von Weber. The piece was so difficult that Ms. Bliweiss admitted her apprehension before she began. But their performance was as professional as they, and it was greeted by a standing ovation.

Much of the meeting then turned to recognizing and giving appreciation to members. A moment of silence recognized nine members who had died during the year. After Auxiliary President Karen Dimant reported on the past year's successes, Dr. Toth recognized all the former presidents of the Society and Auxiliary in the audience.

*Maria Teresa Joseph and **Dr. Andre Joseph** talk with **Edward Williams, MD.***

***Dr. George Tanbara** was presented with a plaque for his service.*

***Dr. Tarek Baghdadi** with his wife, Monica, who sold raffle tickets.*

***Dr. Alex Mihali** won a gourmet basket.*

Dr. Toth gave special recognition to **George Tanbara, MD,** for his service to the profession and the people of Pierce County. On behalf of the Society, she presented him a plaque honoring his leadership and community service in organizing the CHCDS Clinics, being the Franciscan Sisters' Humanitarian of the Year in 1992 and other significant achievements. She also recognized **Pat Hogan, DO,** for his work on the Tobacco-Free Pierce County Coalition.

Dr. Toth then recognized and thanked the committee chairs, officers and trustees who made the Society tick during her year as president. She then briefly recapped her year. She repeatedly emphasized that the combined work of all members has made the Pierce County Medical Society the best medical society in Washington State.

After accepting the gavel from **Dr. Toth,** new President **Jim Fulcher, MD**, introduced the new officers and trustees who will lead the state's best Society in 1993. He acknowledged that the year will see accelerated change in health care delivery, especially in light of the fact that health care reform is the second biggest issue facing state and national politicians. But he concluded by saying that 75% of members who responded to a recent survey support health care reform and that the community looks to the Society to lead that effort.

With that, **President Fulcher** wished everyone happy holidays and adjourned the meeting.

*Past Auxiliary president Norma Smith and **Dr. Gordon Dean**, retired*

***John Kemman, MD,** member of the State Medical Discipline Board, and wife Shirley*

Sandy Shrewsbury places a gift under the tree for the YWCA shelter.

*Dorothy and **Dr. Philip Grenley** won a centerpiece.*

***Eileen Toth, MD,** presents outgoing Sec/Treas **Dr. Vita Pliskow** and outgoing Trustee **Dr. Bob Osborne** plaques honoring their work.*

*Past Auxiliary president Mary Lou and **Dr. Tom Jones.***

Auxiliary president Karen Dimant near the gifts.

Dr. Fulcher's inaugural comments

Ed. note: **Dr. Fulcher** gave this talk at the Annual Joint Dinner Meeting after officially becoming PCMS president.

A nine-year-old boy noted that his father always seemed to bring home a briefcase full of work. "Dad," he said, "Why do you work at home each night?"

The father replied, "Well, son, I simply don't have time during the day to finish it all, and it is necessary for me to work at home."

After brief reflection, the boy replied, "Well, why don't you ask your boss to put you in a slower group?"

How often have you wished to be placed in a slower group? For years, physicians have learned to deal with the explosion of new clinical and technical information. Now the physician is faced with an added dimension. Today's physician must stay abreast of a flood of regulatory and legislative changes. The clinician must also deal with well-intentioned, but often misguided attempts by various agencies to micro-manage the care of individual patients by physicians.

1993 will be a year of accelerating change. While we are still acclimating to RBRVS, we are about to engage the Washington Health Care Authority, managed Medicaid, and various hospital-physician integration proposals.

Health care is the #2 issue of concern to Americans, second only to the economy, and our politicians have taken notice. President-elect Clinton has pledged action in health care reform, yet we may see tangible change first at the state level. Driven by the specter of Initiative 141, there is a reasonable probability that our state legislature will enact significant health care legislation in the next six months.

What is the role of the Medical Society in this environment? Our surveys have indicated that over 75% of our members favor basic or fundamental change in our health care system. It has been said that change breeds opportunity. While we have every reason to be proud of our physicians and the accomplishments of our Medical Society, we are now given the opportunity to adapt to a new environment, and an opportunity to correct some of the problems which we all know exist.

It is time for the Society to refocus on its purpose and objectives, which are nicely stated in section 2 of our bylaws. These objectives include promoting the care and well-being of patients as well as protecting and improving the health of the public.

The sky is not falling. This is not a time for cynicism. This is a time for optimism. It is still a privilege to be a physician.

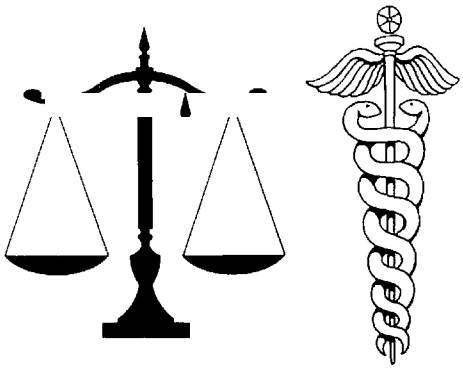
Yet along with that privilege comes professional responsibility. The community looks to the Medical Society for leadership in health care. Our challenge as a Medical Society is to accept that role and direct our resources to the benefit of our patients.

Legal advice offered to medical staffs

The first edition of Medical Staff Legal Advisor has been published by the AMA Office of General Counsel. The monthly legal information service is being provided to representatives of the Hospital Medical Staff Section. Its emphasis is on practical, understandable advice about the legal issues that affect physicians.

"Hospital lawyers dominate the field today," said AMA General Counsel Kirk B. Johnson, "and there is a growing market of physicians who need to hear the physician's perspective on the complicated issues involving credentialling, contracting, managed care, vertical integration and other matters that affect medical practice in the hospital."

Information about the publication is available from Carolyn Hagopian, (312)464-5601.



Policy on HIV+ Physicians Adopted

The Board of Trustees adopted a policy drafted by an AdHoc Committee. The Committee was chaired by **Dr. Jim Fulcher,** President Elect.

Following is the policy statement of the Society on the issue and how the sub committee will function.

POSITION ON PHYSICIANS WITH HIV

1. Pierce County Medical Society opposes mandatory HIV serologic testing of physicians or patients.
2. Pierce County Medical Society encourages physicians to voluntarily monitor their HIV sero status and upon sero conversion seek consultation with the Pierce County Medical Society Advisory Committee for Physicians with Bloodborne Pathogens.

PIERCE COUNTY MEDICAL SOCIETY ADVISORY COMMITTEE FOR PHYSICIANS WITH BLOODBORNE PATHOGENS

GENERAL STATEMENT: A physician, because of the nature of his or her occupational responsibilities, may become infected with HIV or Hepatitis B. In such a situation, the physician shall be offered confidential consultation from an advisory committee regarding the nature of the situation, its effect on the physician's ability to perform usual and customary duties, potential for risk of injury to patients and/or staff, access to personal health care, psychosocial support, and reasonable accommodation.

The Committee will make recommendations based upon the most current information available at the time.

THE PIERCE COUNTY MEDICAL SOCIETY ADVISORY COMMITTEE ON BLOODBORNE PATHOGENS WILL CONSIST OF: (1) Infectious Disease Specialist, (2) Surgeon, (3) Peer Specialist, (4) Physician's Personal Physician.

OBJECTIVES: The objectives of this Committee are to:

1. Provide a resource for information, education and counseling to promote the physical, mental and professional well-being of physicians.
2. Protect the privacy and personal rights of affected physicians with potential or proven HBV/HIV infection.
3. Promote safe care of patients.

A physician requesting information and advice from this committee regarding personal status and scope of practice related to HBV/HIV infection may do so anonymously. As an option, the individual's personal physician may approach the committee and represent him/her.

CONFIDENTIALITY: Reasonable efforts to maintain confidentiality will be made.

ACCESS TO COMMITTEE: Any physician seeking the assistance of the Committee may call the Chair, Personal Problems of Physicians Committee or call the Medical Society office.

Dr. Bede writes medical history

Retired Morton physician, Brandt A. Bede, MD, has published a book titled *Tales of A Country Doctor.* The father of PCMS member **Brandt W. Bede, MD,** Dr. Bede subtitled his book *100 Years of Health Care in Lewis County.*

The book chronicles some of the early doctors, nurses and hospitals in Lewis County. With chapters on ambulances, the Lewis County Medical Auxiliary (his wife Elsbeth was president of the Medical Auxiliary to the Washington State Medical Association in 1973-74), the Morton Loggers' Jubilee and the eruption of Mt. St. Helens, Dr. Bede also writes about his own life and that of his family.

He practiced in Morton from 1946-1981. In one passage, he remembers hitting three deer and one train during the years he drove to and from house calls.

The 120-page paperback was published in Gig Harbor and is available at local book stores.

Personal Problems of Physicians Committee

For Impaired Physicians
Your colleagues want to help.
Medical Problems, Drugs, Alcohol, Retirement, Emotional Problems

Committee Members

John R. McDonough, Chair	572-2424
J.D. Fitz	552-1590
Ronald C. Johnson	841-4241
Dennis F. Waldron	272-5127
Mrs. Jo Roller	566-5915
WSMA:	1-800-552-7236

Meet your Board members

Trustee **Jim Wilson, Jr., MD,** is like most men.

"I don't show my feelings or expose myself to others easily," he said. "I'm a pretty private person."

So if you sit next to him in a PCMS Committee on Aging, on the Board of Trustees, or work out with him at Pac West, he probably sticks to business.

That is not to say the feelings aren't there. Actually, they are strong and pretty close to the surface. Just look at his life - it's revealing.

As a single dad for about 10 years of now 13-year-old Jeremy, he expressed his feelings of love and nurturing and duty in his daily routine. Changing diapers, cooking meals and taking Jeremy on hospital rounds expressed his commitment to his inherited role. It was a role he savors because of the stronger bond it created between father and son.

Admittedly, some his mister-mom tasks were easier for him than for many men. "I love to cook," he said. In fact, he said, "One of my pet peeves are men who can't take care of themselves. I still iron all my own shirts."

His career, too, is an expression of his compassion for other human beings. He practices geriatrics, often in retirement homes - where few other doctors dare to go.

"There are so many people there who are very lonely. It is scary for them. I try to listen to my patients and be a good friend," **Dr Wilson** said.

In his office, patients' real agendas sometimes have nothing to do with health care, he said. They call for appointments only to have someone to listen to them. They sometimes present him with personal problems on which he doesn't feel prepared to give advice. He helps when he can, but at other times he defers to others.

As medical director of nine nursing home for Quad C, the area's largest provider, he finds it distressing that Medicare reimbursements chase physicians away from nursing homes. The problem in Pierce County is particularly critical, he said, because many physicians now calling on nursing home patients will retire soon. "Aging people will lose," he said.

Much of his work on the PCMS Committee On Aging has been to help break down barriers that the "system" erects to make the "end of the road experience," as he calls nursing home geriatrics, unattractive to new physicians.

Elderly patients and his son are not **Dr. Wilson's** only commitments. He remarried a year ago. Committing to Deana, his wife, and building a successful family together, are the most important accomplishments in his life. Their marriage is especially satisfying because Jeremy and Deana's daughter, Laurel, also 13, have "become best buds," he said.

Dr. Wilson overcame his propensity for privacy when he revealed that he had suffered a heart attack last August. Only 43 then, the problem came as "a real wake up call."

"I had spent a lot of time not taking very good care of myself," he admitted. "In 12 years I had never taken more than one week off."

He had sloughed off his exercise routine, and little old ladies are forever bringing him cookies.

One of his early reactions to having had his attack while on vacation with his new family in Williamsburg, Va., was that he was glad not to have been in Tacoma. "People just thought I extended my vacation," he said,

(continued next page)

Dr. Wilson *(continued)*

and that's what the private side of him wanted them to think.

The attack was a fluke, he said. He has normal coronary arteries. But after returning to Tacoma, he sat down with a pen and paper and reflected on the experience. "I discovered that the overwhelming number of things that happened as a result of my heart attack were good," he said.

He listed eight or 10 positive results. Among them, he said, "It put me back in touch with my spirituality. I have struggled with that all my life." In addition, he has resumed his three- or four-times-a-week trek to Pac West for work outs. He also knows it cemented his relationship with his family and wife ("she came through this difficult situation with flying colors"), solidified his relationship with his new office partner, **Alex Mihali, MD** ("I was afraid he'd dump me"), and improved his effectiveness with patients ("While in the hospital, I realized what a small role a physician plays in a patient's life in a hospital. I now look at nurses a lot differently than before.").

In all, he said, his heart attack changed his perspective on life.

We might add to his list that a heart attack also softened one man's tendency not to reveal himself to others.

Herman S. Judd, MD (1915-1992)

Herman S Judd, MD

Bud passed away on Dec. 6 after a two year fight with pulmonary fibrosis. He was born in Tacoma, the son of a respected physician. He attended local schools before receiving his BA from Stanford and his MD from Creighton in 1941.

He entered the military as a battalion surgeon in 1942 and served in the Pacific Theater of Operations throughout World War II. Bud participated in three assault landings, receiving the Bronze Star, and was a fortunate survivor of many encounters with the enemy.

He returned to Tacoma after the war and began his practice of family medicine which he continued for the next 50 years. He made his last house call in 1990.

Bud was a true credit to our profession. His practice was a busy one, but he always took time to participate in medical and community activities. Among his many accomplishments were: President of the Pierce County Medical Society; member of the Board of Trustees of the WSMA and PCMB; Chief of Staff of four local hospitals and a chairman of numerous state and local medical society committees. He served as attending physician for the Tacoma General School of Nursing from 1948 to 1963 and as Director of the Internship Program also at Tacoma General Hospital.

Bud enjoyed a close and loving family life with his wife Jeanne, and their two children. Jeanne was also very involved with Medical Auxiliary and community services. Bud was instrumental in her living almost 60 years with insulin-dependant diabetes. He also was an avid outdoorsman as well as a talented writer. He contributed many articles to various publications including the *Medical Society Bulletin.*

We will remember Bud for his sense of humor (he always had a good story) and his willingness to go the extra mile to help people out. He was always interesting, well informed and encouraging. His accomplishments in life could be a goal for us all. We will truly miss him.

Sincerely,

Ken Graham, MD

Survey reveals members want to help, already provide help

In November, the Society sent an opinion survey to all members. About 220 of you, or about 30%, completed and returned the survey forms. We thank you for participating.

Two major points jump out of the survey results. First, members want the Society to become more involved in government debates and actions on health care reform. For example, in question number one, 81% of members answering part (a) thought it was very important the Society be represented before governmental bodies (see results below). In question 3 (c), 72% of those responding thought the Society ought to place greater emphasis on programs that affect governmental health care policies.

The reasons you want the Society to represent you to the government became clear in questions 8 & 9. Seventy-three of respondants expect health care reform measures will have a negative impact on their practices; they expect their income to shrink and the government hassle-factor to increase.

For some reason, however, the prospect of the government further stifling their practice has moved only about half of the respondants to action. Question 11 shows only 49% of respondants have called a governmental official in the last year. However, 82% of those responding indicated they are willing to help the Society shape the course of health care reform, and about 50 members signed their name to that question (#10). The Society will get those 50, and others indicating a willingness to help, involved in the upcoming legislative session when reform decisions will be made.

The survey's second major result is that members are a generous group who give to the community in a number of ways. About two-thirds of respondants donate their time to community organizations. We are still tabulating where and just how much time you give, but non-profit organizations are the primary beneficiary of your largesse.

Low-income patients also benefit from your giving ways. Almost all members who responded, 93%, provide free or under-compensated care to people who can not afford health care. That is remarkable. By contrast, the AMA reports two-thirds of physicians nationally provide free or reduced-fee care. Congratulations! Tacoma-Pierce County is lucky to have you.

The following are tabulated results from the 220 surveys returned:

1. **How important is each of the following to you as a reason for belonging to the Pierce County Medical Society?**
(Please rate each reason)

	Very Important	Somewhat Important	Not Important
a. The need to be represented before state and county legislative/regulatory bodies	81%	16%	3%
b. Profession-related news and publications	42%	48%	10%
c. College of Medical Education CME programs	34%	51%	14%
d. Physician involvement in community activities	33%	59%	8%

3. **In the future, what level of emphasis should the Pierce County Medical Society give to each of the following issues?**
(Please rate each issue)

	Greater Emphasis	About the Same	Less Emphasis
a. Promote better public understanding of the medical profession	68%	31%	1%
b. Relationships with third party payors	53%	44%	3%
c. State/federal government involvement in health care	72%	24%	3%
d. Accessibility of quality health care to citizens	60%	37%	3%
e. Cost of health care	57%	42%	1%
f. Legislative affairs/lobbying	52%	42%	7%
g. Hospital/medical staff relationships	15%	73%	12%
h. The development of public policy positions (e.g., environmental issues, tobacco, toxic waste, etc.)	26%	60%	14%

4. **Has your practice become more or less successful in the past 5 years?**
more = 45% less = 19% about the same = 36%

6. **If it is not already, should the Society be working to overcome the barriers to your added success?**
yes = 50% no = 50%

7. **If yes, are you willing to help the Society overcome those barriers?**
yes = 78% no = 22%

8. **Do you expect health care reform measures, whatever they turn out to be, to positively or negatively affect your practice?**
positively = 27% negatively = 73%

9. **If negatively, how?** Less income, more paperwork

10. **Are you willing to help the Society shape the course of health care reform?**
yes = 82% no = 18%

11. **Have you communicated your opinions about health care reform directly to state or federal officials in the last year?**
yes = 49% no = 51%

12. **Are you familiar with WSMA's Personal Healthcare Plan proposal for health care reform?**
yes = 59% no = 41%

13. **Do you volunteer your time in the community?**
yes = 61% no = 39%

15. **Do you provide free or under-compensated care to low-income patients?**
yes 93% no 7%

16. **If yes, to approximately how many per month?** 112 physicians reported seeing an average of 22 patients per month. 29 physicians who responded in terms of percentages reported an average of 24% of their practice was devoted to free or under-compensated care.

17. **How long have you been practicing in Pierce County?**
Under 5 years = 25% 5-10 years = 25% 11-20 years = 32% 21-30 years = 14% over 30 = 5%

18. **Are you** male = 88% female = 12%

19. **Your age?** 35 years or less = 8% 36-45 = 49% 46-55 = 25% 56-65 = 16% 66+ = 2%

20. **Are you** solo = 41% group = 50% hospital based = 8% resident = 1%

Tobacco is hot topic in Pierce County

The Tobacco-Free Coalition of Pierce County under the leadership of Dr. Pat Hogan has been very busy following two county tobacco control ordinances. Pierce County has been infiltrated by the tobacco industry working to oppose these ordinances, particularly the environmental tobacco ordinance that would eliminate virtually all smoking in public.

On Nov. 10 the City Council passed the Youth Access Ordinance. This ordinance prohibits the sale of cigarettes to persons under age 18, outlaws single sales, individual sales, coupons and free samples. This ordinance is currently before the Criminal Justice and Human Services Committee of the County Council and is on their agenda for a public hearing on Dec. 23 at 9:30 a.m.

The Environmental Tobacco Ordinance has been before the county council committee for over a year and has generated much controversy. Numerous public hearings and individual meetings with special interest groups have been held in attempts to satisfy all factions concerned with the issue. The ordinance, which calls for restrictions of smoking in all public places, has been opposed by bingo parlor operators, tavern owners, and bowling alley owners as well as some restaurants who fear loss of business to other counties.

The tobacco industry has done mailings and called on restaurants door-to-door in efforts to rally opposition. At a public hearing on Dec. 9, numerous bingo parlor representatives spoke against the ordinance. Funding for Big-Brothers/Big Sisters and many boys and girls clubs and other charitable organizations that benefit children are funded by bingo, they reported. Their concern was that without the ability to smoke, their bingo patrons would go to the Indian Reservation to play bingo and they would go out of business. Tavern owners expressed the same concerns - that they would lose their patrons as well as have an extremely difficult time enforcing the ordinance.

The numerous organizations and individuals that comprise the Tobacco Free Coalition, a spin off of a PCMS committee, including the Pierce County Medical Society, are happy with the progress that has been made. The most stringent ordinance possible was introduced, with the idea that taverns and bingo parlors could be exempted, leaving the workplace and restaurants with regulations. The workplace is the single most important environment that needs protection from tobacco smoke. Many workers are forced to face this irritating exposure each day with no recourse. Protection in the workplace has not been argued at any point during the public hearings. The focus on the bingo parlors and taverns has definitely created enough controversy that the workplace setting and hopefully restaurants will remain in the ordinance.

The next public hearing on the environmental tobacco smoke ordinance will be in January. Please contact your county and city council representatives and express your opinions. If you would like more information about this issue or about the Coalition, please call Sue at the Society office, 572-3709.

***Pat Hogan, DO,** standing with "Nicotina" in front of the County-City Building during the Great American Smoke Out in November.*

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.

New Pierce County Medical Society applicants

Clark-Neitzel, Charlette B., MD
family practice
practices with CHCDS at 9112 Lakewood Dr. S.W., Tacoma 98499
medical school: Univ. of California, San Diego
internship: Merrithew Memorial Hospital
residency: Swedish Hospital

Coffing, Cyndra R., MD
pediatrics and adolescent medicine
practices at 3716 Pacific Ave., Suite E, Tacoma 98408
medical school: Univ. of Washington
internship: Children's Hospital and Medical Center
residency: same

Darr, Marilyn S., MD
family practice
practices with the Satellite Residency Program at TFM
medical school: Univ. of Missouri-Kansas City
internship: Oregon Health Sciences Univ.
residency: same
fellowship: Oregon Health Sciences Univ. (family medicine)

Knudson, Richard P., MD
neonatology
practices with Neonatal Associates, 315 So. K, Tacoma 98405
medical school: Oregon Health Sciences Univ.
internship: Tripler Army Medical Center
residency: same
fellowship: same (neonatology)

Willham, Bruce E., MD
neonatology
practices with Neonatal Associates, 315 So. K, Tacoma 98405
medical school: Indiana Univ.
internship: Madigan
residency: same
fellowship: Madigan/Univ. of Washington (neonatology)

Mistaken Identity

The December Medical Disciplinary Board Report indicated that a Dr. Stanley Harris had reason to appear before the Disciplinary Board. Unfortunately, there is more than one Stanley Harris, M.D., in the state of Washington. The Dr. Stanley Harris referred to in the Disciplinary Board report was from Seattle, NOT Tacoma.

PCMS member, **Stanley C. Harris, MD**, general surgeon, has received several calls and comments about his name appearing before the Medical Disciplinary Board.

The Medical Society has communicated with the Medical Disciplinary Board about this lack of identifying data. In all future mailings, physicians who are subject to disciplinary action by the Board will be identified by name and address. Board Executive Director Gail Zimmerman said that corrective measures would be taken so this type of occurrence will not happen again.

In a cursory check of the AMA's Medical Directory of Physicians in the United States, we found eight physicians named Stanley Harris.

NEWS BRIEFS

Interest Charges on Outstanding Health Care Bills

by Kay Harlan, CEO
ManageAbility

Virtually all health care providers are facing the dilemma of how to handle past due accounts; motor vehicle accident cases where the patient has no insurance and payment may be received two or three years later; patients who have exhausted the benefits of the insurance, etc.

Most consultants would suggest that finance charges be added to the overdue bill as an incentive to make payment. Often, finance charges are added only if the patient does not adhere to a regular payment schedule.

Charging interest is clearly permitted under the laws of Washington State within strict limitation - and there are adverse consequences when those limitations are not met. (Please note that banks and credit card companies have been granted exemptions from the statutes discussed in this article.)

RCW 19.52.005 reads as follows: 1) Any rate of interest shall be legal so long as the rate of interest does not exceed the higher of (a) twelve percent per annum; or (b) four percentage points above the equivalent coupon yield (as published by the Federal Reserve Bank of San Francisco) of the average rate for twenty-six week treasury bills as determined at the first bill market auction conducted during the calendar month immediately preceding the later of (i) the establishment of the interest rate by written agreement of the parties to the contract or (ii) any adjustment in the interest in the case of a written agreement permitting an adjustment in the interest rate.

What does that really say? Basically, it says that Health Care Providers may charge 12% unless (a) you are prepared to recalculate your interest charge each month or (b) you provide the type of services that allow you to enter into a written contract prior to rendering services.

What are those adverse consequences? First, under RCW 19.52.030 any interest charged at a higher rate is void. Second, as an additional penalty, the interest charged is deducted from the principal. Third, if the patient has paid some of the interest added to the account, you are entitled to "less twice the amount of interest paid and less the amount of all accrued and unpaid interest."

Suppose that your patient pushes this issue to court and prevails? The provider is then required to pay the patient's attorney fees plus any amounts paid in excess of what the provider was legally entitled. In addition, charging more interest than legally allowable is considered an "unfair act of practice in the conduct of commerce" and is a violation of the Consumer Protection Act, RCW 19.52.036. Violations of that Act can lead to treble damages plus costs and attorney fees.

Inasmuch as the entire healthcare industry is under close scrutiny, we stronly urge all health care providers to take a look at your policies, and contact your attorney for clarification.

Recommendations:

A) Your statements should include a policy statement about your interest charges. You cannot charge interest unless the patient has been notified of your policy in advance.

B) Interest on outstanding accounts should not be more that 12% per annum.

C) If you have been charging more than 12% interest, contact your attorney immediately for advice on correcting tha patient's accounts and notifying them in writing to limit your future liability.

This article in not intended to provide legal advice and is the opinion of the author. You are encouraged to engage the services of an attorney for specific interpretation.

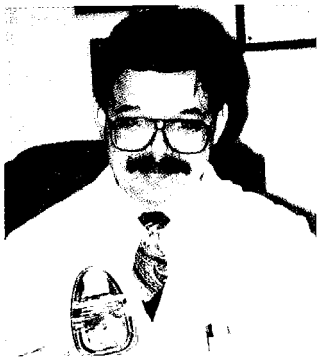
Editor's Note: The 1992 Code of Medical Ethics in the Current Opinions of the Council on Ethical and Judicial Affairs of the American Medical Association states:

INTEREST CHARGES AND FINANCE CHARGES. Although harsh or commercial collection practices are discouraged in the practice of medicine, a physician who has experienced problems with delinquent accounts may properly choose to request that payment be made at the time of treatment or add interest or other reasonable charges to delinquent accounts. The pa-

(continued on page 23)

NEWS BRIEFS

Dr. Andrade and patients help Salvation Army



W. Pierre Andrade, MD

Dr. Andrade's allergy and asthma office, open since March when he retired from the Army at Madigan, is located at the St. Clare office building. For two years prior to retirement, he practiced part-time at the physician time share facility Lakewood Hospital, now St. Clare Hospital, operates to help retiring military physicians gain a foothold in the local community.

The office staff and patients of **W. Pierre Andrade, MD,** filled a large box with food prior to Thanksgiving and were working on their second Christmas box in mid-December. Like the Thanksgiving box, the Christmas boxes, filled with food and clothing, were donated to the Salvation Army for distribution to needy people.

"Our patients are very generous," said **Dr. Andrade**. "We publicized the drive in our patient newsletter."

Over 75 pounds of Christmas food and clothing had been collected by Dec. 8. Much more was expected by Christmas.

See the Legislature - up close and personal

The Washington State Medical Association (WSMA) operates a Clinic in the Capitol Building when the Legislature is in session. The Legislative Health Clinic is staffed from 9 a.m. to noon by volunteer physicians. It is open to any of the 147 legislators or their staff members.

The Clinic needs volunteers for the legislative session that begins in January. Physicians may sign up for one day or more. You will be given a beeper and unless it calls you, you are free to sit in on committee hearings or other events. The clinic then closes at noon.

To sign up, call Winnie Cline in the WSMA Olympia office at 1-800-562-4546.

Parliamentary classes offered

The popular Parliamentary Procedures class taught by **Stan Tuell, M.D.** is being offered by Tacoma Community College beginning Monday, Jan. 4. If you are in a leadership position or plan on chairing a committee, these classes are a necessity and will make your job much easier.

The eight-class series will be held Mondays from 7 to 9 p.m. on the Tacoma Community College campus. You can register at the first session on Monday night. For more information you may call TCC at 566-6018.

NEWS BRIEFS

Pierce County legislators

2nd Legislative District

	home	office
Senator Marilyn Rasmussen (D) 33419 Mountain Highway East Eatonville, WA 98328	847-3276	786-7824
Representative Randy Dorn (D) P.O. Box 262 Eatonville, WA 98328	832-3422	786-7766
Representative Tom Campbell (D) P.O. Box 443 Spanaway, WA 98387	539-0370	786-7766

25th Legislative District

Senator Marcus S. Gaspard (D) 8220 191st Avenue E. Sumner, WA 98390	863-3086	786-7648
Representative Randy Tate (R) 5110 70th Ave. E. Puyallup, WA 98371	848-7096	786-7968
Representative Sarah Casada (R) 12908 115th St. E. Puyallup, WA 98374	848-8390	786-7948

26th Legislative District

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

27th Legislative District

Senator R. Lorraine Wojahn (D) 3592 East K Street Tacoma, WA 98404	472-6537	786-7652
Representative Ruth Fisher (D) 1922 North Prospect, Tacoma, WA 98406	472-6537	786-7930
Representative Art Wang (D) 3319 North Union Tacoma, WA 98407	383-5461	786-7974

28th Legislative District

	home	office
Senator Shirley J. Winsley (R) 539 Buena Vista Avenue Tacoma, WA 98466	564-5494	786-7654
Representative Stan Flemming (D) 7619 Chambers Creek Rd. W. Tacoma, WA 98467	564-6675	786-7766
Representative Georganne Talcott (R) 1320 Sunset Dr. S. Tacoma, WA 98465	564-9779	786-7768

29th Legislative District

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

30th Legislative District

Senator Peter von Reichbauer (R) P.O. Box 3737 Federal Way, WA 98063-3737	931-3913	786-7658
Representative Jean Marie Brough (R) 1118 S. 287th Pl. Federal Way, WA 98003	839-6903	786-7836
Representative Tracey Eide (D)		786-7766

Legislative Hotline 1-800-562-6000

NEWS BRIEFS

Congressional officials

	home	office
Senator Slade Gorton (R) 324 Hart Senate Office Bldg Washington DC 20510	442-0350	202-224-3441
Senator Patty Murray (D) The United States Senate Washington DC 20510	553-5545	202-224-2621
Representative Norm Dicks (D) 2429 Rayburn House Office Bldg. Washington DC 20515		202-225-5916
621 Pacific Ave., #201 Tacoma, WA 98402		593-6536
Representative Mike Kreidler (D) U.S. House of Representatives Washington, D.C. 20515		627-1012

Managed competition concept endorsed

The concepts of managed competition and a national advisory board as mechanisms for health system reform were endorsed by the AMA House of Delegates at the Interim Meeting. At the same time, the delegates strengthened the AMAs Health Access American plan and suggested a national health board to develop and implement policy.

That board would form "a public/private partnership with the AMA to formulate policy and implement activities in areas of health policy, such as technology use and dispersion, benefit packages, parameters/quality assurance and other areas except for global budgets, expenditure targets or payment determination." AMA delegates also expressed support for regulations or legislation requiring employers to offer a "benefit payment schedule plan" in addition to other options. Such plans reimburse enrollees a fixed amount for each covered service.

Managed competition is acceptable, delegates said, if there is free-market pluralism and no concentration of market power in a single purchaser of coverage. There also should be relief from curbs on group negotiation with payers by physicians and establishment of effective quality assurance mechanisms.

NEWS BRIEFS

Comparing the AMA's and Clinton's health reform proposals

THE AMA PLAN: HEALTH ACCESS AMERICA

Key Access Mechanism

Require phase-in of employer-provided health insurance for all full-time employees and dependents, with tax-based incentives and assistance for employers, and

* expand COBRA continuation coverage to require employers to continue to share payment for 4 months.
* require employers to offer enrollment period for employees who lost spouse's coverage.

Encourage individuals to establish health IRA's.

Secondary Mechanism

Medicaid coverage to all below 100% of poverty, with payment at Medicare levels and national basic benefits coverage.

State sliding-scale health insurance premium subsidies to those between 100 and 150% of poverty.

No balance billing below 200% of poverty.

Federal incentives for state risk pools for medically uninsurable and others to whom coverage is unavailable, including small employers, and

* amend ERISA to require self-insured employers to participate in risk pools.

* require that businesses have access to basic benefits insurance at group rates.

Insurance

Prohibit exclusion of pre-existing conditions.

Require community rating for small groups.

Allow employment mobility without health insurance waiting periods.

Preempt state-mandated benefits laws to make small business basic benefit plans affordable.

Amend ERISA or tax code so state insurance standards also apply to self-insured plans.

Make permanent and increase to 100% the self-employed deduction for health insurance costs.

Require every insurer to offer minimum benefits plan in benefit payment schedule version, UCR version, and prepaid/managed care version.

Cost Containment

Establish practice parameters developed by the profession to assure appropriate medical care, thus limiting costs; recognize appropriateness of payment delay pending peer-to-peer review for medical services outside parameters.

Empower consumer decision-making by providing price/cost information before MD and other provider services are given and health insurance is purchased. *(continued next page)*

CLINTON PROPOSAL

Key Access Mechanism

Require phase-in of employer-provided health coverage for employees.

Implement managed competition: all small businesses (with up to 1000 employees under Conservative Democratic Forum [CDF] proposal) must buy health insurance through state health insurance cooperatives (HIPCs), which must contract with accountable health plans (AHPs) -- networks that may include providers and insurers -- to provide coverage based on a standard premium for each class in an AHP.

Probable phase-in of program as funds become available due to cost-savings.

Secondary Mechanism

Under managed competition, poor and low-income given subsidies to buy insurance through HIPCs.

Insurance

Require community-rating.

Under CDF managed competition proposal, AHPs must

* provide uniform set of effective benefits.
* require cost-sharing.
* arrange low-income assistance.
* not discriminate based on health status.
* limit pre-existing conditions to 6 months; no exclusion for newborns/pregnant women.
* set standard premium for each class.

Cost Containment

Managed competition rather than price controls intended; price controls used only in transition where AHPs have not developed.

Federal health board establishes annual health budget targets nationally and by state, guides expenditures in public and private sectors, and establishes core benefit package insurers must provide, including ambulatory MD, inpatient hospital, prescription drugs, basic mental health, and preventative care.

Reduce drug prices by eliminating tax breaks for drug companies raising prices faster than American incomes; limit deductibility of drug company marketing/lobbying costs.

Control unnecessary spread of technology through federal health board's recommendations/incentives for sensible capital budgets, including shared use of technology.

Provide updated medical practice guidelines.

Intensify health education in home/school/workplace/senior centers to help change behaviors. *(continued next page)*

NEWS BRIEFS

Health Reform Proposals (continued)

AMA

Limit tax deduction for employer-provided health insurance to 133-150% of cost in geographic area of AMA minimum benefits plan so that economy in health care choice is rewarded.

Cost-sharing including copayments and deductibles to encourage greater consumer decision making.

Financing

$9 billion a year from general revenues, after reductions from increased consumer-oriented health care decision-making, liability reform, and administrative cost savings.

Medicare Reform

Enact Medicare reform by changing it to a prefunded program, with vouchers for individuals to purchase health insurance.

All Medicare funds to be placed in trust funds to be administered by federal reserve-type board independent of Congressional budget review.

Medicare must negotiate payment schedule conversion factor for physician services with AMA.

No charges beyond negotiated rate for those below 200% of poverty.

Long-Term Care

Expand LTC financing through public-private "asset protection" approach, relying on Medicaid when individual insurance depleted; allow penalty-free IRA withdrawals; and allow 100% deduction for LTC insurance costs..

Liability Reform

Reduce health care costs through professional liability reform, including federal incentives for state adoption of alternative dispute resolution systems and federal adoption of

* $250,000 limitation on noneconomic damages.
* mandatory offset of collateral sources.
* sliding-scale limits on attorney contingency fees.
* periodic payment of future awards.
* limiting statutes of limitations for minors.
* requiring certificate of merit before medical liability cases.
* medical expert witness criteria.

Other

Reduce administrative costs: require use of HCFA 1500 form and standard electronic claims.

Expand federal support for medical education, research, and NIH.

Encourage health promotion and disease prevention.

Authorize medical societies to operate programs to review patient complaints about fees and services.

Regulate conduct of utilization/managed care programs to reduce "hassle quotient."

CLINTON

Financing

All Americans can be covered with money now spent on health care.

Long Term Care

Access to comprehensive LTC from Medicare for disabled and elderly, with affordable/equitable cost sharing and case managers; phased-in, beginning with home/community based care; respite care to help relieve families; remove disincentives for community care, making nursing home care funding available for home health, adult day care, transportation.

Through new National Service Corps, provide college loans to be paid back through service, including labor in LTC.

Liability Reform

Alternative dispute resolution mechanisms should be available in every state.

Medical practice guidelines can help establish better guidelines on what constitutes medical malpractice.

Other

Accelerate FDA approval process.

Provide adequate inner city/rural primary/preventive care clinics.

Carry out NGA recommendations to provide incentives for students/health professionals to provide primary care in underserved areas; expand NHSC; increase support for graduate training for mid-level health professionals like CNMs/NPs.

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

Dear Readers:

Murphy's Law will catch us all sooner or later. Last month it was our turn. As was so kindly pointed out to us, the second question and response left something to be desired. What you saw was leftover residue on the computer disk which slipped in by accident. Here is what you should have seen.

We at Larson Associates would like to wish you all a happy and prosperous New Year!

Steve

Q Dear Norma:

The office staff is frustrated again. The holiday season is here and we are discussing with our physician whether the office would be open the day after Thanksgiving and Christmas Eve afternoon. The physician has decided to close the office, but now we're wondering if this time is taken with or without pay.

Office Manager

A Dear Manager:

Look in your personnel policy manual. There should be a listing of your paid holidays. If the day after Thanksgiving and Christmas Eve afternoon are not mentioned, then these would be taken without pay. Your employer MAY decide to pay the staff, but that is at his/her discretion.

This is a good example of why offices need written personnel manuals. It defines your benefits and eliminates any confusion which may occur. Some physicians will allow their staffs to work if the office is closed, provided there are tasks to be done. With the holidays you are probably thankful for the unexpected hours to use for your own preparations!

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Mt. Bachelor CME registration remains open

Registration remains open for the College's CME at Mt. Bachelor course. Scheduled for Feb. 3-7, 1993, at Bend, 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.

Law and Medicine Symposium set January 21

The annual Law & Medicine Symposium offered by the Doctor/Lawyer Committee is scheduled for Jan. 21, 1993.

This year's program, designed by Estelle Connolly, MD, and John Rosendahl, JD, will be held in rooms 3A & B of St. Joseph Hospital.

To register, call 627-7137.

Merle A. Sande, MD, featured in annual HIV Infections CME on February 26

The fifth annual CME program dealing with HIV infections and AIDS is scheduled for Feb. 26.

This 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.

This year's conference will feature internationally known HIV/AIDS expert Merle A. Sande, MD. Dr. Sande is Professor and Vice-Chairman of Medicine, University of California, San Francisco School of Medicine and Chief of Medical Service of the San Francisco General Hospital.

The conference is slated to cover the following topics:

* Local HIV Developments
* New Controversies of the AIDS Epidemic in Washington State
* A Global Perspective on HIV
* Recent Advances in Treatment of HIV and opportunistic Infections
* The Impact of HIV on Medicine in San Francisco
* HIV Case Presentations

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.

DATES	PROGRAM	DIRECTOR
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

January meeting notice

English tea at the home of Kathleen Forte

Program: "Nursing in Vietnam"

Anthropologist and nurse lecturer Maryanne Jacobs will share her personal experiences as a nurse in Vietnam. Come listen and learn from this dynamic, fascinating lady who captivates and brings a hush to all audiences. Maryanne's doctoral dissertation is at the Pierce County Library for those who wish a preview on the topic.

10:00 am Social/Tea

10:30 am Meeting

11:00 am Program

Babysitting available

Reservations or cancellations: Call Kathleen Forte 759-6381

Please bring any paper products (paper towels, toilet paper, large diapers, toothpaste, band-aids) to be donated to the family renewal shelter for abused women and children. Thank-you.

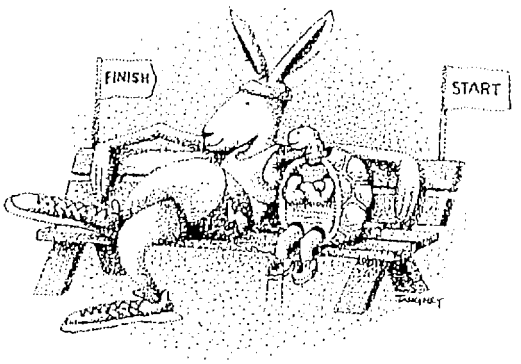
Local opera director found slain

Get ready for an evening of fun and sleuthing. Our Auxiliary will be sponsoring a fund raiser (fun raiser) March 6, 1993. Time and place will be announced soon.

We are having a murder mystery party, where you can solve the crime. Come see what really happened to this talented director of the opera!

Mark you calendar now!

Coming soon...our third "Zero" K Marathon!



Proceeds to benefit AMA-ERF.
Watch your mail for further information

Thank You!

A round of applause goes to all the generous families that donated to our Holiday Sharing Card! Your response to this project was heartwarming.

A grand total of $16,060 will be distributed to our local charities.

What a visible sign to our community that Pierce County physician families really care and want to help.

The following families also wanted to send their greetings to you, but missed our deadline. They are: Tosh and Sue Akamatsu, Kimi and George Tanbara, Catherine and Patrick Treseler, Alan and Constance Tice, David McEniry, Carolyn Acosta, Philip and Karen Craven, and Lawrence E. Schwartz.

Recycle your PDR

The 1993 PDR's will soon be here. Please save your 1992 (and 1991) volumes and bring them to the Medical Society office or call 265-2516 for pickup. The old PDR's will be donated to local schools so that the school nurses will have readily available an up-to-date reference on children's medications. Thank you!

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: 206-462-4215. Or write: 800 Bellevue Way NE Ste 400, Bellevue WA 98004.

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.

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. Tesfai 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. EOE

EQUIPMENT

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

OFFICE SPACE

For Lease Surprise Lake Medical Office. Contact office administrator 863-6338.

Prime waterfront medical office space for lease. Currently dressed out for two to three physicians. Easy access - covered parking - safe area. Outdoor waiting included. Call 272-5534 for information.

GENERAL

136 feet prime beach front home built in 1990 - 3200 sq. ft. - Superb marine and city view. Easy commute to Seattle (Southworth) $520,000 - Judy Vasconcelos, Windermere Real Estate - Gig Harbor - (206) 851-7374 Office, (206) 851-4632 Home.

Transcription Prescription - Medical transcription - Fast, accurate computerized. Twelve years medical office experience. Typing of chart notes, histories, physicals & letters. Contact Joy Krumdiak, CMA 841-7213.

Interest *(continued)*

tient must be notified in advance of the interest or other reasonable finance or service charges by such means as the posting of a notice in the physician's waiting room, the distribution of leaflets describing the office billing practices and appropriate notations on the billing statement. The physician must comply with state and federal laws and regulations applicable to the imposition of such charges. The Council on Ethical and Judicial Affairs encourages physicians who choose to add an interest or finance charge to accounts not paid within a reasonable time to make exceptions in hardship cases.

Pierce County Medical Society
223 Tacoma Avenue South
Tacoma, WA 98402

FORWARD & ADDRESS CORRECTION REQUESTD

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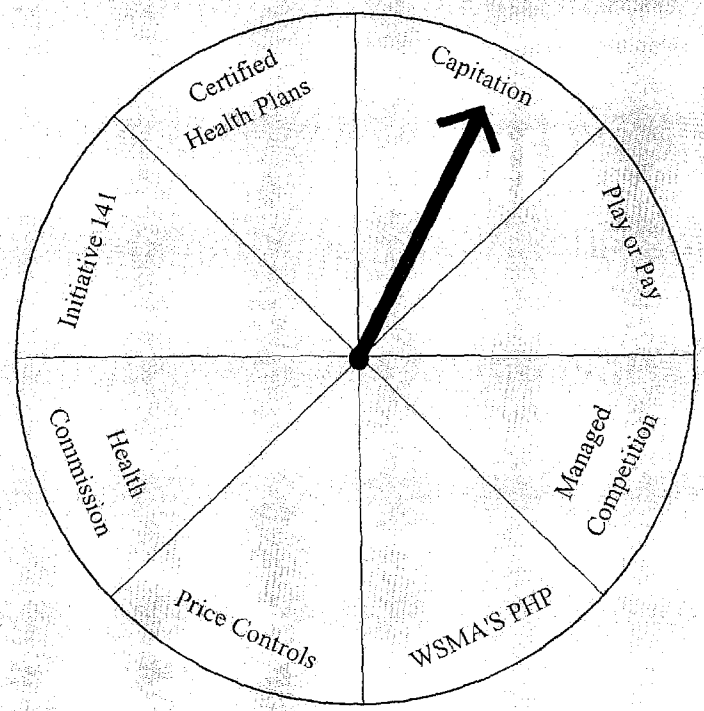
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

February, 1993

WHEEL OF FORTUNE



ARE YOU IN THE GAME?

see stories on pages 6, 9 and 12

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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Advertising Representative: Kim Reed

Subscriptions: $25 per year, $2.50 per issue.
Make all checks payable to:
Pierce County Medical Society
223 Tacoma Avenue South
Tacoma, WA 98402
(206) 572-3666, Fax 572-2470

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Member matters

Departments

Features

Society Business

News Clips

PRESIDENT'S PAGE

A LOOK AT WHAT WE DO - AND WHY

How long has it been since you have read your copy of the Bylaws of the Pierce County Medical Society ? I suspect that, like the majority of us, you scanned through them when you joined the Society and have filed them for future reference. Let's face it -- with the possible exception of Society officers, Board members, and Stan Tuell, physicians find this to be pretty dull reading!

Well, it's time to blow the dust off those puppies, and take a look at Chapter II. This section is titled **Objectives**, and it is arguably the most important section because it outlines the reason that we physicians have maintained this Medical Society since 1888. All organizations must have a mission -- a purpose and rationale for being. Ours is stated in four objectives:

1. To promote the art and science of medicine.

2. To promote the care and well being of patients.

3. To protect and improve the health of the public.

4. To serve and provide leadership for the membership of the Society.

The Society attends to these objectives through its ongoing programs and its committee structure, with the executive director and Medical Society staff providing support. Large subsidiary programs are directed toward a single objective. For example, the College of Medical Education promotes the art and science of medicine. Membership Benefits, Inc., a for-profit subsidiary, is dedicated to serving member physicians.

As you know, the Medical Society operates with an array of committees. The Bylaws define certain of these, and the others have been created on an ad hoc basis. While each committee has a specific purpose, the functions of any one committee may concurrently serve several of our objectives. This is evident on review of each individual objective. Promotion of the art and science of medicine has two components. Education of physicians, allied health personnel, and the public very clearly fits here and is provided not only by the College of Medical Education but also by various education programs produced by committees (e.g. AIDS, Aging, Sports Medicine). The second element is promotion of the image of physicians and of the medical profession. Our mini-internship program has been successful in this respect. The activities of the Legislative Committee and maintaining "key-contact" relationships with state legislators provides representation of our membership to state government.

Promoting the care and well being of patients and improving the health of the public are obviously closely related. Several committees, including Public Health/School Health, AIDS, Aging, CHCDS, EMS and Sports Medicine are oriented to these two objectives. In addition, the Tobacco Coalition and our efforts at water fluoridation in Tacoma and Puyallup are laudable public health goals.

Several of our committees serve the direct interests of the Society and its members, including Bylaws, Personal Problems of Physicians, Ethics and Credentials. Both objectives 1 and 4 are served by certain committees (Grievance, Editorial, Doctor/Lawyer, and the Interprofessional Committee).

How well are we doing in directing our resources toward these objectives? Our resources include not only the annual dues paid by each member, but more importantly, the contribution of time, skill, and commitment of those individual physician members who voluntarily devote hours of personal time to our collective benefit. It is important that we focus these resources wisely and to the maximum benefit to the Society and the community. In my opinion, we presently have a well-balanced allocation to each of our objectives. We should be quite proud of the level of our commitment to community health.

The recent member opinion survey had 220 respondents. A majority indicated that the Society should put greater emphasis on promoting better public understanding of the medical profession and on government involvement in health care. Likewise, a majority felt that we should devote more attention to the cost of health care and access to care. Over the next several months, your leadership will be considering options to focus more resources in these areas.

To those many physicians in this Society who have provided years of service to the community on Medical Society committees, leading or volunteering for special projects, or serving in elected office, I extend a collegial thank you on behalf of all physicians in Pierce County. I know you have received personal returns commensurate with your effort.

To those physicians who have previously elected not to join the Pierce County Medical Society, consider this. For decades, physicians have been respected members of their community in large part because of what they gave back to the community: leadership, service, professional guidance. The Medical Society is a vehicle by which you may join with your professional colleagues to that purpose. Benefits that you may receive as an individual are just icing on the professional cake.

MEET YOUR BOARD MEMBERS

DAVID MUNOZ, MD

David Munoz, MD, thrives on complications.

Easy is no fun.

For example, he likes to run. No big deal. Except he likes to run long distances. Marathons. So when he goes out for a run, it's one or two hours, not just your basic 20-minute jog to qualify for the minimum aerobic points.

But what if he's on call? No problem. He takes his portable phone.

And then, to squeeze in some quality family time, his 10-year-old daughter, Merideth, accompanies him on her bike.

There is enough material in that picture to script a Hollywood sitcom.

But he brushes the feat aside. "It's like the old saying, 'You fit in the things that are important,'" he said.

In his practice, too, its a challenge that fuels his will to excel.

"I like complicated medical problems," he said. "That is partially why I chose geriatrics; it is such an undervalued and little-understood area."

He and his partner, **Joseph Regimbal, MD,** have created a big but efficient office practice. With their 10-person staff, they see mostly Medicare patients with multi-system disease.

"As Medicare has become more complicated with fewer doctors accepting chronically ill patients, we have been faced with increased demand," **Dr. Munoz** said. "We're very busy."

They each sign about 500 patient orders a week.

The ways they found to handle the load weren't simple, naturally. They designed (and now service) their own computer patient data base so they can now care for complex and chronically-ill patients, many of whom are in nursing homes. Not only does the electronic data base allow them to improve their quality of care, but it increases their ability to meet the increased volume demands and expectations of their patients.

"We alternate seeing hospital and nursing home patients - those most intensely ill," **Dr. Munoz** said. "We've created a system with a built in second opinion."

"You learn how to be industrious and efficient," he said.

This intensity in him - if you look, you can see his mind solving puzzles - was developed of necessity.

The son of hispanic parents, he grew up just east of Los Angeles. His mother died when he was only five. As a California State Scholar, he attended Stanford University and met his future wife, Winn Archambeau-Munoz, at the dormitory where they cooked and ate together.

Dr. Munoz's step mother died in his sophomore year. The next year, just three days after his marriage to Winn, **Dr. Munoz's** father died, leaving three siblings, ages 8, 9 and 11 to the newlyweds to raise.

"We weren't planning on having kids right away," he said. "That put considerable strain on our marriage."

But with childcare help from his aunt and earnings from summer jobs, **Dr. Munoz** and Winn finished school.

They then picked up and moved all six of their extended family, including one brother with debilitating asthma, to Boston where **Dr. Munoz** began Harvard Medical School and Winn entered a Boston University masters program.

Sorting out the complications in his life there required major league intensity.

As **Dr. Munoz** put it, "All that helped me not to take Harvard too seriously."

He taught Harvard undergraduates his first two summers in Boston. But after his junior year, needing another complication in his life (like a hole in the head), he left for Europe where he worked and studied geriatrics in Madrid and Scotland for the summer.

Continuing to treat his life as a structural load-bearing test after graduation, he piled another weight on his shoulders: a five-year, custom designed internship-residency-Robert Woods Johnson-fellowship program at the University of Washington. His aim was to become an "agent for change" in the world of medicine. Out of it he emerged, unbroken and forever intense, with a masters in public health, residencies in internal medicine and preventative medicine, and two fellowships: geriatrics and rheumatology.

While he would have preferred to remain in academic medicine, he moved to Tacoma and began private practice in 1984. He said academic salaries then were under $30,000. Despite the advantages of private practice, he is still paying off his med-school loans today.

Strong values are **Dr. Munoz's** foundation. He believes God provides him the answers he needs. He views the glass as half full, not half empty. And his family is paramount; he and Winn have three children of their own.

He lives close to his Tacoma office so he can get home for dinner. And he and Winn, married 20 years, have had a standing date every Saturday night for the last 10, making up for his nights away.

"The important thing is we know we have each other's full attention on Saturday night," he said.

Despite all the complications in **Dr. Munoz's** life, he wouldn't have it any other way.

"I enjoy life," he concluded.

NATIONAL, STATE LEADERS CALL TRUSTEES TO ACTION

About 30 PCMS Trustees, past presidents and committee chairmen were asked to get more involved in health care reform by leaders of WSMA and the AMA. Though spoken to those present at the annual Board of Trustees retreat at the Tacoma Sheraton Saturday, Jan. 9, the pleas were directed to all Pierce County physicians.

Richard Corlin, MD, president of the California Medical Association and vice speaker of the AMA House of Delegates, told retreat participants to "Pay attention and get involved with the management of our health care delivery system. If we raise the profile of what we physicians do as community leaders, it will help us all."

Anna Chavelle, MD, president of the Washington State Medical Association (WSMA), explained the association's efforts to influence the path of health care reform in the Washington Legislature. She said, "We need your help. There is nothing like having a personal relationship with your legislators." She added that Tuesday, Jan. 26 is the Legislative Summit in Olympia. "I would love to see a bus load of Pierce County physicians in Olympia that day."

National Health Care Reform

Dr. Corlin showed slides to illustrate his analysis of the prospects of health care reform at a national level. He said that President Clinton has been getting a reality check since being elected, and that becoming more informed on the scope of our nation's economic woes has caused him to backpedal on some campaign promises he made. He said the budget deficit "defies solution."

He explained the principles, philosophy, elements and problems of health care reform and said, "President Clinton has a tremendous burden ahead of him, but its to our benefit that he succeed. We (the AMA) have much better input with this administration than in the past."

"The government's philosophy toward health care should be to set the rules, not to run the system."

He praised President Clinton for being a pragmatist, not a social engineer.

Important to health care reform, Dr. Corlin said, is that decisions be made at the local level. Community physicians and hospitals must be involved in setting policy. There should be no central planning, he said. Later, however, he pointed out that President Clinton seems to be favoring a global health care budget, something the AMA opposes.

The government's philosophy toward health care should be to set the rules, not to run the system, Dr. Corlin said. After running Medicaid poorly for 25 years, the government should realize where it is not effective, he said.

Dr. Corlin said the elements of health care reform should be:

Universal Access - first for the employed uninsured and later for the unemployed uninsured. He fears Clinton will give up on this for lack of money.

Insurance Reform - eliminate cost shifting and include a modified community rating system (Clinton concurs). No age rating, no exclusions for pre-existing conditions, no experience cancellation.

Cost Containment - including managed care systems; a basic benefit package with tax deductibility limited to HMO rates; fee review provisions; tort reform that limits awards, is based on practice parameters, and which utilizes technology panels; anti-trust revisions to allow hospitals to cooperate; encouraging medical schools to produce more primary care physicians; expanded National Health Service Corps and National Institute of Health; better data collection; and a "means test" for Medicare eligibility.

Care Limitations - not based on caps or a global budget but based on age or other criteria.

Long Term Care - should be taken out of the health budget because it is more of a social service.

Tobacco Legislation - get aggressive (ie. regulate cigarette vending machines, etc.) because tobacco-related illnesses cost 50% more than physicians earn each year.

Funding - a general revenue tax is most fair. Sin taxes cannot raise enough money. Favors employer-furnished insurance.

Dr. Corlin closed by saying that solo practitioners are a dwindling breed that can remain viable and increase their leverage with hospitals and insurance companies by forming Independent Physicians' Associations (IPAs). He said no one is advocating a system like the one in Canada where citizens pay double our taxes.

CALL TO ACTION (continued)

State Health Care Reform

Dr. Chavelle reviewed the status of WSMA's health care reform proposal, the Personal Healthcare Program (PHP). She said the plan, three years in the making, headlines universal access as its number one priority.

While state businesses do not favor universal access because it adds cost, she said, the political price for achieving it will likely be cost controls. Therefore, she said, it will be necessary to blend the two reform elements when lobbying for the plan in Olympia.

Many physicians familiar with PHP are torn between those apparent conflicts: cost controls (relating to physicians' own financial well being) and universal access (relating to the well being of the underserved).

Dr. Chavelle said many state physicians are frustrated because they are not familiar with the plan. (According to the latest PCMS survey, 41% of respondents were not familiar with it.) She urged physicians to obtain a copy of PHP, read it, and to encourage their peers to do the same. (Call PCMS for a copy).

Dr. Chavelle said legislators and other groups concerned with health care reform recognize that WSMA is a major player in the process leading to its adoption. The association has been meeting with legislators and Governor Lowry's transition team. In meeting with Group Health, the hospital association and others, WSMA has explored gaining clout by unifying voices in Olympia, she said.

The outcome of all this is uncertain, said Dr. Chavelle. Odds are, however, that Washington will see new laws that promote increased health care access, insurance reform, pooling of state health care purchasing power, data collection for all physicians, and some form of government involvement in health care.

"...state businesses do not favor universal access because it adds cost...."

"We think our position is politically correct," she said, "but anything can happen."

That is why WSMA needs help from physicians, she said; first to join WSMA and second to participate in the political process with the association.

Dr. Chavelle commended two PCMS members for their WSMA activities: **Joe Nichols, MD,** chairs the CARE Committee that is working on data collection, and **Dick Hoffmeister, MD,** leads the Legislative Committee.

Washington Health Care Authority

Also speaking to retreat participants was Susan O'Loughlin, assistant administrator of the Washington Health Care Authority (HCA). She explained that the Authority, set up by the 1988 Health Care Reform Act, administers health plans for 260,000 state employees and leads the state's health care reform efforts.

She said a major study of the state's health care purchasing habits revealed that the state spent $2.8 billion in 1991. As a result of the study, the Authority authored a six-point purchasing plan. It implemented the plan for HCA and Medicare in January, and will bring the Department of Labor and Industries into the plan in July.

The plan phased the state out of Sound Health. In its place, the state has recruited and contracted with 2,000 physicians to provide services on a RBRVS schedule.

Also as a result of the plan, the state has set new rates with hospitals that, she said, levels the playing field for all hospitals by paring costs to generic operating costs. The new rates are then adjusted to take into account special cases, such as teaching hospitals, hospitals providing high uncompensated care, etc. The new rates cover 100% of the operating costs of 75% of participating hospitals, she said.

Ms. O'Loughlin said, "Provider input has been very helpful and we encourage you all to do that. We have changed some policies because of provider input."

She said HCA learned that being cooperative and responsive is the key to the success of their organization. She said WSMA had been among the groups with which HCA has cooperated.

Tacoma Pierce County Health Department

Federico Cruz-Uribe, MD, the new TPCHD director, attended the retreat. In brief remarks he said, "There is a crisis in funding for public health."

He has found behaviorally-related problems - drugs, family abuse, etc. - are driving many health care requirements.

The key to resolving the Department's problems to reassess its core job, Dr. Cruz-Uribe said. To do that will require good communications with county physicians.

"I pledge that will be at the top of our priorities," he said.

MEMBER *matters*

A SEASONAL PASSION DRIVES DR. SINGH

It's winter. Time for PCMS member **Surinderjit Singh, MD,** to let up for a while - just a while. He'll practice EMG/ physical medicine and rehabilitation at Electrodiagnosis and Rehab Associates of Tacoma. As its vice president, he will go to a few meetings of the College of Medical Education. At night, he'll go home and relax - maybe read, spend time with his family. He's giving his 49-year-old body a rest. He'll reminisce about last summer and other summers past. And anticipate spring again.

Because come Spring, and especially come summer, his life changes. He'll begin running a little bit - a mile, say. Then two. then three. Then twice a week. Then three.

And he'll ease into a weight-lifting routine to build his upper body.

Like the blooming of flowers, his blood begins to move in the spring.

In April, competition begins. Competition at which he excels.

His sport is cricket.

It is the sport which for 35 Springs has unleashed his passion like the sun revives a rhody.

He's played since he was 14. It is the major sport in his native Malaysia, and he is proud to have played for his country against visiting teams.

He played in India while in college and medical school.

For the past 20 years he has played for the Seattle Cricket Club against teams in the British Columbia Mainland Cricket Club.

The highlight of his career was representing the US on its cricket team that played against the Canadian team in 1979.

"I don't think I will ever stop playing," he said.

Such commitment doesn't come from some ordinary weekend warrior. His honors nearly run off the end of a page. Numerous times his Seattle team has named him best batsman and most valuable player. Team captain many times. One of the top-10 batsmen in the 50-team BC Mainland Cricket Club.

The record of which he is most proud is having been named most outstanding cricketer of the year while a medical student at the Christian Medical College in Ludhiana, India. He scored 376 runs in one two-day game, and recorded a 92.2 season average.

"Cricket is a fantastic team sport," **Dr. Singh** said. "It requires tremendous

concentration, split-second reflexes, upper body strength and endurance."

It is something like baseball. A pitcher (called a bowler) pitches a ball that bounces off the ground before the batter tries to hit it with a 4-1/2-in.-wide, flat wooden bat. Runs are scored when runners advance between two bases, called wickets, and in a number of other ways. Hundreds of runs may be scored in a game. Games usually last one inning taking six or seven hours to play. Important games last two or three innings over as many days. A team bats until 10 of its 11 players have been put out.

Dr. Singh said his cricket career has been rewarding. Lessons learned on the field have helped him in his professional career, he said.

In a few short weeks, bowler and batsman **Surinderjit Singh, MD,** will begin his yearly metamorphosis. He'll emerge in the sunlight playing a 600-year-old game that lights his fire, keeps him fit and helps him in his practice of medicine.

DR. PIERCE APPOINTED TO NATIONAL GROUP

Irving Pierce, MD

Irving Pierce, MD, was appointed to the American Society of Hematology's Committee on Practice last summer. During his three-year term, **Dr. Pierce** will meet with 20 other hematologists from around the country to try to solve some of the problems hematologists face in their clinical practice.

The primary issue facing the committee in its September and December meetings has been intimidating in scope: federal reimbursements. **Dr. Pierce** said he does not expect progress on the issue to come easily.

One of four physicians in MultiCare's Medical Oncology Department, **Dr. Pierce** is the principal investigator of the community clinical oncology program. He is also on the internal medicine clinical faculty at the University of Washington School of Medicine where he is currently group leader and tutor for 10 clinical medicine students.

Before beginning private practice and joining PCMS in 1979, **Dr. Pierce** served on the staff of Madigan Army Medical Center where he was chief of hematology.

Feature

REP. STAN FLEMMING, DO, URGES POLITICAL ACTION

In retrospect, my winning a seat in the state House of Representatives from University Place, Fircrest and Lakewood was the culmination of many dedicated friends, interested people, family and organizations believing that I could win. They spent their time and resources to reach as many voters as possible. Their efforts paid off and now I'm here to not only represent the citizens of the 28th District, but indirectly, members of the health care community.

"...physicians in general fail to comprehend what is truly at stake during this session."

Now that the pomp and circumstance has ended, the members of the 53rd Legislature have rolled up their sleeves to get down to the business of balancing the state budget and passing a health care reform act.

One of the main issues on that table this year is health care reform. Whether or not physicians accept this fact, it will pass in one form or another. What has disappointed me to date has been a lack on physicians part of becoming involved. Whether that stems from a simple unwillingness or a lack of understanding of the political/regulatory process, I am unsure. Regardless, what the Legislature decides on health care will have a profound effect on each and everyone of us practicing in this state today.

It is clear from both a practicing physician's viewpoint and from a legislator's viewpoint that physicians in general fail to comprehend what is truly at stake during this session.

"The wait-and-see attitude will prove ultimately to be the wrong move."

"Let's consider the best-case/worst-case scenarios that could come out of this legislative session.

A best-case scenario reflects one in which many of the issues in the WSMA health care proposal are adopted; the practice styles, management and reimbursement would remain the same.

The worst-case scenario would include across-the-board capitation, mandatory assignment, physician taxation with restrictions, and quality assurance oversight of day surgery centers, clinics and physician offices.

At the present time, WSMA and WOMA have a very positive lobbying effort at the Capitol on behalf of their members. In the case of WSMA, the membership of PCMS is represented. However, this may not be enough without the verbal and written support of the members themselves. The wait-and-see attitude will prove ultimately to be the wrong move.

I urge and encourage each of you to please get involved now. I can always be reached in Olympia at 786-7958. Please take the time to write and call your legislative representatives.

TACOMA WATER FLUORIDATION ENDS FOR A YEAR

Pierce County Medical Society and Pierce County Dental Society fluoridation leaders found out in early January that the Tacoma water supply, as mandated by voters in 1988 and confirmed by a second vote in 1989, has not been fluoridated regulary since June, 1992, and not at all since October.

Terry Torgenrud, MD, and Dan Gallacher, DDS, were both upset to learn this after the fact. **Torgenrud** chaired and Gallacher served on the Citizen's For Better Dental Health Committee that ran both city initiatives to mandate fluoridation. They also learned that Tacoma's water will not be fluoridated again until late 1993 or early 1994.

"This really throws things into a hullabaloo", **Torgenrud** reported. "Now we have to re-educate the public on where and when to use fluoride supplements."

City utility officials blamed the lack of fluoridation on a box-like maching that has not been operational since June. They didn't notify anyone earlier because they figured the benefits from drinking fluoridated water were realized over the long term and didn't think a few months would matter. They now realize the time factor is about a year or more for new equipment to be designed and installed.

The last day the water was fluoridated was October 15, 1992. This has an impact on physicians and dentists who are trying to ensure that children receive adequate amounts of fluoride for developing teeth. Infants and children under 12 require fluoride supplements.

Some material for this article was taken from the *Morning News Tribune.*

MEMBER *matters*

DR. BULLEY VOLUNTEERS IN SOMALIA

Who would have thought looking down the barrel of machine guns would be the reward for trying to help people in an impoverished country?

For Puyallup orthopedist **William Bulley Jr., MD,** guns and gunshots were a fact of life -albeit a hard one to adjust to - during his December stint in Baidoa, Somalia's only hospital. As a volunteer for a U.S. State Department program called US AID, the American version of Doctors without Borders, **Dr. Bulley** was one of only three physicians in a city that was a war zone.

He said gunmen ruled the streets, and a quarter of all men carried guns.

"You'd go through the city and people would point their machine guns at you," he said. "Intimidation is part of their culture."

But to Somali war lords, intimidation was no game. Competition for food was fierce. As a feeding site, the city of normally 30,000-40,000 attracted people from the surrounding countryside and ballooned to nearly 200,000 people. One night, **Dr. Bulley** said, 50 people were gunned down in the market. Violence prevailed.

"We were overwhelmed by trauma cases - 85% of which were gun shot wounds," he said. "We took almost no medical cases in the hospital."

The orthopaedic surgeon was part of a team of mostly Americans that ran the hospital: one pediatrician, one physician's assistant, three OR nurses, a nutritionist, a logistician and two public health workers - all volunteers in the State Department program.

On quiet days he performed 10-12 surgeries, and on busy days, 15-20.

An Army veteran, **Dr. Bulley** said, "I hadn't taken care of any military gunshot wounds for quite a while."

In Baidoa, it was sink or swim.

He volunteered for the work because of a promise he made to himself.

"I told myself when I got out of the Army that after 10 years I'd do something."

His 10 years were up in October. In June, he received a flier about the US AID program. He signed up.

"It was just sort of serendipitous," he said. "It was a reasonable thing to do."

Besides wanting to perform humanitarian work, he wanted his experience to be an object lesson for his daughters, 8 and 9.

Was it worth it? Was it worth missing Christmas?

"It will be a while until I get done with the experience in my mind," he said. "It was tough to make the transition from Puyallup to Baidoa - the level of violence and everything. But it sure is nice to be back."

MEMBERS TEACH TOBACCO INTERVENTION SKILLS

Pat Hogan, DO, and **David Pomeroy, MD,** have been trained by the American Society of Addiction Medicine to help other physicians sharpen their clinical tobacco-intervention skills.

The philosophy behind the training is that, given smoking is the #1 preventable cause of illness and death in the country, physicians must have some smoking-intervention skills when seeing patients. Smoking cessation fits in with regular office visits.

The training **Drs. Hogan and Pomeroy** received taught them skills and practices physicians can use to recognize which patients smoke, to counsel them about the habit's pitfalls, and to advise them about cessation methods.

The two PCMS members now want to train fellow physicians in the skills needed to be more effective in dealing with their patients who smoke.

"There are things beyond saying 'Don't smoke,'" said **Dr. Pomeroy.** "There are specific techniques that motivate patients to seek help, but like any other aspect of the practice of medicine, physicians have to learn them and we have to try them.

"Getting smokers to quit often starts with a discussion with their doctor, not a lecture from their doctor," **Dr. Pomeroy** continued.

He or **Dr. Hogan** will train physicians in a two-hour session. In the session, he will provide physicians materials from the NIH and other sources that will help them working with patients.

About the training he received and now wants to pass on, **Dr. Pomeroy** said, "I was very impressed with the program and support materials NIH put together. They have excellent advice.

"Our patients' health is too darned valuable not to get this training."

When asked why a physician needs to be trained, he replied, "If a physician hasn't been successful at getting over half of his patients to quit smoking, he or she has something to learn."

Physicians who want to be trained are asked to call Judy Schmidtke at 593-2078 for scheduling. Judy is ASSIST (American Stop Smoking Intervention Study) field director for Pierce County. She will put together groups of eight to 10 physicians for the training sessions.

GOOD NEWS

the

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SOCIETY BUSINESS

MORE MEMBER SURVEY RESULTS

Deadline pressure before last month's Newsletter prevented us from reporting results of three questions members responded to in the November survey.

One question asked, "If the Pierce County Medical Society could do only one thing over the next three years, it should be:

Since we received over 200 replies, over 200 opinions were voiced. However, many of you wrote of your interest in having the Society involved in governmental affairs, especially health care reform. The following are a sampling of members' comments:

* "help formulate state-mandated health reforms"
* "legislative and regulatory involvement"
* "continue to be proactive in the medical reform movement"
* "become a "benign dictator" for medical care in the country, or at least increase political involvement in health care issues"

Many members also want the Society to help sort out their problems with third-party payers. Some comments were:

* "provide assistance in dealing with PCMB - the largest source of income/frustration/insurer in the county"
* "act as a responsible physicians' voice to third party payers"
* "protect private practice against government and third-party intrusion"
* "help organize physicians into IPA's or foundation groups to negotiate with third-party payers, specifically PCMB"

Another question asked, "What is the primary reason your practice is not more successful than it already is?" Samples of your most common answers are:

* "decreasing reimbursements"
* "I limit my practice"
* "the drop in fees is becoming too burdensome to stay in this area"
* "much more competition in my field"

A third question asked, "If yes (Do you volunteer your time in the community?), to what organizations/causes, and about how many hours per month?

As reported in last month's Newsletter, 61% of respondents answered yes, they volunteer. About 150 of you took the time to say where. The largest group, about 60 of the 150, volunteer in profession-related activities, such as committees, boards, or in clinics. The number of physicians volunteering in schools and church were tied at 21. The place survey respondents volunteer next most often (17) is with non-profit groups, such as the YMCA, Tacoma Philharmonic, etc. Finally, 11 physicians reported volunteering with youth groups and 11 with service clubs.

More than 80 members responded to question 14 by listing the hours per month they volunteer. The average is nearly 7 hours per month: 6.97.

Our thanks go out to those who helped make this a successful survey.

HELPING PATIENTS LOCATE MEDICAL RECORDS

The Medical Society office receives many calls from patients unable to locate their medical records. Sometimes a physician's office closes with no information given to the patients or the Medical Society of the availability of patient records. More often, the retiring or relocating physician has advised patients about the record storage plan, but the patient cannot recall the specifics.

As a courtesy to your patients, please let the Society office know where your records will be kept. If you are keeping the records of a retired, relocated, or deceased physician please call Tanya Miller at 572-3667.

"FAILURE TO THRIVE" SEMINAR

Ross Kendall, MD, pediatric gastroenterologist, will be the keynote speaker at a half-day seminar about "Failure To Thrive" on Thursday, Feb. 18 from noon to 4:30 p.m. at Jackson Hall Auditorium.

Other presenters include staff from Children's Hospital Infant-Toddler Growth Clinic as well as a panel of professionals from public health nursing, CPS, WIC and mental health agencies.

The seminar will focus on:

* etiology, assessment and diagnosis of failure to thrive
* the impact of FTT on our community
* multidisciplinary approaches to interventions
* developing strategies for early intervention in our community

This free seminar, sponsored by the Tacoma-Pierce County Health Department and Division of Children and Family Services, is open to all interested health and social service providers. Capacity is 150.

For information or registration, call Karen Russell at 591-6406, or Melanie Meyer at 593-6102.

SOCIETY BUSINESS

NEW PIERCE COUNTY MEDICAL SOCIETY APPLICANTS

Ahbel, Dorrit, MD
orthopedic surgery
practices with Steven Teeny, MD, at 5605 100th St. SW, Tacoma 98499
medical school: Georgetown University School of Medicine
internship: Naval Regional Medical Center, Oakland, Cal.
residency: same
fellowship: Switzerland

Cobb, Mason, MD
pediatric surgery
practices with Leslie Malo, MD, at 314 So. K St. #306, Tacoma 98405
medical school: Michigan State Univ.
internship: Univ. of Oregon
residency: Phoenix Integrated
fellowship:" St. Christophers Hospital for Children, Philadelphia

Elam, Kenneth, MD
emergency medicine
practices with Tacoma Emergency Medical Association at St. Joseph Hospital
medical school: George Washington Univ.
internship: Univ. of Florida
residency: Univ. of Connecticut

Flaherty, Michael, MD
pathology
practices with Pathology Associates of Tacoma, PS at 315 So. K St., Tacoma 98405
medical school: Univ. of California - San Diego
internship: Virginia Mason Hospital
residency: Univ. of Washington
fellowship: same (gastrointestinal pathology)

Rao, Sujata, MD
oncology/hematology
practices with Medical Oncology at 316 So. K St. #304, Tacoma 98405
medical school: State Univ. of New York at Buffalo
internship: Univ. of Pittsburgh
residency: same
fellowship: Memorial Sloan-Kettering Cancer Center (oncology-hematology)

Stoecker, Robert, DO
emergency medicine
practices with Tacoma Emergency Care Physicians at Tacoma General Hospital
medical school: Michigan State Univ.
internship: Mt. Clemens General Hospital
residency: same

TALK TO KIDS, HELP THE PROFESSION

The Patient Awareness and Community Education (PACE) program of WSMA is requesting the help of physicians to talk to fourth graders about injury prevention on Tuesday, March 30 in observance of "Doctor's Day."

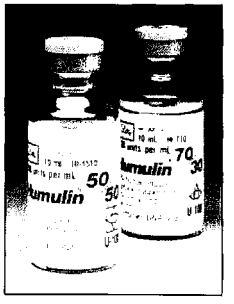
Last year, physicians around the state spoke to thousands of children about eating and exercise and attracted media coverage in nearly every daily newspaper in the state. The articles showcased physicians' community involvement.

Physicians interested in being matched with elementary schools this year are asked to call Katie Sims at WSMA, 1-800-562-0612. You will be provided background information and materials.

Because One Size Doesn't Fit All...

New Humulin 50/50 is the tailor-made answer to individual patient needs. A unique combination of equal amounts of Regular human insulin and NPH human insulin, it will be useful in situations in which a greater initial insulin response is desirable for greater glycemic control.

Like Humulin 70/30®, new Humulin 50/50 offers the convenience and accuracy of a premix. And it can be used in conjunction with an existing 70/30 regimen.



New **Humulin® 50/50**

50% human insulin isophane suspension
50% human insulin injection (recombinant DNA origin)

The Newest Option in Insulin Therapy

WARNING: Any change of insulin should be made cautiously and only under medical supervision.

®Humulin 70/30 (70% human insulin isophane suspension, 30% human insulin injection [recombinant DNA origin]).

Lilly

Global Excellence in Diabetes Care

Eli Lilly and Company
Indianapolis, Indiana
46285

HI-7910-B-249342

MEMBER *matters*

EDUCATING BLUES IS DR. WHITNEY'S GOAL

Past PCMS officer and Trustee **Robert B. Whitney, Jr., MD,** has become president of the Western Conference of Prepaid Medical Plans - an educational association for member Blue Cross/Blue Shield plans from the Mississippi west.

Dr. Whitney assumed the post in October at the organization's annual meeting in Portland. He is in his third year of a four-year term of office. In his first and second years he was secretary-treasurer and president-elect. After his term as president expires next October, he will remain on the board one additional year as past president.

He is one of four physicians and about 16 Blue Cross/Blue Shield plan chief executives who make up the Board of Trustees. Their function is to conduct educational programs for Blue plan staff members and members of the Board of Trustees.

Representing the State of Washington on the Board of Trustees are chief executives of the King and Spokane counties' plans, as charter members, and the Whatcom County Blue Cross/Blue Shield plan CEO as an at-large member.

Dr. Whitney, a radiologist with Diagnostic Imaging Northwest, said his presidential responsibilities will mean attending at least five training/planning sessions this year, prying him from his practice for about one month altogether.

High on the Western Conference agenda is the subject of health care reform. At the last annual meeting in Portland, topics included the Oregon plan, Canadian and European health care systems and related topics discussed by local and national authorities. Such input has assisted Blue Cross/Blue Shield plans in the State of Washington and nationally in developing options for health care reform such as the Alliance for Health Care in this state. The Alliance plan has many similarities and some significant differences compared with the WSMA and health commission proposals. If local physicians are interested in comparing specifics, a copy of the Alliance proposal can be obtained through Pierce County Medical Bureau (PCMB), **Dr. Whitney** said.

Last year, **Dr. Whitney** was president of PCMB, this county's Blue Cross/Blue Shield carrier. He has been active in PCMB for about 20 years, also serving as president in the 1970's.

MEDICAL EXAMINER SHOWCASES NEW OFFICES

Medical Society member **Emmanuel Lacsina, MD,** played host to county dignitaries and guests Tuesday night, Jan. 5, at the open house of the new 20,000 square foot Pierce County Medical Examiner's office building.

Dr. Lacsina, the county's chief medical examiner, is the forensic pathologist under whose direction medical evaluations into the causes and manner of death are conducted in certain situations.

After a dedication ceremony that included speeches by **Dr. Lacsina**, former Pierce County Executive Joe Stortini and other notables, a ribbon cutting formally opened the building to tours.

The heart of the newly-constructed, free-standing, $1.8 million building at 3619 Pacific Ave. is **Dr. Lacsina's** pride and joy: a 12,500 square foot operations and administration area that is more than triple the size of the 14-year-old former facility. In it are 4 autopsy stations, an autopsy room for contaminated bodies and space to store 50 corpses. At times on weekends, the previous morgue capacity of 26 bodies had been exceeded.

Dr. Lacsina and his staff investigate deaths in order that:

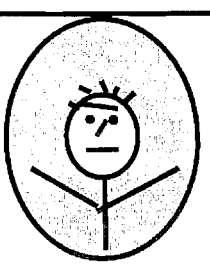
1. Murder can be recognized
2. The innocent can be exonerated
3. Criminal and civil court proceedings can be documented with sound and impartial medical evidence
4. Unrecognized hazards to public health can be revealed
5. Industrial hazards can be exposed.

DR. YOKOYAMA HAS MOVED

Ophthalmologist **Cheryl Yokoyama, MD,** has moved her practice. Her new location is:

2603 Bridgeport Way W., Suite F
Tacoma, WA 98466
564-4073

Previously in a Gig Harbor group practice, **Dr. Yokoyama** is now in solo practice.



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.

MEMBER *matters*

DR. SCHULZE ANNOUNCES HIS DEPARTURE

Dear colleagues,

As of the first of the year, I'm leaving my Gig Harbor practice and assuming a position in ambulatory care with Group Health Cooperative in their Port Orchard facility.

I suffer from an endogenous sleep disorder which has been exacerbated by night call. In my new practice, the temporal boundaries of my professional responsibilities will be more clearly defined (and limited to days and early evenings). With this routine, I hope to reestablish a semblance of a circadian rhythm.

As I leave the Pierce County medical community, I'd like to thank those who have participated in the care of my patients over the past dozen years. This includes members of my office staff, my primary care colleagues, subspecialty consultants, hospital administrators, nurses and other health care professionals. Your support has been excellent; it has made my job more serene as I've attempted metaphorically to cover the waterfront in my primary care position. I am impressed with the caliber of medicine practiced in Pierce County and leave with positive feelings about my experience here.

While I regret aspects of this change of venue, I feel fortunate to be able to take positive steps to improve my quality of life and yet practice locally. As my family and I will continue to reside in Gig Harbor, I anticipate continuing to interface with many of you socially.

With gratitude and best wishes.

Phillip Schulze, MD

MEMBER'S WIFE NEEDS YOUR BLOOD

The wife of retired member **Larry Smith, MD,** Norma Smith, is ill and needs Type A Positive blood. Norma is past president of the Auxiliary.

If you are able to donate blood, please call **Dr. Smith** at 584-7721 for further information.

CLINIC STAFF NEEDED FOR LEGISLATURE

Specialists and primary care providers alike are needed to staff the WSMA-operated clinic at the Capitol during the current legislative session. Open from 9 a.m. to noon, the clinic provides care to legislators and their staff. Please call Winnie Cline in the WSMA Olympia office, 1-800-562-4546, to sign up.

HOW WE GOT HERE: EVOLUTION OF THE PHYSICIAN SUPPLY CRISIS

As we approach the end of the century, the nation is reaching agreement about a crisis in physician supply. But this is not the first time such a crisis has been announced. And indeed, ironically, our current crisis in part results from actions taken to counteract the crises of the past.

Around 1900, many observers attributed the modest incomes of physicians, as well as the limited good they did the public, to a single cause: "too many doctors." While efforts were made to rid the profession of quacks and cult healers, their numbers were more than made up by the swelling ranks of poorly-trained regular practitioners - competing, many said, for the same finite pool of sick people.

A movement developed to raise medical standards, and new state licensing requirements greatly increased the cost and length of a medical education. Tuition-supported medical schools had to professionalize to seek endowments and university affiliation - bringing some for the first time into the fold of academe. Those that couldn't adapt closed.

From 1906 to 1922, the number of medical schools in the United States fell from 131 to 81, and the number of graduates dropped more than 50% from 5,440 to 2,529.

By 1925, the physician-population ratio had fallen from its 1900 level of 173 per 100,000 to 125. This 36% drop in one generation is the more impressive in light of the nation's strong population growth early in the century.

The ratio remained in the range of 125 to 140 per 100,000 into the early 1960s, when the baby boom and enactment of Medicare and Medicaid gave rise to expectations of greatly increased demand.

"The overwhelming historical fact," says Fitzhugh Mullan, MD, director of the federal Bureau of Health Professions, "is that in the early 1960s after a number of years of debate and even argument, there developed a consensus that we were a physician-poor nation. And this led to a very bold set of policies and legislative acts."

He recalls these measures as "a Marshall Plan for medical education . . . a national, multifaceted, energetic strategy." It included construction grants, capitation payments to encourage medical schools to increase enrollments, scholarships and loans, and later, targeted support for primary care and ancillary professions. New laws - which proved rather short-lived - also greatly eased the entry of physicians trained in other countries.

Policies made 40 years ago are still shaping today's supply of physicians. Today's policies will continue to be felt into the 21st century

Again, the results were impressive. Forty new medical schools arose, and enrollments more than doubled. The crude total of all physicians has more than doubled since 1963 to more than 615,000, and the physician-population ratio increased more than 70%, from 140 to more than 240 per 100,000 (a rate of increase more than 3 1/2 times that of the general population).

The new opportunities created by expanded medical school admissions dovetailed with women's changing expectations, and it was during this era that women started entering medicine in substantial numbers. Meanwhile, the stopgap immigration measures brought an influx of ethnic physicians that has still not fully abated.

"The overwhelming reality of the current time," says Dr. Mullan, "is the changes that were made then, the results of which are still being felt."

By the early 1970s, even as prestigious studies continued to call for a redoubling of the physician output, some analysts believed the massive efforts had already overshot the mark. In 1976 Congress shut off the accelerated foreign-entry provisions and appointed the Graduate Medical Education National Advisory Committee to assess the effects; in due course it predicted a surplus of 70,000 physicians by 1990.

GMENAC's complex and ambitious methodology made it a controversial and ultimately little-used study, and the glut/shortage debate, never settled, evolved into a different formulation of the problem - one focused on cost, a specialty mix and access. Still, there is wisdom to be gleaned from a history of the supply question, says Dr. Mullan.

One lesson is how long it can take for effects of policy changes to be felt. "It's not like producing aspirin, where you double your bottles and have twice the number of aspirin in a week."

Another is that these effects continue building - sometimes long after the original crisis has been forgotten. Actions to boost or shrink physician supply typically affect the training of new physicians - and such policies "have exceedingly long-lasting effects," says AMA demographer Philip R. Kletke, PhD. For example, "a new medical school will continue to contribute to the overall growth in physician supply until the graduates of that school die or retire in numbers equal to those currently graduating.

"Thus, our current supply of physicians is still being shaped by policies made 40 years ago. And it follows that the policies we set today will continue to affect physician supply in the early 21st century."

This article, reprinted from *American Medical News* was written by staff reporter Nina Sandlin.

The AMA and Our Alliance for Medical Liability Reform

Arguments for national medical liability reform have never been stronger; the current liability system not only drives up costs, but steers many physicians away from high risk specialties where malpractice suits are almost certain. For those who need care the most,—the young, poor and the elderly,—medical treatment is out of reach.

The American Medical Association has taken the lead and launched the *Alliance for Medical Liability Reform*, a grassroots alliance for change. Its goals are to restore fairness to our justice system, to control high health care costs and to turn up the volume on medical liability in the national health care reform debate.

Working with business, public health and other health care organizations, the AMA has already established the *National Liability Reform Coalition* to carry our message to Washington. At the grassroots level, the *Alliance* will continue to bring these issues to both Congress and the White House, to fight rising liability costs and end the need for defensive medicine.

You know that patient liability claims have more than doubled since the early eighties. Yet, most of these claims show no evidence of negligent medical care. But because liability premiums became the fastest growing practice expense, many cut back on staff, reduced services resulting in diminished access to care by their patients.

The following principles, developed by the *National Medical Liability Reform Coalition*, serve as reliable guidelines for systematic, structured reform we can all live with. We need compensation for medical injury that provides...

1. **Available Health Care**, giving all Americans access to all necessary health care services.

2. **Quality Health Care**, that hinders substandard care and encourages quality improvements.

3. **Better Physician-Patient Relationships**, to enhance the professional relationship between physician and patient based on trust.

4. **Fair Compensation**, that is ample and just for patients injured by malpractice.

5. **Prompt Claims Resolution.**

6. **Innovation** in diagnosis and treatment, leading to continuous quality improvement.

7. **Predictable Outcomes** with respect to findings of liability and amount of rewards.

8. **Efficient and Economical Transaction Costs.**

The need for national medical liability reform has never been more pressing. The *Alliance* is gearing up to take this message to Washington. All that's missing is you! Take the first step and join our *Alliance* today. By uniting the concerned physicians of the AMA and their patients for reform, the *Alliance* will be a tremendous force for change in this decade. To join, call us toll free at 1-800-AMA-3211.

Materials included are excerpted from *Member Matters*, a monthly publication sent to all members of the American Medical Association.

AMA Is Your Advocate in Washington

Physician Advertising. The AMA General Counsel's Office is negotiating with the Federal Trade Commission to develop guidelines for physician advertising. The FTC's Bureau of Competition has approved all the AMA's proposed guidelines and is discussing the last one which deals with claims about the physician's board certification credentials.

Safety Regulations. The AMA urged the Senate Labor Committee to exempt physicians from proposed federal legislation, S. 1622, requiring employers to develop safety and health programs for employees. The AMA pointed out that these regulations duplicate those existing Occupational Safety and Health Administration requirements that apply to physicians.

HIV Disease. In a letter to the Social Security Subcommittee of the House Ways and Means Committee, the AMA supported legislation that would make it easier for people with HIV disease to receive Social Security disability benefits.

Practice Parameters. The AMA addressed the Agency for Health Care Policy and Research outlining the AMA's views on translating clinical practice guidelines into medical review criteria, standards of quality and performance measures.

AMA advocates unity in health system reform

In his keynote address at the American Medical Association's Interim Meeting, AMA President John Lee Clowe, MD noted that elements of the AMA's Health Access America plan appeared in platforms of both political parties during the November election. These elements are expected to be incorporated into most of the legislation likely to come before the 103rd Congress. The AMA wants to enhance physician involvement in public and private regulation of medical care, encourage implementation of market-oriented reforms, and prevent adverse patient care that would result from price controls or stringent global budgets.

Most of the major players in the health system reform debate "realize that they can't achieve reform without the participation of the medical profession. Medicine must speak with one voice in the health system reform debate. Most look to the AMA as the voice of organized medicine in this process of change," he said.

AMA urges safeguards for patients' computer records

AMA testimony before the federal Task Force on Privacy of Private Sector Health Records pressed for more complex security for computerized patient records to protect privacy and to avoid legal problems. The AMA emphasized that patient records must remain confidential, accurate, comprehensible, and free from unauthorized access. The AMA recommends that physicians and other health care providers be expected to use reasonable safeguards, since there is no fail-safe protection.

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

SUCCESSFUL PALLIATIVE CARE CME PROGRAM SCHEDULED FOR APRIL 23

In response to many of the issues raised by Initiative 119, the Pierce County Medical Society and COME are organizing a CME program on successful palliative care for physicians.

Directed by **Stuart Farber, MD,** and highly endorsed by leadership of the Medical Society, the one-day conference will deal with the complex issues of caring for terminally-ill patients and their families.

Topics will include: symptom control, especially pain management; legal issues including advanced directives and DNR orders; death awareness in ourselves/ patients; and other topics requested by participants. A combination of didactic lectures, case presentations and small groups will be used.

Although planning is still in progress, it is hoped that the conference will be complimentary. Major national and expert speakers are near confirmation.

Physicians are urged to mark their calendars today and plan to attend this timely and important CME program.

INTERNAL MEDICINE REVIEW SET MARCH 11 & 12

The annual Internal Medicine Review organized by the Tacoma Academy of Internal Medicine is scheduled for March 11 & 12.

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 **Sidney Whaley, MD,** and is sponsored by the College of Medical Education. The two-day conference will be held in Jackson Hall.

ANNUAL HIV CME REGISTRATION REMAINS OPEN

The fifth annual CME program dealing with HIV infections and AIDS is still open.

Set for Feb. 26, this 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.

This year's conference will feature internationally known HIV/AIDS expert Merle A. Sande, MD.

ANNUAL SURGICAL CLUB PROGRAM 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 & 24, 1993.

DATES	PROGRAM	DIRECTOR
1993		
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	Successful Palliative Care	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

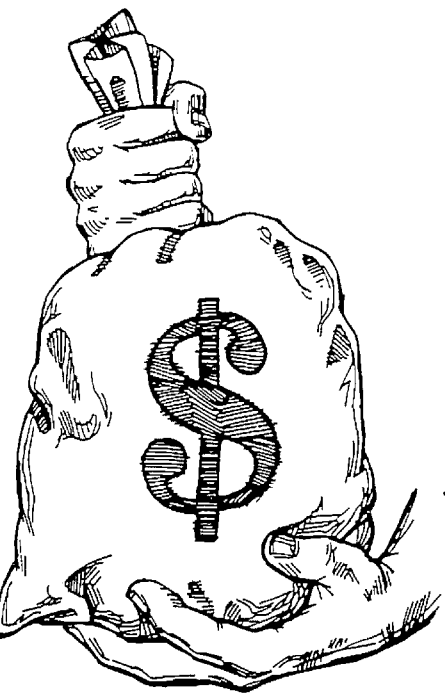
announces the

February General Membership Meeting

when: Tuesday, February 9
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 Bv. W.

spouses are invited



PREPARING FOR RETIREMENT

featuring

Mr. James Huffine, Benefits Administration Co
"Alternative Forms of Retirement Plans"

and

Mr. Rod Hagenbuch, Merril Lynch Co.,
"Investment Planning and Vehicles Available for Pension Planning"

(return before Friday., Feb. 5, to PCMS, 223 Tacoma Ave. So., Tacoma, Wa. 98402)

Please reserve _____ dinner(s) at $17 per person
(tax & tip included)
Enclosed is my check for $_____

signed_____

REDUCE EXCESSIVE HEALTH CARE SPENDING

by James S. Todd, M.D.

Physicians and patients have to work together more closely to reduce the cost of health care in this country.

This can happen only if the cost of care is more carefully considered when physicians and patients are exploring treatment options.

Currently, many patients do not consider what services cost. Because payments by insurance companies leave them with only a small portion or even none of the bill to pay, many people do not recognize how much the high cost of care affects them.

In turn, physicians feel pressured to order the most technologically advanced procedures. Fearing lawsuits, physicians may supply care that otherwise might not have been essential.

Both of these factors cause higher health insurance premiums, increase this country's overall health care expenditures and ultimately reduce access for millions of Americans.

If we do not rein in health care costs, fewer and fewer people will be able to get the care they need.

The American Medical Association asks patients to start the process of holding down costs by making it a point to discuss fees in advance with their physicians.

The AMA also urges physicians to share cost information with their patients before courses of treatment are chosen.

(James S. Todd, M.D., is a general surgeon and executive vice president of the American Medical Association.)

AMA PUBLISHES "PRINCIPLES OF MEDICAL REVIEW"

The AMA recently published a nine-page pamphlet to promote effective medical review practices of value to physicians. The intent of the publication is to eliminate ineffective and onerous medical review practices that interfere with physicians' clinical autonomy, said President James Todd, MD.

The booklet is an extension of the principles previously published in the AMA's "Guidelines for Health Benefits Administration."

To obtain a copy, call Beverly S. Skrak, Department of Medical Review, at 312-464-5613.

LABORATORY FRAUD

National Health Laboratories Inc has pleaded guilty to defrauding Medicare and has agreed to pay more than $110 million to settle federal charges against it, the *Wall Street Journal* has reported. NHL's CEO also faces up to 10 years in prison.

The alleged illegal practices, which the U.S. Attorney handling the case called industrywide, involve billing the government separately for unnecessary cholesterol tests that were in a package of blood tests doctors were told were standard. Since Medicare does not consider the cholesterol test standard, it was billed for the tests separately and at a much higher rate than the physicians were billed, according to the Journal.

National Health Labs also added an iron test to its "package" sold to physicians, and then billed Medicare separately and at an inflated price, the article says.

A related article reported the company operates in 41 states.

AUXILIARY

PRESIDENT'S MESSAGE

It is exciting for me to remember my fist board meeting last June when the board and I shared creative ideas and goals for Auxiliary. Eight months later, many of those ideas and goals have been realized. Together we have accomplished much, yet there is more to be done.

December was a busy month for Auxiliary. The Holiday Joint Dinner was again a great success, with 220 people donating Christmas gifts for the YWCA's Women's Shelter. Most encouraging was the widespread support of our Holiday Sharing Card and of the Auxiliary's decision to allocate the proceeds to benefit our local community through philanthropic donations. Our endeavors do make a difference in people's lives, and I thank everyone who cared enough to contribute.

With Spring around the corner we can look forward to an intense political climate as health care will be a major topic during the 1993 legislative session. I encourage you and your spouse to be informed and become involved as "Health Care Reform Requires Strong Medicine." We welcome you to sign up on our Auxiliary legislative phone tree and help spread the word.

Our third "Zero" K Marathon will be coming soon and we will be raising funds for AMA-ERF. Please help us meet the educational and research needs of our nation's medical schools.

Your Auxiliary is working hard doing worthwhile projects and making a positive impact on the health care of our community. None of us would argue that we are doing too much; rather, through a committed Auxiliary effort, more can always be accomplished.

Sincerely,

Karen Dimant

HOLIDAY JOINT DINNER

The annual Holiday Joint Dinner was again a great success this year. Two hundred and twenty people attended. The musical program was enjoyed by all and the food was great! An entire carload of toys and gifts was donated to the YWCA Women's Shelter and much appreciated by the staff. The raffle of the gourmet basket raised $578 for the general operating account. Thanks to all of you for your generous contributions!

President Karen Dimant and Mary Jackson draw the winning raffle tickets for the gourmet baskets at the Holiday Joint Dinner.

MARCH MEETING NOTICE

Location: home of Karen Benveniste
4622 Wayneworth W.
Tacoma
565-3211

Topic: Current Concepts in Plastic Surgery

The past few years have provided many issues in plastic surgery with immediate impact on the public. The breast implant debate and the availability of more refined cosmetic techniques are but two of the many topics which are repeatedly in the news. Are you interested in these topics and how cosmetic surgery approaches the treatment of aging? If so, you are cordially invited to attend our March 18th meeting of the Pierce County Medical Society Auxiliary. Noted Tacoma plastic surgeon **Martin Schaerferle, M.D.,** will be our featured speaker to address these topics and answer questions. Following **Dr. Schaeferle's** talk, Sharon Sundy and Sally Weber will speak. Sharon and Sally are skin care consultants at a local business called Savi. They will demonstrate some products designed to keep one from ever needing **Dr. Schaeferle's** attention. The evening will begin with a social and dessert function at 7:00 p.m. followed by an Auxiliary meeting at 7:30 p.m. **Dr. Schaeferle's** presentation will begin promptly at 8:00 p.m.

MEANINGFUL VOLUNTEER OPPORTUNITIES

Organization has begun for our Auxiliary members to volunteer at the local Community Health Care Delivery System Clininc (CHCDS). They need people to answer phones and do light paperwork. Several Auxiliary members have signed up already but more are needed. Please help make a difference and call Julie Wurst at 858-3857. Thank you.

AUXILIARY

AMA AUXILIARY BOARD PROPOSES NAME CHANGE

You're probably aware that the American Medical Association Auxiliary has seriously been considering a name change for some time. It has been suggested that the word "auxiliary" is unable to keep pace with the times; it hints at subservience and subordination. Many argue that it does not accurately describe the mission nor the composition of the organization's membership; we are no longer exclusively female nor merely a serving arm of the Medical Society. Many felt that a new name must be considered.

At the AMAA House of Delegates meeting in June, 1992, a name change was proposed. By ballot vote of 229-88, the delegates approved the recommendation of the Board of Directors to change the name of the organization to the American Medical Association Alliance. In addition, the tagline, "Physicians' spouses dedicated to the health of America" was approved to accompany the new name. Both the name and the tagline will not be official at the national level until voted on at the House of Delegates meeting in June of 1993. At that time, each state (followed by each county) will vote on the proposed name change.

al.li.ance | a: the state of being allied: the action of allying. b: a bond or connection between families, states, parties or individuals. 2: an association to further the common interests of the members. 3: union by relationship in qualities: affinity

RECYCLE YOUR PDR

The 1993 PDR's will soon be here. Please save your 1992 (and 1991) volumes and bring them to the Medical Society office or call 265-2516 for pickup. The old PDR's will be donated to local schools so that the school nurses will have readily available an up-to-date reference on children's medications. Thank you!

YWCA THANKS AUXILIARY

November 23, 1992

Dear Karen,

On behalf of the board and staff of the Tacoma/Pierce County YWCA I'd like to thank the Pierce County Medical Auxiliary for the long-time support of the YW and its programs. Your continued donations for the Women's Support Shelter are truly appreciated. And once again, this year a lot of women and children will have a much nicer Christmas with the gifts that are brought to the combined PCMS and PCMSA Holiday Dinner. Thank you for your generosity and sharing.

Also, I am very pleased with the financial aid from the Auxiliary to get the ENCORE program off and running. Without your help the start date would be much further into the 1993 year. Please convey my gratitude to your Board for dipping into the emergency funds to bring that about. I'm sure that Patty and Ginnie will keep you posted about that program.

Thanks again to all auxilians for supporting the YMCA.

Sincerely yours,
Lavonne Stewart-Campbell
President of the Board

SUPPORTING OUR NATION'S MEDICAL SCHOOLS

Our Auxiliary helps support the mission of AMA-ERF, the American Medical Association Education and Research Foundation, to further the excellence of research and education in our nation's medical schools.

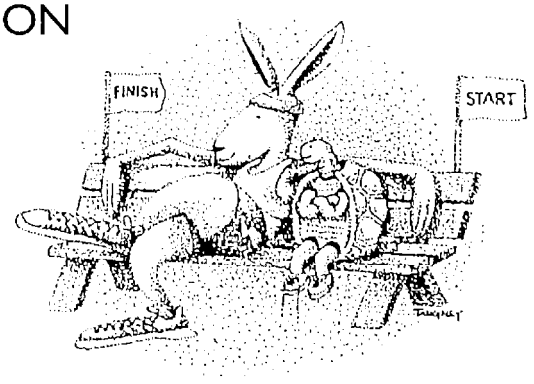
Last year, physicians and their wives nationwide contributed over $2 million to the foundation.

These donations are used by medical schools to support programs and activities, pay for up-to-date equipment and reference materials, fund student research projects & internships, and provide scholarships and loans to students who need them.

With spiraling costs and shrinking sources for funds, the nation's medical schools increasingly depend on private sources to help meet the educational needs of the country's future physicians. AMA-ERF is such a source.

Working together with Auxiliaries throughout the US, we can make a difference in the quality and scope of our nation's medical school programs.

COMING SOON... OUR THIRD "ZERO" K MARATHON



Proceeds to benefit AMA-ERF. Watch your mail for further information

Feature

THE MEDICAL STAFF: PHYSICIAN ORGANIZATION IN TRANSITION

by William A. Gruber, MD

Physicians traditionally have influenced local delivery of health care primarily through an organized medical staff and its interaction with a hospital. In the past, the professional concerns of the medical staff were only indirectly linked to the economics of running the hospital. In the present environment where that is starting to change, the traditional staff organization has become progressively more dysfunctional in translating physicians' concerns into effective action. In future scenarios where physicians and hospitals are economically linked, the traditional model may not work at all. It is useful, therefore, to look at how the current model works in order to better understand why it is not working well and as a starting point for considering alternative models. The evidence suggests that if there is no reform of the model, in a rapidly changing environment the most likely outcome will be progressive organizational ineffectiveness.

The Traditional Model

The primary responsibility of the medical staff organization is to assure the quality of professional care delivered in the hospital and to review professional competence, both through credentialling and continuing medical education. The structure is departmental, traditionally organized according to specialty. Participation is voluntary, with part-time, limited terms for officers. The process is democratic. Any active staff member may serve as an officer. Departmental chairmanships are rotated. The membership is open, usually to any reasonably qualified practitioner. The orientation is towards inpatient care. With the exception of the Emergency Department and outpatient Diagnostic Services, outpatient care has been outside the jurisdiction of staff review. The structure is regulated. JCAHO stipulates the existence of officers, committee function, departmental structure, audit function and quality assurance. Finally, the traditional model has no economic purpose.

Current Inefficiencies

Analysis of today's health care system suggests that this typical medical staff structure is poorly suited to the changing needs of the medical staff and the hospital. Each of the above characteristics of the community hospital medical staff structure has been undermined by present circumstances.

Departmental Structure

Medicine has become fragmented by subspecialization. Departments either become so large that they become unwieldy or more subspecialties seek independent department status, rendering the executive committee unwieldy. The needs of procedurally-oriented subspecialists may differ from those of the cognitively-oriented members of the same department.

The opposite of departmental fragmentation is lumping together contributions from several different departments either to provide services or to receive reimbursement. The delivery of cancer care is the most frequently cited example of the former. A federal pilot project, lump sum reimbursement for coronary artery bypass, is an example of the later. This trend is likely to spread. As it does so, departmental authority and departmental quality assurance will be undermined.

Credentialling to do new procedures may be claimed by several different departments, making departmental audit and quality control difficult. Appointed audit committees and task forces now commonly assume the policy-making prerogative of a department as a whole. The pyramidal structure of upward reporting departments and downward flowing decisions from the executive committee is frequently more apparent than real.

Problems with Voluntary Structuring

Committee chairmen and officers volunteer at the expense of practice time. The proliferation of committees and the increasing complexity of responsibilities is becoming burdensome. In the past, this was minimized by limited terms and rotation of the offices. Issues were simpler and more familiar. One individual could pick up where another left off. In a static environment this served well.

In a rapidly changing environment of increasing legal and financial complexity, limited terms discard the hard-won experience of several years. The successor must start afresh. Without rotation, an unfair burden is borne by those few willing to serve multiple terms. The result is the emergence of salaried, full-time medical officers, medical directors of vice-presidents of medical affairs. In view of the complexity of issues, few alternatives to this pattern exist.

Problems With Democratic Participation

A basic tenet of the structure of the community hospital medical staff is democratic participation, the cherished ideal of the town meeting where every person has a say. Unfortunately, current trends threaten this ideal.

Bigness undermines democratic participation in medical staff meetings. Town meetings work, city meetings don't. As small community hospitals give way to aggregated institutions, it becomes impossible for everyone to have their say.

Democratic decision-making works best where there is an open forum for discussion. The quarterly staff meeting and executive committee meeting agendas are frequently filled with required items that leave little time for in-depth or thoughtful discussion.

Thoughtful discussion requires familiarity with the issues. When professional topics are discussed, there is an inbred familiarity with the issues based on collegial experience. Subspecialization is fragmenting collegial experience, and the increasing complexity of the legal, financial and regulatory issues makes it difficult to stay informed.

(continued on next page)

MEDICAL STAFF *(cont.)*

As larger staffs and complex issues increase the inclination to just stick with clinical medicine, proportionately fewer people become actively involved in the process.

Without participation, consensus building and a sense of working together becomes more difficult. Unfortunately, non-participation, plus full-time, salaried officers, tends to promote an autocratic form of governance. A medical staff, therefore, in the current climate must seriously consider whether it wishes to take the time to remain informed and to participate in decision-making, delegate it to paid officers or abdicate it to professional administrators.

The significance of this decision is profoundly involved in economic decisions allocating hospital resources. In an era of expanding care, all active staff had equal access to the resources of the hospital. However, resources are now contracting; beds, operating time, capital budgets will be allocated more stringently. Cost controls will become more intrusive. To the extent that limited resources are contested, there will be a clash between democratic and autocratic decision-making. New models of governance will have to take this dilemma into account.

Problems With An Open Staff

Traditionally, the hospital was a resource facility to which physicians brought patients. The idea of closing a medical staff has many problems. As a prerequisite for one's livelihood, the action has restraint of trade considerations. Replacing retiring practitioners, expanding staff in areas of new technology, the infusion of new ideas and new competition and cross-coverage between hospitals all become difficult. A closed staff invites retaliation.

However, economic considerations are eroding the open staff. The proliferation of stringent cost controls, the possibility of procedure-specific reimbursement, and the threat of a single payment to both physicians and hospitals undermine the concept of an open staff. Those providers who can provide care economically will be crucial and survival may depend on excluding those who cannot.

Problems With In-Patient Emphasis

As technology accelerated over the last fifty years, progressively more patients were hospitalized for care; a process of centralization carried to the point where even routine testing was on an in-patient basis. The medical staff structure grew up parallel to this to deal with it. Reimbursement changes are now producing decentralization: more and more care is being provided on an outpatient basis. There is still the responsibility of insuring professional care by the hospital, but now it is frequently not care provided in the hospital.

Acute in-patient care is being minimized, and more care is provided by transitional care units, skilled nursing homes or visiting home health care. At one time these services were seen as ancillary to the main arena of inpatient care. In the near future, they may be the predominant form of health care delivery for the community hospital. The medical staff organization was never set up to deal with this and in its present form is incapable of doing so. The problem will be significantly worsened if lump-sum reimbursements are extended to out-patient care.

Problems With Regulation

Since outside agencies (e.g., JCAHO and Pro W) define how to establish quality care and how corrective action is to be carried out, and because credentialling as a means of assuring competence is regulated by legal restraints, it can be argued that the basic responsibilities of the medical staff are beyond its control and can no longer be regulated by democratic decision. Any reform of the medical staff organization may jeopardize accreditation and must take these constraints into account.

Problems With A Non-Economic Structure

The above analysis deals with dysfunction in the staff organization as it is currently defined by its bylaws. The economic issues deal with problems that are not even in the bylaws. The first set of problems might be rectified by streamlining the existing structure. The economic problems, however, suggest that a fundamentally different structure is required.

The traditional medical staff organization simply does not deal with reimbursement to physicians. Attempts to force the model into economic domains, such as incorporating the staff as is, are severely handicapped. The current structure does not allow major assets, capitalization or borrowing authority. Federal tax codes require it to be non-profit. Anti-trust laws preclude member competitors from setting prices or negotiating contracts. It legally is *not an autonomous unit; it exists and* functions through the delegated authority of the hospital board. It is dependent upon the hospital for its marketing, management expertise, and support staff. It is incapable of being extended to multiple hospitals, and its vision is limited. All of the elements of an economic organization are missing from the traditional medical staff structure.

Future Concerns

The most critical organizational issue confronting physicians today is that the major economic climate within which the medical staff structure evolved, fee-for-service reimbursement, is disappearing. Within that climate, physicians established their professional culture, the unwritten rules by which they interacted and exerted influence on local health care. Most analysts feel that traditional, indemnity fee-for-service, as we have known it, will be gone within five years. To the extent that fee-for-service is replaced by some form of group reimbursement or global fee, a profound cultural shift will begin.

We would enter a period of rapid and discontinuous change. It is discontinuous because an entire way of interacting may be replaced. In a cost plus or fee-for-service culture, each service by the physician is a source of revenue. Reimbursement is independent of what other physicians do. In a DRG, capitated or global fee culture, each service by the physicians is an expense. Reimbursement is highly dependent on what other physicians do. If there is no mechanism within our organizations to deal with this, physicians will be economically adrift.

There are many alternatives to fee-for-service plans. It is not clear which of the many HMO, PPO, point-of-service or capitated plans may prevail in the Puget Sound basin. It is clear that within these plans, influence shifts into the hands of economic managers. Closed panels and exclusive contracts appear. The criteria for selection slowly shifts from competition and availability to economic criteria of efficient care and cost control.

The response to these plans may include aggregation of community hospitals into

(continued on next page)

MEDICAL STAFF *(cont.)*

multi-hospital networks, economic credentialling, bid-for-service reimbursement, which excludes a segment of practitioners from participation, global fees to be divided between physicians and hospitals, and the closure of some hospitals. The traditional medical staff organization evolved upon the basic premise that reimbursement was separate from the relationship of the physician to the hospital. The above changes postulate an entirely different premise; that the physicians and hospital are interdependent, both form reimbursement and survival.

As the basic culture shifts, there is a fearsome potential for discord, between physicians and hospitals, primary gatekeepers and subspecialists, "cognitive" physicians and "proceduralists." The structure of the medical staff organization has never before been called upon to bear such divisive forces and may not be able to do so. If such changes occur, the traditional structure may well be rendered obsolete.

If physicians are to retain influence on local delivery of health care, thoughtful debate must begin. Either the existing staff can be streamlined, in which case changing the aforementioned inefficiencies is vital, or the existing structure can be left in place and a separate parallel organization created to meet economic necessities.

The larger forces that are changing health care are beyond physicians' immediate control, and this has caused a sense of loss and anxiety. But it may also be that some loss of influence is due to the fact that our own institutions no longer serve us well. The staff structure still performs the traditional tasks of quality assurance and credentialling well. It is dysfunctional in attempting tasks for which it was never designed and adapting to changes for which it is not prepared. But if the commitment can be marshalled, at least this institution is within our power to change.

Dr. Gruber's article originally appeared in the *King County Medical Society Bulletin*

AMA URGES DOCTORS TO COUNTER ELDER ABUSE

"Physicians must learn to identify and treat abused or neglected older patients," says the AMA in issuing its first guidelines on the subject.

The AMA estimates two million elderly people are mistreated every year in the US.

Many symptoms a patient presents may point to abuse.

The guidelines are:

* When examining an elderly patient, routinely ask questions directly related to abuse or neglect.
* If answers confirm abuse, follow up to learn how and when it occurs and who is responsible.
* Examine the patient thoroughly and document findings, including patient's statements, behavior and appearance.
* Be aware that abuse may be physical, psychological, financial or material, or any combination of these.
* When assessing for mistreatment, consider the patient's safety, emotional health and functional status, social and financial resource, and the frequency, severity and intent of the abuse.
* Be aware that in institutions, elder abuse may be perpetrated by a staff member, another patient, an intruder or a visitor.
* Note that many states require physicians to report suspected elder abuse and neglect to a designated state agency. Failure to do so can make doctors liable.
* Keep thorough, well-documented medical records and photographs. These provide concrete evidence and may be crucial in any legal case.
* Your duty to report suspected abuse supersedes doctor-patient confidentiality issues, most experts say.

DELEGATES BACK CURBS ON SELF-REFERRALS

AMA's House of Delegates affirmed the policy of the Council on Ethical and Judicial Affairs greatly limiting the practice of physician self-referral. The Dec. 8 action during the Interim Meeting united the organization in opposition to physician ownership of health facilities to which they refer patients, except in cases when a demonstrated patient need requires the practice.

The Council on Ethical and Judicial Affairs, which serves as the Association's Supreme Court, established the policy in December 1991. However, the House of Delegates questioned that opinion in June of this year, stating its view that disclosure of ownership was an adequate patient safeguard. The Board of Trustees had issued a unanimous report supporting the council in the week before the Interim Meeting.

Said AMA Trustee Nancy W. Dickey: "The council's December 1991 report concluded that at the heart of this issue is its conviction that physicians are not simply business people with high standards. Physicians are engaged in a special calling of healing and, in that calling, must be advocates of their patients."

The council's opinion allows self-referral "if there is a demonstrated need in the community for the facility and alternative financing is not available," or when the facility is a direct extension of the physician's practice. The council's guidelines under which such investment is ethical include full disclosure and safeguards against exploitation.

Feature

ON BEING A DOCTOR

The Laying On of Hands

by Richard B. Weinberg, MD

I had been dreading the call all day. I was in the library when my pager sounded and as I walked to the wall phone, I had an ominous premonition. It was my brother. "They found abnormal lymph tissue on the chest x-ray," he said. "What does that mean?" Struck with an upwelling of nausea, I sagged against the wall. Healthy, active, he had gone for the x-ray at my urging after complaining of fevers and strange chest pains for over a month. "Well, it could be lots of different things...," I began, reassuring him; but I knew. Like my grandparents and sister before him, my brother had lymphoma.

There was much to do. I made phone calls, contacted friends, arranged for a referral to a specialist in his city. I flew down to be with him before his diagnostic thoracotomy. It was lymphoma. A particularly aggressive variety. Together we called home to deliver the bleak news, and the next day I picked up my bewildered and frightened parents at the airport and drove them to the hospital. Together we sat as the oncologist explained the treatment options. When I was not at my brother's bedside, I spent my time in the medical library reviewing the literature and on the phone seeking opinions from prominent experts. In the end, my brother chose a new, but promising, chemotherapy protocol at a nearby university hospital and, after the first uneventful cycle, I returned home to work. But every week we would talk on the telephone about his progress, the side effects, his law school classes, life. He achieved a remission that lasted for the summer, and happiness returned to his voice. We made plans for a trip. But then the fevers returned, and he began an inexorable decline, sickened even more by repeated cycles of "salvage therapy." His phone calls came more often and more urgent, and it became progressively harder for me to encourage him and give him hope.

That was when the pain began. I first noticed it as an empty, hollow sensation in my chest at the end of the day. I dealt with it by ignoring it. But as the days passed, the pain became more insistent. It was gnawing and pressing, like a balloon expanding inside my chest. Heartburn, I told myself, and stopped off at the GI clinic to grab some H2 blockers; but they provided no relief. Stress, I told myself; but neither exercise, nor alcohol, nor attempts to relax made any difference. The pain became constant and kept me awake at night. There had to be an explanation.

I finally accepted the limits of self-diagnosis. I needed a doctor.

Was it angina? A cardiology fellow sneaked me into the heart station one evening, and after hours of EKGs, treadmills, and echos pronounced my heart remarkably normal. The pain grew more intense. Maybe atypical pleurisy? I got a chest x-ray in the emergency room and brought it to Radiology. "Lung fields are normal...no effusions...mediastinum's a bit generous, but its probably a normal variant," the radiologist on call rattled off before he turned back to his board. The mediastinum is generous?! No! It couldn't be lymphoma! That night I palpated the lymph nodes in my neck, axilla, and groin. They did feel a bit prominent. Soon they became tender, and as the days passed I was certain that they were growing larger. Meanwhile the pain became unbearable. I became obsessed with finding a diagnosis. I prepared a blood smear on myself, and peering down the microscope I saw my death: smudge cells! Leukemia! I grew faint. What will I do? I can't die now! How will I tell my parents? As I panicked, my eye latched onto the tube of blood. A grey top. Fluoride. Metabolic poison. Kills the white cells. Pseudo-smudge cells!

In the cold sweat of temporary redemption, I finally accepted the limits of self-diagnosis. I needed a doctor. But who? I knew as well as any informed layperson the names of the experts at our university hospital. But credentials could be deceptive. I had seen them at the bedside, listened to them at conferences, read their clinic notes, and weighed their advice on the wards. So who was the best doctor for my problem? The society cardiologist who couldn't read a cardiogram? The hotshot oncologist whose housestaff nickname was "mad dog?" The famous pulmonologist who was never in town? If I made the wrong choice, I knew that my symptoms would be zealously pursued with painful tests which, if they didn't disclose a diagnosis, would leave me more miserable than ever. Who? Then suddenly it was clear. Of course! Dr. Davidson!

Dr. Davidson was not a rising star in the Department of Medicine. "I admit he's a very good teacher," the Chief of Medicine was often heard to say, "but he just isn't publishing." "Of course he isn't," one wanted to scream back, "He's out there on the wards every day, like you should be!" And Dr. Davidson certainly tried to be "academic." He was always talking excitedly about his review on gonococcal infections in the inner city. "It's just about finished," he'd cheerfully tell us on rounds, "and it's certainly going to raise some eyebrows." But it never seemed to appear in print. The housestaff didn't care; we loved him.

He was an internist, and at the bedside he shined. It was Dr. Davidson who discovered that an elderly lady admitted three times in one month with near fatal status asthmaticus had recently purchased a new parakeet - and was deathly allergic to it. It was Dr. Davidson who saved a man with tearing chest pain from emergency angiography by pointing out that he had ruptured his pectoralis from an over-enthusiastic weight-lifting session. When

(continued on next page)

Feature

ON BEING A DOCTOR *(continued)*

The Laying On of Hands

the Dean came down with a serious viral pneumonia, it was Dr. Davidson who sat outside his door and fended off the well-meaning department chiefs who descended in multitudes to give conflicting orders to the housestaff. "The Dean just needs to be left alone, and he will get better," he insisted. And he did. And mysteriously, whenever it all became overwhelming and you started to think about quitting medicine, it was Dr. Davidson's arm that came down over your shoulder. "Hey. Let's go down to the doctor's dining room for a cup of coffee," he'd say. You went, and he'd listen, and then it didn't seem so bad.

Surely, I thought, if something's wrong, Dr. Davidson will know. I found him on the wards, told him that I hadn't been feeling well, and asked if he would look me over. He suggested that we go to his office. It was disorienting to be sitting on the other side of the examining table, but Dr. Davidson quickly put me at ease, and soon I was pouring out my whole sorry tale of my chest pain and my brother's illness. It took quite a while. During his physical examination he poured over every inch of my body, felt for lymph nodes, and listened intently to my heart. When he finished, he looked at my chest x-ray and scribbled a note in my chart. I dressed and, with my heart pounding, turned to face him.

"Do we need any tests?"

"No, I'd say you've done a pretty good job of that," he said with a smile.

"Then you know what's wrong?"

"Yes, I think I do."

"Is it lymphoma?" I choked out, fearing the worst.

"No, your lymph nodes feel normal to me and given the way you've been poking at them, it's no wonder they're a bit tender."

"My heart..."

"Your heart is fine."

"Ulcer...?"

"No."

"Are you telling me that I'm imagining all of this?"

"No, the pain is real."

"Then what's wrong with me? What's causing the pain?" I demanded.

"You have heartache."

"Heartache?" The word struck me like a slap to the face.

We have learned of the pain that disease brings to mankind and know that often we are powerless to stop it.

"Yes. Your brother is seriously ill. You are his best friend, and you've served as his personal physician as well. You've helped guide him to the best treatment, comforted him during the tough times, and given him the strength to go on. You've had to be strong for him and for your family. Now things don't look so good, you know the prognosis of his condition, and you fear what is to come. But no one really understands how much it all hurts you. You love your brother very much, and so you feel his pain in your heart."

Tears streamed down my cheeks. I could not speak.

"It's okay to have Heartache," Dr. Davidson continued. "It's the price you pay for loving someone. And not many of us do as good a job of it as you're doing now, you know." The famous arm came gently down across my shoulder. "Now you keep right on being a good brother and a good doctor," he said, offering me a handkerchief. He sat with me, and after some time I composed myself.

"Thank you," was all I could say.

"You're certainly welcome. We'll talk about things again soon, right? Now, how about a cup of coffee in the doctor's dining room?"

My chest pain eased throughout the afternoon and by evening was gone. Like in the tale of Rumpelstiltskin, once Dr. Davidson had called the name of the demon, its power was vanquished. And although afterwards the heartache returned now and then, I no longer feared it. My brother died three months later after a valiant struggle, and I gave the eulogy at his funeral. I finished my fellowship and found a faculty position in another city. I later heard that Dr. Davidson -- his magnum opus never completed -- was denied tenure and had left the university for another job. I also heard that he was still teaching housestaff and was happy.

In The Oath we swear "...to consider dear to me as my parents, him who taught me this art..." -- and to assist our fellow physicians with every kindness should misfortune befall them. And so it should be. For we carry a special burden: We have learned of the pain that disease brings to mankind and know that often we are powerless to stop it. And when the thin veneer we erect to protect ourselves from this knowledge is shattered, demons that lurk in our minds are unleashed to terrify our souls. In such times we cannot heal ourselves. Rather, in such times, as the Good Doctor Davidson knew, we must heal one another.

This article by Richard B. Weinberg, MD, of the Bowman Gray School of Medicine in Winston-Salem, NC, was published in the July issue of the *Annals of Internal Medicine.*

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MANAGED COMPETITION CONCEPT ENDORSED

The concepts of managed competition and a national advisory board as mechanisms for health system reform were endorsed by the House of Delegates at the Interim Meeting. At the same time, the delegates strengthened the AMA;s Health Access American plan and suggested a national health board to develop and implement policy.

That board would form "a public/private partnership with the AMA to formulate policy and implement activities in areas of health policy, such as technology use and dispersion, benefit packages, parameters/ quality assurance and other areas except for global budgets, expenditure targets or payment determination." AMA delegates also expressed support for regulations or legislation requiring employers to offer a "benefit payment schedule plan" in addition to other options. Such plans reimburse enrollees a fixed amount for each covered service.

Reprinted from AMA *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:

Why can two individuals with much the same experience and background have such a varied degree of success as practice administrators?

Jim

A Dear Jim:

I have observed three traits that are common to many of what I believe have been successful administrators.

Plain old common sense is a major factor. At certain levels of responsibility, it is assumed that a person has the core knowledge and necessary technical skills for their position. It is the practical application of that knowledge and appropriate use of those skills in the day to day work environment that sets one administrator apart from the other. They are good problem solvers. Common sense also relates to recognizing cause and effect. Administrative decisions and actions do not occur in a vacuum.

Communication is another area that makes a substantial difference. An administrator who has an excellent command of what is necessary and has the technical ability to carry it out themselves, but cannot communicate this to others, will find their success to be limited. A primary responsibility of management is the direction and motivation of others. An administrator is ultimately responsible for ensuring that the team knows what the goals are, accepts these goals and takes the appropriate steps to reach them. The most successful administrators communicate on a variety of levels.

If an administrator does not treat others with honesty and respect, it is doubtful that they will gain the respect of others. The most successful administrators I have seen recognize that every person working in an office is a professional and deserves to be treated that way. It becomes much easier for coworkers and subordinates to accept the reasons for and the results of the unpopular decisions an administrator must often make if there is a history of honesty and respect. Even during difficult times, a team that respects each member can accomplish much. There is nothing like a successful team to help an administrator be viewed as a success.

Steve

LEGAL ADVICE OFFERED TO MEDICAL STAFFS

The first edition of Medical Staff Legal Advisor has been published by the AMA Office of General Counsel. The monthly legal information service is being provided to representatives to the Hospital Medical Staff Section. Its emphasis is on practical, understandable advice about the legal issues that affect physicians.

"Hospital lawyers dominate the field today," said AMA General Counsel Kirk B. Johnson, "and there is a growing market of physicians who need to hear the physician's perspective on the complicated issues involving credentialling, contracting, managed care, vertical integration and other matters that affect medical practice in the hospital."

Information about the publication is available from Carolyn Hagopian (312)464-5601.

Reprinted from AMA's *This Week.*

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ewsletter

March, 1993

A Publication of the Pierce County Medical Society

WORKING THE SYSTEM

Members with Gov. Lowry in Olympia

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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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Members meet with lawmakers in Olympia

Family practictioner Richard Hawkins, MD, and WSMA President Anna Chavelle, MD, meet with Washington's Speaker of the House of Representatives, Brian Ebersole during WSMA's Legislative Summit Jan. 26.

Jon Ruckle, MD, and Richard Hawkins, MD, review health care reform concepts with Sen. Lorraine Wojahn of the 27th District.

PCMS President-elect Peter Marsh, MD, chats with Sen. Shirley Winsley during the WSMA legislative reception Tuesday night at the Westwater Inn

cover: PCMS members stand with Governor Lowry at the WSMA Legislative Summit. From the left they are: Eileen Toth, MD, Jon Ruckle, MD, Richard Hawkins, MD, Gov. Lowry, Dave Hopkins, MD, Mimi Pattison, MD, Leonard Alenick, MD, Nichole Crowley, Peter Marsh, MD, Helen Whitney, Steven Brack, MD, Kris White, Becky Sullivan, MD, Neal Shonnard, MD, Mary Lou Jones, Karen Dimant.

Legislative Summit provides members access to top state leaders

Pierce County legislators had the opportunity to meet with many of their physician constituents on January 26. Nearly 20 PCMS members and Auxilians attended the WSMA Legislative Summit held at the Westwater Inn in Olympia. They had the opportunity to hear the Chair of the Senate Health Care Committee, Senator Phil Talmadge, and Chair of the House Health Care Committee, Rep. Dennis Dellwo.

Senator Talmadge stated that it was good to see WSMA at the bargaining table and participating, particularly with its Personal Health Care proposal. He also said, "It is critical that we pass health care legislation this year. If not, more draconian measures will prevail in the coming years." Representative Dellwo cautioned that we need to evolve from the current system and believes that the "completed piece will be more constructive."

Dr. Anna Chavelle, President, WSMA, outlined the specifics of the WSMA Personal Health Care Plan (PHP) proposal that has been introduced into the legislative process (if you would like a copy, please call the PCMS office). She noted that WSMA is committed to linking universal access with cost controls. Cost controls by themselves will not work without universal access. The Personal Health Care Plan asks that a level playing field for a managed competition environment be created and that references to mandates, both to benefits and providers, be removed. The proposal also opposes any global budget. The PHP asks that the Health Care Commissioner set either the premium or the benefit package, free, but not both. The bill offers a new approach in that it sets a premium and allows flexibility on the benefit package side of the equation. It allows a focused discussion on how much you are willing to pay for health care and avoids the current practice of shifting the burden of rationing from the funding source to the delivery source.

> *"We must have the incentive of cost controls "* Gov. Lowry

The PHP also asks for tort law reform to reduce the costs of defensive medicine currently driving the overall expense of the system. It is acknowledged that everyone has to "give something" to obtain reform.

Governor Mike Lowry addressed the luncheon gathering and stated several times, "You (WSMA) have shown that you want to be a part of the answer and your participation is critical to success." He also said, "I will make sure that you are very involved in the process as we move along." He commended WSMA and its membership for its "commitment to total access." He concluded his remarks with, "We must have the incentive of cost controls -- everybody participate in paying to their ability, and importantly, a co-payment. We also need mechanisms to control defensive medicine costs. Insurance reform can do much to reduce costs."

During the afternoon, all the physicians and Auxiliary members spread out on the Capitol campus to visit their individual representatives. **Dr. Steven Brack,** orthopaedist, and **Dr. Becky Sullivan**, family physician, in the 25th District (Puyallup) visited with Senate majority leader Mark Gaspard and discussed tax proposals being suggested. They also met with Representatives Randy Tate and Sara Casada.

Dr. Mimi Pattison, nephrologist, met with Senator Bob Oke of the 26th District. **Dr. Richard Hawkins** and **Dr. Jon Ruckle,** family physician and internist, met with their representatives Senator Lorraine Wojahn and Rep. Art Wong. Several issues were discussed, but they emphasized the importance and success of the First Steps and Second Steps programs and improving access to OB care and pediatric Medicaid patients. Recognizing the deficit, they urged that these two programs be protected, if possible.

Drs. Leonard Alenick, Maria Mack, Peter Marsh, and Auxilians **Mary Lou Jones and Helen Whitney** met with freshman Representative Gigi Talcott of the 28th District and had a very good discussion on health care reform and medicine's desire to have universal access linked to cost containment.

Dr. Richard Hawkins, Vice Speaker of WSMA, and WSMA

(continued next page)

Summit *(continued)*

President **Anna Chavelle, MD,** met with Speaker of the House Brian Ebersole.

Another Past President of the Medical Society, **Dr. Dave Hopkins,** Federal Way family physician, met with Senator Peter von Reichbaur and Representative Tracy Eide of the 30th District to discuss the health care reform measures before the Legislature. Dr. Hopkins is also Congressional Liaison with Representative Norm Dicks.

WSMA hosted a reception in the evening, inviting all members of the Legislature and state government leaders to meet with all the attendees of the legislative summit. There was an excellent turnout and it provided a great opportunity for the physicians to meet informally with their representatives.

See adjacent article for the impressions physicians received after their first visit to the Halls of the Legislature. ##

Personal Problems of Physicians Committee

For Impaired Physicians
Your colleagues want to help.
Medical Problems, Drugs,
Alcohol, Retirement,
Emotional Problems

Committee Members

John R. McDonough,
Chair 572-2424
J.D. Fitz 552-1590
Ronald C. Johnson 841-4241
Dennis F. Waldron 272-5127
Mrs. Jo Roller 566-5915
WSMA: 1-800-552-7236

Political rookies turn pro in one day

Among the 20 or more Society members who spent Tuesday, Jan. 26, in Olympia during WSMA's Legislative Day were five political novices. Headed by President-elect **Peter Marsh, MD,** the list of wary first-time lobbyists included **Steven Brack, DO, Marilyn Pattison, MD, Jon Ruckle, MD,** and past Auxiliary president **Helen Whitney.**

Prior to participating, they weren't sure what they had gotten themselves into.

Doctor Marsh said, "I think Olympia and the Legislature is intimidating if you're not in the political process." He had never been in the process before nor gone to the Capitol to talk to legislators.

Steven Brack had never played politics there either and said, "I wasn't sure what to expect."

Marilyn Pattison: "It was my first trip to Olympia since I have been in Washington."

Jon Ruckle had only written one letter and made one phone call to a politician prior to this trip. "I am not a political activist," he admitted.

So, did dirty, crusty, mean politicians chew up and spit out these Alice in Wonderlands? How did the day go for them? What do they think about the political process now?

Peter Marsh said he learned a lot about the political process and health care reform from the speakers WSMA provided in the morning. The other four agreed.

In the afternoon, he met with his district's legislators, Sen. Shirley Winsley and Rep. Gigi Talcott.

Sen. Winsley said she largely favors the WSMA health care reform plan, PHP.

He said Rep. Talcot, a freshman legislator, told him she appreciated learning about medicine from the physicians she met. "She invited us to call anytime, and I would be comfortable doing that now. I think I will. I suggest anyone call. Legislators welcome our calls."

Steven Brack received a mixed reaction from his legislators. He said one was not prepared to talk about health care and was not particularly interested in it. Rep. Randy Tate, on the other hand, was the opposite. He favors less government intrusion in health care and more private-sector involvement in reform.

As a result of the day, he said, "I think I'd like to be more involved in the decision-making process. I'm becoming more actively involved because I don't like the way the system works now. The last thing I want is another health care entitlement."

He will be following health care reform activities in the newspaper. "I plan to respond with letters and talk to legislators and

(continued next page)

Rookies *(continued)*

call on the hotline when things arise. I recommend other physicians get involved, too. It is in their best interest. Once health care reform legislation is enacted, it will be very difficult to change. So don't wait!"

Marilyn Pattison's memorable experience etched permanently in her mind how badly legislators need physician input. While talking to her legislator, veteran Rep. Wes Pruitt, he told her he thought primary care was health care for children in primary grades.

"We assume they all know what we're dealing with and they don't," she said. "This experience has taken away a lot of my intimidation of getting on the phone and calling them. With the budget problems, it is difficult to determine which subject is going to be a priority. I would encourage physicians to call their legislators or go down to see them. Do it now. They need to hear from us now."

Jon Ruckle talked with two of his three legislators, Rep. Art Wong and Sen. Lorraine Wojahn. He said, "It was fun. I'm impressed that there is a high level of motivation to enact health care reform legislation." He found consensus on the need for tort and insurance reform, universal access and cost containment.

He said, "I think my time was well spent. People are more apt to consider your input if you know them. I plan to follow up on my contacts now to get more mileage out of them."

Because legislators must react to so many constituencies, he also suggests other physicians call or write their legislators. "If physicians have a chance to meet or write their legislators, they should do it. It will make an impact," he said.

Helen Whitney also met with Rep. Gigi Talcott. "She's willing to listen," was her impression.

While sitting in on **Rep. Stan Flemming's** Health Care Committee meeting, Mrs. Whitney heard and watched speakers from the trial lawyers association and planned parenthood influence legislators. She said, "We, too, can influence legislation if we get to know our legislators and tell them our opinions. We are needed." ##

Dr. Alenick appointed to WSMA Task Force On Health Care Marketplace Response

The WSMA Executive Committee has asked **Dr. Leonard Alenick**, Lakewood ophthalmologist, and AMA Alternate Trustee, to sit on a task force with a charge to "explore how WSMA and the Washington State Hospital Association can create state-wide certifiable, and potentially risk-sharing, health care delivery systems".

Several states are exploring or actively researching establishing state-wide HMOs, IPAs, and/or PPOs to assist their members. The task force has been charged to:

1. Investigate and evaluate possible response options that may exist in this state at this time.

2. Prepare a formal recommendation to the Board for action at its May meeting as to whether the WSMA should pursue such option(s) and, if so, which options so that the Board may prepare a recommendation to the 1993 House of Delegates. ##

Members hear how to retire without sacrificing lifestyle

Retired member Robert Burt, MD (l) and his wife Lorna (r) talk with Max Brachvogel, MD and his wife Judy before dinner at Fircrest Golf Club.

One of the largest number of members and spouses/guests in recent history turned out for the February General Membership Meeting Tuesday, Feb. 9., at the Fircrest Golf Club.

After a fun and gregarious social half-hour, members enjoyed a delicious green salad and halibut and sauce dinner.

After dinner, the din of table conversations was difficult to quiet when President **Jim Fulcher, MD,** stood to introduce Program Committee Chairman **Dick Baerg, MD.**

He introduced two financial experts who spoke about retirement planning and investments: James Huffine of Benefits Administration Company and Rod Hagenbuch of Merrill Lynch.

General surgeon Jacob Kornberg, MD, is greeted by family physician Walt Arthur, MD, (r).

Mr. Huffine told the members there are three types of savings plans to use to prepare for retirement: qualified plans, non-qualified plans and no plan. He said the first type offers a number of advantages, but are expensive to set up and administer. Qualified defined benefit plans, for example, are best for small offices of three-to-four people and for those middle-age and older. They allow principles to sock away almost 100% of their salary, allow contribution tax deductions the year they are made and currently allow retirement withdrawals of $90,000 per year. However, they require attorneys and an actuary to set up, require paying government insurance, and they will be audited. The government loves to collect interest and penalties on plans not properly administered, he said, "They were set up for doctors," he concluded.

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Michael Regalado, MD, and his wife Dinnie, socialize with Drs. Bill Roes and Mark Jergens.

February General Membership Meeting focuses on retirement planning

Drs. Bruce Hilton and Mohammad Saeed break from a discussion during the social hour.

Drs. Vita Pliskow, Aksel Nordestgaard, Jacqueline Jorgensen and new member Laurel Harris caught up with each other as members mingled before dinner.

William Dean, MD, and David Lee, MD, talked shop before eating dinner.

Mr Huffine went on to describe the pros and cons of qualified defined-contribution plans, including profit sharing, Keogh, 401K, SEP, and SRSEP plans. With the exception of the last two, they also are expensive, he said.

Less expensive are non-qualified plans, such as insurance annuities (which defer taxes on earnings but not contributions), he said, and, of course, no plan.

Mr. Hagenbuch congratulated

Mr. Huffine for the best explanation of retirement plans he had heard in 20 years.

Hagenbuch's message was that achieving a financially-secure retirement requires planning. Most baby-boomers, he said, will not make it because they are not saving enough.

He said people usually live 23 years between retirement and death. They must plan for the cost of living to triple in that time, he said.

To achieve financial security, investors should expect short term interest rates to net them about 3.5% per year, long term bonds to pay 7%, and equities to pay about 10%, on average.

He counseled that most people invest too conservatively and too little.

He said retired people's greatest fear is running out of money. As a rule of thumb, he said, retired people require 60%-65% of their working wages to make it in retirement. ##

David Munoz, MD, and Joseph Regimbal, MD, brought office staff members to the membership meeting to learn about retirement plans.

Meet your Board members

Richard Baerg, MD

"Have you ever had one of those days when everything goes right?" asked a smiling **Richard Baerg, MD**, as he described one of his recent stellar days.

He's had many.

"Things often fall in place for me," he reflected.

Take his shiny new practice, for example, in its sparkling new building with its computerized new everything. A year and one-half ago, he didn't know if he could find a wall on which to hang his shingle. Now he's in heaven.

"We're going flat out and I don't know why," he said. It just happened.

Last March, he decided, would be his last with his former partners, fellow gastroenterologists. After nearly 20 years in a medical group, he gave up the practice he'd helped build from two to five physicians to pursue a mid-career change.

"Being solo fits my personality best - I like the independence," he discovered after all those years. His partners supported him in his decision.

But when he looked for space for his solo practice-to-be, there was little to be found. Baker Center, Jackson Hall and all the buildings he preferred were full.

"I was kind of stuck," he said.

Then it happened.

He found a new building going up at 6th and K Street, the Tacoma Medical Center. He leased some space and hired an architect to design an office.

Next, he learned that Tacoma Ambulatory Surgery Center (TASC) would be moving into the first floor. He approached them about operating an endoscopy lab.

Now, they share the most modern endoscopy facility in town and have to run to keep up with its demand.

It just happened. He just fell into it. Say it how you will, he's living happily ever after.

"We have the best equipment you can get," he said, "but I have never worked so hard in my life." His workdays are 14-15 hours long.

"A mid-career change was the smartest thing I've ever done," he said. "I feel rejuvenated."

With his new-found energy he has also opened a time-share office in Gig Harbor, where he works one-half day a week, and has taken on a new job with the Medical Society as vice president.

Making his mid-career change was a Baerg family affair. His wife, Judy, an RN, works part time in the office. His son, Bill, now an English graduate student, wrote the patient brochures. His daughter, Kari, used her Notre Dame MBA to write his business plan. And son, Steve, now in dental school, helped prepare the office during construction and worked as a scope technician for five months.

It wasn't the first time his family had helped him fall up hill. As an undergraduate student dating Judy, he was in the dumps. He had spent one year at the UW in engineering and disliked it. He transferred to PLU in chemistry. Then Judy talked him into applying to the UW medical school a year early, as a junior, just for the practice.

He made it.

"It was one of those days when everything just fell together," he said again.

Dr. Baerg's 20-year professional life in Tacoma has been notable and eventful. He was Allenmore's first medical department chairman. He has been president of St. Joseph Hospital's and Tacoma General Hospital's medical staffs. He co-sponsored Tacoma General's Family Practice De-

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Dr. Baerg *(continued)*

partment which freed the infant specialty from the wraps of internal medicine. He and a physician-friend sponsored new rules at Tacoma General and St. Joseph which set the stage for Tacoma to become rich in board certified medical specialists. And, among many medical education accomplishments, he sponsored the first Category I CME course in Tacoma.

Notable as it is, his career came close to not happening as it did.

After medical school, he went to Columbia University for his residency and fellowship and was bitten by the academic bug. He taught medicine at Brooke Medical Center and the University of Texas while fulfilling a two year military obligation. Then he taught medical school for two years at Harvard. His path up the ranks of academia was greased except for one thing.

"I missed the clinical contact," he said.

So he quit to return to Tacoma.

"They couldn't believe it when I left," **Dr. Baerg** said. "They told me, 'No one ever leaves Harvard unless they are asked to leave or they die.'"

Harvard and Columbia both tempted him with offers, but he stood fast. The rest we know.

After a hectic 1992 when he built his new practice, built a new home and married off his daughter, he looks forward to 1993.

"It will be a slam dunk year by comparison," he said.

Kind of like falling into it? ##

Society welcomes Dr. Cruz-Uribe, new Health Department director, with reception

On Thursday, Jan. 28, the Pierce County Medical Society hosted a reception at Mary Bridge Children's Health Center to welcome Federico Cruz-Uribe, MD, MPH, to Tacoma.

Many physicians and community members attended. Good finger food eased the long wait in line to meet the new Tacoma/Pierce County Health Department director.

Dr. Cruz-Uribe obviously hit it off well with PCMS President Jim Fulcher, MD. Dave Hambry, Good Samaritan Hospital CEO, looks on.

Our guest of honor told physicians he wants to build a strong working relationship with the medical community.

The new director listened to the comments of David Estroff, MD.

John Coombs, MD, appointed to Clinton team

John Coombs, MD

The former vice president of medical affairs at MultiCare, **John Coombs, MD,** has taken the fast track upwards. After beginning a new job in January as associate dean at the University of Washington School of Medicine, **Dr. Coombs** was appointed to President Clinton's health care reform committee in mid-February. The team is headed by Clinton's wife, Hillary.

"I'm excited about this," **Dr. Coombs** said. "This is being put together very rapidly. On March 11, I will present a paper in Little Rock on the impact of health care reform on rural communities' medical practices."

Specifically, he will work on a three-person panel of rural health care experts with Kevin Fichenscher, MD, associate dean at Michigan State's medical school, and Paul Ellwood, MD, the person who founded the HMO concept.

Each of the three men will interpret the impact on rural medicine of the president's current health care reform package and then, if they believe the impact is undesirable, suggest changes in the package. The meeting format allows time for two panelists to react to each of the other two papers before an audience of 80 other rural medicine experts attending the meeting. Finally, all 80 people will ask questions of the three panelists.

Twenty of the 80 experts have been assigned to panels. On the third and final day of the meeting, the panelists will bring their ideas together for publication and forwarding to Hillary Clinton's interdisciplinary group in Washington DC.

The President's goal is to prepare a final health care reform proposal by the end of his first 100 days in office, **Dr. Coombs** said.

He said, "This is an interesting task. I've been thinking about health care reform in rural America for several years. This has been sort of my hobby."

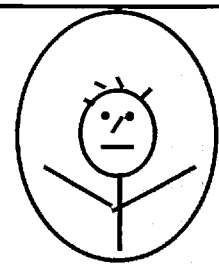
For the past eight years, he has been writing and speaking nationally on the topic. He has served on several national councils on rural health and has been on the board of directors of the Rural Health Association. In his new UW position, **Dr. Coombs** is the director of WAMI, Washington, Alaska, Montana and Idaho. He directs the School of Medicine's 55 rural health programs in those four states. The Tacoma Family Medicine residency is one of those programs.

Now that he has the opportunity to affect the president's national policy, he said, "It's an awesome task. I see it as an opportunity to represent folks I've been close to for a number of years. It is very relevant to rural health care delivery for the future."

Doctor Coombs said rural medicine is more than just a few farmers. He said 25% of the nation's people live in rural areas, including 33% of the country's elderly.

He expects the rural medicine task force to meet again after its March meeting, but he has no specifics yet. Right now, he is buried in his first assignment: writing his paper.

"My wastebasket is overflowing," he said. ##



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.

Managed Medicaid Committee meets with state official

The PCMS Managed Medicaid Committee met with the manager of the DSHS managed Medicaid implementation effort Feb. 17 and learned Pierce County is targeted to implement a managed Medicaid plan by January, 1994.

MaryAnne Lindeblad, manager of the Primary Care Options Program for the DSHS Medical Assistance Administration, said that Spokane and Kitsap Counties' managed Medicaid plans already are successfully underway. The Department has scheduled approximate implementation dates in 15 other counties, with Pierce County being targeted for January.

She explained that while plans in each county differ, DSHS usually contracts with one or more organizations to take responsibility for providing medical care to county residents enrolled in Medicaid's Aid to Dependent Children (AFDC) program. The state pays that organization a fixed amount per enrollee, and the organization then provides each enrollee a primary care physician and other medical services. The organization(s), such as Medical Services Corporation of Eastern Washington and Group Health in the Spokane plan, then provide direct service or subcontract to providers. Each organization is free to reimburse its providers as local conditions dictate.

In Pierce County, Lindeblad said, the Pierce County Medical Bureau (PCMB) and Group Health have already indicated an interest in administering managed Medicaid.

Les Reid, MD, medical director for PCMB and committee member, said, "We are very interested. We'd like to proceed to do this. We are proceeding down the steps and I think January, 1994, is a reasonable date."

When the plan begins, Lindeblad indicated, providers and enrollees alike will benefit. She said that in Spokane, emergency room visits declined 33% and that primary caregiver-visits increased after the plan was implemented. In the Kitsap plan, primary care givers have received 70%-80% of their usual fees, exceeding the original guarantee of 105% of their previous DSHS payments. The majority of patients in the Spokane and Kitsap plans like being assigned to their own doctors.

Committee members raised questions about the use of specialty medical services, including emergency room physicians. Chairman **Bill Roes, MD,** said he would invite principals from either the Spokane or Kitsap plans to the next meeting, set for March 17, to discuss those issues.

##

How do you measure a physician's performance?

Joe Nichols, MD, CAREs how fellow physicians are thought of in Washington. He believes they're often not evaluated fairly.

Many organizations evaluate physicians regularly, he said. Insurance companies, hospitals, the state, corporations and other users and purchasers of physicians' services collect data about the way physicians perform their jobs. Then they use that data to make decisions that can make or break those physicians.

Nothing wrong with that, some say. It's a consumer's right. King County Medical Blue Shield did it recently before introducing its new "Point of Service" (POS) plan. As a result, more than half of King-Pierce-Snohomish county physicians were denied POS practicing rights, according to February's WSMA REPORTS.

But **Dr. Nichols** thinks many evaluations being conducted today are faulty - flawed. Flawed evaluations lead to flawed decisions about where to purchase health care, he said.

The Washington State Medical Association agrees. So WSMA developed CARE (the Clinical Assessment and Research Evaluation project) to give physicians a voice in how health care delivery is measured. **Joe Nichols, MD,** is chairman of its steering committee.

The goal is to define what types of data objectively measure health care delivery.

"We want to develop a common language about measuring health care delivery that crosses boundaries of hospitals, physicians, patients, government, insurance companies, etc." he said. "Then if it makes sense to everyone, we can sit down and use the information.

"We don't think simply measuring cost is a good way to measure health care value," **Dr. Nichols** said. Too often, he said, cost is the only criteria organizations use to evaluate the health care physicians provide. He called it "disinformation."

The message WSMA has carried to insurance companies and others for years is that quality of care must be part of any formula used to evaluate physicians, the Tacoma orthopaedic surgeon said. His CARE committee defines the value of health care delivery as its quality divided by its cost.

To answer the difficult question "How do you measure value?" the CARE project has formed four task forces: back pain, hypertension, obstetrics and generic medicine. Led by a prominent physician, each task force has begun a year-long process that will develop the critical elements or indicators on which data should be collected to measure value. Two other task forces are also being formed.

Once they develop their data sets, task forces will send them to state physicians for evaluation. CARE wants to reach a consensus on them.

Finally, **Dr. Nichols** said, physicians, through WSMA, will have some say in how they are being evaluated. He expects, or hopes, hospitals, insurance companies - all the organizations currently measuring physicians - will utilize the WSMA-developed criteria once they are familiar with them.

"We want to be part of the process of deciding how to measure health care delivery, not just victims of the process," **Dr. Nichols** said.

To accomplish the imposing task, WSMA's Education and Research Foundation has funded a full-time staff person. In addition, CARE has contracted with former WSMA president George Schneider, MD, to be the project's part-time medical director. Even with the staff help, however, **Dr. Nichols** expects he and other volunteers on the CARE steering committee will spend many nights meeting in Seattle.

He thinks the long hours away from home and his practice will be worth the sacrifice if he can help health care purchasers to utilize value-based purchasing criteria when evaluating physicians. Those criteria should consider the variability, effectiveness and qualtity of a practice, not just its cost. ##

How to communicate with your legislators

You read in January's Newsletter that 81% of you think it is very important for the Society to represent itself before legislative bodies. Members chose political action two-to-one over any other role for the Society in our November opinion survey.

So, how can you become politically active?

The American Medical Association (AMA) has published a guide called "Legislative Involvement - Techniques of Political Communication." It answers that question.

The short answer is "...establish continuous, effective communications with your legislators." That's best done through building personal relationships. There is nothing magic about it.

The following is a summary of the AMA nine-page guide. You can receive a complete copy by calling PCMS.

First, don't be put off by political affiliations. Your legislator represents everyone in his or her district.

Then take every opportunity to meet your legislators and do so before you need to discuss a problem or issue with him or her. They want to meet constituents, so go to meetings, invite them to speak, or go to lunch with them, preferably when they are in the district.

If you write them, use your stationery or letterhead and address them correctly (the guide lists titles, salutations and some addresses). Make your letter brief and concise.

When you meet with a legislator about an issue, prepare well, be factual, and be positive and constructive. Exchange thoughts. Don't lecture. Then follow up with a thank you note that summarizes key points of the discussion.

If writing a letter about a specific issue (use telegrams, mailgrams or fax when timing is critical), refer to bill numbers and names. Explain how the issue affects you. Propose constructive alternatives, if appropriate. Tell the legislator politely and firmly what you want, but be reasonable. Ask your legislators for their positions. Time your letters to arrive when the bill in question is in committee.

Most of these writing guidelines also apply to telephone conversations.

Remember, you may be asked to work with an aide. That's not uncommon. Develop relationships with the aides.

Then follow up. Keep up with legislators' votes and positions. Let them know when you approve of their work. If you disagree, let them know, too.

Once you know a legislator, invite him/her to social occasions or to speak to groups. Invite them to lunch. Attend political functions and get involved with their election campaigns.

"When the lawmakers or their staff members begin to ask advice from you on legislative matters, a productive relationship has been established." ##

April meeting to feature Rep. Stan Flemming, DO

The Society's April 13 General Membership Meeting will provide members an opportunity to learn the details of health care reform efforts in Washington's Legislature from our own member of the House of Representatives, **Stan Flemming, DO.**

Doctor Flemming represents the 28th District - University Place and Lakewood - and serves on the House Health Care Committee which has heard debate on a number of health care reform proposals.

Doctor Flemming has regularly encouraged members to get involved with the health care reform movement in Olympia. April's General Membership Meeting will provide you a chance to find out what you can do to help yourself and influence the outcome of the legislative process. Spouses are invited.

The meeting will be held at Fircrest Golf Club. The social hour begins at 6:15 and dinner at 6:45. ##

City Club to examine Oregon health plan

At its March 3 dinner program, City Club will feature John W. Bussman, MD, medical director of the Oregon Medical Assistance Program. He will speak about his state's treatment priority rating plan that has drawn national attention.

For reservatons, call 272-9561.

New PCMS members

Boulange, Chris, MD
primary care
practices with Gig Harbor Urgent Care Center, 4700 Point Fosdick Dr. NW, Gig Harbor 98335, 851-8182
medical school: Univ. of Washington
internship: Queens Medical Center, Honolulu

Brennan, Michal, DO
family medicine
practices with Tacoma Family Medicine Satellite Residency Program, 16515 Meridian St. E., Puyallup, 845-8511
medical school: Univ. of Osteopathic Medicine and Health Sciences, Des Moines, Iowa
internship: Madigan
residency: Madigan
fellowship: Univ. of Washington (family medicine)

Clark-Neitzel, Charlotte, MD
family practice
practices with CHCDS, 9112 Lakewood Dr. SW, Tacoma 98499, 593-4023
medical school: Univ. of California, San Diego
internship: Merrithew Memorial Hospital, Martinez, Calif.
residency: Swedish Hospital

Coffing, Cyndra, MD
pediatrics and adolescent medicine
practices solo at 3716 Pacific Ave., Suite E., Tacoma 98408, 475-5880
medical school: Univ. of Washington
internship: Children's Hospital & Medical Center, Seattle
residency: same

Darr, Marilyn, MD, PharmD
family practice
practices with Tacoma Family Medicine Satellite Residency Program, 16515 Meridian St. E., Puyallup, 845-8511
medical school: Univ. of Missouri - Kansas City
internship: Oregon Health Sciences Univ.
residency: same
fellowship: Oregon Health Sciences Univ. and Univ. of Washington (family medicine)

Jin, Jonathan, MD
internal medicine
practices solo at 1131 Bridgeport Way SW, #204, Tacoma 98499, 584-5788
medical school: Pusan National University College of Medicine, Korea
internship: Wyckoff Height Medical Center, Brooklyn, NY
residency: same

Knudson, Richard, MD
neonatology
practices with Neonatal Associates, 315 So. K, Tacoma 98405, 595-1019
medical school: Oregon Health Sciences Univ.
internship: Tripler Army Medical Center
residency: same
fellowship: same (neonatology)

Merced, Jorge, MD
anesthesiology
practices solo at 6824 19th St. W, #169, Tacoma, 98466
medical school: University of Santo Tomas School of Medicine, Philippines
internship: Armed Forces of the Philippines Medi cal Center
residency: Conemaugh Valley Memorial Hospital, Johnstown, Pa.

New PCMS members

Morgan, James, MD
family practice
practices solo at 3611 So. D St., Tacoma 98408, 474-9038
medical school: Univ. of California, Davis
internship: Deaconess Hospital, Spokane

Wessbecher, Francis, MD
radiology
practices with Tacoma Radiology, 3402 So. 18th St., Tacoma, 98405, 383-3731
medical school: Johns Hopkins Univ.
internship: Overlook Hospital, Summit, N.J.
residency: Yale New Haven Hospital
fellowship: Univ. of Washington (neuroradiology)

Willham, Bruce, MD
neonatology
practices with Neonatal Associates, 315 So. K St., Tacoma 98405, 552-1019
medical school: Indiana Univ.
internship: Madigan
residency: Madigan
fellowship: Madigan/Univ. of Washington (neonatology)

New PCMS applicants

Froelich, Theresa, DO
ob/gyn
practices at Western Clinic, 1708 S. Yakima, Tacoma, 98405, 593-8437
medical school: College of Osteopathic Medi cine of the Pacific
internship: Temple Univ. Rolling Hill Hospital
residency: same

Harvey, Richard, MD
emergency medicine
practices at St. Joseph Hospital, 1718 So. I St., Tacoma 98405, 591-6660
medical school: Univ. of Southern California
internship: Santa Clara Valley Medical Center
graduate training: LSU Medical Center (tropical medicine)

Meas, Hay San, MD
ob/gyn
practices solo at 11311 Bridgeport Way SW, Tacoma, 98499, 581-6688
medical school: Faculty of Medicine, Phnom-Penh, Cambodia
internship: Necker Hospital, Paris, France
residency: Prince George's Hospital, Cheverly, Md.

Schwartz, Lawrence, MD
infectious disease
practices with Infections Limited, 1624 So. I St., Suite 402, Tacoma 98405, 627-4123
medical school: Medical College of Ohio
internship: Baystate Medical Center, Springfield, Ma.
residency: same
fellowship: same (infectious disease)

The changing prognosis of hemophilia

by Thomas Baker, MD

March is National Hemophilia Month, and I would like to take this opportunity to briefly review the disorder and some encouraging developments in its treatment.

Hemophilia is an X chromosome-linked recessive bleeding disorder characterized by Factor VIII deficiency. Therapy for this disease entered the modern era in 1964 with the discovery of cryoprecipitate and Factor VIII concentrates. With home therapy, the morbidity and morality from bleeding into joints and muscles declined. However, the transmission of viruses such as Hepatitis B, Hepatitis C, and Human Immune Deficiency virus, that contaminated pooled plasma products has led to substantial morbidity and is now a leading cause of morality in hemophiliac patients.

In the last few years, there has been improvement in Factor VIII concentrates. Recent products have undergone either solvent/detergent (S/D) inactivation, dry heat inactivation, affinity chromatography with monoclonal antibody purification, or aqueous solution heat inactivation (pasteurization (P)) which has eliminated viral transmission. Recombinant Factor VIII, available in December, 1992, will reduce other complications associated with Factor VIII treatment such as immune system suppression due to transfusion of alloantigens, hemolysis due to transfusion of small amounts of A and B isohemagglutinins, and allergic reactions. The usual treatment of significant bleeding in a hemophiliac patient is 15-20 U/Kg IV repeated every 12 hours.

The prognosis of patients with hemophilia has truly changed from the morbidity of frequent joint and muscle bleeds, to the complications of viral transmission, to the future where only the cost and effort of treatment would limit a normal life for these patients. These changes give us good cause for hope and to recognize National Hemophiliac Month. ##

PCMB CEO Don Sacco meets with Trustees

Don Sacco, President/CEO of Pierce County Medical, met with the PCMS Board of Trustees to discuss issues of mutual interest at the Feb. 2 Board meeting. He addressed four issues: 1) health care reform, 2) Medicaid risk contract, 3) RBRVS, and 4) managed care.

Mr. Sacco felt certain that Washington State would see health care reform measures being adopted by the Legislature this session. Governor Lowry and legislators appear to be endorsing much of the Health Care Commission's recommendations, he said.

He noted that Pierce County Medical has been pleased with the Basic Health Plan and are looking forward to a spirit of support and cooperation with Pierce County physicians on a Medicaid risk contract that a PCMS Managed Medicaid Committee is currently reviewing with PCMB.

On April 1, PCMB will inaugurate a reimbursement fee schedule based on the RBRVS. Mr. Sacco said, "Probably no one will be happy with the outcome." He said it has to be budget neutral, thus, probably no single conversion factor will be utilized.

Point of service contracts for managed care will probably be ready by October. A lot of discussion generated around this topic. Considering what is taking place in King County where 40% of physicians were dropped as providers by King County Medical Blue Shield, Mr. Sacco said that PCMB has been developing a profile system and physicians have had the data to review and see how they compare with their colleagues. He said it would be transitional, but that not every physician would be included. He noted that many employers feel that if you have more that 60% of physicians participating, then the carrier is not doing a good job.

Sacco was asked if King County Medical Blue Shield and Pierce County Medical Bureau have discussed a possible merger. He noted that such discussions had taken place four years ago and had been renewed just recently. #

Members issue challenges: run for it

An element of competition has developed between physicians' offices.

It started last year when 11 members of **Dr. John McKelvey's** cardiology office formed a team called The Heart Throbs and ran with **Dr. Ken Graham's** "Graham's Crackers" team in the City of Destiny Classic, the 24-hour run in Stadium Bowl that last year raised $173,000 for the American Cancer Society. The Classic began nine years ago when **Dr. Gordon Klatt** trekked 81 miles around UPS's track.

Last year's competition was low key to non-existent. **Doctor Graham** ran some laps with **Dr. McKelvey**. Their office staffs did the same, as did their spouses, kids, etc. Together they ran about 200 miles and raised about $2,500 for cancer research.

"We had a great time and great participation," said **Dr. Graham.** "It's a real event. We all enjoyed the people and the camaraderie."

Doctor McKelvey agreed it was fun, but added, "You have to be a little daffy to do it."

Nevertheless, he's going to do it again. In fact, he raised the stakes a bit when he challenged **Dr. Koontz** and his Pulmonary Consultants Northwest office to get off their duffs and run for it, too. He proposed the loser buy pizza.

Doctor Koontz replied, "We accept the challenge and will put them to shame. **Doctor Art Knodel** in our office is an excellent runner and we're sure he will easily outdistance any other runner on their team."

Not to be outdone, **Dr. Graham** has expanded the challenge. "We're always competitive. I challenge all the other groups in town to get out there."

> *"We're taking on all comers."*
> Ken Graham, MD

The City of Destiny Classic is scheduled May 14 and 15. To enter your team, call Stephanie Christensen at the American Cancer Society, 272-5767. ##

Dr. Toth to chair "Women of Distinction" awards

Past President **Eileen Toth, MD,** will host a business luncheon recognizing Pierce County women of distinction on Wed., March 31, at the Sheraton Tacoma ballroom.

The award luncheon is sponsored by the Pacific Peaks Girl Scout Council. **Doctor Toth** is a Girl Scout leader.

Last year, she was on the receiving end of the award, having been recognized as a Pierce County Woman of Distinction at the same luncheon. ##

Placement Service offers advantages

Finding good office help is hard.

The PCMS Placement Service has placed many qualified personnel in local medical offices recently: medical assistants, LPN's, RN's, receptionists, transcriptionists and office managers. Their new employers run the gamut of the medical care spectrum:

Dixi Gerkman Placement Director

family practitioners, internists, pediatricians, surgeons and other specialists in both group and solo practices.

You save time using the Society's Placement Service because we do the initial screening for you. We accept only experienced or trained medical office personnel. Often, well qualified, currently-employed people will tell us they are looking for a new position, but they won't answer a newspaper ad. We check applicants' references and test them on medical terminology and office procedures. Then, we send you only qualified applicants to interview, and we send them only after discussing their qualifications with you.

Your PCMS Placement Service also offers you a guarantee. If we place an employee, for whom you pay the full fee, and the employee resigns for any reason during the first 60 days, the Society will refund your fee or replace the employee at no additional cost.

So if you have an office position open, check with the Placement Service. We currently have many qualified people searching for work. Among them are:

an experienced, certified medical assistant
a transcriptionist
several receptionists
LPN's
RN's
insurance billers
bookkeepers
office managers
several recently-graduated assistants, LPN's and RN's

Need temporary staff help at times? The Placement Service has temporary, experienced staff available on short notice.

Finally, the Placement Service can help you with problems or questions about personnel matters such as evaluations, discipline, hiring, firing and policy manuals. We will be happy to answer your questions at no charge.

Please call Dixi Gerkman at 572-3709. ##

PCMS represented on WSMA Nominating Committee

Elected to the 1993 WSMA Nominating Committee from the 6th Congressional District was **Dr. Eileen Toth**. Elected from the 9th Congressional District was **Dr. Dick Hoffmeister,** Orthopaedic Surgeon.

Doctors Toth and Hoffmeister are very active with WSMA committees. Dr. Hoffmeister chairs the Legislative Committee that meets on a weekly basis and every other Saturday during the legislative session. **Doctor Toth** is chairing a committee to make a recommendation to the 1993 House of Delegates about how county and state specialty societies and the WSMA can most cost effectively represent the MD's and DO's in this state.

EXCLAIM offers new service

A Bellevue-based electronic network called EXCLAIM will soon connect members of the health care community for the exchange of business information such as claims and clinical information. Physicians, dentists, carriers, hospitals, labs, and medical suppliers will be able to use their existing office computers to send and receive electronic messages via phone line.

The company estimates that electronic communications will reduce the cost of claims processing alone by as much as 75%, dramatically improving practice profits. ##

NEWS BRIEFS

Drs. Fulcher and Marsh attend AMA National Leadership Conference

Nearly 1,200 physicians and staff, including PCMS President **Jim Fulcher, MD,** and President-elect **Peter Marsh, MD,** attended the AMA's National Leadership Conference in Atlanta, Georgia, February 12-14. They heard several nationally-prominent speakers offer their views of health care reform and changes facing the profession in the coming months and years.

Marshal Loeb, Managing Editor, Fortune Magazine, was the keynoter. He gave a broad-ranging speech about the condition of our country, saying he believed that Canada, Australia, and the United States have the best opportunities to succeed.

Senator Jay Rockefeller emphasized that the White House Task Force under the leadership of Hillary Rodham-Clinton is for Executive branch information only. It does not include Congressional representation. Rockefeller said health care reform has to be done this year, otherwise the insurance companies and others will nibble away at it and nothing will be accomplished. He said, Clinton has to do it in his first year.

Rockefeller predicted, "The next ten years in health care will be a war and that the rocket has been launched." The problems of the health care system were the reasons for Bill Clinton being elected President, he said.

Rockefeller commented that health care reform is not an attack on physicians. He asked those attending for AMA to move up to the front lines against cost. To the general public, the number one reason for the cost is greed. He asked physicians, "not to be bound by our theologies, such as opposition to a global budget." He said it is simply a concept, a target to spend less and a mechanism to contain costs. He predicted malpractice reform and quoted Hillary Rodham-Clinton as saying malpractice reform is going to happen.

One of the best attended break-out sessions during the three-day meeting was on physician/hospital relationships. The AMA's Hospital Medical Staff Section has been a strong advocate for medical staffs having their own attorneys, not counsel selected by the hospital. They stressed the importance that medical staffs be familiar and knowledgeable of the bylaws and stated unilateral amendments should be unacceptable to the medical staff.

Audio tapes of the following sessions are available by calling the Medical Society at 572-3667. Tapes are:

1. *Exploring the Relationship Between Hospitals and Physicians*
2. *The Global Economy - Marshal Loeb*
3. *Senator John D. Rockefeller on Health Care*
4. *Domestic Violence in Your Community*
5. *Medical Societies Response to Federal Regulations*
6. *Strategies to Negotiate with Managed Costs/Care Programs*
7. *Managed Costs/Care: Pros and Cons* ##

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Successful Palliative Care to feature Josefina Magno, MD

Josefina B. Magno, MD, will be a keynote speaker for the CME program on successful palliative care for physicians April 23. Dr. Magno is the founder and is on the Board of Directors of the Academy of Hospice Physicians.

Directed by **Stuart Farber, MD,** and highly endorsed by leadership of the Medical Society, the one-day conference will deal with the complex issues of caring for terminally-ill patients and their families.

Office Gynecology CME set May 7

Office Gynecology, a course designed to update the primary care and OB/GYN practitioner with the latest information regarding the evaluation and management of some of today's most important issues in women's health care, is scheduled for May 7.

A program brochure will be mailed soon.

Internal Medicine Review - 1993 - complimentary registration open

The Tacoma Academy of Internal Medicine's annual two-day CME program is open for registration and is complimentary to all physicians. The program offers a variety of timely internal medicine subject areas. The review was organized this year by Sidney Whaley, MD.

The program offers 12 Category I CME credits and is available to both members of the Tacoma Academy and all other area physicians. The program will be presented in Jackson Hall with the traditional dinner scheduled for TAIM members for Friday, March 12, at the Tacoma Golf and Country Club.

Those who have yet to register or who would like additional information regarding this very popular program may call the College of Medical Education for a program brochure at 627-7137.

This year's program includes the following presentations:

- inflammatory bowl disease and Crohn's disease
- outpatient management of COPD and chronic bronchitis
- low back pain
- arrhthymias
- silent ischemia
- innovative anti-fungal therapy
- osteoporosis and hormonal replacement
- life-threatening dermatoses
- chemotherapy of breast cancer
- diabetic hypertension
- practical rheumatology
- optimizing management of common infections
- collagen vascular disease
- current concepts in the management of hypertension

DATES	PROGRAM	DIRECTOR
1993		
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	Successful Palliative Care	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

CME at Mt. Bachelor termed "huge success"

Don Shrewsbury, MD, reaches for his cross country skiis following a hearty meal at the C.O.M.E. "back country ski picnic."

CME at Mt. Bachelor, the College of Medical Educations's third resort program, was termed a huge success by conference participants. The program brought together a number of Pierce County and other physicians to Central Oregon for family vacations and quality CME. A number of other physicians outside Pierce County 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 snow, great dinners and relaxation.

The College is looking into offering an annual ski CME program depending on physician interest.

Dr. Richard Bowe, Dr. and Mrs. Rosholm, Dr. Ed Lewis and Dr. and Mrs. Torgerson enjoy the apres-ski function and honor Marianne Lewis, (third from right) winner of the women's division of the first annual PCMS Slalom.

John Lenihan, MD, celebrates sunny central Oregon skys. Three Sisters Mountains are in the background.

John Jigonti, MD, is congratulated as winner of the PCMS Slalom by fellow skier Stuart Freed, MD.

Physicians and families gather under the tent out on Mt. Bachelor's Nordic trails for the College's ski tour lunch

AUXILIARY

March meeting notice

Date: March 18

Time: 7 p.m.

Location: home of Karen Benveniste
4622 Wayneworth W.
Tacoma, WA 98466
565-3211

Topic: Current Concepts in Plastic Surgery

The past few years have provided many issues in plastic surgery with immediate impact on the public. The breast implant debate and the availability of more refined cosmetic techniques are but two of the many topics which are repeatedly in the news. Are you interested in these topics and how cosmetic surgery approaches the treatment of aging? If so, you are cordially invited to attend our March 18 meeting of the Pierce County Medical Society Auxiliary. Noted Tacoma plastic surgeon Martin Schaeferle, MD, will be our featured speaker to address these topics and answer questions.

Following Dr. Schaeferle's talk, Sharon Sundy and Sally Weber will speak. The women are skin care consultants at a local business called Savi. They will demonstrate some products designed to keep one from ever needing Dr. Schaeferle's attention.

The evening will begin with a social and dessert function at 7 p.m. followed by an Auxiliary meeting at 7:30. Dr. Schaeferle's presentation will begin promptly at 8 p.m.

Directions to the home of Karen Benveniste:

From: Puyallup, Federal Way, Tacoma alternate - take I-5 to the 56th St. W. exit. Drive west on 56th for approximately five miles. 56th becomes Cirque Dr. when you cross Orchard St. Follow general directions below.

From: Lakewood, Univ. Place, Tacoma - Take your favorite route to Bridgeport. Turn west onto Cirque Drive. Follow general directions below.

From: Gig Harbor - Cross the Narrows Bridge. Take the Jackson St. exit. Turn right. Follow Jackson/Bridgeport to Cirque Dr. Turn right. Follow general directions below.

General Directions: Continue on Cirque Dr. until it deadends at Grandview. Turn right. Take the left onto 48th, which curves and becomes Wayneworth. Karen's home is on the left. House number is on the light post.

Reservations or cancellations: Kathleen Forte - 759-6381

Philanthropic Fund applications available

If your service and health-related Pierce County organization would like to be considered by the PCMS Auxiliary as a recipient for philanthropic funding, you may now obtain an application by writing Lynn Peixotto, 13316 Muir Dr., NW, Gig Harbor, WA 98332. Proof of 501C3 IRS rating is required. All applications must be requested directly from Lynn. Application deadline is June 15, 1993.

Graduating seniors

The 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 supply this information to Eve Carleton, 972 Altadena Dr., Tacoma, 98466 by April 15: student's name, school, home address, parent name(s), degree or diploma received and future plans.

Check for $12,740 is awarded to CHCDS by PCMSA. From left, Denise Manos, PCMSA President Elect; Lynn Peixotto, PCMSA Finance/Philanthropy Chairman; Florence Reeves, CHCDS Executive Director; Claire Abrams, CHCDS Board Vice President; Karen Dimant, PCMSA President; and Patty Kesling, PCMSA Fund Raising Chairman

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: 206-462-4215. Or write: 800 Bellevue Way NE Ste 400, Bellevue WA 98004.

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.

American Lake Veterans Affairs Medical Center has a vacancy for a non-invasive cardiologist (BE/BC). This is a full-time position in Medical Service with responsibilities as Director of a five (5) bed ICU. Other responsibilities include primary care, interpretation of EKG, ECHO, HOLTER MONITOR, EXERCISE TOLERANCE TESTS. Applicants must be BLS/ACLS certified. Contact Dr. J.H. Saiers, Chief, Medical Service, American Lake VAMC, Tacoma, WA 98493. American Lake is an EOE

EQUIPMENT

13.5 liter Collins Respirometer (Spirometer, water sealed) plus accessories. Excellent condition. $750. Call 206-581-5999.

REAL ESTATE

Uniquely attractive 1 Bdrm + 6 bed loft, 1-1/2 Bath cabin with high bank frontage on Cowlitz River. Excellent view from front deck and just 25 minutes from White Pass. $95,000. Four-U Realty, 206-494-4848.

Extremely unique, self-sufficient cabin on very secluded 7.46 Acres. Huge sleeping loft, fabulous view of Cowlitz River, mountains and elk-filled meadows. Much more! $128,000. Four-U Realty. 206-494-4848

Dash Point Waterfront Home! One block from the Lobster Shop with 70' of NO BANK frontage. Wonderful 1150 s.f. home plus guest cottage. $245,000. Cash/conventional. Gary Allyn Real Estate. 272-2222.

CLIA billing errors

HCFA has indicated that there are two potential errors in the CLIA compliance bills that are currently being distributed to physician offices. First, if a lab wishes to be accredited for CLIA purposes by a private accrediting oganization such as COLA, CAP, or JCAHO, it should attach a note to the payment form to that effect. No payment for federal inspection would be required. The lab would pay the private accrediting organization when the inspection was performed. HCFA will issue a refund to physician offices that have paid for an inspection fee but intend to rely on a private accrediting body.

Secondly, labs that perform up to a total of 2,000 tests per year, regardless of the number of laboratory specialties, are not expected to pay a compliance fee of more than $300. Some compliance bills for labs of that size inaccurately state a fee of $1,500. Those labs should ignore the higher bill and pay $300.

If there are questions concerning the CLIA User Fee Remittance Form and Payment Coupon and the process for resolving payment disputes and the issuance of refunds, contact HCFA's CLIA hotline at (410) 290-5850, Monday through Friday, 8 a.m. to 5 p.m., EST. ##

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Tacoma, WA 98402

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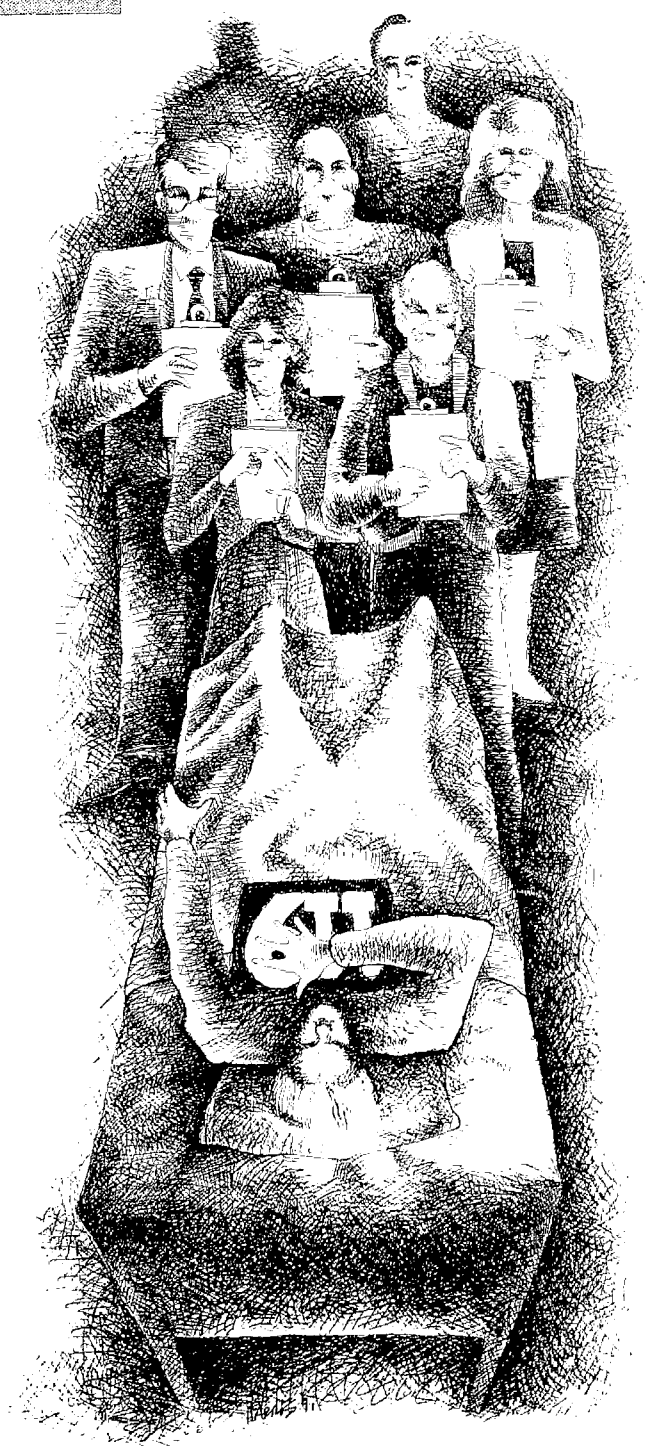
PCMS
Newsletter

April, 1993

A Publication of the Pierce County Medical Society



SUCCESSFUL PALLIATIVE CARE:
IN RESPONSE TO INITIATIVE 119

A *complimentary* CME on management of the terminal patient

Friday, April 23, 1993
Weatherly Inn

see story on page 20

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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223 Tacoma Avenue South
Tacoma, WA 98402
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PCMB meetings explain new RVRBS fees

At the first of three county-wide meetings Pierce County Medical Bureau (PCMB) held for providers, **Les Reid, MD,** the Bureau's medical director, explained the new Resource Based Relative Value Scale (RBRVS) fee schedule PCMB implemented April 1. **Dr. Reid** told a crowd of physicians and office personnel assembled in the PCMB cafeteria March 16 that the new schedule will nearly duplicate Medicare's schedule implemented just two years ago. Following that lead, King County and a number of other Blues around the country have also begun using the fee schedule.

He said that beginning April 1, PCMB provider reimbursements will be based on the 1993 Medicare Relative Value Units (RVU's) times a $47 conversion factor minus a single 13.5% discount.

The $47 conversion factor was computed mathmatically based on the principal of budget neutrality, **Dr. Reid** said. In otherwords, PCMB will pay no more in 1993 for aggregate services than it did last year. The total will remain the same, but distribution to various specialties will change because RVU's will be part of the reimbursement formula for the first time.

The previous two-tiered discount system, 10% for office evaluation and management services and 15% for all others, was scrapped in favor of the single 13.5% discount, he said.

Reimbursement will be made for all CPT codes except clinical lab and anesthesia services, **Dr. Reid** said. He also said PCMB will reimburse at the lower of billed vs. RBRVS allowance. However, physicians may now increase their billing amounts to the maximum allowed under the new RBRVS system, he said.

The Bureau will not offer providers a phased-in transition period. The new system began April 1.

Doctor Reid said that since there are approximately 600 pages of RVU's, the Bureau will also adopt Medicare policies and guidelines, too. For example, Medicare global surgery, endoscopy, dermatology, surgical tray and supplies policies will be implemented. However, PCMB will pay for EKG interpretation, while Medicare does not, and will not follow Medicare's "rookie doc" rule.

Following his explanation, **Dr. Reid** fielded questions from the audience. He said yearly inflation adjustments to reimbursements will continue to be made and that physicians may be audited, just as they may have been under the previous fee schedule.

Admitting a few bugs may need to be worked out of the new schedule, **Dr. Reid** said, "The world is full of change and we need to change with it."

cover art reproduced courtesy of the Morning News Tribune, Greg Harris, artist

NEWS BRIEFS

How to contact state, national lawmakers

President Clinton may be reached by writing to him at the White House, 1600 Pennsylvania Ave. N.W., Washington, D.C. 20500; his message phone is (202) 456-1111.

Your U.S. senators and representatives, and state senators and state representatives may be contacted at the following addresses and telephone numbers:

U.S. Senators

Sen. Slade Gorton (R), United States Senate, Washington, D.C. 20510; local phone 553-0350, Seattle.

Sen. Patty Murray (D), United States Senate, Washington, D.C. 20510; local phone 553-5545, Seattle.

U.S. Representatives

All members of the U.S. House of Representatives may be reached by writing to them in care of the House Office Building, Washington, D.C. 20515.

Rep. Norm Dicks (D-6th District); local phone 593-6536, Tacoma.

Rep. Mike Kreidler (D-9th District); local phone 840-5688, Puyallup, and 946-0553, Federal Way.

State offices

All state legislators and the governor may be reached by writing to them in care of Distribution Center, Legislative Building, Olympia 98504.

Telephone number of the governor's office is 753-6780, Olympia.

The status of legislation can be obtained by calling the Legislature's toll-free hotline, (800) 562-6000.

Legislators, by district, and their Olympia phone numbers are:

2nd District
Sen. Marilyn Rasmussen (D), 786-7602.
Rep. Tom Campbell (D), 786-7824.
Rep. Randy Dorn (D), 786-7912.

25th District
Sen. Marcus Gaspard (D), 786-7648.
Rep. Randy Tate (R), 786-7968
Rep. Sarah Casada (R) 786-7948.

26th District
Sen. Bob Oke (R) 786-7650.
Rep. Ron Meyers (D), 786-7964.
Rep. Wes Pruitt (D), 786-7802.

27th District
Sen. Lorraine Wojahn (D), 786-7652.
Rep. Ruth Fisher (D), 786-7930.
Rep. Art Wang (D), 786-7974.

28th District
Sen. Shirley Winsley (R), 786-7654.
Rep. Stan Flemming (D), 786-7930.
Rep. Gigi Talcott (R), 786-7890.

29th District
Sen. Rosa Franklin, (D) 786-7656.
Rep. Brian Ebersole (D), 786-7996.
Rep. Steve Conway (D), 786-7906.

30th District
Sen. Peter von Reichbauer (R), 786-7658.
Rep. Jean Marie Brough (R), 786-7830.
Rep. Tracey Eide (D), 786-7898.

Catch the Spirit

The Society is wondering if you would like to join a group of members for a trip on the dinner train, Spirit of Washington.

The train travels from Renton to the Chateau Ste. Michelle winery in Woodinville and back. En route, you see panoramic views from the dome cars. A gourmet dinner and award-winning wines are served. Midway through the three and one-half hour trip, you tour the beautiful winery grounds and taste its wines. The trip will cost about $60 per person, including bus ride to Renton.

If you would like to participate, please call the Society at 572-3667. No date has been chosen.

##

Personal Problems of Physicians Committee

For Impaired Physicians
Your colleagues want to help.
Medical Problems, Drugs, Alcohol, Retirement, Emotional Problems

Committee Members

John R. McDonough, Chair 572-2424
J.D. Fitz 552-1590
Ronald C. Johnson 841-4241
Dennis F. Waldron 272-5127
Mrs. Jo Roller 566-5915
WSMA: 1-800-552-7236

Helen Whitney is WSMAA president-elect

Helen Whitney will be sworn in as president-elect of the WSMA Auxiliary during the annual meeting April 18-21 in Spokane. She will serve until April of 1994 when she will become WSMAA president. She served as PCMSA president in 1977-78 and has served in many other capacities at the county level.

Mrs. Whitney has already completed five years on the WSMAA Board, four as treasurer. She has been vice president this past year.

The wife of radiologist **Robert Whitney, MD**, Helen expects to do lots of traveling in the next two years. She will be in Chicago for national Auxiliary meetings three times this year and next. And as president, she will travel the state in support of local Auxiliary units.

She said, "I am looking forward to being president with some trepidation." She confessed she is concerned about doing a good job, but said her friends promptly reassured her that she is well prepared for the responsibilities.

Congratulations, Helen. ##

Rep. Stan Flemming, DO, to speak to members

Society member and State Representative **Stan Flemming, DO**, will talk to members at the April 13 General Membership Meeting about the effects the state's health care reform plan will likely have on your practice.

Elected to represent University Place, Lakewood and Fircrest last fall, **Rep. Flemming** was a member of the House Health Care Committee during House debates on health care reform.

The Talmadge bill, considered most likely to become the state's far-reaching reform package, is supported by WSMA. It provides for universal access through Certified Health Plans (CHPs). **Rep. Flemming** will discuss whether members will have an opportunity to participate in CHPs. He will explain the roles and limitations of the Health Services Commission. Of special interest, **Rep. Flemming** will explain to members how cost control provisions of the new plan will affect physicians and who will be taxed.

The meeting will be held at the Fircrest Golf Club beginning at 6:15 p.m. Tuesday, April 13. Bring your spouse and your questions. ##

The Pierce County Medical Society

announces the

April General Membership Meeting

when: Tuesday, April 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 Bv. W.

spouses invited

YOUR FUTURE PRACTICE

featuring

Rep. Stan Flemming, DO

28th District

- *What will the Talmadge bill, sure to be Washington's health care reform package, do to you?*
- *Will you fit in with the new "Certified Health Plans?"*

(return before Friday., April 9, to PCMS, 223 Tacoma Ave. So., Tacoma, Wa. 98402)

Please reserve _____ dinner(s) at $17 per person
(tax & tip included)
Enclosed is my check for $_____

signed_____

Dr. McEniry tells travel do's and don't's

"Travel broadens the mind but loosens the bowels," joked **David McEniry, MD,** at the beginning of his talk to members and guests of the World Affairs Council of Tacoma in January.

Most people have had at least part of a trip ruined by travelers' diarrhea. It is no fun, and it strikes at the worst of times. It's maddening.

But it is also avoidable, **Dr. McEniry** told his audience. As an expert in travel-related illnesses, he heads Travelers' Health Service which counsels and treats international travelers. The service is staffed with Infections Limited physicians, nurses and laboratory personnel specially certified in microbiology and parasitology.

Doctor McEniry explained to the Council how to avoid diarrhea and other, more serious afflictions. As well-traveled people, most of **Dr. McEniry's** listeners had had their own bouts with some of the illnesses he discussed.

"Most of the world is a riskier place to be than North America," **Dr. McEniry** said. Using slides to illustrate his points, he said unsanitary conditions allow bacteria and parasites to spread from feces to food, causing travelers' diarrhea. Eighty to 90% of cases of the complicated malady is bacterial. He then reviewed safe and unsafe food and drinks and discussed treatments for the disease.

Malaria is deadly if untreated, but 100% treatable if treated early, **Dr. McEniry** said of the disease most commonly contracted in Africa. He showed slides of malaria-contaminated blood and of lists of drugs that fight it. Some malaria strains are drug resistant, however. He recommended avoidance tactics, such as insect repellant, nets and clothing, as the best defense against the mosquito-born disease.

Travelers' Health Service also vaccinates travelers, **Dr. McEniry** said. Travelers can benefit if they ensure that their shots are up to date. He reviewed the routine and non-routine vaccinations and their side-effects for Council members.

Sexually-transmitted diseases are rampant in some countries, **Dr. McEniry** warned. Even though more than 70% of prostitutes carry the AIDS virus in places, sexual-tourism is big business in Thailand and other countries, he said.

Travelers' Health Service subscribes to a number of world health publications that update **Dr. McEniry** and his staff weekly on traveling conditions. Some of the bulletins arrive on computer disks. He recommended that people contemplating foreign travel check with his service well before their departure date to make sure they don't spend their vacation in bed. ##

New PCMS applicant

Lee, William, MD

internal medicine
practices solo at 3611 So. D St., Tacoma 98405
medical school: Cebu Institute of Medicine, Philippines
internship: Bronx Lebanon Hospital
residency: same
fellowship: Univ. of California, San Francisco (clinical cardiology) ##

Dr. Klein publishes biographical novel

Robert Klein, MD, has published his life story in novel form. The book, A Doctor's Journey, The Chronos Directive, co-authored by Bill Bryant, interposes a life-cycle theory with **Dr. Klein's** story. Through a mystical voice they call Chronos, the Spirit of Time, **Dr. Klein** and Bryant suggest that life runs in seven, 12 and 30-year cycles.

The 150-page paperback takes the reader through **Dr. Klein's** European childhood, his immigration, his medical practice and his involvement with the Russian physician exchange program.

The book was published by Vantage Press. ##

1993 Directory corrections

The following changes need to be noted in your new 1993 Pierce County Physicians and Surgeons Directory . Please bring your Directory up to date with the following corrections/additions:

1. Page 33: To **Michal Brennan**'s listing, please add:

   Off: 16515 Meridian East #100A, Puyallup 98383. 840-8149.
   Physicians Only: 840-8148.

2. Page 63: Change **Anthony Haftel**'s home phone to 858-2218.

3. Page 65: Change **Melvin Henry**'s second office and home listings to:

   Off: 6401 Kimball Dr. #103, Gig Harbor 98335. 858-4316
   Res: 7620 Goodman Dr., Gig Harbor 98332. 851-5500

4. Page 97: Please add:

   Mayer, Harold, MD, (Maralyn)
   Res: 6807 77th St. W., Tacoma 98467. 582-1909

5. Page 116: Please change the spelling of **Shyamala Rao**'s last name. Rao is the correct spelling.

6. Page 119: Please add:

   Rich, Robert, MD
   Res: P.O. Box 293, Ilwaco 98624

7. Page 143: Please change **Robert Thiessen**'s physician only phone number to 552-1688.

8. Page 160: Please delete **Allen Yu**'s Puyallup office listing and the physician only phone listing.

9. Page 166: Strike out **Loren Betteridge**'s listing under General Practice and insert his name under Family Practice on page 164.

10. Page 252: Insert "Home" into the Puget Sound Health Care listing. The correct name is Puget Sound Home Health Care.

Meet your Board members

Rebecca Sullivan, MD

Doctor Rebecca Sullivan's struggle for self-determination reads like the conflict between good and evil. It is never ending.

"The issue of control is paramount to my love of medicine," said the Secretary-Treasurer of the Pierce County Medical Society. "I went into medicine because my ego found it satisfying to have people come to me with problems I could help them with."

Prophetically, however, **Dr. Sullivan's** march toward independence began with conflict. The chairman of Creighton University Medical School's acceptance committee told her he didn't approve of women in medicine. Although his comment might have fit the mores of the early 70's, her reply didn't.

"I told him I didn't approve of men in medicine, either," she said.

She prayed about her application. Maybe her prayers caused the acceptance committee to dwell on her successes - she had already aced some medical classes at Creighton en route to receiving her M.S. in cardiovascular pharmacology there. Whatever the reason, she was accepted to the only medical school to which she had applied.

The sexual discrimination that ensued might have been expected considering **Dr. Sullivan** was one of only six females in her class of 110. Nurses called her a whore. Men wouldn't allow her to sit in the medical students' room for lectures.

"I really enjoy private practice - the control it gives me. That's why I got out of the military."

"I went to the dean of the medical school and just raised hell," she said. She prevailed, but slept nights on the patient wards to be circumspect.

To graduate and move one step closer toward independence, **Dr. Sullivan** was required to strike a deal that eventually lost her seven years on her trek toward autonomy. The Air Force wanted to transfer her husband and high school sweetheart, Air Force meteorologist Al Sullivan, away from his assignment in Omaha, Nebraska, where Creighton was located. Rather than not finish medical school, **Dr. Sullivan** promised the Air Force she would endure its bureaucracy as a military physician if they would allow her to finish at Creighton.

She did, then completed her internship and residency at a military base near St. Louis.

Major Sullivan's next duty station was McChord AFB. Soon, she was loaned to Madigan. She later joined the Army to lead the Madigan family practice residency until striking out on her own in 1984.

"I really enjoy private practice - the control it gives me. That's why I got out of the military," she said.

Finally feeling she was master of her own fate, **Dr. Sullivan** acted quickly to help seal her future. Over six years she designed and developed three office buildings into a Puyallup medical complex, called Hartland I, Hartland II and Hartland III on a busy South Hill thoroughfare. While designing the interior for her own office in Hartland I, she researched colors. She said sick people feel better surrounded by the greens, blues, grays and mauves she blended. The colors also make patients feel less restless in her waiting room.

(continued next page)

Dr. Sullivan (continued)

Two signs hang on her waiting room wall as further testimony of her concern for patients. They say, "If you have been waiting longer than 20 minutes, please see the receptionist."

Dr. Sullivan brought military friends into her practice. **Michael H. Jackson, MD,** was her Madigan fellow, and **MD's Edward Pullen and Terrill Utt** were her residents. A fourth staff member, Keri Jackson, MD, also her former resident, will join them this summer.

The practice has grown and today includes a women and children's satellite clinic open until 7:30 p.m. and a telephone triage nurse. Both exist for her patients' convenience.

"In today's mobile society, people don't use family members as sources for medical care as much as they used to," **Dr. Sullivan** said.

In addition to delivering about 60 babies a year, staffing her office and clinic, being on call, being a landlord and doing her own books, **Dr. Sullivan** is heavily involved in county medical activities. She is on three committees at Good Samaritan Hospital, will be its medical staff president in October, and is on the PCMS Board.

She is pulled so many directions that she often feels not in control anymore.

"It's a busy lifestyle. What I have the most difficulty with is being at other people's beck and call with the beeper," she said.

To handle all the freedom she has fought so long to achieve, she said, "I retreat to my cabin near Crystal Mountain. It has no phone. I replenish very quickly and refill my well by being alone."

She enjoys skiing, reading and hiking there. She also loves to fish. She boasts about having once caught a 17-pound steelhead. The family also spends a week fishing from their boat, "Off Call," in the San Juans each summer.

Only her 14-year-old son, Matthew, lives at home with **Dr. Sullivan** and Al. Her 25-year-old daughter, Elisa, will marry this summer, and her 21-year-old daughter, Allison, will graduate from PLU this year.

She's had to make, and continues to make, sacrifices to get her modicum of control. But today, medicine, her chosen vehicle, is threatened with changes that may unravel her life. Her biggest fear about health care reform is that it will remove some of her control. Many of her peers may chose early retirement, she said. "We'll wait and see."

Meanwhile, **Dr. Sullivan** is happy with the degree of control she has. "I am doing something God wanted me to do," she said. "It's right. It fits. I can say I did something worthwhile with my life." ##

Newsletter and Bulletin to merge next month

The Editorial Committee decided at its March meeting to combine the Society's two publications: the *Newsletter,* published eight time each year, and the *Bulletin*, published four times.

Beginning in May, the new publication, to be called the *Bulletin*, will appear monthly.

The change will save expense, eliminate the confusion around having two publications, and allow more timely reporting of issues. The old *Bulletin* took one extra week to print. The new *Bulletin* won't.

Let us know how you like it. ##

WSMA resolutions sought

Do you think you have an idea WSMA should adopt? Put it on paper and submit it to the House of Delegates for consideration. Your good idea may become guiding policy for the state organization in the next year.

The deadline for submitting resolutions for this year's WSMA Annual Meeting is July 2. If you need help preparing your idea in resolution format, call the PCMS office.

After your resolution is drafted, it will be forwarded to the House of Delegates. The entire process is very democratic.

The House will meet this year in September at Jantzan Beach. ##

Toward less stressful, less troublesome medical careers

Should the Medical Society wait until members experience a personal crisis before trying to help them - and risk responding too late in the process? Or should it, through the Personal Problems of Physicians Committee, chaired by **Dr. John McDonough,** be pro-active and help prevent members' crises?

The committee considered those questions at its February meeting and decided to become more proactive, said committee member **Ron Johnson, MD.**

In the past, the committee has intervened in the lives and practices of physicians whose problems were advanced. Intervention sometimes has been effective, but the committee often sent cases to the state Medical Disciplinary Board when members were not willing to correct serious problems.

"This committee really needs to look at things earlier on," **Dr. Johnson** said. "I think we can create a more supportive community of Pierce County physicians, one that reduces stress and makes practicing medicine easier."

Pat Donley, MD, gave a personal testimonial at the October general membership meeting that accomplished that objective, **Dr. Johnson** believes. Through the story of his own trials and tribulations, **Dr. Donley** warned members about the destructive effects of being a workaholic. His positive suggestions might have prevented a personal crisis in members who tend to overwork.

Ron Johnson, MD

At the February committee meeting, **Dr. Johnson** made two suggestions that would provide county physicians support and help give them energy to plow through the rigors of daily practice.

He suggested listing helpful programs in the *Newsletter* and *Bulletin.* For example, he said a program called "Stress and the Physician," held at a SeaTac hotel last month, might have helped physicians deal with stress and burnout. In addition, a book called "Care of the Soul" by Thomas Moore recently was published. He hopes members would attend such programs or read books listed in PCMS publications and find, as a result of applying what they learned, that their practices become less stressful and their lives more rewarding.

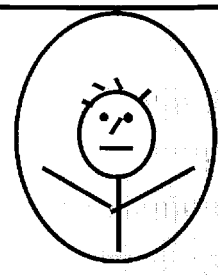
Doctor Johnson's second suggestion was to develop small physician groups to discuss topics of mutual concern.

"One of the challenges in practicing medicine in 1993 is to explore our identities," he said. "Physicians are isolated in many ways and bear emotional burdens. Is there anything we can learn from each other? I think there is."

He suggested that groups might discuss books such as "Sex in the Forbidden Zone" by Peter Rutter, MD, or "Healing the Wounds: A Physician Looks at His Work" by David Hilfiker, MD. They might also view and discuss the tapes of Bill Moyers' public television series on medicine.

While he does not want to take on the burden of running the new Personal Problems of Physicians Committee outreach program by himself, **Dr. Johnson** believes initiating such an ongoing program will be more effective than practicing crisis intervention only.

"I feel strongly we need to create a more nurturing community of physicians," he concluded. ##



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.

NEWS BRIEFS

Physicians concerns balanced against backdrop of health care reform

WSMA represents all of medicine in the debate

by Anna H. Chavelle, MD, President, WSMA

As WSMA president, I have traveled the state over the last several months, meeting with colleagues and listening to your concerns about health care reform.

Wherever I go - rural or urban Washington, talking with primary care or surgical specialists in group or solo practice - you tell me you are frustrated and hassled. Your clinical and economic autonomy is slipping away.

And you all say you recognize that change is inevitable.

Based on policy established annually by the WSMA's House of Delegates, WSMA has supported universal access to affordable insurance for all, administrative simplification, insurance reform, liability reform, and an equal place for physicians at the bargaining table.

Our work prior to, and during, the 1993 legislative session has focused on these policies, and because of groundwork laid by your association long before lawmakers arrived in Olympia this January, the legislative process has included us.

Leaders in both the House and Senate have sought our input. The governor has responded to our concerns. We are encouraged by this response to our requests. We are not viewed as obstructionists to health care reform as in the past.

In marked contrast to health care reform underway at the federal level and in other parts of the country, the profession in Washington State has enjoyed a strong voice in the debate.

I believe that many of your frustrations with our present health care system will be minimized as a result of reform; but there will be new challenges as well.

Change is always difficult, and along with your conviction that the status quo cannot stand, you are rightfully anxious about the future of our most wonderful of professions.

We cannot predict the future with 100% certainty, but we can help shape it.

In these turbulent times, we have but three choices - "lead, follow or get out of the way." I am extremely proud of the physicians of this state for choosing to be leaders.

Viral hepatitis conference April 13

The Society and the Tacoma-Pierce County Health Department will sponsor a conference on viral hepatitis, "A CDC Perspective," from 1-4:30 p.m. Tuesday, April 13, at the LaQuinta Inn.

The conference is open to all persons interested in learning more about the transmission and pathogenesis of viral hepatitis. Participants will learn the most recent information regarding testing, diagnosis and treatment of the disease.

Two epidemiologists from the Centers for Disease Control (CDC) will discuss the disease from seven different perspectives followed by the health department's Carole Winegar, RN, MPH, addressing perinatal hepatitis B.

Space is available on a first registered basis. To register, send your name, address, phone and a $30 check payable to MBI to the Society, 223 Tacoma Ave. So., Tacoma, WA 98402, by April 2.

##

A developing role for public health

by Federico Cruz-Uribe, M.D., MPH, TM
Director, Tacoma-Pierce County Health Department

Currently, at the Tacoma/Pierce County Health Department, we have a program that partners us with the Pierce County medical community. The program is the Perinatal Triage Clearinghouse and OB Access Clinic. When any pregnant woman is in need of prenatal care, she can contact the program, interact with a nurse and receive a referral to a private medical provider for her specific health care need.

This program has answered a tremendous unmet need that has existed in our county for quite some time. High infant mortality rates, especially in our minority community, have been a problem. The lack of prenatal care, delayed access to care, and high drop out rates have all contributed to increased mortality.

The Triage Clearinghouse and OB Access Clinic have made substantial gains in getting woman into care. The number of women walking into our delivery centers without prenatal care has dropped dramatically. The number of women entering care late in their pregnancies has also decreased substantially. Referrals into drug treatment and mental health counselling have increased markedly. What this translates to is a system that is able to reach the vast majority of clients early in their time of need and get them to key providers for critical services.

In the near future, the advent of more comprehensive managed care systems as part of the movement toward universal access will impact all health care providers and programs. This pilot program may offer a glimpse of the role that local health departments may play in a redeveloped health care system as a result of this impact.

Large numbers of clients are in need of assistance in accessing any newly organized health care system. In the public sector, we provide services to a large number of patients afflicted with drug abuse problems, family violence, abuse and neglect, and mental health issues (both acute and chronic). These clients, without assistance through outreach and recruitment, case management and follow-up activities, would not use the health care system appropriately.

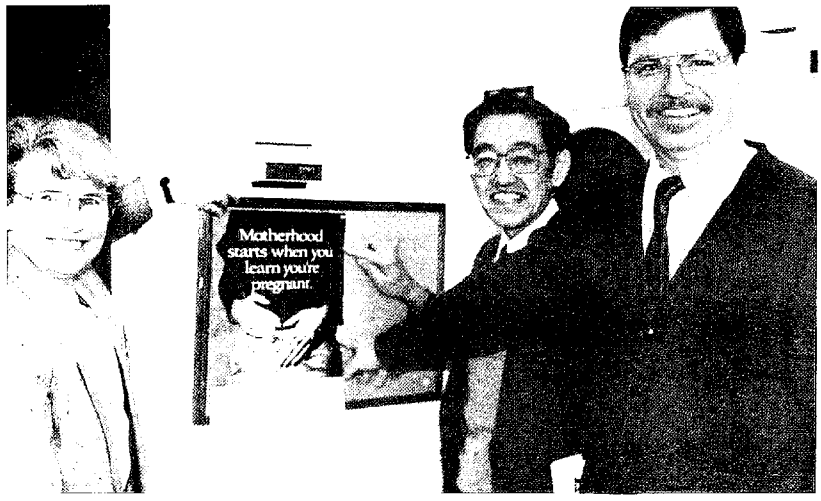
We do not question the need for these services when we are dealing with patients who have a communicable disease (e.g. TB). However, it is quite important to recognize the need for services to meet the demands of persons with other health problems. These activities do not require hand-holding, nor are we interested in fostering dependency in any way. These services reflect a recognition of the special needs that many of our high risk populations have in the health care area.

I also believe that there are many clients currently seen in the private sector that would benefit from many of the support services that we provide at the Health Department. A triaging system that would be professional, unaligned, and available throughout the county would be a very attractive and useful service to both the general public and to clinical providers. ##

Prenatal Triage Clearinghouse campaign to reach minorities

Mayor Karen Vialle, **George Tanbara, MD,** and Federico Cruz-Uribe, MD, director of the Tacoma-Pierce County Health Department, hung the ceremonial first poster at a laundromat on March 10 (*right*) to begin a drive to inform pregnant minority women that prenatal care is only a phone call away.

The poster, similar to billboards already hanging in a dozen Pierce County locations, are meant to attract the eyes of women in need of care but who, for many reasons, have difficulty accessing medical help. If they call the Clearinghouse at 596-2987, they will be referred to providers.



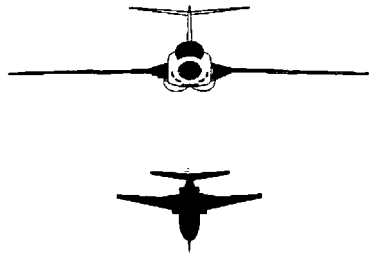
The Clearinghouse is co-sponsored by the Pierce County Medical Society and the Health Department. It is located in the PCMS building. Dr. Tanbara was instrumental in its formation in 1990. ##

Pierce County Medical Society

223 Tacoma Ave. South • Tacoma, WA 98402 • Telephone (206) 572-3666 • FAX (206) 572-2470

Retired Luncheon

TRAVEL ABROAD



featuring

David McEniry, MD

Infectious Diseases Specialist

Friday, April 16, 1993
Fircrest Golf Club
$10 per person
Lunch 12:00, Program 12:45

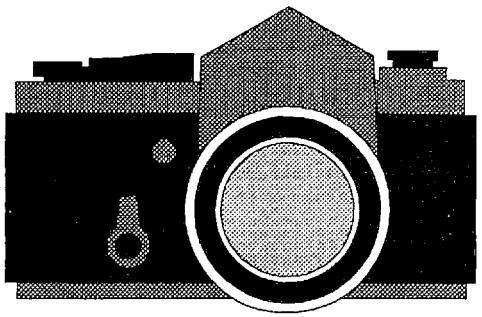
Photos for the PCMS 1993 Pictorial Directory will be taken from 11:30 - 12:15, (no charge)

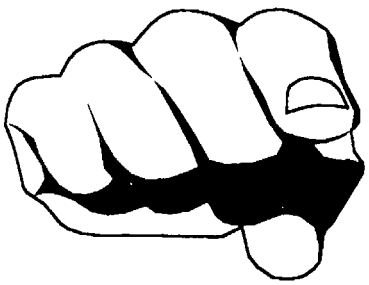
Yes, I have reserved Friday, April 16, 1993 to join retired members & spouses/ guests for "Travel Abroad."
Please reserve _____ lunch(es) for me at $10 per person (includes tax & tip).
Enclosed is my check for $_____. Please return to PCMS no later than Monday, April 12, or call 572-3667 to confirm your attendance. Thank you.

Pierce County Medical Society

223 Tacoma Ave. South • Tacoma, WA 98402 • Telephone (206) 572-3666 • FAX (206) 572-2470

LET US SNAP





YOU!

1993 Pictorial Directory

PLEASE MARK YOUR CALENDAR TO HAVE YOUR PHOTO TAKEN

The Medical Society will take your picture at no charge for inclusion in the 1993 Pictorial Directory and will keep a file copy for you to use in other publications or situations as you request. Please wear a jacket and tie (men), jacket and blouse or dress (women) for uniformity. This will only take a few minutes of your time.
If you have questions, please call Sue at the PCMS office, 572-3667. Thank you!

Tues.	April 13	General Membership Mtg.	Fircrest Golf Club	6 - 7 pm
Friday	April 16	Retired Luncheon	Fircrest Golf Club	11-12 am
Tues.	April 20	Allenmore Hospital	Board Room	7 - 9 am
Thurs.	April 29	St. Clare Hospital	Auditorium C	7 - 9 am
Thurs.	May 6	Tacoma Gen. Hospital	Doctors Lounge	7 - 9 am
Thurs.	May 13	Good Sam. Hospital	Olympic Room	7 - 9 am
Thurs.	May 20	St. Joseph Hospital	Doctors Lounge	7 - 9 am

PLEASE NOTE: THESE WILL BE THE ONLY OPPORTUNITIES FOR PHOTOS.

Board of Trustees hears new statistics that "knock your socks off"

"Young people in this county are in big time trouble," said Christiane Hale, PhD, MPH, chief of the Office of Community Assessment of the Tacoma-Pierce County Health Department.

She voiced that conclusion and others during a presentation of county health statistics before the PCMS Board of Trustees March 2. Her conclusion is significant because the county's population is predominantly young and is growing quickly. Nearly 40% of the county's people are under 25 years old, and almost 30% are under 18. The county population is growing at nearly 3% per year, a rate equivalent to that in Mexico City, Hale said.

With PhD's in demography and psychology and an MPH degree in epidemiology, Hale is an authority.

"Our growth rate is putting a lot of pressure on our infrastructure, particularly that which deals with kids," she said.

Births are a case in point. Statistics Hale has developed indicate 35% of county births are to unmarried women when military births are taken out of the mix. "It's a very high rate," Hale said.

She said single mothers tend to be poorer and less well educated and qualify for social welfare such as Aid For Dependent Children.

Interestingly, Hale said white women are more apt to be unmarried in Pierce County than are women in the U.S. population, while the county's unwed mother rate for blacks is nearly half the national average of 70%.

Hale reported that the latest African-American infant mortality rate in Tacoma is only 11.8 per 1000 births, the lowest rate in any major U.S. city. By comparison, Seattle's rate is about 21. Unincorporated Pierce County's rate is 17.8 per thousand, very near the national average.

"People fail to recognize that for every homicide in this community there are two suicides."

For white babies, however, she said the infant mortality rate in Tacoma, 10.6, is 25% higher than the national average. The rate in unincorporated Pierce County, 8.5, is still higher than the U.S. average for white babies, which is 7.

"I've never seen numbers like this. This is the most interesting stuff we have turned up yet," Hale said.

"Young white women in Pierce County are in this incredibly high risk group," she continued.

To illustrate, she cited additional statistics about homicide. White females are murdered at twice the national average in Pierce County, Hale said. For women 15-24 years old, the rate is 11.7 per 100,000 population, triple the national average.

The group to die most often from homicide is African-American males between 15 and 24 years old. While they were murdered at the rate of 124.4 per 100,000 in 1990, the rate is slightly above the national average yet less than the King County rate. Pierce County homicides seem to make headlines in the Seattle and Tacoma media, but not King County homicides which occur at a higher rate, Hale remarked.

Also contradicting media-generated impressions, Hale said Tacoma's central area is not the only hotbed of death. High areas of infant mortality include Lakewood, South Tacoma and the Fort Lewis/McChord area besides central Tacoma. "There is a tremendous concentration of infant mortality, violence and HIV in the ring around the military bases," Hale said. The bases act as a magnet for low income women, she explained.

(continued next page)

Statistics *(continued)*

However, when talking about suicide rates, Hale said, "People fail to recognize that for every homicide in this community there are two suicides."

Young white males are the highest risk group in Pierce County, taking their own lives 47.4 times per 100,000 population. That is twice the national average. Young county females committed suicide at the rate of 23.7 in 1990, about 75% more often then their U.S. counterparts.

Among 10 pages of statistics Hale distributed to Society Trustees and officers were figures which indicated Pierce County experiences a lower incidence of heart disease and a higher incidence of cancer than the U.S. population as a whole. Hale termed the two killer diseases "competing causes of death." She explained cancer has become more prominent because people in the county live longer than the U.S. average, having fewer heart/stroke problems.

Heart disease struck down 137.4 people per 100,000 in Pierce County in 1990 as opposed to 166.3 in the greater U.S. population. Cancer killed 140.1 people per 100,000 county people versus 132.7 in the U.S., according to Hale's tables. ##

Painting project scheduled for summer

As we did last year, the Society will participate again this summer in Paint Tacoma-Pierce Beautiful. The program, sponsored by Associated Ministries, arranges for the painting of homes of area elderly and low-income people. Local companies donate paint and Associated Ministries recruits organizations like ours to apply it.

Last summer, the Society participated for the first time and painted the home of a developmentally disabled couple near Allenmore Hospital. County-wide, more than 1,500 volunteers painted 78 homes last summer.

Paint Tacoma-Pierce Beautiful is a satisfying project you will want to be part of. Stay tuned for more specifics this spring. ##

Managed Medicaid Committe prepares for January, 1994

Dr. Bill Roes, Chair, and members of the PCMS Managed Medicaid Committee heard representatives of DSHS say in February that a program to address the issues facing Medical Assistance Administration (MAA) will be in place in Pierce County by Jan. 1, 1994.

A 1992 study found that medical assistance was paying, on average, less than 55 percent of prevailing charges for physicians services. Low reimbursement coupled with complex billing and eligibility procedures means many primary care providers see Medicaid clients on a limited basis. Emergency room physicians have played a critical role in providing primary care to Medicaid clients on an episodic basis. However, emergency room care is costly and fails to establish the provider-patient relationship necessary for continuity of care.

The PCMS Committee has had representatives from Kitsap and Spokane Counties address them. Programs have been in place six years in Kitsap and ten months in Spokane County.

Greg Jones, MD, Emergency Room physician at Deaconess Hospital, Spokane, met with the committee in March and told them that formation of the Committee now is critical so that all specialities have input prior to negotiations with the local insurer. This could be Pierce County Medical, Community Health Care Delivery Clinics or Group Health. Pierce County Medical has shown considerable interest and has been meeting with DSHS. **Dr. Les Reid,** PCMB Medical Director, sits on the Committee as does Florence Reeves, Executive Director of CHCDS.

Dr. Jones told the Committee that Spokane County has 20,000 enrollees in its program, mostly AFDC-eligible moms and children. They are assigned to a family physician, pediatrician, or internist.

Reimbursement can be on a fee-for-service or capitation basis. This will be negotiated with the Plan Administrator. Medicaid pays the plan administrator $106 per patient per month. Family Physicians in Spokane are capitated at $15.00 per patient per month. $60.90 goes go a hospital and referral pool (HARP); $5.50 to a newborn pool; $12.00 to insured services and $12.60 for risk contingency and administration.

Hospitals and specialists are being paid according to the DSHS fee schedule. Emergency physicians are eligible for a 10% increase in the schedule if their utilization data reflects a 20% or greater decrease. Incentives are distributed to both primary care physicians and specialsts based on plan performance and individual volume at the end of the year. Losses are carried over to the next year.

There is a stop/loss protection for newborns at $1000. For adults, stop/loss is $10,000.

16 of the 17 PODS (physician pools) in Spokane have experienced a positive cash flow compared to fee-for-service.

Patients cannot self refer unless they agree to self-pay and they will be billed for services. Patients in Spokane are not authorized to see another physician unless authorized by their primary care physician. Over utilizers can be restricted to one physician, one pharmacist and one facility. There is a grievance process for the patient.

Dr. Jones reported that access to health care for the Medicaid patient has improved. There has been a 15-20% decrease in medical use in Spokane. Visits per thousand to emergency rooms have dropped 22%.

Concern was expressed on several issues, such as: the number of family physicians who have been dropping their hospital privileges; pediatric care and number of visits and others.

A pediatrician from Spokane is expected to meet with the committee in April. If any member has any questions regarding Managed Medicaid or the activities of this Committee, talk to any of the following committee members:

Drs. Bill Roes, Chair
Dave BeMiller
Michael Brook
Greg Cain
Jim Davidson
David Estep
Jim Fulcher
Mark Ludvigson
Don Mauer
Tom Norris
Ed Pullen
Nick Rajacich
Les Reid

AUXILIARY

Philanthropic Fund applications available

If your service and health-related Pierce County organization would like to be considered by the PCMS Auxiliary as a recipient for philanthropic funding, you may now obtain an application by writing Lynn Peixotto, 13316 Muir Dr., NW, Gig Harbor, WA 98332. Proof of 501(C3) IRS rating is required. All applications must be requested directly from Lynn. Application deadline is June 15, 1993. ##

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: _____

Spring convention

The WSMAA House of Delegates will be held this year in Spokane April 18 through April 21. Please see your Med Aux News for complete registration information. Helen Whitney will be installed as President-elect and Mary Lou Jones will return in the position of SW Regional Vice President. Congratulations!

##

Teen Health Forum

"Choice Not Chance"

The WSMAA-sponsored Teen Health Forum will take place April 29 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 Mona Baghdadi at (206) 851-6306. ##

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Surgical Club program set April 23 & 24

The very popular dissections, demonstrations and lectures presented annually by the Tacoma Surgical Club are set for April 23 and 24. 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 p.m.

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 Category I credits and includes lunch. ##

Medical community supports complimentary Palliative Care CME scheduled April 23

In November of 1990, voters only narrowly defeated a measure on the ballot which would have essentially legalized physician-assisted suicide.

Many suggest that the emotional debate that centered on Initiative 119 (and its near passage) made it clear that the public saw physician management of the terminal patient to be less than satisfactory.

During this discussion, the Pierce County Medical Society made a commitment to address this issue in a number of ways, including offering a top-notch CME program devoted to palliative care.

The result is a complimentary Category I CME program featuring speakers of national stature on the advances in the management of the terminal patient. The program, "Successful Palliative Care: A Response to 119", is scheduled for Friday, April 23, 1993 at the Weatherly Inn just off Pearl Street.

The complimentary program will feature two nationally acclaimed speakers. Josephina Magno, MD is a founder and on the Board of Directors of the Academy Of Hospice Physicians and will speak on "Curative vs. Palliative Care: What's the Problem and Why?" and "Practical Tips on How to Help Patients Die".

Dr. Ira Byock, MD will speak on caring for patients as they die focusing on pain control and symptom management. Dr. Byock is also on the Board of the Academy of Hospice Physicians and is a member of the Ethics Committee of National Hospice Organizations.

The course, offering 6.5 Category I hours, is supported by local hospitals and organizations and WSMA.

Although no registration fee is required, physicians wishing to attend must complete and return this registration form. Early registration is encouraged to ensure a space. PCMS members receive first priority.

For information, call the College at 627-7137. ##

DATES	PROGRAM	DIRECTOR
1993		
Friday, Saturday April 23 & 24	Tacoma Surgical Club	Leo Annest, MD Chris Jordan, MD
Friday April 23	Successful Palliative Care	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

Office Gynecology CME set May 7

Office Gynecology, a C.O.M.E. course designed to provide the primary care practitioner with the latest information regarding the evaluation and management of some of today's most important issues in women's health care, is scheduled for May 7, 1993.

The program, organized by **John Lenihan, MD,** and **Sandra Reilley, MD,** will offer Category I CME credit and will be held in Jackson Hall. For more information, call 627-7137.

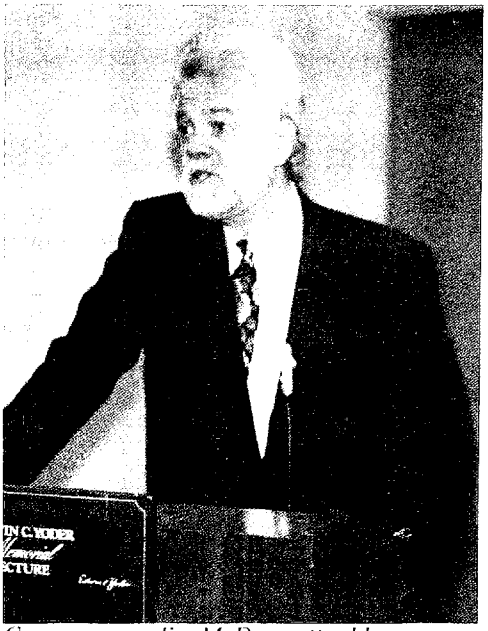
Subjects covered include:

- Menstrual Migraines
- PMS/Depression
- GYN Cancer Screening
- Update on Contraception
- Pelvic Pain
- Urogynecology
- Abnormal Pap Smears

The conference will feature local and regional speakers. ##

McDermott addresses HIV Update audience

Alan Tice, MD and course director, fields questions during case presentations.



Congressman Jim McDermott addresses audience on "A Global Perspective of HIV"

Congressman and physician Jim McDermott of Seattle addressed the Fifth Annual Update on HIV Infections on February 26. The Congressman replaced Ann Marie Kimball, MD at the last moment and spoke on "A Global Perspective of HIV". His remarks and expertise are a result of his extensive study and travel throughout the world.

Congressman McDermott's address was a part of the fifth annual CME program dealing with HIV infections and AIDS and also featured Merle A. Sande, MD, Professor and Vice Chairman of Medicine, University of California, San Francisco School of Medicine.

The popular program was again directed by local HIV expert Alan Tice, MD. ##

Jeannie Darneille, executive director of the Pierce County AIDS Foundation, directs a question to Congressman McDermott

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

Do you see any problems with adjusting our fees by the cost of living index each year?

Doctor

A Dear Doctor:

One of the most compelling reasons to use this method is its simplicity. Once the percent of increase is determined, it is easy to apply the mathematics. With physicians and staff already busy, it appears to be an easy solution to a tough problem. At least you avoid having to make large catch up adjustments later. As well, when patients question fee changes, it is easier to justify the increases when they are related to a well publicized consumer price index.

I do not however recommend the use of this method, for the following reasons.

Marketing is critical to the successful medical practice and your fee structure is one element of marketing strategy. Price sensitivity is an economic term that has relevance here. If over a period of years you apply the same percentage increase to all your fees, you may price yourself out of the market, especially with some of your higher priced procedures. It is self defeating if fee increases cause you to lose patients or reduce your referral base.

By simply applying a set percent each year, it is very likely that ongoing changes to codes have not been addressed. Are there new codes that would be more appropriate. Have descriptions changed? Last year's E/E codes are an example. Did you price these according to RBRVS value units or simply draw your old pricing structure across to the new codes? Incorrect coding is costly.

Some argue that with the constraints placed upon physicians by Medicare, Medicaid and the various insurance plans, why bother with fee increases. Depending upon the patient mix of your practice, fee increases may have a limited immediate effect on your cash flow.

Cash flow is not the only consideration here. Over the longer term, you do need to be aware of your provider profile.

A detailed review of your fee structure keeps you and your staff up to date on the latest coding conventions and assures you that your fees are appropriate for your specialty and geographic area. A detailed fee analysis and resulting fee changes will pay you financial dividends in the long run.

Steve

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: **1-800-643-9852.**

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.

EQUIPMENT

Appraisal services for medical practices, can be used for insurance, marketing. Call Lynlee's Inc. (206) 867-5415

Lab Equipment: Coulter CBC5. Excellent condition. $500 or best offer. VWR Vortex 2 Mixer. $100 or best offer. Call David Law, MD, 272-7573

Pitney Bowes Postage Meters. Set-up complete. Horizon Systems hardware equipment. Call office administrator: 863-6338.

REAL ESTATE

Looking for a solo family practitioner or specialist to lease 1,000-1,400 sq. ft. medical office space. Excellent conditions, choice location and less than market value. Please call 272-9994.

Office space fully furnished. Available to share expenses in sunny, spacious suite in Tacoma. Call Carolynne or Dr. Lovy at 756-2182.

Help create state policy

Nominations are now being made for PCMS members to serve on Washington State Medical Association committees and councils. PCMS is anxious to have representatives on all the committees at the state level.

If you have an interest in serving on any of the following committees or councils and would like more information on frequency of meetings, time, purpose, etc., please call Doug Jackman at 572-3667.

Nominations have to be submitted by April 30.

WASHINGTON STATE MEDICAL ASSOCIATION 1993 COUNCILS/COMMITTEES

House of Delegate
Board of Trustees
*Executive Committee
Bylaws Committee
Centennial Task Force
Claims Review Panels
Congressional Liaison Committee
Council on Professional Affairs
*Emergency Medical Services Standards Committee
*Finance Committee
*Grievance Committee
Hospital Medical Staff Section
*Industrial Insurance and Rehabilitation Committee
Interspecialty Council
Judicial Council
Liability Reform Steering Committee
Marketplace Response
Maternal & Infant Health Committee
Medicaid Liaison Committee
Medical Boards Task Force
Medical Education
*Medical Students/Residents/Young Physicians Committee
Medicare Liaison Committee
Membership Credentialing Committee
Nominating Committee
PACE Program Steering Committee
Physician/School Liaison Committee
*Rural Health Committee
Unified County Task Force
WAMPAC

Unless specifically noted as a standing committee, as outlined in Chapter VIII, Section I of the WSMA Bylaws, committees are special committees of the association. Special committees are appointed by the president with the approval of the Board of Trustees.

* - Indicates no PCMS representation.

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PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
May, 1993

HEALTH CARE REFORM

Representative Stan Flemming, DO, explained the new legislation to members and spouses at the General Membership Meeting April 13. *See story page 6.*

Look what's new. Your *Bulletin*

You are reading the first issue of the new *Bulletin.*

Were you ever confused about the Society's old *Newsletters* and *Bulletins*? When did they come out, and why did we have two publications, anyway?

The Editorial Committee asked the same questions during its March meeting. It turns out there is a historical explanation why we now have had two publications. But no good reason to continue having two.

So the committee decided to combine the two publications into one. The new publication will retain the name *Pierce County Medical Society Bulletin,* but there is a new look to this new version of the *Bulletin.* For simplicity, the *Bulletin* will be published monthly.

That decision also resulted in reduced printing time, and thus we offer more current news While they were at it, the committee members chose to save the Society some expense by eliminating the old *Bulletin*'s glossy paper and substituting this flat white stock from the old *Newsletter.*.

We hope you find the style and contents of the *Bulletin* enjoyable. We would appreciate your comments.

The Bulletin is published monthly 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 15th 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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Subscriptions: $25 per year, $2.50 per issue. Make all checks payable to:
Pierce County Medical Society
223 Tacoma Avenue South
Tacoma, WA 98402
(206) 572-3666, Fax 572-2470

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

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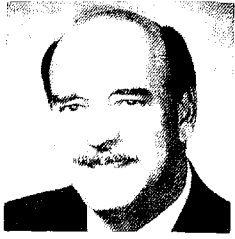


Strategic objectives should precede health reform

by Jim Fulcher, MD

Health care reform: Two roads diverged in a yellow wood.

"The problem is so complex with so many different facets to it that I can understand why other people have looked at it and thrown up their hands in despair and walked away from it," said Hillary Rodham Clinton

Health care reform is now the featured attraction in the political arena. Indeed, by the time you read this, we will almost certainly have new state legislation and at least a statement of intent by the Clinton Administration. The real fun will begin as the "policy makers" begin to sell their plans to the American public. There are many perspectives on the health care reform issue, each favoring a different format.

Herein lies a real problem at both the state and national level. We do not have a clear and comprehensive policy on health care reform. Strategic objectives have not been defined, and we have not openly debated and developed consensus on essential strategic issues. Proposing and enacting legislation is merely a tactical step, one which may fail in the absence of a strategic framework.

By way of illustration consider the following. Ideally, we would have a health care system that would provide for:

1. Universal access
2. Cost control within our current defined limit of GDP (gross domestic product)
3. Immediate access to physician of choice and advanced medical technology

The problem is that we can simultaneously have any two of these elements, but not all three. There must be a strategic social policy to define which of these features is most important , and this must be determined before a tactical plan is formulated.

In a representative democracy the success of such significant social policy depends upon informed consideration of the issues and open debate leading to a consensus. I believe that our policy makers are making tacit assumption sregarding the wishes of the American public. With respect to universal access, this may be a safe assumption. Access to health care has been the subject of significant public discussion for at least two decades.

This issue of cost, however, deserves further consideration. No one would argue that we should not eliminate waste, enhance efficiency, and link expenditures to beneficial purposes. But when did we establish the policy that we would not spend more than other countries on health care? Are we buying the same product? Americans are seeking value for the dollars spent and may choose to spend more for health care in preference to other expenditures if value is demonstrable. Are we willing to trade immediate access and free choice of provider for cost limits? How valuable are these features of our current system, and what are they worth?

Failure to establish a clear and comprehensive health care policy will limit our ability to proceed with effective health care system restructuring. Proceeding with only legislated directives derived from political gymnastics risks public rejection and failure. Consider our experience in Vietnam. Politicians made numerous tactical decisions without establishing a comprehensive policy and associated objectives. A more recent example might be the catastrophic illness coverage which was legislated during the Bush Administration. Once enacted, this program was subsequently rejected by the American people, and quickly withdrawn and forgotten.

By contrast, the Oregon Health Plan is an example of remarkable political success based upon clear policy formulation. John Kitzhaber, MD, an emergency medicine physician, is well known for fathering the Oregon Health Plan during his years as President of the Oregon Health Senate. Kitzhaber is not only a true leader in health care system development but is an astute politician as well. He realized that any major change in his state's health care system would be picked apart by various special interest groups if policy consensus was not established. A set of nine strategic policy principles was defined which included clear objectives. Perhaps the most important aspect was the fact that the policy included accountability for tactical decision making. Over a three-year period, and after significant public deliberation, a consensus was reached physicians, hospitals, business, insurance and seniors. As a result, the Oregon plan enjoys wide-based support within the state. Once the federal political barriers are removed, the plan has a reasonable chance of success.

Unfortunately, we may not have the luxury of time to develop policy consensus. It is only now, faced with potential economic crisis, that we are willing to actively engage a problem that has been recognized for nearly two decades. Having failed in the timely exercise of leadership, our politician "policy makers" are likely to present a patchwork program of special interest political compromises.

We may have another opportunity to experience the Rivlin Paradox, which proposes that policy makers, under intense social pressure for change, seek simple solutions to complex problems, often with disastrous results.

Jim Taylor, MD

Move.

A word denoting lots of action. You can get a move on. Move ahead. Make a move.

Move. As in movement. As in **Jim Taylor, MD.**, the Tacoma pulmonologist serving his second year of a two year term on the Board of Trustees.

Movement - expressed in many ways - seems to be his byword. Take his practice, for example. It is 60 percent critical care and the part he loves the most. Why?

"Things happen fast and it is more exciting," he said. Multiple organ failures at midnight rev his engines. "It's the fun side of my work," he gleamed.

He likes to move.

En route to his MD, his career moved all over the board. Born in the Stanford hospital and raised in Palo Alto, Jim Taylor grew up in a family with pilots in each of the last two generations. The movement of flight is in his blood.

Against his mother's wishes, he hung around airports and dreamed of carrying on the family tradition as an airline pilot. But he suddenly and mysteriously changed his mind one day in a physics class. He started Stanford in biology.

Dead frogs don't move much, however. When he realized that, he moved to the pulsating world of machines, graduating in mechanical engineering.

He thought of one day designing prosthetics when he started Stanford medical school. Once again, though, his interest moved - to internal medicine. Fifteen years after he started Stanford, **Dr. Taylor** finished his pulmonary medicine fellowship there. He entered private practice with Tacoma's Pulmonary Consultants, the largest pulmonary group in the West he knows of.

They say mothers know best. **Dr. Taylor's** mom knows her son's tendency to move. "My mom told me she was surprised I actually went through with medicine," he recalls. But his parents are pleased - he's the first doctor in the family.

Not only does **Dr. Taylor** like movement himself, but he appreciates it in others. Consider the move his soon-to-be-wife, Jane, put on him when she was a nurse at Harborview and he was a resident at the UW.

"She invited me hottubbing, and then we had a family," he said.

Jane is also a mover in business. She founded PC3 (Pacific Coast Clinical Coordinators), a company which sets up clinical drug trials in physicians' offices and provides help to conduct them. She started the business in 1988 and today runs over 100 trials from two offices in California and three in Washington.

Dr. Taylor grinned and said, "Jane is the catalyst who makes things go." Move.

While **Dr. Taylor** shed his commercial pilot aspirations, he will never give up flying. He lives to fly somewhere. Anywhere.

"Travel is what I do for play," he said. "I like the feel of an airplane."

Once a month he has to move through the air. It's his release. His escape.

In March, he and Jane flew to Europe. In April he went to Dallas and twice to Hawaii. One Hawaii trip continued a new family tradition - men only. He retreated with his dad and son. Last year, his brother and he hijacked his dad for an RV trip down the California coast.

Often, **Dr. Taylor** flies away alone or with one friend who has airline connections. He said that when he gets where he's going, "I sort of do whatever is there." Wind surfing, skin diving, tennis, journal reading. It doesn't matter much. It's the moving that matters.

Dr. Taylor has turned travel into an adventure. He and Jane take each other on mystery trips, sometimes planting false clues to throw the other off.

"I recommend mystery trips for couples," he said. "It is romantic and fun."

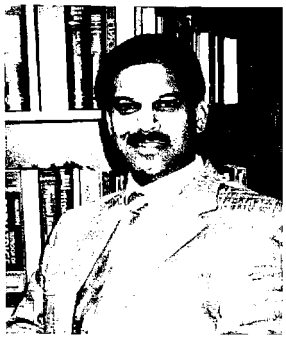
When he's home, **Dr. Taylor** and his five-year-old son, Hayden, fly a joy stick together. They play flight-simulator games on their computer, sometimes bombing mid-east targets in their F-16. At other times, they shoot simulated touch-and-go landings at Paine Field in their Lear jet.

"I'm glad Hayden follows my interest in airplanes," he said.

You wonder whether Hayden inherited some sort of "move gene." Is this genetic?

Rep. Flemming attracts large crowd to meeting

Society member **Rep. Stan Flemming, DO,** attracted one of the largest number of members to the April 13 General Membership Meeting of any recent meeting. More than 200 members and spouses heard **Dr. Flemming** discuss the status of health care reform in the Legislature. He has been in the trenches there, debating the issue as a member of the House Health Care Committee.



He described the Health Service Act of 1993 as the most daring health care reform legislation ever undertaken - far beyond that of any other state. Versions of it had then passed both the House and Senate and moved on to a conference committee to work out differences.

Two and one-half years in the making, the final bill that appeared on the floor of the House had 192 amendments, making it very difficult to understand, he said.

Major provisions

As it went to the conference committee, **Dr. Flemming** said the bill would:

* Require all employers to provide medical coverage for all full-time employees and their dependents by 1998
* Cap health insurance premiums and allow only a 3% yearly increase
* Require employers to pay 50%-95% of the insurance premiums
* Establish a five-member commission to regulate insurance companies and other health care matters
* Require insurance companies to provide standardized, certified health plans (known as "chips")
* Remove pre-existing conditions clauses from policies
* Require policies be portable from job to job
* Establish large insurance purchasing coops
* Require all lawsuits go to mandatory mediation
* Finance reform through still-undecided taxes: sin taxes, taxes on HMOs, taxes on premiums and other ways.

Impact on physicians

Doctor Flemming said the bill focuses on primary care physicians acting as gatekeepers for other care. They will become more prevention oriented and will be required to become more efficient.

Groups of 10 or more physicians would be required to have quality assurance plans.

The effect of the bill would be to consolidate the number of physician groups - create a few very large ones. Its collective bargaining provisions would allow physicians to bargain with insurance companies. Those companies would be required to allow physicians into their plans who meet published standards. To remove them, companies must show cause.

Representative Flemming said he envisions Tacoma will have more than four groups the size of Group Health in the future. Those groups will be more efficient and thus in a better position to negotiate care-giving arrangements with insurance companies' certified health plans.

As a result of the meager interest shown by physicians, legislators concluded they were not concerned.

He urged solo physicians to not walk away from their practices, but to informally form groups. Network, he said, then market the groups. He cautioned, however, that price setting violates anti-trust laws.

The former CHCDS medical director said physicians must become more aware of the costs of care they provide to their patients in the future. To legislators, health care reform is an issue because health care costs got out of control. They think physicians have been inefficient - ordering too many tests, for example.

Blame yourself

At one point while debating the bill on the floor of the House, **Dr. Flemming** beat back an attempt to require all physicians to publish their yearly incomes. There were other similar attacks on physicians, some of which did pass.

Doctor Flemming said physicians are to blame for whatever

(continued next page)

Flemming *(continued)*

onerous provisions did wind up in the final version of the bill. Doctors did not participate actively in the legislative process, he said.

For example, during one hearing on the bill, only two physicians participated. By contrast, a bill that would impact nurses attracted 350 nurses to Olympia.

As a result of the meager interest shown by physicians, legislators concluded they were not concerned. As a result, they crafted the law as they saw the issues, or as other special interests such as insurance companies, saw the issues.

Physicians hurt themselves by their silence.

Doctor Flemming did commend WSMA and WOMA for their lobbying efforts. He said they impressed on lawmakers that physicians are primarily interested in saving lives, not in making money. He said they pointed out that doctors are probably the only profession to work 24-hours a day.

Now what?

Because the law will be phased into effect over the next four years, **Dr. Flemming** said there is still time to make up for past hits physicians have taken in Olympia.

"There is still time to get involved," **Dr. Flemming** said. "If you don't, someone will do it for you."

He urged members to write or call their legislators. From personal experience, he said, he knows it makes a difference.

Dr. Munoz, AMA, meet with reform leaders

More than 1,000 physicians converged on Washington, D.C., March 23-25 to personally deliver a loud and clear message: Health system reform will not work without physicians helping to decide what is best for patients.

Physicians from across the country joined AMA leadership at: "A Time for New Partnerships." The event attracted political heavyweights from both sides of the aisle who assured them health system reform will not take place without physician input.

Among them, Vice President Gore told the audience, "This administration knows that we cannot, and do not want to, build a better health care system without the cooperation and leadership of the AMA."

Board member **David Munoz, MD,** participated in the event. At the Society's General Membership Meeting April 13, he reported his thoughts about the direction the federal government is taking and our role in health care reform.

He said the federal government wants states to take their own actions to control health care costs. If they don't, Washington DC is prepared to force states to accept a federal plan, he said. That plan will probably rate physicians' performance and penalize expensive outliers.

Dr. Munoz said that physicians are largely responsible for the unacceptable increase in the costs of medicine. Because they often order tests, prescribe medication, treat and hospitalize patients without much consideration for cost, physicians are culpable. Even though they earn only about 19 percent of the nation's health care dollar, physicians control 75 percent of it, he said. If they just understand how they practice, physicians can take advantage of the potential for large savings, **Dr. Munoz** said.

Dr. Munoz cited the military, which utilizes many mid-level practitioners such as nurse practitioners, as an example of the opportunity Washington physicians face to reduce state health care expenditures. He also cited California's successful experience emphasizing preventive health measures as another avenue the state medical community needs to pursue.

He said private physicians and federal bureaucrats don't speak the same language. Whereas the feds speak in broad, macro-economic terms, physicians talk in micro terms. The lack of communication explains the difficulty physicians have had communicating effectively with federal rule makers.

Dr. Munoz urged Society members to become bi-lingual, so to speak. "We need to speak macro-medical-economics to help them understand our micro-medical-economic needs," he concluded. The stakes are huge.

Dr. Snodgrass receives state award

Cecil Snodgrass, MD, was awarded the Washington State Traffic Commission's annual award for Citizen Activist of the Year recently. He received the award for the excellent work he has done in traffic safety.

For the last four years, the emergency medicine physician has served on the governor's trauma advisory committee helping develop a state trauma system. Two years ago he began working on the drunk driver issue hoping to reduce the number of senseless injuries he sees in the Good Samaritan emergency room.

"I've seen four kids under the age of four killed by drunk driving in the last year," he said. "It is an unforgivable crime."

He received a $25,000 grant to write and produce a video on the subject. It's been a big hit.

First it was favorably received in trauma committee circles. Then the Washington Licensing Department asked to show it in their driver licensing waiting rooms. The state will also be sending it to drivers' education and safety education schools. The highway departments in Washington, Oregon, Alaska and Idaho will also be showing it.

Doctor Snodgrass said the film is so successful he has just finished making a Spanish language version and is working on one aimed at the teenage driver population.

The award also recognized **Dr. Snodgrass** for other injury-prevention work. He has testified before the Legislature promoting bike helmet laws and sobriety checkpoint laws.

He said, "My goal is to reduce the mortality and morbidity rates from avoidable accidents each year."

Last chance for your *Directory* photo

The 1993 *Pictorial Directory* will be published soon and we need your smiling face.

To make it easy for you, we will take your picture in three final hospital doctors' lounges.

On May 6 we will be set up in the Tacoma General lounge from 7 a.m. to 9 a.m.

On May 13, our camera will be in the Good Samaritan lounge from 7 a.m. to 9 a.m.

Your last opportunity to have us take your photo for free is May 20 at the St. Joseph Hospital doctors' lounge.

We need only 30 seconds of your time to update that awful old picture you've been wanting to change in the *1990 Pictorial Directory*.

Journals wanted for Russia

Physicians in Russia are working under sub-standard conditions. The economic and political situations are such that many of them do not receive updated medical information.

Dr. Martin Mendelson visited physicians in Donetsk, Russia in 1991 and has been in touch with them recently. They need medical journals.

Your Board of Trustees has authorized the Society to collect and mail pediatric, obstetric and family practice journals from the past three months to physicians in Donetsk.

Please send or bring your copies to the office by May 19.

Congressman meets with medical community

Congressman Mike Kreidler (D), 9th Congressional District representative, and Mrs. Kreidler met with WSMA and PCMS representatives for dinner in Olympia, April 9. Dr. Dick Seaman, WSMA President Elect and his wife Sharon led the medical delegation. **Dr. Gordon Klatt** and Doug Jackman represented PCMS.

The major topic for the evening was the House passage of 2ESSB 5304 (Talmadge bill). Kreidler and Governor Lowry had sat in the wings of the House and watched the debate that lasted until 3 a.m. It was Rep. Kreidler's opinion that this piece of legislation would be a model for the rest of the nation. He said Washington is far ahead of other states in formulating health care reform. He did not expect the state to have any difficulty receiving the necessary waivers from Medicare and others to carry out the plan.

The congressman did not anticipate any tort reform to be included in the Clinton health care reform plan. He considers the issue to be overstated by the medical community. Kreidler has been a participant in task force discussions and has met several times with Ira Magaziner, the president's senior White House adviser.

The dinner provided an excellent opportunity to exchange thoughts on health care reform issues. Rep. Kreidler, prior to being a member of Congress, was an optometrist with the Olympia Group Health office. He has a greater grasp of health care issues than do most politicians.

WSMA resolutions sought

Do you think you have an idea WSMA should adopt? Put it on paper and submit it to the House of Delegates for consideration. Your good idea may become guiding policy for the state organization in the next year.

The deadline for submitting resolutions for this year's WSMA Annual Meeting is July 2. If you need help preparing your idea in resolution format, call the PCMS office.

After your resolution is drafted, it will be forwarded to the House of Delegates. The entire process is very democratic. The House meets this year in Jantzen Beach.

PCMS membership applicant

Cruz-Uribe, Federico, MD

public health

practices with the Tacoma-Pierce County Health Department

medical school: Univ. of Wisconsin

residency: Memorial Medical Center, Savannah, Ga

fellowship: Tulane Univ. (public health and tropical medicine)

May is everybody's month

The month of May is used to observe a number of national health events. May 1-31 is:

- Better Hearing and Speech Month
- Mental Health Month
- National Arthritis Month
- National High Blood Pressure Month
- National Physical Fitness and Sports Month
- National Sight-Saving Month
- National Skin Cancer Detection Month
- National Trauma Awareness Month
- Asthma and Allergy Awareness Month

Parts of the month are also used for:

- National Medic Alert Week 2-8
- National Nurses Week 6-12
- National Hospital Week 9-15
- National Nursing Home Week 9-15
- National Osteoporosis Prevention Week 10-16
- National Alcohol and other Drug-related Birth Defects Awareness Week 9-15
- National Employee Health and Fitness Day 19
- No Tobacco Day31
- National Running and Fitness Week 9-15

Why May? It seems that nobody chooses the summer months to celebrate their health cause.

If you want more information about any of the observances above, call the Society.

Patients with disabilities require accommodation

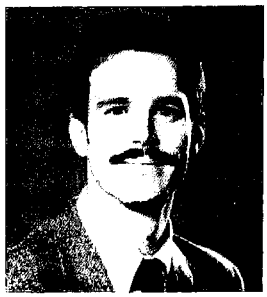
Matthew Newman, MD, thought he was being reasonable. When a deaf, long-time patient suddenly asked for a sign-language interpreter to help her communicate with **Dr. Newman** at her next appointment, he called the agency that supplies them. The agency sent a man to **Dr. Newman's** office at the appointed time. But the patient called 10 minutes before the interpreter arrived for the appointment. She demanded a female signer. Without enough time to accomodate her demand, **Dr. Newman** could not comply. In protest, the patient did not show up and proceded to file discrimination charges against **Dr. Newman** through the state Human Rights Commission.

For his efforts, **Dr. Newman** was left with an unfilled appointment, a bill from an un-used interpreter, and a troublesome discrimination charge to resolve.

The Commission is responsible for enforcing the state's public accommodation law. The statute has been in effect, though modified several times, since the 1950s. It requires physicians and all other providers of public accommodation to make provisions for people with disabilities. Failure to do so can result in a discrimination charge like the one **Dr. Newman** is now facing. Adverse rulings can carry financial penalties.

Will **Dr. Newman** be found to have discriminated against his deaf patient? The case is still being reviewed and the Commission will not comment. But the answer will depend on whether the Commission finds he acted reasonably.

According to John Jardine, the



Matthew Newman, MD

Commission's enforcement manager for Southwest Washington, reasonable accommodation of people with disabilities is that action which demonstrates caring and/or acceptance of them.

For example, a physician, or any other person covered under the law, who refuses to treat a patient because of his/her disability, clearly is not acting reasonably. But a physician providing a $30 service who refuses to provide a $30 interpreter is acting reasonably, Jardine said. The cost of the accommodation is out of line with the cost of the service.

However, he said, that same physician must be open to other ways of accommodating that patient. Often, he said, patients want to bring relatives to interpret without cost - a reasonable accommodation of the patient's disability which the physician could accept, Jardine said. The law does not require physicians supply language interpreters.

(continued next page)

Patients with disabilities *(continued)*

Jardine said the law does require physicians' offices be user-friendly to people with disabilities. Doors, bathrooms, counters and other physical structures must accommodate wheelchairs.

He also said his title, enforcement manager, is misleading because the agency is required to be impartial. He sees himself as a consultant on the state law and welcomes calls. His phone is 753-6770.

Doctor Newman telephoned Jardine and was pleasantly surprised. "I expected an unreasonable person, but he is very helpful," **he** said.

Jardine said two-thirds of all charges are found to involve no law violation. Many of the cases involving a legal violation he settles through mediation. He prefers those resolutions.

"It is amazing how things can be resolved if you don't have to be concerned with assigning blame," he said.

Doctor Newman's advice to fellow physicians is to "document carefully." He said there is no way to avoid complaints. There are too many interpretations of "reasonable accommodation." But if a discrimination complaint comes, good records are vital, he said.

Jardine recommended physicians or their staff attend an all-day seminar on **"Disability and the Law" the Human Rights Commission is holding in Fife June 2. For information, call Olympia 753-0884.**

PCMS membership applicant

Eachempati, Rama, MD

endocrinology/metabolism and nuclear medicine

practices with Drs.Michael Spiger and Donald DeVries at 622 14th Ave. SE, Puyallup

medical school: Guntur and Andhra Medical College, India

internship: King George Hospital, India

residency: St. Louis Univ. Group of Hospitals

fellowship: Massachusetts General Hospital (thyroid and metabolism)

fellowship: Univ. of Michigan (nuclear medi cine)

fellowship: St. Louis Univ.

Drug dealers/users feed off of your prescriptions

The Professional Pharmacists of Pierce County have again issued warnings about drug-scam artists and helpful hints about how to avoid falling victim to their schemes.

Wayne Gustin of Soundview Pharmacy, a two-time past president of the pharmacists' association, said physicians sometimes unwittingly, through carlessness, enable drug users or pushers to accumulate extra stocks of controlled substances. That happens because druggies alter prescription forms to drastically increase the quantity of pills they order.

For example, Gustin said a patient could alter your prescription for 20 capsules of a narcotic to read 120 capsules if you weren't careful.

To prevent the abuse, the pharmacists suggest physicians spell out on the prescription the number of pills to be issued as well as writing the Arabic numeral. Thus, a tamper-proof version of the example above would look like this: 20 (twenty).

Gustin said the same principle applies to the number of refills allowed. Crooks would be hard pressed to change 2 (two) refills into 12 or 20. If you do not want the patient to have any refills, he suggested writing 0 (zero), or NR or none. Do not leave the refill space blank, he cautioned.

Pharmacist Dick Driskell of Allenmore Pharmacy wants physicians to become suspicious if a patient says he/she needs a hard narcotic like Dilaudid or Vicodin. Even if the patient asks for it generically - hydrocodone, for example - physicians should be aware that they might be dealing with an addict or pusher.

Driskell said the muscle relaxant carisoprodol seems to be popular with druggies lately. If your patient asks for it, Driskell hopes you see the red flag.

Both pharmacists warned physicians not to lose control of their blank prescription forms. Patients may steal them and use or sell them, he said. He suggested physicians carry the blank forms in their pockets and that they not leave them in exam room drawers.

Because some people will always figure out ways to beat your system, the Professional Pharmacists of Pierce County operate a hotline. If you can't find a blank pad of prescription forms, or if you think someone has just scammed you out of a prescription for a controlled substance, **call 846-0511** immediately. Your call will initiate a pharmacy telephone tree so that all stores are quickly alerted to the situation.

Gustin said the hotline has been improved over the last year. It is now better and more reliable than it used to be.

Currently, the hotline is used once or twice each month. Prescription abuse does happen. The pharmacists don't want it to happen to you.

Are you ready for reform?

Most physicians today are asking themselves:

How is my practice going to fit into the managed care picture?

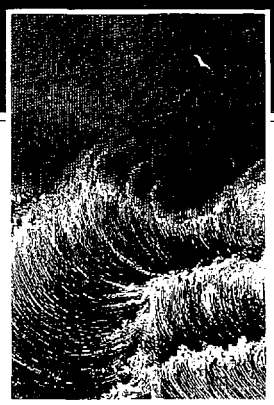
What can I do to help control and to participate in decisions that will affect my career and future?

Can I remain an independent practitioner despite a trend toward group practices employing physicians?

Learn the answers to these and other questions by attending...

Riding the Crest of Health Care Reform:

Prepare Your Practice Now

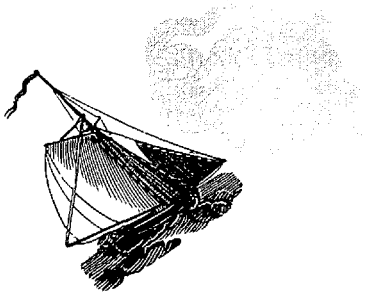


A three-part series including:

The Ebb and Flow of Legislation: What You Should Know about Reform
Thursday, May 13, 1993 — 6:00 p.m. to 8:00 p.m.
Speakers: Aubrey Davis, Jeff Mero, Marilyn Pattison, M.D., and moderator John Long, St. Joseph Hospital

Tools to Tackle the Tidal Wave: Advice for Individual Practices
Thursday, May 20, 1993 — 5:30 p.m. to 8:00 p.m.
Speakers: Brian Wong, M.D. and Elizabeth Sanford, M.D., Chair of the Physician Roundtable on Health Care Reform

Anchoring Your Practice: Collaborating with Others
Thursday, May 27, 1993 — 6:00 p.m. - 8:00 p.m.
Speakers: Brian Wong, M.D. and John Long, St. Joseph Hospital



Sign up for one or all three of these educational sessions which are designed for participation and will offer the top five struggles practitioners face today along with the top five strategies to address those challenges.

For registration information, call 591-6839.
Registration deadline: May 7, 1993.

This series is sponsored by St. Joseph Hospital and Health Care Center.

Fee-splitting: a matter of ethics vs. economics

by Paul Ebert, MD, Director, American College of Surgeons

As reimbursement rates for medical services continue to slowly decline, many individual group practices are finding that their profit margins are decreasing. Some groups are able to improve this situation by reducing their overhead or attempting to become more efficient; if they are fortunate, they are increasing the size of their practices. In some situations, however, the difficulties that are engendered by financial restraints seem to be altering the behavior of physicians and surgeons.

The problem of the so-called captive surgeon continues to be brought to my attention by Fellows of the College. In such situations, a formally or informally organized group of nonsurgeons decides that they will continue to refer patients to an individual surgeon only if some form of fee splitting can be arranged. The most common method that is used in these situations is that the group will send patients to the surgeon, but will bill for his or her services through the group's office and then return a percentage of the collected fee to the surgeon. The balance of the fee for the surgical services will remain with the group.

Group billing would be perfectly legal and reasonable if the surgeon were a member of the group. However, in most of these situations, the surgeon has a freestanding practice and thus, gains no benefits from a particular group's plans and advantages - whether they be pension plans, professional liability coverage, or sharing the overhead costs of running a practice. One can only state that this practice clearly is fee splitting. Since its inception, the College has been violently opposed to such practices.

The question that Fellows most often ask is whether this practice is legal or illegal. Obviously, the question of legality cannot be answered until a case is brought to trial and a decision is made by either a jury or a judge.

Whether the practice is legal or illegal, it certainly seems to be unethical to make such demands on a surgical colleague and demand a portion of his fee, which, in many instances, has already been reduced by changes in reimbursement policy. The sad fact is that there really aren't many good suggestions as to what can be done to eliminate the problem.

Often a surgeon is told that if he or she doesn't agree to this type of arrangement, there is someone else in town or in the area who would be perfectly happy to have patients referred under these particular conditions. I find it very discouraging to hear that there are surgeons on the sidelines who are readily available and willing to enter into such fee-splitting arrangements. Clearly, the leverage argument would disappear if all surgeons would take a unified stand and agree not to accept patients with such stipulations mandated by the referring physicians.

Once a surgeon becomes involved in the practice of fee reduction for referral purposes, it seems that he or she will never find a way out of the agreement or any way to adjust the arrangement. Certainly, it is rather depressing to think that a surgeon may suddenly lose a large percentage of his surgical practice when he has had a reasonable relationship with referring doctors over a period of years.

It certainly seems that in today's changing state of medical economics, the less desirable aspects of physicians' personalities and ethical behavior often emerge when economic times worsen. When a Fellow writes to us regarding these situations, it is unfortunate that we can offer few reasonable suggestions and little advice as to how the problem should be addressed. Clearly, a case will have to be tested in court before the issue of legality can be resolved. Unfortunately, a trial would mean public disclosure of the practice arrangement between the surgeon and the referring physician and certainly would not enhance the surgeon's relationship with the local medical community. As I see it, public disclosure will occur some day regardless of the consequences. It is to be hoped that when such an event occurs, right will prevail.

Dr. Ebert wrote this article for the February issue of the American College of Surgeons *Bulletin*.

Pierce County Medical Society

223 Tacoma Ave. South • Tacoma, WA 98402 • Telephone (206) 572-3666 • FAX (206) 572-2470

IMPORTANT NOTICE

SPECIAL MEETING

TUESDAY, MAY 11, 7:00 P.M.
SHERATON HOTEL - CONVENTION CENTER

(Coffee and beverages will be available)

A special meeting of the Medical Society membership has been called for May 11. PIERCE COUNTY MEDICAL will explain their proposed "Point of Service" Contract that is currently being formulated.

Managed Medicaid Committee wants your help designing new county system

The Society's Managed Medicaid Committee wants to know what features you would like to see in the managed Medicaid system due to be implemented in Pierce County next January.

Bill Roes, MD, chair of the committee that met again April 21, said, "The state wants county physicians to design a new system of managed care that will work for them. There are about 52,000 Medicaid recipients - primarily moms and children - who will fall under the new plan in January. This is a unique opportunity for physicians who will be involved in this new gatekeeper system to ensure it meets the needs of their patients and themselves. Now is not the time to roll whichever way the wind blows. I urge physicians to tell us what they want."

The Department of Social and Health Services (DSHS) has been talking with the committee, Pierce County Medical Bureau, Group Health and the Community Health Care Delivery System (CHCDS) to find a way to reduce reliance on emergency rooms, increase physician reimbursements and increase access to primary medical care for Medicaid recipients.

Plans already implemented in Kitsap and Spokane counties have been successful.

The committee will meet again May 19 at 7 a.m. at PCMB. All physicians are invited. Or they may call **Dr. Roes** or the PCMS office with input or concerns.

Domestic violence is county issue

Dr. Richard Harvey, emergency medicine physician, St. Joseph Hospital, appeared before the Pierce County Task Force on Domestic Violence March 24 and vividly described the issues physicians see regarding domestic violence and child abuse.

The Task Force is composed of representatives from the Tacoma Police Department; City and County Prosecuting Attorneys offices; Judge Gary Sullivan, Municipal Court; Judge Thomas Swayze, Superior Court; nearly 25 various agency representatives as well City- and County-Council members.

The growth of domestic violence is startling in Pierce County. For instance, in 1987, 1,512 total protection order filings were made in Superior Court. In 1992, 4,006 total case filings were reported. This was. In 1987, 1,322 domestic violence petitions were filed. In 1992, 2,472 filed. In 1987, 190 anti-harassment petitions were filed compared to 1,533 in 1992.

The task force held a full-day workshop April 8 to determine its focus and direction.

Physicians are in a unique position to detect the injuries and problems resulting from child and spouse abuse and domestic violence.

The AMA has published three excellent booklets on "Child Physical Abuse and Neglect," "Child Sexual Abuse" and "Domestic Violence."

For information on the booklets, call the Medical Society at 572-3667.

What do you call your specialty?

We all know about the collective nouns used for some animals; schools of whales, flocks of geese, prides of lions or herds of deer.

Dr. Stanley Aronson, MD, editor of *Rhode Island Medicine*, the monthly publication of the Rhode Island Medical Society, contrived some collective nouns for some of his medical cohorts. His list first appeared in that publication.

A rash of dermatologists
A run of gastroenterologists
A clone of geneticists
A wince of dentists
An eruption of pediatricians
A pulse of cardiologists
A swarm of entomologists
A synapse of neurologists
A pile of proctologists
A cluster of biostatisticians
A graft of plastic surgeons
A smothering of anesthesiologists
A diet of nutritionists
A squabble of social scientists
An outbreak of epidemiologists
A delirium of psychiatrists
A skeletal crew (or joint) of orthopedists

Do you know any other inventive noun metaphors describing your medical brethren? Let us hear from you.

Meanwhile, consider a few non-medical connections we borrowed from Dr. Aronson's research:

A ring of jewelers
A galaxy of astronomers
A temperance of preachers
A bouquet of pheasants
A string of violinists

Hepatitis conference well attended

The Pierce County Medical Society and the Tacoma-Pierce County Health Department jointly sponsored a course on Hepatitis featuring speakers from Centers for Diseace Control in April. Over 150 people attended the afternoon course that addressed Hepatitis B & C. Moderated by Director of Health Dr. Federico Cruz-Uribe, the conference drew a wide variety of allied health personnel. Course evaluations indicated attendees were very satisfied with the information presented and especially liked the half-day format at the low cost of $30. If you have suggestions on course topics that you would like presented, please call Sue at the Medical Society office, 572-3666.

Dr. Cruz-Uribe welcomed participants and introduced speakers from CDC and the Tacoma-Pierce County Health Department

Carole Winegar, RN, MPH, from the Health Department gave a Perinatal Hepatitis B follow-up presentation.

PCMS retirees learn how to prepare for travel

Over 50 PCMS retired members and spouses learned from **Dr. David McEniry** how to prepare for overseas travel. The retired luncheon, held on April 16 at the Fircrest Golf Club, featured a buffet lunch. **Dr. McEniry**, Director of the Travelers Clinic, shared many suggestions and guidelines for safe and healthful travel out of the country. The next retired luncheon will be held in June. Please join us.

Dr. John Comfort, recently retired, and wife Maggie enjoy lunch

Dr. Murray Johnson and wife Sherry

Hiring staff? Don't discriminate - it's the law

by Dixi Gerkman, PCMS Placement Service

Are you discriminating? Not in your tastes but in your interviewing techniques. Interviewing is not always fun or easy, but it is a critical step in the hiring process.

Many times, while taking job orders from physicians and managers, I am asked "discriminating" questions. Illegal questions. Questions like: Do they have small children? How old are they? Are they young? Are they single, married, divorced, pregnant? And others about race and religion that I hesitate to mention.

We all stereotype and categorize to one degree or another, but we cannot discriminate in the employee selection process.

Most of us have good intentions; we just want to hire the right person for the job. But in the interviewing process you can only ask questions that are relevant to the job requirements. No more, no less. Ask direct questions that are job related. For instance, questions about past job experience, attendance, ideal job, goals, preferred pace or task orientation are allowed under the law. Questions dealing with how the applicant would handle conflicts with co-workers, demanding or difficult patients, or on-the-job stress are also allowed. These are the type of questions that are going to give you the information that you need to make the best decision possible. They are task and work-style oriented and relevant to the job.

By asking applicants about children at home, pregnancy, divorce, age, race, religion or nationality, state and federal agencies say we are robbing those persons of their individuality. We are discriminating. That is unfair to the applicants and to ourselves. We might pass up a terrific employee because of our assumptions.

As the personnel coordinator for the Medical Society, I spend a large amount of time interviewing job candidates. Before I talk to them, I make sure that they have at least the minimum qualifications to work in medical offices: either current experience or vocational training. After I interview candidates, I send only select applicants to the physicians or managers for further interviews. I ensure that physicians or their managers interview only people with the kind of experience, education, attitude and work habits that most closely match their needs. We also check references so that the physician can see how the applicant's record stands on attendance, punctuality, professionalism and quality of work performed.

Are you and your managers familiar with the employment laws? Have you reviewed your job applications recently? If you want the latest information, resources are available through the Human Rights Commission in Olympia. If you prefer, call me at 572-3709, I may be able to answer some of your questions or send you some brochures.

Make it easy on yourself and call the Medical Society Placement Service first. We will do all the prescreening for you. And we can help guide you through the interviewing process.

Western Clinic and Franciscans tie knot

On April 1, Western Clinic was acquired by Franciscan Health Services Northwest, owner of St. Joseph, St. Francis and St. Clare hospitals. The new owners changed the clinic's name to Franciscan Family Care. The clinic will continue to operate its two facilities in Tacoma and Gig Harbor.

With the acquisition, the Franciscan organization seeks to offer patients a full range of health care including family physicians, obstetrics and pediatrics, emergency care, surgery, home care and hospice.

The Franciscan Health System based in Philadelphia is a national holding company for Franciscan Health Services Northwest and other networks that total 12 hospitals and nine long-term facilities.

Franciscan Health Services Northwest hired a new executive director to run the former Western Clinic. Peter Heckathorn became its administrator upon transfer of ownership and brings 20 years of health care experience to his new position.

Managed care initiative to be offered by AMA

A comprehensive managed care initiative is being developed by the AMA to help members understand, adapt to and prosper in the managed care environment.

A primary goal of the initiative will be to educate AMA members through written materials and seminars that will be conducted around the country. Details about the initiative will be announced in late April.

Interprofessional Committee leary of health care reforms

By John Doelle, MD, chairman

The Piece County Medical Society Interprofessional Committee met March 23. Mr. Jackman gave an overview of Senate Bill 5304 (Talmadge bill). He emphasized that the bill made provision for universal access to medical care for all citizens in the State of Washington. This system will be monitored by a health care commission and will be funded through a variety of tax levies including one that will impact hospitals. Another important aspect of the bill is a provision allowing health care providers, including physicians, to negotiate as providers for this plan. Some degree of antitrust immunity will be granted so that physicians may exchange information pursuant to good faith negotiations with the state to become providers for such a system. Apparently there are many details in this bill which have yet to be worked out.

Members of the Interprofessional Committee reported concerns with the Talmadge Bill. In particular, many independent pharmacists are concerned with adequate reimbursement for the cost of pharmaceuticals should such a plan include part or all of patient prescription drugs. It was pointed out that many independent pharmacists who are unable to buy drugs in large lot quantities have a hard time competing with large chains or mail order pharmaceutical houses. Large corporations and mail order pharmaceutical houses tend to compete for contracts that provide pharmaceuticals. This results in increasing pressure on small independent pharmacists who are unable to meet their overhead costs.

Similar pressures are expected to impact individual and small group medical practices which have a potentially harder time covering their overhead in our adversarial medical-provider environment.

The dentistry representative indicated that the dentists are observing the situation, wanting to participate for the sake of providing dental care to a wider group of patients who are currently unable to obtain dental care. At the same time, however, they are very concerned about the issues of remuneration and financing.

All members expressed concerns about the strength of the larger insurance corporation. They raised questions about insurance industry overhead and the efficient utilization of a health care dollar. There are obvious frustrations for physicians and other health care providers with control of overhead associated with the adversarial insurance environment.

There was consensus that some form of mandated health care will be forthcoming in the near future. All members expressed concerns that this be done in such a way as to be fair for all providers: physicians, dentists, allied health care professionals and pharmacists.

The committee also considered the issue of safe prescriptive practices, especially controlled substances. The pharmacists strongly urge the medical and dental community to write scripts for controlled substances in such a way that alteration of such scrips by patients is difficult. For example, for narcotic or other controlled substances, they recommend that physicians write out in long hand the number of tablets prescribed and clearly indicate no refill if this is the physician's desire.

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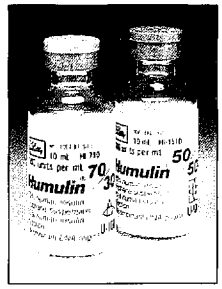

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Dr. Schubert presents Helicobacter Pylori work in Boston

Dr. Timothy Schubert, a gastroenterologist with Digestive Disease Consultants, will be presenting the results of four studies on Helicobacter pylori at Digestive Disease Week, the yearly national meeting of gastroenterologists in Boston in May.

Helicobacter pylori is a bacterium which infects the human stomach causing gastritis, duodenal and gastric ulcers. Treatment eradicating the organism prevents ulcer recurrence. At the plenary session of the American Gastroenterolgic Association, Dr. Schubert's study on the long term follow-up of Helicobacter pylori serology following successful eradication will be presented. This study shows there is a decline in antibody titers with treatment but that the serology remains positive in most patients. At a subsequent research session, work comparing six different tests for Helicobacter pylori will be presented. Two additional studies performed by Dr. Schubert will be presented at poster sessions; "Acute Antral Inflammation Following Helicobacter Pylori Eradication" and "Presence of H. Pylori in Spouses of Infected Patients."

The work presented was performed while Dr. Schubert was at Henry Ford Hospital in Detroit and a clinical associated professor of medicine at the University of Michigan. He has published numerous articles and abstracts on H. pylori. Two articles were published in April; Ulcer Risk Factors: Interactions Between Helicobacter Pylori Infection, Nonsteroidal Use and Age" in the American Journal of Medicine and "Factors Affecting the Eradication of H. Pylori" in the American Journal of Gastroenterology. While in Boston, Dr. Schubert will also be participating in a two-day symposium on acid-related disorders evaluating the clinical implications of recent scientific advances in this area.

Currently, Dr. Schubert is continuing his work in Tacoma with Drs. Waldron, Wagonfeld, Reed and Levant performing studies evaluating the benefit of HELICOBACTER PYLORI treatment compared to acid suppression alosn in the treatment patients with ulcers. Shortly, the grou pin initiating studies to determine the benefit of HELICOBACTER PYLORI treatment in patients with dyspepsia and gastritis but without ulcer.

Clinics look for thyroid disease in Hanford "down-winders"

The Hanford Thyroid Disease Study (HTDS) is being conducted by the Fred Hutchinson Cancer Research Center under contract to the federal Centers for Disease Control.

This study was mandated by Congress in 1988 and is designed to investigate whether there is an increased rate of thyroid disease in people who were exposed the atmospheric releases of radioactive iodine (I-131) between the years 1944-1957 while living near the Hanford Nuclear Site in eastern Washington State.

The pilot phase of the HTDS is currently expected to continue through the summer of 1994 and will include approximately 1100 participants.

HTDS physicians are conducting thyroid evaluations of all study participants at temporary clinic sites throughout Washington state and the U.S. The evaluations include physical examinations and ultrasound scans of the thyroid function and thyroid antibody tests, and fine needle aspiration cytology in individuals found to have clinically palpable thyroid nodules.

Clinical exam results will be sent to participants' personal physicians, and past medical records will be requested when necessary to confirm a prior diagnosis of thyroid disease.

If you or your patients have any questions about this study or wish additional information, please call the Hanford Thyroid Disease Study toll free number 1-800-638-HTDS.

New PCMS members

Ahbel, Dorrit, MD
orthopaedic surgery
practices with Steven Teeny, MD at 5605 100th St. SW, Tacoma
medical school: Georgetown Univ.
internship: Naval Regional Medical Center, Oakland, Cal.
residency: same
fellowship: Switzerland (AO)

Cobb, Mason, MD
pediatric surgery
practices with Leslie Malo, MD, at 314 So. K St., Tacoma
medical school: Michigan State Univ.
internship: Univ. of Oregon
residency: Phoenix Integrated
fellowship: St. Christophers Hospital for Children, Philadelphia

Elam, Kenneth, MD
emergency medicine
practices at St. Joseph Hospital
medical school: George Washington Univ.
internship: Univ. of Florida
residency: Univ. of Connecticut

Flaherty, Michael, MD
pathology
practices with Pathology Associates of Tacoma, 315 So. K St.
medical school: Univ. of California - San Diego
internship: Virginia Mason Hospital
residency: Univ. of Washington
fellowship: same (gastrointestinal pathology)

Rao, Sujata, MD
oncology/hematology
practices with Medical Oncology at Tacoma General Hospital
medical school: State Univ. of New York at Buffalo
internship: Univ. of Pittsburgh
residency: same
fellowship: Memorial Sloan Kettering Cancer Center (oncology-hematology)

Schwartz, Lawrence, MD
infectious disease
practices with Infections Limited, 1624 So. I St., Tacoma
medical school: Medical College of Ohio
internship: Baystate Medical Center, Springfield, Mass
residency: same
fellowship: same (infectious diseases)

Stoecker, Robert, DO
emergency medicine
practices with Tacoma Emergency Care Physicians at Tacoma General Hospital
medical school: Michigan State Univ.
internship: Mt. Clemens General Hospital, Mt. Clemens, MI
residency: same

Wurst, Tod, MD
radiology
practices with Tacoma Radiology, PO Box 1535, Tacoma
medical school: Univ. of Connecticut
internship: Hospital of St. Raphael, New Haven, Ct.
residency: New York Univ. Medical Center
fellowship: same (vascular/interventional radiology)

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

ACLS Provider Course scheduled June 21 and 22

The College of Medical Education's highly touted ACLS Provider Course is scheduled for June 21 and 22. Unlike many other ACLS courses, this program offers 16 hours of Category I credit from both the AMA and AAFP.

The ACLS program is a two-day certification and recertification course offered twice annually for physicians and nurses 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 COME course is "participant friendly," combining some lecture with a great deal of hands-on practice prior to the second day's afternoon testing.

The program brochure highlighting the course content will be available soon.

Office Gynecology CME designed for primary care physicians

The College's "Office Gynecology Update" course has been designed to provide the primary care practitioner with the latest in women's health care. The program, organized by Tacoma physicians **John Lenihan, MD**, and **Sandra Reilly, MD**, is scheduled for Friday, May 7 at Jackson Hall.

The Category I course will feature both local and regional GYN experts on the following subjects:

Menstrual migraines
PMS/Depression - office management
Management of acute and chronic pelvic pain
PMS/Pain panel - questions and answers
GYN cancer screening
Update on contraception
Urogynecology - my patient who leaks
Management of abnormal Pap Smears or Look Before you LEEP

1993 Hawaii CME developing, likely scheduled for Maui

The College of Medical Education is planning its sun "resort" CME program again in Hawaii.

Following COME's other resort effort which proved to be most successful, next year's program will offer sun, family vacationing, relaxation and the usual quality CME.

Although the program is still developing, the course will likely be in Maui for a week from April 3 through April 9, 1994. The program , as developed by **Drs. Craddock and Yu**, should feature 20 Category I CME credits.

The College is presently negotiating reduced rates for both lodging and air fare. Since the program is planned for Hawaii's high season, early registration is encouraged. Keep your eye out for a program brochure to be completed soon.

DATES	PROGRAM	DIRECTOR
1993		
Friday May 7	Gynecology Update	John Lenihan, Jr., MD Sandra Reilley, MD
Monday, Tuesday June 21 & 22	Advanced Cardiac Life Support	James Dunn, MD

President's message

A year ago, I can remember feeling that I knew so little about being a county Auxiliary president and particularly of such a large and active county. Now I realize how quickly the knowledge is acquired when it is required. I have truly enjoyed my year as president and I am grateful for having had the opportunity to experience the personal growth and rewards that come with the responsibility of this position.

I am proud of my board members for moving forward with new ideas that were tried and successfully executed. I owe a great deal to these wonderful women for their increasing support, tireless efforts and the shared enthusiasm. Thank you for "Giving Time with Care."

On June 1, Denise Manos will become your new PCMSA president and I wish for her the same kind of terrific year as I've had with all the positive help, support, and advice that I received. Thank you for allowing me to serve as your president this past year.

Sincerely,

Karen Dimant

Auxiliary meeting notice

The Pierce County Medical Society Auxiliary will hold its last meeting of the 1992-1993 season May 12. The meeting will be held at the Foxglove herb farm. The Gig Harbor farm should provide a lovely setting for a brief business meeting, a lecture and then a box lunch picnic.

Foxglove's herbist will share some of her knowledge on the uses of herbs. She will discuss the use of herbs in cooking, potpourris, vinegars, and oils. She will discuss growth requirements of the different plants, and can help you choose the appropriate plants for your garden or window box. Plants will be available from the farm for purchase. Her program will begin at 11 a.m.

The box lunch will be served at noon. It will be available for $8. Reservations can be made by calling Kathleen Forte at 759-6381.

The farm is not difficult to find, but parking right at the facility may be somewhat limited, so this would be a great event to call a friend and share a ride. From Highway 16, take the city center exit. Go straight through the stop light onto Stinson to a four-way stop. Turn left on Rosedale. Follow Rosedale several miles past the Gig harbor High School. The farm is one mile past the school. Take the first driveway past 66th Ave.

1993-94 officers

At the March 18 meeting, the following slate of officers was elected by unanimous vote:

President	Denise Manos
President-elect	Patty Kesling
1st Vice-president (Programs)	Mary Jackson
2nd Vice-president (Membership)	Mimi Jergens
3rd Vice-president (By-laws/Historian)	Kris White
4th Vice-president (Arrangements)	Marilyn Simpson
Recording Secretary	Kathy Forte
Corresponding Secretary	Mary Lou Jones
Treasurer	Susan Wulfestieg
Dues Treasurer	Colleen Vercio

Congratulations to our new officers!

Philanthropic Fund applications available

If your service and health-related Pierce County organization would like to be considered by the PCMS Auxiliary as a recipient for philanthropic funding, you may now obtain an application by writing Lynn Peixotto, 13316 Muir Dr. N.W., Gig Harbor, WA 98332. Proof of 501(C)3 IRS rating is required. All applications must be requested directly from Lynn. Application deadline is June 15, 1993.

Mystery Night

The headline of the Ruston Blowhole read, "Local Opera Director Found Slain," and 65 amateur sleuths attended the PCMSA mystery night to find out "who done it!" It was a fun evening held at the Lodge in Point Defiance, and the shroud of mystery was definitely in the air. Eight local actors from the Gig Harbor Theater of the Air mingled in character with the guests. They were asked insightful, probing questions about the case, and were even treated to some musical excerpts from the ROT production "Rustinhimmel."

All nonsense aside, it was a wonderful evening! Hats off to Peggy Smith who was the only one to correctly solve the mystery, and to Patty Kesling for putting it all together. Keep your eyes open. We will do this again next year, and hope to see YOU there!

Whodunit winner Patty Kesling with her husband, Peter Kesling, MD

The suspects and the detective

Tarek Baghdadi, MD, digs into his favorite part of Mystery Night

POSITIONS AVAILABLE

American Lake Veterans Administration Medical Center has a vacancy for a General Internist (BE/BC). This is a full-time position in Ambulatory Care with primary care responsibilities to include Walk-in Clinic, Acute Care Room (E.R.) and supervision of Physician Assistants and Nurse Practitioners. Office Gynecology is desirable. Candidates must be BLS/ACLS certified. Contact: Tesfai Gabre-Kidan, MD, Associate Chief of Staff/ Ambulatory Care (11C), Am. Lk. VAMC, Tacoma, WA 98493. Telephone (206)582-8440, ext. 6228.

Physicians Needed Part-time. Change your routine - spend one weekend a month and two weeks a years 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.

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: 1-800-643-9852.

Tacoma-Seattle, Outpatient general medical care at it's 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.

EQUIPMENT

Pitney Bowes Postage Meters. Set-up Complete. Horizon Systems Hardware Equipment. Call office administrator: 863-6338.

Skytron Surgery Tables, excellent condition, to sell. Model 6100, general purpose, 2 arm boards + remote control for $10,000. Model 3100 Elite "C Arm" series, 2 arm boards + remote control for $15,500. Large selection of gurneys, several makes and models. Until May 25th all gurneys will be offered at 25% discount off regular low prices! Call LYNLEE'S, INC. for more information. Redmond, Washington warehouse. (206)867-5415.

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

Lab equipment - Coulter CBC5. Excellent condition. $500.00 or best offer. VWR Votex 2 Mixer $100.00 or best offer. 272-7573.

OFFICE SPACE

Looking for a solo family practitioner or specialist to lease 1,000 - 1,400 sq. ft. medical office space. Excellent conditions, choice location and less than market value. Please call 272-9994.

Office Space fully furnished available to share expenses in sunny spacious suite in Tacoma. Call Carolynne or Dr. Lovy at 756-2182.

GENERAL

All-Pro Builders, General Contractors, Specializing in Medical Office Tenant Improvements and Remodeling. Professional Designs Available. BONDED and INSURED Contractors License #ALLPRB*077DK. Talk to the professionals - Call (206)825-1957 or 1-800-606-1957.

Real Estate Services for Medical Professionals (RESMP). Professional brokerage services for medical professionals in buying or selling real estate in King and Pierce counties. Frederick R. Wallenborn, Real Estate 2000 Corp. 939-2100 King County or 581-2004 Pierce County.

Real Estate Canterwood. Premium lot on 14th fairway - .46 acre with 180 ft fairway frontage. Full golf membership included. $155K. Dr. Keltie Burt 582-5881 days.

PCMS membership applicants

Klarnet, Jay, MD

medical oncology

practicing with Drs. Senecal, Baker and Brantly at 1802 So. Yakima, Tacoma

medical school: SUNY Buffalo

internship: Millard Fillmore Hospital

residency: same

fellowship: Univ. of Washington (medical oncology)

Peak, Mimi, MD

aerospace/general medicine

practices with Family Health Care Center, 10518 Pacific Highway S.W., Tacoma

medical school: Boston Univ.

internship: Univ. of California San Francisco

residency: same

fellowship: US Air Force School of Aerospace Medicine

Pierce County Medical Society
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Tacoma, WA 98402

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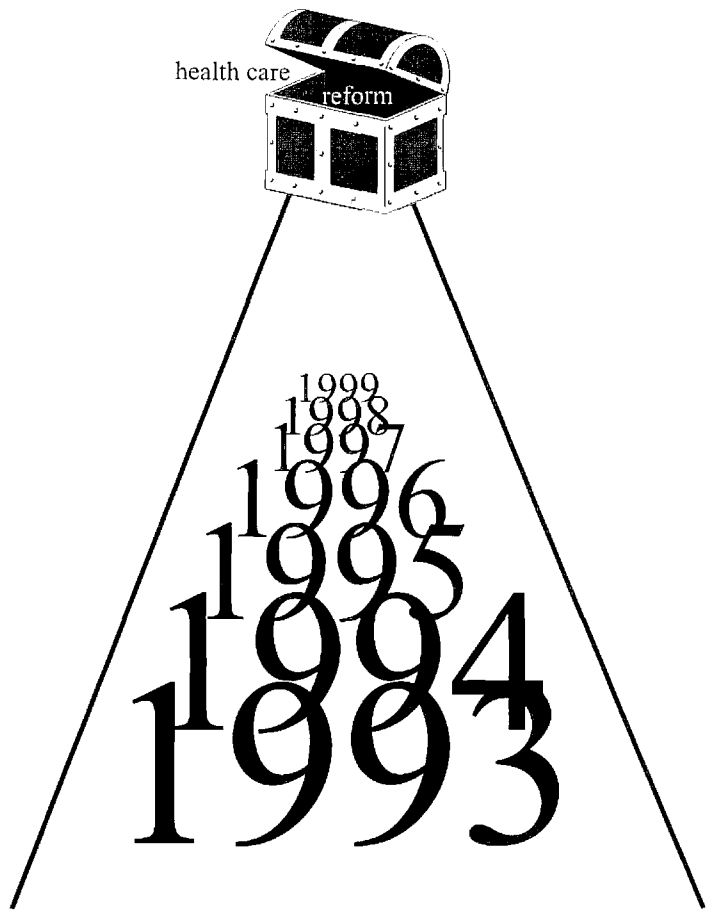
PIERCE COUNTY MEDICAL SOCIETY
BULLETIN

June, 1993



THE SIX-YEAR COUNTDOWN

see timetable on page 14

The Bulletin is published monthly 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 15th of the month preceding publication (i.e. Oct. 15 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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Subscriptions: $25 per year, $2.50 per issue.
Make all checks payable to:
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223 Tacoma Avenue South
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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

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News Briefs

Contract review service available

Washington's health care reform legislation will prompt a flood of new relationships between physicians, hospitals and insurance companies. Physicians will also be forming new relationships with each other. It has been reported that some hospitals are already making contractual offers to physicians.

The Washington State Medical Association (WSMA) has advised physicians to go slow with these new arrangements. Health care reform will take several years to implement (see the timetableon page 14 of this *Bulletin)*. The first contract put before you may not be the best for your situation.

To help you evaluate the complex and lengthy contracts that are likely to start flying around the emerging world of medicine, WSMA is offering physicians a new contract review service. If you receive an offer from a hospital, insurance company or group of other physicians, simply mail it off to WSMA. Its legal experts will write a review of that contract for you.

The WSMA staff has proposed to the Board of Trustees that the service be free to WSMA members. The board was scheduled to consider the recommendation in late May.

John Arveson, WSMA's director of professional affairs, said the Association has not reviewed any Pierce County contracts yet. When they do, he advises physicians to accept the contract reviews for what they are; generic reviews, not legal advice.

"We can provide written analysis of a contract in general terms," he said. "But we can't advise a physician if the contract is good or bad for him or her. So the physician should certainly consult with his or her personal advisors."

Board passes large-group dues discount

Saying that the Medical Society desires the input and support of all physicians practicing in Pierce County, the Executive Committee recommended to the Board of Trustees that PCMS extend a hand of unity to those physicians. A motion to discount dues 20% for physician groups of 50 or more passed.

The motion included two important provisions. First, all physicians in the group must join the Society in order for any to take advantage of the discount. And second, the offer is considered a two-year trial.

In making its decision, the Board felt that a large and important segment of the medical community was not represented in the Society. Fewer than a handful of the 75 or so Group Health physicians belong to PCMS. Only one from both Madigan and American Lake belong to PCMS.

Board members said they believe the physicians would benefit from Society membership and that the Society, too, would be stronger by their presence.

Is a managed care affiliation good for you?

For you do-it-yourselfers, the AMA has published a 75-page booklet titled "How to Evaluate a Managed Care System Contract." Its purpose is to help private practice physicians with a quantitative evaluation of the wisdom of entering into an agreement with a managed care system.

The booklet is divided into three sections. Section one lists questions the prudent physician should ask when evaluating an offer to join a managed care system.

Section two provides a worksheet which, when completed, will provide quantitative data on the private practice that can be compared to data on the managed care system.

Section three is a case study comparison of a hypothetical private practice to a hypothetical HMO. The comparison is made using the type data you would obtain by completing sections one and two.

The booklet is available by ordering directly from the AMA. Call 1-800-621-8335 and refer to book #OP-35. The price for members is $44.95 and $55.95 for nonmembers.

Please read the time line for implementing health care reform in Washington on page 14. You will see that you have a lot of time to study this manual and other literature before signing any contract.

Stan Jackson, MD

Stanley Jackson joined the Army. His son, **Stan Jackson,** saw the world.

"I've been in every state in the union and lived in many countries," said **Stan Jackson, MD**, a PCMS trustee.

Thanks to the Korean war, his father was called to duty and the Puyallup plastic surgeon left the Texas farm where he was born. He has spent a lifetime soaking up culture. His travels and experiences have left him with some Will Rogers-type observations.

"One on one, people everywhere are pretty much the same," he said. "Far and away, most people you meet are friendly and caring." It's just a few that ruin it for others, he thinks.

On getting along, he said, "It's mostly a matter of accepting people the way they are rather than trying to change them to your beliefs."

On government: "I'm a fan of less government intervention in everything, not more. But state government has been our greatest growth industry over the past few years. It's discouraging to see countries in Europe trying to break away from Socialism knowing that's the direction we are heading."

On the upheaval the health care industry is facing: "I appreciate what loggers and fishermen went through when their lives were turned upside down. I have more empathy and understanding now."

On his favorite place: Wherever I am is my favorite place. That's why I'm here."

By his senior year in high school, **Stan Jackson** had taken in the culture of 18 schools. Just before completing high school in Kentucky, he attended an on-base school in Germany. It was fully integrated. But Kentucky schools were a sharp contrast back in the 60's - either all white or all black.

"I couldn't understand why Benny or my other friends were treated differently," he said. He now thinks southerners suffered from a lack of exposure - exposure like he'd experienced in his travels.

"That's one of the things I've always liked about living out here in the west," said **Dr. Jackson**. "People are judged more by what kind of person they are."

How did he land out West? Half a career as an Army physician concluded for him at Madigan. The military not only led him to Pierce County, it also helped him become a doctor in the first place.

Being a military vagabond as a kid, he had no official state of residence. When he set his sights on medical school at Louisiana State, the cards were stacked against him. Out of state admissions were rare.

Enter an obscure state law. It said he who enlists in the military in Louisiana automatically becomes a Louisiana resident. The military became his ticket to med school and the west.

To enlist, he finished the last two years of college ROTC. He graduated with an Army commission and Louisiana residency papers. Papers in hand, he knocked on the medical school's door and was admitted.

After med school, he fulfilled his military obligation and then some, spending over 12 years in Army hospitals. Between his Honolulu internship and Walter Reed fellowship, he pulled a residency at Madigan. Enamored with the Pacific Northwest's beauty, he later returned as Madigan's chief of plastic surgery before beginning his private practice here in 1984.

You can see **Dr. Jackson's** appreciation of nature's beauty in his office. Set high on a Puyallup hill offering a panoramic view of Tacoma, his earth-tone building is surrounded with a large expanse of manicured lawn and specially-selected plants. "Gardening is a hobby of mine," he said.

Circular windows in the patient waiting room take advantage of the view and also display stained glass artwork of flowers and nature. The kitchen walls in his building are lined with photos of mountains and forests.

His family shares his enthusiasm for nature. They sail and ski together. "Water has a calming effect on me," he said.

Matt, his high-school senior son, will spend a week this summer in Hawaii in and around water learning marine biology. His daughter, Libby, will spend her college summer vacation working in Yellowstone Park.

Dr. Jackson said the best vacation he and his wife, Ruth, ever took was inhaling the Grand Canyon's beauty during a 10-day rafting trip down its Colorado river. Sleeping on the beach and washing in the river wasn't easy. But the beauty made it worthwhile.

Doctor Jackson's military past shines through in the mission statement he's hung prominently on his office wall. It reads: "The mission of the practice is to provide high quality health care in a professional and efficient manner while maintaining a warm and caring atmosphere for our patients."

He said, "I have been very fortunate in having excellent people working with me in my office throughout my time in private practice. They really contribute to the success of the practice."

Dr. Coombs is on the road for Clinton

John Coombs, MD, a PCMS member recently appointed associate dean of regional and rural health for the University of Washington School of Medicine, has been chalking up frequent flier miles as part of President Clinton's 500-person health care reform task force. He's criss-crossed the country many times.

In March, the PCMS Newsletter reported the former MultiCare vice president would be taking part in a task force meeting in Little Rock, Arkansas, that was to consider the rural health implications of Clinton's health care reform proposal.

In a recent conversation, he said that his sub-group at the meeting considered how to increase the rural supply of physicians under Clinton's developing plan. They identified nine cross-cutting themes and made 13 specific recommendations at the meeting, he said.

The primary theme, and the primary health care problem in rural America, is access, not cost, he said. Only 6% of the health care dollar is spent in rural America, he said, yet 25% of the population lives there.

As a result of having identified the access problem, **Dr. Coombs'** group recommended that the Clinton plan promote "managed collaboration" rather than "managed competition" in rural areas. There generally are not competing physician groups or hospitals in rural settings, he said. Managed competition won't work there.

Instead, **Dr. Coombs'** group suggested that the government

contract with one accountable health partnership in each rural area and hold them accountable for providing adequate service. In other words, give them local control but require the existing providers to recruit sufficient additional help to meet the community's health care needs.

Changes in the nation's health care system may be small and incremental, not big.

Physician assistants, nurse practitioners, midwives, dentists, mental health professionals - they were all part of his plan's mix.

Doctor Coombs and some others wrote up the group's recommendations. Last month, he helped present them to the entire 500-person task force in Washington, D.C. Later, he did so again to the National Governor's Association there. Finally, he traveled to the Capitol again to address the House Rural Caucus and the Senate's Rural Coalition (which included Washington's Senator Slade Gorton).

"Everytime I go before one of these groups, I'm elated by the time and energy people put into this problem," he said. "There are a lot of very dedicated, knowledgeable people involved in this process. I think the final solution will be superb."

Doctor Coombs has seen a draft of the Clinton plan and sees a lot of his work group's recommendations in the plan. He called it cohesive.

But **Dr. Coombs** is concerned that special interests will destroy the integrity of the 200-page document. Insurance companies, business, providers and senior citizen lobbies may all try to alter the plan until it approaches 1,200 pages in length and achieves few of the original plan's objectives. It's called politics.

"Many people see this as an opportunity to increase their influence and some see the plan as a threat to their interests," he said.

With $150 billion on the line, the stakes are big but the plan may go nowhere, he frets.

Which returns him to his original prognosis before health care reform activity heated up. **Doctor Coombs** thinks people are more interested in preserving the status quo than they are in reform. As a result, he predicts changes in the nation's health care system may be small and incremental, not big, he said.

Private practice is not dead, he said, contrary to some predictions.

Impressions of health care reform in Washington State

by Leonard B. Alenick, MD

The Washington Health Care Services Act of 1993 (HCSA) will catalyze changes in the way medical care is financed and delivered. PCMS and WSMA are committed to being the most comprehensive and best sources of information from the physician's point of view.

HCSA phase-in begins July, 1994, and is not complete until 1999. My advice now is to play the field, so to speak, and "date" organizations but not commit to any organizational "marriages" that involve monogamous relationships or expensive divorce costs. Now is the time for physicians to learn about the changes and plan appropriate responses. I feel that it is premature to commit oneself to any professional contractual relationship that limits a physician's choice.

It is important to realize that health care reform has been coming fast by one of several mechanisms, even without new legislation. Purchasers and insurers are creating new forms of insurance such as "point of service" plans which exclude or rate physicians. The State Health Care Authority is gathering a significant part of the population under their umbrella e.g. L&I, Medicaid and teachers in addition to state employees. They are setting up managed care plans of their own that mandate acceptance of Medicaid if you wish to be part of any of their plans. Blue Cross has announced that it will no longer pay for services delivered by nonparticipating physicians.

Purchasers and insurers have been forcing microregulation of the

practice of medicine. Numbers of uninsured have risen and the clamor for reform has increased. This could have led to a successful initiative drive, a process which rarely produces good legislation because it is not amendable. Alternately, we could have been saddled with physician-specific taxes and/or reduced health care spending plus physician fee controls and without full access. This process prevents cost shifting. It would bankrupt most hospitals, as well as physicians, who attempt to care for patients unable to pay. In neither instance would we have the advantage of collective negotiating ability or an "any willing provider" statute.

New laws creating reform would have come either from an initiative process, the Clinton administration or, as happened, the state government. In 1988, WSMA had the foresight to recognize the handwriting on the wall and, after much consultation and study, produced report P-10900 creating principles and goals-to-incorporate into health care reform. Our goal was to guide reform into a workable format rather than attempt to prevent the inevitable and get flattened by a steamroller. WSMA's actions were continuously refined and endorsed by the House of Delegates and the Board of Trustees. I believe the physicians of Washington State are in better position now than we were before the 1993 HCSA passed the Legislature.

Under the 1993 law we get increased access starting in July, 1994, with cost controls following. Thus, our main goal of access coupled to cost controls has been achieved. We get a degree of collective negotiation which allows managed competition to work closer to the theoretical ideal of truly-free enterprise.

No other state, to my knowledge, is even close to getting any semblance of collective negotiation.

There will be choices for both patients and physicians, although with some constraints. Employees will have a choice of at least three Certified Health Plans (CHP). Physicians can join as many CHP's as they want. Payment may be by capitation, DRGs or RBRVS fee-for-service, depending on the CHP, with some degree of risk sharing mixed in.

There will be administrative simplification for billing but probably also new documentation requirements to study outcomes. Hopefully, we will learn more about the quality of our product as a result of these efforts. No substantiative tort reform has been included. However, the trial lawyers did not take away any pieces of the existing reform either.

WSMA opposed physician-

(continued next page)

Dr. Alenick reviews Washington's health care reform act (continued)

specific taxes but recognized the necessity for new broad-based taxes which might include physicians. There are no new physician's taxes in the HCSA. But, the state budget has a broad-based increase in B&O taxes. Physicians are included in the lower category of B&O tax rate increases.

WSMA was and still is opposed to global budget for the Uniform Benefits Plan (UBP). We wanted to set the cost but let the benefit vary with the efficiency of the plan. WSMA also understood financial reality and suggested a relatively basic health plan as the UBP. Political reality dictated that a global budget would be part of the plan. The original bills based on the Gardner Commission's report included a high-end comprehensive plan globally budgeted. Financial reality finally struck in conference committee and the high-end plan was reduced to an enriched basis health plan under a global budget. Supplementary insurance written above the UBP is not globally budgeted and fee for service medicine is permitted for services outside the UBP. The end result is a compromise between what the Commission and WSMA proposed.

Since there probably will be less use of specialty services in the future, there will be a trend towards doctors moving back to general medicine. WSMA has plans to help facilitate that transition.

The HCSA of 1993 has features that each group - business, patients, insurers and providers - will dislike. Business is unhappy because they must pay part of the insurance for all employees. Patients will have some limitations on choice of provider plus higher copayments and other direct costs of having health care. Insurers will no longer be allowed to cherry-pick patients and will have to provide the UBP to anyone who wishes to sign up. As a result, I expect some insurers will leave the state. Providers will have additional required documentation of outcomes as well as risk-sharing and constraints on use of new or expensive technology. I feel the HCSA is balanced because all groups have their oxen gored equally.

Although the new law lays out some parameters, the details will be in the rules which will be written by the yet-to-be-named new five-member Health Services Commission. Stay tuned to PCMS and WSMA as your best sources of accurate new and unbiased information to help steer through these uncharted waters.

Physician-hospital relationships attract IRS

The April 26 issue of American Medical News reported that some IRS districts have been investigating contractual relationships between physicians and hospitals. The auditors have been looking for and finding illegal or unreported arrangements that can mean as little as tax penalties for physicians or as much as loss of non-profit status and criminal charges against hospitals.

The article concludes, "Doctors' best antidote to this scenario is good legal counsel and a thorough understanding of what types of hospital compensation are legal."

Suspect arrangements fall into five categories, according to the article:

(1) **Recruiting incentives** such as below-market charges for practice management services or rent, private practice income guarantees, financial assistance for home purchases or outright cash payments for physicians' services.

(2) **Incentive compensation** such as sharing hospital revenues, certain unfunded deferred compensation, open-ended employment contracts or compensation based on hospital profits.

(3) **Below-market loans** such as loans with low rates of interest, loans without adequate security, transactions hidden from hospital board of trustees or those not reported on physicians' W-2s or 1099 forms.

(4) **Below-market leases** of office space

(5) **Hospital purchase of a physician's practice** such that the transfer more than incidentally serves private interests, or the physician receives more than fair-market value or the physician's compensation is unreasonably high.

WSMA is offering physicians a legal review of their current or proposed contracts with hospitals. See article on page 12 for more detail.

Tom Norris, MD, leads state family physicians

Tom Norris, MD

Bill Marsh, MD

Richard Hawkins, MD

Tom Norris, MD, director of Tacoma Family Medicine, has been elected president of the Washington Academy of Family Physicians. The Academy, with 16,000 members, is the largest specialty society in the state.

Also elected to leadership positions in the Academy were **Bill Marsh, MD**, vice president, and **Richard Hawkins, MD,** speaker of the House of Delegates

Doctor Norris said, "I enjoy working collaboratively with other physicians and this is a great opportunity to do that. It's going to be a nice opportunity to be involved."

He said the Academy has worked closely with WSMA in helping shape and support health care reform. In the next year, he said, the Academy's emphasis will be on implementing it; to help members understand what managed competition will mean to them.

To accomplish that, he said, the Academy is creating task forces on physician-hospital relationships and on managed care plans. The task forces will study the new legislation and advise members about coming changes.

Doctor Norris said most family physicians support the new health care reform legislation because it helps their patients. Many patients not previously served will have access to care under the new law.

However, he said he's not sure about the legislation's impact on physicians themselves. "It's too early to know if it will be good or bad for family physicians," he said.

Society to support hospital medical staffs

The PCMS Board of Trustees voted at its May 4 meeting to allocate up to $1,500 to help hospital medical staffs with legal reviews of hospital bylaws.

The AMA has recommended that hospital medical staffs conduct legal reviews of hospital bylaws. Hospital bylaws can sometimes be changed without much communication with medical staffs. The AMA reasoned that a periodic legal review would assure physician staff members that they understand and agree with provisions in the bylaws.

The Board of Trustees recognized, however, that local hospital medical staffs have no way to collect money to pay for such a legal review. Consequently, it offered to use the Society's resources to help its members conduct the reviews.

Oops

Two photos in last month's Bulletin were incorrectly identified in their captions. On page 17, we printed a photo of **Dr. and Mrs. William McPhee** and misidentified them as **Dr. and Mrs Murray Johnson.**

On page 26, the photo of Patty Kesling credited her with winning the Auxiliary's Mystery Night when she actually organized the affair. Peggy Smith was the winner.

Thanks for reading your *Bulletin* closely and alerting us to these glitches.

Members sound off on health care reform

We recently asked several members their thoughts on the state's new health care reform legislation. For the record, their responses follow:

Jonathan Levant, MD, Tacoma gastroenterologist, said he hopes everyone in the state is provided the same basic coverage as a result of the law. He is pessimistic that health care costs will be reduced without squeezing physicians. He feels those who will be working out the details of the plan over the next few months need lots of physician input. While he hasn't read the document, he said, "I'm sure the new law weighs 40 pounds."

Ernest Randolph, MD, a general practitioner in Spanaway, plans to retire in a year or so. He said, "I think the days of a single practice like I have are on the way out. I don't think they'll be able to keep up with the paperwork and rules." Consequently, he's negotiating with some area hospitals to whom he hopes to sell his practice.

Rules, he said, forced him to close the office lab he once had. He believes Blues will soon require physicians to purchase electronic billing equipment, an added cost he doesn't want. He envisions the Pierce County medical scene being loaded with HMO's in the future. "The sooner I get out the better," he concluded.

Charles Prewitt, MD, a Tacoma otolaryngologist and head and neck surgeon, said, "I haven't felt it will affect me in any great way." He understands the new law will be gradually phased in and as a result will not have a dramatic effect on him. He said at his age, 60, he is practicing for the fun of it. He's more worried about the effect the law will have on his son, a general surgeon who soon will return to Tacoma.

Kirk Harmon, MD, an occupational medicine physician with Franciscan Work Care on the tideflats, said the new health care reform law stands out to him for two notable deficiencies. It does not address tort reform and it does nothing to solve a shortage of primary care physicians.

In order to reduce health care costs, he thinks the Legislature must also address end of life issues, transplantation issues and provide a way to educate patients.

Dr. Harmon likes the clause eliminating pre-existing conditions as a reason to exclude people from insurance coverage. "I also agree with taxing sin - tobacco and alcohol," he said.

"I don't know whether this law will affect me, however," he said. He's already employed by a large provider.

Gary Pingrey, DO, a Gig Harbor family practitioner, said, "I am pleased to see it will provide portability and security to folks with medical problems." He supports the requirement that employers pay for employees' and dependents' health care insurance, but believes employers will raise prices to compensate for the added costs.

Dr. Pingrey is concerned with the reliance on sin taxes, however. "It never works out in sin taxes that you get the revenue you anticipated."

He hopes patients are required to co-pay to avoid overutilization of the system, but doesn't know whether that provision is in the law. The law is scary to him as a taxpayer because Washington will attract, and pay for, out-of-state people. "I'm afraid of being stormed," he said.

PCMB explains new Point of Service health insurance plan

Pierce County Medical Bureau's (PCMB) new Point of Service (POS) health care insurance plan will reward the most cost-effective physicians and penalize the least cost-effective practitioners, according to PCMB's president.

On May 11, more than 250 Society members filled a Sheraton Hotel meeting room to hear Don Sacco explain that the POS plan is scheduled to be implemented this summer. It will create a risk-adjusted reimbursement system PCMB is in the process of completing. Based on a physician's cost-of-service history, including patients' hospital stays, he or she will be rated as falling within or outside the norm for like practitioners.

The purpose of the system is to hold down costs by providing incentive for physicians to be most cost effective, Sacco said.

The reimbursement system is based on each physician's billings to PCMB in the past. Sacco said most physicians have been mailed statements of their ranking within their specialty. Those rankings will determine whether a physician receives the maximum or lessor reimbursements, he said.

Sacco went on to say that PCMB's POS plan, contrary to King County's controversial new product, will be open to most physicians who want to participate. Those on the far outside of the cost-of-service bell-shaped curve, however, may be eliminated, he said. Those on the high side will simply receive smaller reimbursements.

In analyzing physicians' cost histories, Sacco said PCMB has noted "tremendous variations between physicians in cost per patient" on like procedures. The variable-reimbursement system in POS responds to those differences.

In explaining why PCMB created the new product, Sacco said his company is responding to marketplace demand. "We are proud to be customer driven," he said.

A year and one-half ago, PCMB lost Kaiser Aluminum Co., a large Pierce County employer, as a customer because the insurance company had no product like POS to offer, Sacco said.

The new POS plan, which he described as the latest in an evolving series of managed care products in the marketplace, relies first on primary care physicians. It is an attempt to reduce health insurance premiums while providing higher benefits than a PPO plan, he said.

Responding to about 25 questions from PCMS physicians in the audience, Sacco said PCMB will soon send another practice profile to physicians. It will compare their cost record with other similar specialists. He said if members wish, PCMB will share with them the data from which the profiles were generated.

Sacco also said PCMB would welcome suggestions on how to help physicians improve their ranking - to improve their cost/patient record.

The PCMB president concluded by saying if physicians have further questions, they may write **Les Reid, MD**, medical director at the Bureau.

Update your Directories

We have learned of the following changes in Directory listings. Please annotate your copy to reflect that:

1) **Dr. Osman Carrim's** new office address is 3403 S. 19th St., Tacoma, WA 98405-1905

2) **Dr. David Dawson's** Federal Way office phone is 952-4576

3) **Dr. Robert Finnerty's** physicians-only phone number is 475-4773

4) **Dr. Jan Oravetz's** office address is 3611 So. D St., #22, Tacoma, WA 98408

5) **Dr. Jonathan Ritson's** office address is 2201 So. 19th, Tacoma

6) Delete **Dr. David Wilhyde's** St. Joseph Hospital Lab listing

Dr. Connolly named to Medical Disciplinary Board

Doctor Estelle Connolly, recently-retired plastic surgeon, has been appointed to the Medical Disciplinary Board by Governor Lowry. **Dr. Connolly** will join retired Sumner family physician John Kemman on the board.

Dr. Connolly was nominated by PCMS and WSMA to represent the 6th Congressional District.

The board meets for two or three days monthly in various cities around the state. It is the ultimate authority in the disciplinary process of medical doctors.

PCMS commends and thanks **Dr. Connolly** for assuming such responsibilities.

Health Department considering more changes

Federico Cruz-Uribe, MD, the new director of the Tacoma-Pierce County Health Department, told members of the PCMS Board of Trustees May 4 that the department's widely publicized reduction in top level management is just part of the new direction his department plans to steer.

> *"I've taken the stance that we need to offer serivces"*
> Federico Cruz-Uribe, MD

Dr. Cruz-Uribe said he is helping the department look at its overall role in the county. That role was unclear when he walked into the department in the midst of crisis.

Under Dr. Cruz-Uribe's predecessor, the Health Department eschewed services.

"I've taken the stance that we need to offer services," said Dr. Cruz-Uribe. "Maybe we won't offer the same services the department has traditionally offered. Most issues we deal with today are not infectious disease-related, so we need to change. We need to ask, 'Are they meaningful services we are offering to Pierce County residents?'"

The new director admitted he has more questions than answers at this point in his brief tenure at the department's helm. "We and the private medical community need to find the answers together," he said.

He said the department currently supports 18 major categories of services, each with several programs. Many are funded for political reasons. He plans to eliminate many of them and concentrate on those that make a real difference to the health of the county.

Dr. Cruz-Uribe told the Board that some important population groups are currently not being served, such as teenagers and women.

"We're missing the boat," he said.

Other populations currently receiving services will be dropped from county programs as health care reform-prompted universal access becomes a reality. When those patients are transferred to the new managed care system, the department should change some of its focus to prevention activities, he said.

Dr. Cruz-Uribe is also serious about fiscal responsibility and program accountability. Under the previous administration, the department suffered a budget deficit last year. After trimming the department's administrative staff by 25%, he has begun a search for a business manager to control the department's finances.

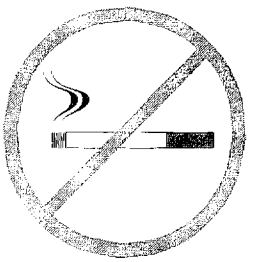
"That's a major change for us," he admitted. "We are holding managers responsible for their budgets."

In addition, he has found the department is not in the habit of evaluating its effectiveness.

"We need to set goals and measure our results," he said.

Support available for would-be quitters

The Tacoma ex-smoker support group has begun under the sponsorship of the St. Joseph's Cacner Prevention Program. This is a free service with weekly meetings at 7 p.m. in dining rooms 1 & 2 at St. Joseph's Hospital.



This is the only support group in Tacoma for people looking for the courage to begin a smoking-cessation effort or for the strength to keep tobacco out of their lives forever.

The group has been patterned in an informal non-imposing style similar to the very successful Olympia ex-smoker support group now in its fifth year. This allows people to enjoy a social setting while benefiting from the experiences and encouragement of others who truly understand what they are going through. As one participant put it, "I can come here and take home as much magic as I need."

Physicians are encouraged to recommend this group to their patients, whether smokers or ex-smokers who are struggling with the lure of tobacco. The recommendation from a physician for smoking cessation carries a tremendous impact that will have a life long effect of the health of our patients.

For information call Deane at 591-6746 or **Pat Hogan, DO**, at 383-1066.

Carefully study that contract before becoming an employee

by Andrew Dolan, attorney

All change involves some turmoil, and the health care reform effort is likely to produce more than its share. Physicians will quite naturally be thinking about various kinds of aggregation in order to have increased resources to cope with the future.

Overtures to physicians to essentially acquire their practices are increasingly common from hospitals and out of state practice managers. Each physician practice needs to carefully analyze its position and the challenges ahead to determine what alliances make sense.

All of these relationships involve some paperwork relating to the acquisition of the physician's practice and/or subsequently becoming an employee - or something tantamount to an employee - of the acquiring entity.

Like entering any new arrangement, physicians should study the accompanying legal documents carefully and review them with competent health care counsel. Many of these relationships could place substantial limits on your ability to relocate in the event you conclude the deal is not working as well as you expected. Therefore, *extreme caution is indicated.*

In evaluating these arrangements, physicians need to pay attention to every proposed detail; the saying that the devil is in the details is especially relevant here.

However, pay particular attention to the following:

Liability

Some of these acquiring groups will provide you with malpractice coverage; others will require that you provide your own. An important issue here is who pays for the tail coverage upon your departure. Does that obligation turn on who is responsible for the departure? For example, do you need to buy the tail if *they* ask you to leave? Tails can be expensive and attention needs to be paid to this important detail.

Similarly watch for hold harmless clauses that impose *personal* liability on you if the employer is held vicariously liable due to your malpractice. This would mean that you could be liable with your personal resources. For the most part, these hold harmless and indemnity clauses should not be included in these arrangements.

Vicarious liability is a cost of doing business for employers. It is part of the justification for making a profit off employees. The burden should not be shifted to the physician employee unless the benefits are as well.

Post-termination activities

Employers typically view the patients of the facility as their own. They naturally take a dim view of physician working in the clinic, leaving and taking the patient base with them. A number of clauses are used to discourage and, if necessary, penalize this.

The first is a "non-compete" clause which prohibits a former employee from competing with the employer after termination. In some cases, these are drafted to prevent such competition even if it is the employer who terminates the employee!

These clauses have three important features. They prohibit competition within a geographic area for a certain time period and require payment by the former employee in the event of a breach. It is not uncommon for the geographic area to include an entire county and last for two or three years. As to the penalty, paying a substantial portion of the fees realized in violation of the covenant has been expressly approved by the state supreme court.

The net effect of these provisions is to force the physician to stay with the employer or leave the area.

Another common clause forbids the physician directly or indirectly to solicit former patients to the physician's new practice. While the ban on direct solicitation may seem reasonable, the inclusion of indirect solicitation is troublesome. What is indirect solicitation? Would it include advertising in the catchment area of the previous employer? Asking friends to urge their friends (who might include former patients) to come? And so on.

Apart from that, is it good patient care to require patients to switch doctors because of a dispute between a physician and, for example, a hospital employer?

It is particularly important to determine what triggers these prohibitions. If the contract simply says they attach after termination, that means they apply even if it is the employer who terminates the relationship.

(continued next page)

Study that employment contract first *(continued)*

Corporate practice of medicine

You should also know that Washington adheres to the corporate practice of medicine doctrine that forbids corporations not owned wholly by physicians to employ physicians. (Group Health is exempt from that ban because it is an HMO.)

A few years ago the hospital association attempted to change the law to permit hospitals to employ physicians, but the effort failed. The possible illegality of these arrangements should not be overlooked. It would be reasonable to request the hospital attorney to render an opinion about the legality of a physician employment contract and have your attorney review it carefully.

Staff/equipment

Another important matter is staffing. In private practice, physicians hire and fire the staff who provide them with essential support.

Typically hospital arrangements reserve to the hospital the authority to make all staffing decisions that matter although "input" from physicians is usually permitted. Clarification of this essential feature of medical practice seems indicated.

Similarly, the adequacy of the staff and equipment is crucial to providing appropriate care. There is no reason to assume that hospitals will be callous toward patient welfare, but it is certainly reasonable to expect that there could be strong differences of opinion.

Because the law provides that the physician is ultimately responsible for the care and it is the physician's license that is on the line, some level of physician influence beyond the right to gripe seems called for.

Compensation

Compensation arrangements in these deals can be extraordinarily complex. Moreover, the terms of the compensation arrangement are often scattered throughout the agreement. Remember that vacation, allocation of practice expenses like CME, provision of fringe benefits, malpractice premium arrangements and the like are all part of compensation.

It is wise to list every provision of the agreement that addresses or affects compensation and put them on a separate sheet of paper. Total them up as a group so that it is easy to see their *collective* impact.

Be suspicious of Rube Goldberg compensation formulas that are so complex only an accountant can figure them out. You do not need to arm wrestle over details of your compensation formula for the rest of your career; make sure it is clear and easy to understand from the beginning.

Term and termination

One of the most frequently overlooked clauses is term and termination. The first part addresses how long the employment relationship will last. This involves some level of commitment on the part of both of you. If the term is short, *either* party can get out quickly, but neither side has much security. Longer terms involve the opposite.

The second part is the grounds for termination and is of equal importance. Automatic and immediate termination generally and justifiably includes loss of license or admitting privileges. However, many of the grounds for termination are less certain, like failure to adhere to the employer's view of certain standards of practice that may be vague or even impossible to ascertain.

Watch for what consequences beyond termination adhere to each type of termination, i.e., purchasing tail coverage and being burdened with a non-compete clause.

As a general rule, follow the rule of mutuality here. If they can terminate you because of *their* view of your failing to meet certain performance standards, be certain that you have the right to leave without any tail obligations or non-compete/solicitation clauses if the hospital fails to adhere to *your* view of their adherence to certain performance standards.

Ask: "How can I leave and what obligations do I have if I do?" under each of the termination provisions. Without question, the vast majority of problems attorneys see are term and termination provisions. They are horribly one sided in favor of the employer and were promiscuously agreed to by employees who were too eager to please.

Conclusion

There are certainly other provisions of interest in these agreements like non-assignment clauses (again, follow the rule of mutuality here); but the above include many of the important ones for these relationships.

It is important to obtain good legal advice *before* you sign up. If things go awry later, the costs can be substantial and results uncertain.

Remember that legal battles arising out of these clauses are common, and the wherewithal to get involved with a long legal battle of an individual physician is rarely any match to a hospital's.

This article was reprinted from WSMA Reports. Mr. Dolan works with WSMA on legislative and regulatory issues

State convention scheduled Sept. 9-11

The Washington State Medical Association's annual meeting will be held Sept. 9-11 at the Red Lion Hotel at Jantzen Beach in Portland.

This year's theme is "Taking Charge of Tomorrow." It will emphasize quality improvement. A case study of a hospital-wide total quality improvement model will be presented Thursday. On Friday and Saturday, CME programs on outcome-based quality improvement will also be presented.

Scientific sessions on ophthalmology, psychiatry, public health and emergency medicine will be held. Attending physicians will also learn about WSPIA's most frequently claimed condition: mis-diagnosed breast cancer.

On Friday afternoon, Sept. 10, WSMA CARE Project will be presented. The committee, chaired by Tacoma orthopaedic surgeon **Dr. Joe Nichols**, has been developing critical indicators to describe, evaluate or rate a physician's performance.

To register, call WSMA at 1-800-552-0612.

State health reform legislation timetable

JULY 1993

* Basic Health Plan expansion to cover the uninsured begins
* Health Services Commission appointed by governor
* Insurance reforms to protect against unfair exclusions or loss of coverage begin
* Tobacco, liquor, beer and hospital taxes begin

JULY 1994

* Medicaid expanded to cover children living below 200% of poverty level
* State starts data-collection plan to monitor health care system

JANUARY, 1995

* Commission submits to Legislature its version of uniform benefits package to be offered by certified health plans

JULY 1995

* All employers with 500 or more employees must provide health benefits - pay at least half of standard package

JANUARY 1996

* Tax imposed on nonprofit health insurers and hospitals to help pay for state-subsidized insurance coverage expansion

JULY 1996

* Employers with 100 or more employees must provide benefits
* Employers with 500 or more employees must cover dependents

JULY 1997

* All business must provide employees with health coverage
* Employers with 100 or more employees must cover dependents
* $150 million assistance fund offered to help struggling small businesses pay for required coverage

JULY 1999

* All state residents required to have health coverage, and all employers must include dependent coverage
* Cost controls expected to reduce health care inflation rate by 2% per year, with goal to match inflation rate

Table courtesy of the Seattle P-I

Pierce County Medical Society
223 Tacoma Ave. South • Tacoma, WA 98402 • Telephone (206) 572-3666 • FAX (206) 572-2470

IMPORTANT
MEMBERSHIP MEETING

TUESDAY, JUNE 8, 7:00 P.M. SHERATON BALLROOM
MEMBERS/SPOUSES: Free NONMEMBERS: $50

The **Washington Health Care Services Act of 1993** has been signed by Governor Lowry. It is being hailed as a model for health care reform.

How will the delivery of health care be impacted?
What options are available for physicians to manage this change?
What are the timelines for the many changes?

These questions and many more will be answered by Mr. Andrew Dolan, a Seattle attorney. Mr. Dolan is a nationally recognized authority in the field of health care law. He received his JD from Columbia University School of Law, his MPH and Dr. P.H. from the Columbia University School of Public Health.

If you are unable to attend this meeting, Mr. Dolan will speak again on MONDAY, JUNE 28, 7:00 - 9:00 A.M. (MORNING!) AT THE TACOMA SHERATON BALLROOM.

These meetings are a collaborative effort of PCMS and WSMA.

**** Please call the Medical Society to register, 572-3667****
**** This is NOT a dinner meeting****
**** Coffee and beverages will be available****
****The meeting will begin at 7:00 p.m.****

Medicare requires CLIA number

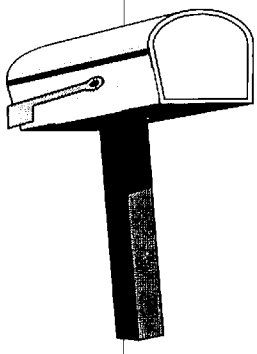
The Washington State Medicare Part-B system has sent notice to all independent laboratories saying that effective June 1, 1993, it will deny laboratory claims if the lab does not have a CLID identification number on file with the carrier.

The Clinical Laboratory Improvement Amendment of 1988 requires all laboratory testing sites, except those in 42CFR 493.3(b), to have either a CLIA certificate of waiver or certification of registration.

If you have questions about this requirement, or if you wish to verify that the carrier records reflect that you have a valid CLIA identification number, call the Medicare Customer Service Department at 206-464-5907.

All-physician mailing to analyze proposal

Every physician across the country will receive a detailed AMA summary and analysis of the president's health system reform proposal within days of its release.



The mailing to approximately 718,000 physicians and medical students will include an immediate AMA reaction and analysis of the proposal.

"Physicians need immediate information to evaluate whether Clinton's plan is in step with AMA policy and addresses medicine's needs," said Association President John L. Clowe, MD. "The AMA has worked diligently on behalf of physicians over the past several years to ensure system reform is meaningful and workable."

Dr. Clowe added, "This mailing demonstrates the expertise of the Association to immediately respond to physicians concerns on such a vital issue as system reform."

The mailing will include a cover letter from AMA leadership with an assessment of the plan as well as a listing of products and services under the AMA's managed care assistance program.

PCMS membership applicants

Bjarke, Erik, MD
radiology
practices with Diagnostic Imaging Northwest, 7424 Bridgeport Way W., #103, Tacoma
medical school: Loma Linda Univ.
internship: same
residency: same
fellowship: Oregon Health Sciences Univ. (radiology, body imaging)

Caratao, Efren, MD
general practice
practices with the Tacoma-Pierce County Jail Clinic, 910 Tacoma Ave. S., Tacoma
medical school: Cebu Institute of Medicine, Philippines
internship: Cebu Doctor's Hospital
residency: Bantayan Emergency Hospital

Duras, Steven, MD
general surgery
practices solo at 11311 Bridgeport Way SW., Suite 309, Tacoma
medical school: George Washington Univ.
internship: Baptist Memorial Hospital, Memphis, Tenn.
residency: same

Ho, James, MD
family practice
practices with Franciscan Family Care, 6401 Kimball Dr., Gig Harbor
medical school: Medical College of Ohio
internship: St. Vincent Family Practice
residency: same

Holderman, William, MD
gastroenterology
practices with Drs. Wagonfeld, Reed, Levant and Schubert at 1901 So. Union, Tacoma
medical school: Univ. of the Health Sciences/ Chicago Medical School
internship: Univ. of Chicago Hospital and Clinics
residency: same

Jedynak-Bell, Corinne, DO
ob/gyn
practices with Franciscan Family Care at 1708 S. Yakima, Tacoma
medical school: Michigan State Univ. College of Osteopathic Medicine
internship: Mt. Clemens General Hospital
residency: same

Katsman, Ralph, MD
gastroenterology
practices with Digestive Health Specialists at 1802 So. Yakima, Suite 201, Tacoma
medical school: Univ. of Washington
internship: Univ. of Minnesota
residency: same
fellowship: same

Le, Thu, MD
general practice
practices solo at 1212 S. 11Th St., #43, Tacoma
medical school: Saigon Univ.
internship: Saigon Hospitals
post graduate training: Cong Hoa General Hospital
post graduate training: Providence Medical Center, Seattle

PCMS membership applicants

Larson, Larry, MD
ob/gyn
practices with Franciscan Family Care at 1811 Martin Luther King Jr. Way #130, Tacoma
medical school: Baylor College of Medicine
internship: same
residency: same
residency: Univ. of Washington (ob/gyn)

Morris, William, MD
neurosurgery
practices with Drs. Wiese and Nehls
medical school: Georgetown Univ.
internship: Walter Reed Army Medical Center
residency: same
fellowship: Univ. Texas S.W. (pediatric neurosurgery)

Mumtaz, Munawar, MD
practices with CHCDS at 1702 Tacoma Ave. So., Tacoma
medical school: Fatima Jinnah Medical College, Pakistan
internship: N.Y. Metropolitan Hospital
residency: same
residency: Janeway Child Health Center, New Foundland

Nehls, Daniel, MD
neurosurgery
practices solo at 1112 6th Ave., Suite 320, Tacoma
medical school: Northwestern Univ.
internship: Walter Reed Army Hospital
residency: Barrow Neurological Institute
fellowship: Wellcome Surgery Institute, Scotland (cerebro-vascular research)

Rigdon, Michael, MD
radiology
practices with Diagnostic Imaging Northwest, 7424 Bridgeport Way W., #103, Tacoma
medical school: Univ. of Washington
internship: Delaware Medical Center
residency: Hackensack Medical Center
fellowship: Univ. California San Francisco (radiology/CT/MRI)

Tutihasi, Mimi, MD
pediatrics
practices with Franciscan Family Care at 1708 S. Yakima, Tacoma
medical school: Univ. of Rochester
internship: Univ. of California, San Diego medical Center
residency: same
fellowship: Cleveland Metropolitan General Hospital (ambulatory pediatrics)

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

June 21 and 22 ACLS Course remains open

Registration for the College of Medical Education's ACLS Provider Course scheduled for June 21 & 22 is still open.

The ACLS program is a two-day course offered twice annually for physicians and nurses and follows the guideline 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 scheduled for Jackson Hall and unlike many other ACLS course, offers 16 Category I credit from both the AMA and AAFP.

The COME course is "participant friendly," combining some lecture with a great deal of hands-on practice prior to the second day's afternoon testing.

For information, call the College at 627-7137.

93-94 C.O.M.E course schedule developing

Orthopedic and sports medicine CME added

The College of Medical Education's 1993-94 annual schedule will be announced next week following finalization by the College Board.

The annual schedule will feature many traditional CME programs but will also add a one day Orthopedics and Sports Medicine program - tentatively set for Friday, October 29. The program, directed by Stuart Freed, MD, will feature both local and national experts presenting on the latest advances in orthopedics and sports medicine. The course will be designed for both primary care physicians and orthopedics.

In addition, the College will again offer specific programs on infectious diseases, HIV and gastrointestinal medicine. The two annual ACLS provider courses are also scheduled.

As in the past, the College will co-sponsor CME programs with local medical groups including the Legal/Medical Committee, the Tacoma Academy of Internal Medicine and the Tacoma Surgical Club. And, the College this year will offer two "resort" CME programs - one in February for ski enthusiasts and one during spring vacation in Hawaii. Final site selection on both of these programs will be completed shortly.

As always, the course subjects and specific course content has been selected by the College Board in direct response to local physician interest and input. A final College calendar detailing the programswill be mailed in early July after firming up their dates .

The College's goal remains the same - to offer high quality Category I CME programs that appeal to the greatest number of physicians and health care professionals as they provide patient care at the optimum level of knowledge and competence.

Should you have questions or input, please call the College of Medical Education at 627-7137.

WSMAA spring House of Delegates

The 1993 Spring House of Delegates was held in Spokane on April 18-21. Those who attended from Pierce County were Helen Whitney, Nikki Crowley, Sharon Ann Lawson, Susie Duffy, Mary Lou Jones, and Karen Dimant.

The issues that were voted on and passed are as follows:

1. That the Washington State Medical Association Auxiliary adopt the name "Washington State Medical Association Alliance: Physicians' Spouses dedicated to the Health of America."

2. That the WSMAA adopt the pilot project of Federated Dues Billing for two years, to be implemented at the beginning of the 1993-94 dues year. Any county may be exempt at their request.

3. That the WSMAA discontinue holding the Fall Convention.

4. That county auxiliary presidents hold a voting membership on the WSMAA board with rights and privileges of that position.

5. That WSMAA continue to support the Teen Health Forum

6. That WSMAA encourage the component auxiliaries to work in coalition with the American Cancer Society and other organizations to develop a public awareness and education program.

7. That WSMAA will encourage their component organizations to work in collaboration with educators in their community to provide education and information relating to Fetal Alcohol Syndrome and Fetal Alcohol Effect; its causes, symptoms and techniques that will assist in effectively managing these children in the classroom setting.

8. To encourage each county to become active in promoting and supporting Heirloom Birth Certificates.

9. That WSMAA encourage their component organizations to participate in the smoke free programs at the state and local levels.

Congratulations to Mary Lou Jones as she was voted to the Board of Directors.

The convention was well organized with good speakers, including the current Mrs. Washington, Angela Munson. The last evening on April 21st was great fun when Helen Whitney was installed as the WSMAA President-Elect. She received a t-shirt and baseball cap with the "NO FEAR" logo and other items letting her know that her PCMSA "Team" is ready to go!

Legislative phone tree

Our auxiliary members have been actively involved with not only phoning but writing our legislators as well. Your involvement is welcome to help us make a difference when the future of medicine is changing. To find out what you can do, please call Marlene Arthur at 845-5542.

"Zero" K a winner

Our "Zero" K Marathon was once again a great success. We raised $3,680 for AMA-ERF. Thank you to the following contributors:

Ted Apa
Walter and Marlene Arthur
Tarek and Mona Baghdadi
Myron and Judy Bass
Ron and Karen Benveniste
Wayne and Rita Bergstrom
Ken and Marilyn Bodily
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Roy and Gloria Virak
Bob and Helen Whitney
Dave and Alice Wilhyde
Judy Whitmer
Mitch and Mary Ann Woodruff
Carl and Sue Wulfestieg
Hsushi Yeh

Choice, Not Chance addresses the needs of today's teens

The Pierce County Medical Society and Auxiliary are working together to turn around the current trend in disturbing teenage behavior which is robbing them of a happy, healthy future.

Statistics released recently by Judith Billings, Superintendent of Public Instruction for the State of Washington, reveals a chilling picture of life for many of our young people. Ten percent of the students surveyed said they had attempted suicide in the past year. Approximately one-third of those who attempted suicide said they suffered injuries so serious they required medical attention.

Because low-self esteem is the underlying factor of all of this disturbing teenage behavior, William Womack, M.D., Seattle child psychiatrist, addressed the issue of self-esteem to all participants of the Teen Health Forum in Ellensburgh April 29.

Dr. Womack also met with students to discuss Code of Silence, the forced secrets between friends which too often allows a preventable suicide to occur.

Sixteen other workshops involved students in developing refusal, communication, leadership, anger prevention, and decision making skills. Workshops assisted them with handling the information presented in breakout sessions which covered teen sexuality, gangs and violence, AIDS, deceptive advertising, relationships, prejudice reduction/diversity, physical fitness, nutrition, and personal ethics.

The statewide forum attended by over 500 middle-school students and staff, held on the campus of Central Washington University in Ellensburg, was strongly supported by the Society and Auxiliary with financial donations and volunteers. The goal of the conference is to empower students to share Choice, Not Chance conference information with peers through a variety of ways, i.e., school assemblies, mini-health fairs, classroom presentations, and one-on-one talks with friends.

Pierce County was represented by 30 middle-school students and eight educators from Baker, Eatonville, Ferrucci, Kalles, Lochburn, Mason, Meeker, Puyallup Alternative, and Woodbrook.

Choice, Not Chance Coordinators Sharon Ann Lawson and Alice Wilhyde were assisted by PCMS Auxiliary members Helen Whitney, Registration Chairman; Nikki Crowley, Speakers Chairman; Mona Baghdadi, Volunteer Chairman; Mary Lou Jones, Bus Transportation Chairman; Cindy Anderson, Graphics; and Leigh Anne Yuhasz, Testing Chairman.

Assisting the day of the forum were Dr. Pat and Susie Duffy, Kris White, Patty Kesling, Mona Baghdadi, Nikki Crowley, Mary Lou Jones, and Jaimi Porter, three-year veteran Choice, Not Chance volunteer and granddaughter of Dave and Alice Wilhyde. Jo Roller presented the workshop on relationships.

The Washington survey reflects the findings reported in the AMA White Paper originally published in the mid '80's and spurred the WSMA Alliance (formerly Auxiliary) to join forces with WSMA and the Office of the Superintendent of Public Instruction in 1989 to provide our young teens with skills and information to make their life a matter of Choice, Not Chance.

We're proud of 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 all of them our congratulations and best wishes for the future.

David E. Alenick, son of Leonard B. and Gail S. Alenick, will be graduating from Lakes High School with honors in June. He plans to attend the University of California at Davis to major in pre-veterinary studies.

Paul Lawrence Crowley, son of James and Nicole Crowley, will graduate from Fife High School. Paul will continue his education at the University of Washington with a focus on pre-law studies.

Charles E. Granquist, son of Carl O. and Margaret A. Granquist, will receive his high school diploma from Puyallup High School. He will be continuing his education at the University of Washington in the fall. Charles' current goal is to study engineering.

Jennifer Griffith, daughter of Marie and Tom Griffith, will be graduating from Lakes High School. She will be attending PLU in the fall.

Ann Koontz, daughter of Clyde and Sydna Koontz, is receiving her high school diploma from Bellarmine Preparatory. She will be attending Wellesley College in Wellesley, Massachusetts, in the fall.

Chad Larson, son of Wayne and Sally Larson, will be graduating from Clover Park High School. He plans to attend Pierce College.

Colleen D. Mott, daughter of Don and Barrie Mott, is receiving her Bachelor of Arts degree in Elementary Education from Columbia Bible College in Columbia, South Carolina. Her future plans include seeking a teaching position or continuing her Master's Degree prior to seeking a teaching position.

Nicole E. Mott, daughter of Don and Barrie Mott, is graduating from Rogers High School. She will be attending Augustana College in Sioux Falls, South Dakota.

Jeremy Norris, son of Tom and Sandy Norris, is receiving his high school diploma from Stadium High School. He will be attending Pacific University in Forest Grove, Oregon, in the fall.

Scott Ritchie, son of Marge and Bill Ritchie, is graduating from Curtis High School. He is planning on attending the University of Washington and majoring in engineering.

Kara Wulfestieg, daughter of Carl and Sue Wulfestieg, is graduating from Stadium High School. She will be continuing her studies at Pomona College in California, majoring in sciences, heading for a future in molecular biology.

Philanthropic Fund applications available

If your service and health-related Pierce County organization would like to be considered by the PCMS Auxiliary as a recipient for philanthropic funding, you may now obtain an application by writing Lynn Peixotto, 13316 Muir Dr. N.W., Gig Harbor, WA 98332. Proof of 501(C3) IRS rating is required. All applications must be requested directly from Lynn. Application deadline is June 15, 1993.

PCMS buys table at YWCA "Women of the Year" awards luncheon

The tenth annual "Women of the Year" Awards Luncheon was an inspiring day with keynote speaker Attorney General Christine Gregoire.

Although 1992 was designated the "Year of the Woman," Ms. Gregoire emphasized that our accomplishments have been, and will continue to be, an ongoing process. The women who were honored on April 22nd represented a myriad of achievements and a continuum of serive.

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Real Estate Canterwood. Premium lot on 14th fairway - .46 acre with 180 ft fairway frontage. Full golf membership included. $155K. Dr. Keltie Burt 582-5881 days.

View of Narrows Bridge. Daylight rambler, 3536 square feet, 4 bedrooms, 1 full and 2(3/4) baths. Second kitchen down stairs with floor plan that allows for today's lifestyles. Fully landscaped. Call Margaret, Century 21 Washington Brokers. 582-7661.

Hospital CEOs/PCMS leadership meet

PCMS President **Jim Fulcher** and President-Elect **Peter Marsh** have been meeting with President/CEOs of Pierce County hospitals. The Medical Society is interested in how hospital leadership view the many changes taking place in the medical environment, particularly with the vast changes in legislation and health care reform we currently see coming out of Olympia.

There was consensus among the CEOs that Pierce County will see more and more physicians aligning themselves with a particular hospital, with large managed care networks, physician/partnering, and possible merging of the large insurers, vertical integration, management services organizations, "clinics without walls", and IPAs.

There was agreement among some CEOs that "economic credentialing" will become more prevalent in the community. If a physician is considered to practice inefficient medicine or they do not fit into the criteria that would benefit the hospitals financially, then they may not expect to be given hospital privileges. Economic credentialing has been moving westward the last few years. The AMA and its Hospital Medical Staff Section have long cautioned members on hospitals' use of economic credentialing. Economic credentialing is defined as the use of economic criteria unrelated to quality of care or professional competency in determining an individual's qualifications for initial or continuing hospital medical staff membership or privileges. The AMA strongly opposes the practice of economic credentialing.

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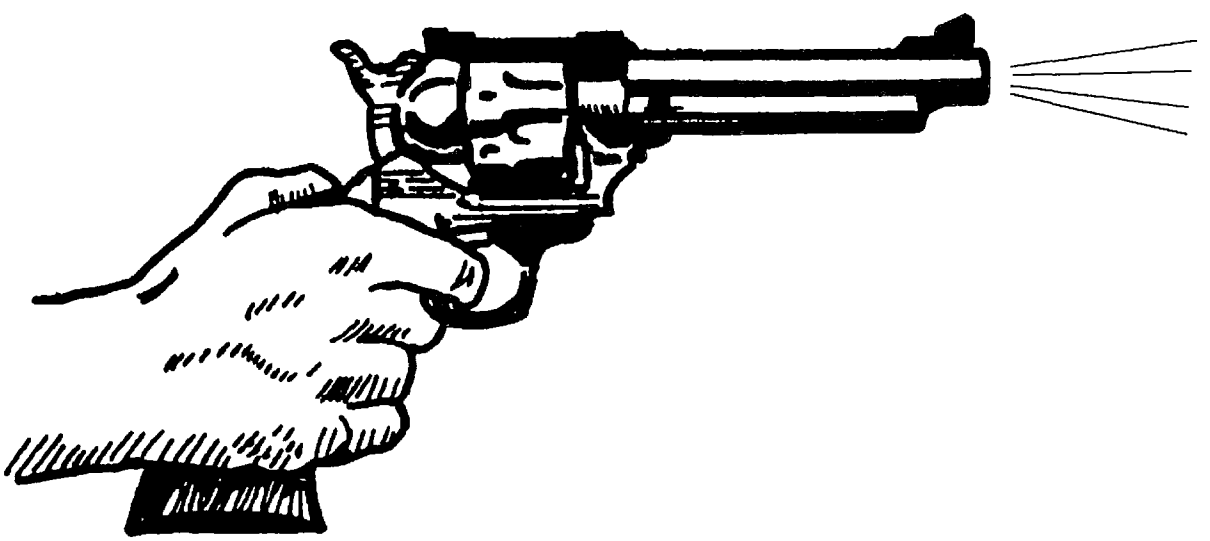
PIERCE COUNTY MEDICAL SOCIETY
BULLETIN

July, 1993



Society can help stop the mayhem

Check spread of hand guns

see story on page 5

Health care reform law favors physicians

story on page 3

The Bulletin is published monthly 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 15th of the month preceding publication (i.e. Oct. 15 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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Subscriptions: $25 per year, $2.50 per issue.
Make all checks payable to:
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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Physicians gain clout with insurers, health plans

The playing field between physicians and insurance companies/Certified Health Plans (CHP) has been leveled under terms of Washington's new health care reform plan, said Andy Dolan, an attorney and WSMA consultant. Along with Legislative Chairman Dr. McGough, he addressed more than 250 PCMS members Tuesday evening, June 8, at the Tacoma Sheraton.

"Washington State physicians will be in the most favorable position of any state in the United States," he said.

The Washington Health Care Services Act of 1993 (HCSA) requires insurance carriers which do not publish criteria physicians must meet when signing onto their health plans to tell physicians why they have been excluded or terminated and give them time to correct their deficiencies.

> This is a dramatic step forward for the physician community."
>
> Andy Dolan

"This is a tremendous step forward from where we are today," said Dolan, a DrPH. He was referring to big carriers which today engage in no dialogue with terminated or rejected physicians.

While the section of the new law is not a pure "Any Willing Provider" clause, it is a "middle stance," according to Dolan.

He said the clause was necessary because under HCSA, there will be fewer health plans than currently exist. Without it, physicians' clout with insurers would decline further.

As CHPs form between now and July, 1995, insurance companies will be recruiting providers, Dolan said. Therefore, physicians will see the benefits of their new situation before CHPs are fully formed.

Physicians gained a second new advantage vis-a-vis insurance companies because HCSA also allows them to negotiate terms and conditions of their contracts collectively, Dolan said. Under the supervision of the state Attorney General, groups of physicians will be able, through WSMA or county societies such as PCMS, to talk price with CHPs without violating anti-trust statutes.

"This is a dramatic step forward for the physician community which has been in a disadvantaged condition," Dolan said.

He cautioned physicians to think twice before leaping into new contracts because time is on their side. But he said they may now begin forming several types of groups to educate themselves and/or negotiate:

* Co-ops - can spread out the costs of purchasing data, accounting, consulting, marketing, legal or other services to educate themselves in preparation for HCSA implementation.

* IPAs - provide an administrative interface between physicians and managed care entities. It provides a vehicle to purchase collectively and to take the financial risk HCSA requires when they join plans. In California, Dolan said, IPAs are the rule, not the exception, and are very profitable and successful.

* Groups without walls - private physicians merge into one entity to reduce overhead, increase bargaining power and act collectively.

Dolan said co-ops are the least interconnected groups, and groups without walls the most interconnected entities.

"If we want to keep things the same, we need to change them," he advised those wishing to maintain some status quo.

Finally, Dolan said physicians will find it easier and quicker to resolve disputes with insurers under HCSA. The act will set up guidelines to handle grievances which should turn out to be much more fair than treatment physicians currently receive.

A second meeting with Dolan was scheduled June 28 for those who could not attend the first.

WSMA explains key points of the state's health care reform act

Will all physicians be forced into HMOs under the state's new health care act, asked Peter McGough, MD, chairman of the Washington State Medical Association's Legislative Committee?

"Clearly, no," he replied to his own question.

The physician told about 250 PCMS members at the Tacoma Sheraton June 8 that many of their peers wonder whether the new law will have that affect. So Dr. McGough and attorney Andy Dolan spoke to Society members to clarify that misconception and explain other elements of the new law and its impact on doctors.

Universal Access

Dr. McGough said by 1999, the law requires all state residents to be covered by a health plan. Employers will be required to pay at least 50% of the least expensive health care plan for all employees working at least 30 hours a week. Part time employees and unemployed people will receive varying amounts of state coverage. This year, Medicaid and the Basic Health Plan will expand, and by this time next year, nearly 69,000 residents will be covered under the Basic Health Plan.

Uniform Benefits Package

Health care under the uniform benefits package will revolve around primary care, and will also include in- and out-patient services, drugs, preventive services, prenatal services and well-child services.

Because further defining coverage is too hot for politicians to handle, Dr. McGough said the newly-created Health Care Commission will define the level of services in the uniform benefits package.

Health Care Commission

Five members appointed by the governor and approved by the Senate will define the uniform benefits package and an actuary will determine what Certified Health Plans (CHP) will charge for those services.

The commission will oversee the data system that will be accessible to physicians. It will also regulate the CHPs, insurance purchasing coops and simplify licensure procedures.

It will improve disclosure when call groups are cancelled, prevent cherry picking of healthy enrollees and immediately begin to set limits on preexisting conditions coverages.

The commission will be guided by several advisory groups: business, labor, health care providers, consumers, etc.

Long Term Care

A plan will be presented to the Legislature by 1998 to provide long term care.

Cost Control

Holding down the rate of increase in health care costs to match the increase in personal income is a primary goal of the act, Dr. McGough said. Four major elements of the law accomplish that.

(1) Certified Health Plans will be created to compete for patients based on cost and consumer satisfaction. The commission will set a maximum premium CHPs will be able to charge for each uniform benefits package.

(2) Four health insurance purchasing coops will be established which will buy CHPs for small businesses in those regions.

(3) Patients will be required to share in the cost of their medical care. One objective is to steer them away from emergency rooms and into primary care providers.

(4) Health care providers will share some financial risks as part of CHPs in the managed care scenario. They will work together to provide the greatest benefits for the lowest cost.

(continued next page)

"Physicians will also be able to belong to more than one certified health plan."

Act explained *(continued)*

Administrative Simplification

The law will standardize one billing form or make use of electronic billing, Dr. McGough explained.

Legislative and Public Oversight

Once the commission has designed the uniform benefits package by July, 1995, both the public and Legislature will have an opportunity to voice reactions.

Health Care Authority

Dr. McGough said the Authority will continue to administer the Basic Health Plan. It will also buy insurance for state workers. By July, 1995, it will create one state health care services purchasing pool that seeks to disallow cost shifting.

Paying the Bill

To pay for the expanded benefits, the state will collect $2 billion in new taxes between now and 1999. The Legislature imposed new taxes on tobacco, health care contractors, insurance premiums, and hospitals.

Physician Choices, Reimbursement

Washington is unique in that the new legislation allows physicians to share information and negotiate the financial terms of their contracts with CHP's. Dr. McGough said physicians will also be able to belong to more than one certified health plan. Each plan is free to compensate physicians as it chooses: capitation, prospective payments, RVRBS schedules, or other fee schedules.

Patient Choice

Patients will be free to choose which certified health plan they want to join and will probably have freedom to choose their physician within a plan. Patient choice actually improves under the new law.

Society backs handgun buy back program, needs your help

"No Street Guns" is the name of a new Pierce County movement designed to buy and destroy handguns temporarily stored in law enforcement vaults.

The movement was announced by the Society and several other Pierce County organizations, including the bar association, Tacoma Police, Pierce County Sheriff, Safe Streets and others. Society President Jim Fulcher, MD, participated in the press conference June 8 announcing the new program.

He said, "We are in full support of any reasonable effort to keep weapons out of the hands of perpetrators."

State law requires communities to pay $25 each for law enforcement-confiscated hand guns if they want to avoid auctioning them back to gun shops. Tacoma and Pierce County law enforcement agencies have confiscated guns they don't want to get back on the street, but need money to buy them back.

One law firm donated $2,500 to kick off the drive, and the bar association is asking other attorneys to contribute $25 each to take one gun off the street.

Dennis Flannigan of the Pierce County Council asked the Medical Society to do the same, and your Board has taken up the challenge. It asks each physician member to send at least $25 to the Society office in the next 30 days and. Checks should be made out to "No Street Guns." The office will keep track of the response.

Please help.

Kent teen dies of gunshot wound

Police say shooting grew out of argument on basketball cour

LAKEWOOD

Man holding handgun fatally shot

Patrick Hogan, III, DO

He's a hard soul who enjoys headaches.

Patrick Hogan, III, DO, loves them. The first-term PCMS Trustee specializes in migraines. And indeed, as a kid, he was work-hardened in oil.

"My dad owns a gas station, and at 77, he still works there," said the Tacoma neurologist. "I spent all my early years working there. I got my work ethic from him."

The climate was so hard in the little northern Minnesota burg where Dr. Hogan grew up that it produced nature-hardened kids. As the story goes, kids from Gilbert would hit the beach when the frost lifted.

"It's a great place to be from," he said.

While he left the grease and cold behind long ago, Dr. Hogan can't escape the hard-work habits they taught him. They are visible in his remarkable accomplishments at work and play.

"I try to set goals to push my body beyond what I think it will do, and it always seems to do it," he said in the soft-spoken manner that belies his grit. "It is good mental and physical discipline. Otherwise it's too easy to become soft."

In his office, Dr. Hogan concentrates his efforts on helping patients overcome their migraines, Parkinson's disease, movement disorders and dystonia.

"I enjoy the differences I can make in people's lives - reducing their suffering or increasing their ability to function," he said. "That's why I concentrate on these diseases."

While it's tough for him not to cure all his patients, he said, "I always want people to know I really care about their condition; to be someone who is there for them.

"I got my interest in medicine from my mother, a science teacher. Even as a kid, I felt bad about killing a fly," he said.

After a day's work at his office, Dr. Hogan often continues working at home writing speeches about migraines or Parkinson's or other diseases for lectures he gives around the area.

His passionate and unrelenting work as chairman of the Tobacco-Free Pierce County Coalition is remarkable for its results. The Coalition has encouraged restaurants and taverns to declare themselves smoke-free, and several have: Shenanigans, Roundtable, Pacific Rim, Engine House #9, and the latest among them, Red Robin.

Dr. Hogan presents a smoke-free plaque to Bill Nevins, owner of Pacific Rim Restaurant in April.

The Coalition has lobbied for a county ordinance prohibiting workplace smoking. It recently launched other initiatives to use peer pressure to steer teenagers away from smoking.

Dr. Hogan wants physicians to include tobacco-cessation counseling in their practices and has dedicated his time to training them.

He concedes the many hours he donates

(continued next page)

Dr. Hogan *(continued)*

to this cause take away from his practice and family. However, he thinks the tobacco war is being won and intends to maintain its momentum.

"One of the main reasons I got involved in this is that I recognize a need for us physicians to get more involved in preventive activities - to help patients take more responsibility for their health. It was frustrating to see patients emphasizing their need for medicine while at the same time considering their tobacco use to be a right that doctors shouldn't interfere with."

Away from the office, Dr. Hogan works out daily, using Nordic Track, biking, running or swimming. He pushes his body hard. Last summer he rode the 160-mile Ram Rod bike race around Mt. Rainier in one day, groaning up 10,000 vertical feet.

He and his family enjoy athletics together. "For the enjoyment, release and family activity, there is no better way to spend time than on the ski slopes." he said. They also bike together. His son, Patrick, swims and Adrienne, his daughter, plays soccer.

"They are the most important part of my life," he said. "They keep me going. I'm lucky to have teens who are busy enough with activities that they haven't gotten in trouble."

Part of his secret to successful parenting, though, is to give kids enough leeway to allow some rebellion, he said.

With all his activities competing for his time, Dr. Hogan feels the pressure.

Stroking his beard, as he often does in contemplation, he said, "The quest is to try to juggle everything. I would like to spend more time with each activity if there were more hours in the day. However, I think that through efficiently managing my time, I do a good job balancing everything."

Lab director course set for fall

A continuing education course for laboratory directors will be held this fall. The 25-hour course will be held on Friday afternoons from 1-5 p.m. beginning in September. Topics will include: personnel; director responsibilities; duties of lab staff; safety; quality control; proficiency testing; information management; the policy, procedure, maintenance, protocols, and algorithms manuals; supply management; equipment program; validation studies; cost containment; evaluation of new test kits and instruments; required documentation; role of the consultant; and an overview of QA programs.

This course is directed to LABORATORY DIRECTORS only. It is designed to focus on directors' duties, and is not intended for staff participation. The course will fulfill the 20 hours of CME required for directors by September, 1993.

A course brochure and more information will be available this summer. If you need more information or want to make sure you are on the mailing list, please contact the Society office at 572-3666.

Mini-Interns view medicine from inside out, voice their views

The third PCMS-sponsored Mini-Internship Program was held on May 16-18. The mini-intership is designed to give community leaders a first-hand view of medicine by coupling interns with physicians for two days. The intern spends four half days with physicians of different specialties.

Interns for the May program were:

- Bill Stoner, Pierce County Council member
- Betty Johnson, president AARP
- Patrick O'Callahan, editorial writer, Tacoma News Tribune
- Andrew Neiditz, director of public safety, Pierce County
- Art Wang, 27th District legislator

Educating the interns were **Drs. Bill Roes, James M. Wilson,**

Faculty and interns include, from the left, Jim Fulcher, MD, Betty Johnson, Rep. Art Wang, Andy Neiditz, Bill Stoner, Bill Roes, MD, Larry Larson, DO, and seated, Patrick O'Callahan and Jim Wilson, MD

Larry Larson, John Ehrhart, and Jim Rifenbery. Dr. Fulcher, PCMS president, moderated the Sunday and Tuesday night dinner meetings. The Sunday night dinner is an introductory meeting explaining the program and introducing the physicians and their interns.

Tuesday evening is spent reviewing experiences, impressions, and new insights gained by all participants. A few overriding themes offered by participants in this particular program were:

- the caring and understanding nature of physicians
- the amount of paperwork
- the friendly, helpful nature of staff members
- the extraordinary technology
- the dedication of physicians to their profession

The group discussed the art of medicine in general and expressed the difficulty in taking care of patients and keeping people healthy. Even though the interns were impressed by surgery and high-tech equipment, they realized that a very important, yet difficult part of medicine is nurturing and listening.

Interns commented on the general make-up of patients. The

(continued next page)

Editorialist features Mini-Internship

Morning News Tribune editorial writer Patrick O'Callahan wrote the following impressions of his Mini-Internship Program experience in his May 23 column:

* He was impressed that Dr. James Rifenbery performed surgery with a laparoscope, allowing the patient to recover quickly.
* "Doctors are human," he said. He explained physicians' frustration dealing with some patients, such as ER patients.
* Some physicians remain aloof from their patients and have an understandably difficult time communicating with them.
* He explained the financial "caste system" in which specialists' incomes dwarf general practitioners'. He said the system results in too many expensive operations and not enough preventive medicine.
* "American medicine has extraordinary strengths" and offers hope to many patients. However, the new technology drives up the system's cost.
* Health care reformers should allow medicine to continue making progress against disease.

Mini-Internship *(cont.)*

young and the old were the bulk of patients being seen. This is in line with where the health care dollars are being spent today. There was also comment that the occupation of medicine can become so routine that the physicians forget the necessity of explaining exactly what is going to happen and why. Interns noted that physicians tend to practice good listening skills yet fail to give thorough explanations to the patient.

This Mini-Internship program, while not conducted to produce media coverage for the Medical Society, was filmed by Viacom Cable for the office of the Pierce County Council with Bill Stoner and **Dr. James Wilson.** Patrick O'Callahan also wrote an article featured in the Sunday, May 23, issue of the Morning News Tribune. The article is summarized on the facing page.

The next Mini-Internship Program will be held on October 17-19.

If you would like more information about the Mini-Internship Program or would like to participate as a faculty member, please contact Sue Asher at the PCMS office, 572-3667.

Update your *Directories*

John Coombs, MD - new office is:
University of Washington SC-64
A300 Health Sciences Building
Seattle, WA 98195

Clark Deem, MD - new home address is:
4907 60th Ave. Ct. W.
Tacoma, WA 98467
home phone is unchanged

David Dawson, MD - his correct office phone is 952-4576

Michael R. Jackson, MD - new residence is:
38 Orchard Rd.
Tacoma, WA 98406
home phone is 756-0254

Peter Marsh, MD - new home address is:
2602 Westridge M-304
Tacoma, WA 98466
home phone is 564-2971

Charles Rance, MD - new physicians-only phone is 593-8933.

Last call for WSMA resolutions

The WSMA House of Delegates will consider your good ideas at its upcoming September meeting at Jantzen Beach.

If you would like to influence WSMA policy, submit your resolution by July 2. If you need help drafting it, call the Society office.

Salary and benefit survey due by the end of July

The PCMS annual salary and benefits survey was mailed to members in June. Please fill them out and return them by the July 31 deadline.

The results will be mailed to members' home addresses in September.

Please participate in the survey; it is a valuable tool for personnel management.

Warehoused Romanian children need care, help

Pediatrician Dr. Joe Wearn plays with one Romanian child in the Romanian warehouse/ orphanage

The power-hungry dictator of the previous Communist regime in Romania created a population explosion as a way of eventually matching the strength of neighboring countries. In the short run, however, starving families couldn't care for all their new children, and **Joe Wearn, MD**, and his wife, Pat, saw the results during a visit there in April.

Children warehouses. Infants turning into retarded, developmentally-delayed children because they spend years rocking in their cribs. Crib-to-crib. Wall-to-wall. They receive little or no nurturing or touching. No love. Some die.

"They are not healthy by our standards," said Dr. Wearn of his visit to one orphanage in the town of Iasi. "They are deprived. If they miss stimulation at the right time in their lives, they will never make it up developmentally."

Pat Wearn, a Mary Bridge Hospital educator and nurse, like her husband, can remember the names of these imps, whose size belies their age.

Romania has an estimated 150,000 orphans in 87 orphanages - kids abandoned at hospitals after their mothers gave birth.

Not only are mothers unable to properly care for these unfortunate children, but Romania can't either. So the United States, and other countries to a lesser extent, have pitched in to help.

At first they began adopting babies from the orphanages. Many Romanian children came to the US that way. There were many stories in the media about them. But the demand for babies created a black market for them back in Romania. When people began selling their children, the government said, "Enough. No more adoptions."

So as the country's economic woes continued, the warehouses filled.

One U.S. foundation, the Brooke Foundation, is making a small difference, Dr. Wearn saw. Run by Dr. Barbara Bascom, Dr. Wearn's ex-colleague from Madigan, the foundation has hired care givers in two orphanages to provide stimulation and affection to the children. At a ratio of one care giver to four children instead of the usual 1:30 in the other 85 orphanages, the program has proven successful.

One of only 40 care givers who provide touching and hope to Romanian orphans. The country needs more than 37,000 more to handle four children each. Without help, the children won't get needed stimulation.

When care givers first began their work, some three-year-olds screamed when taken out of their cribs - they'd never been out before. Only one three-year-old in the Iasi orphanage could feed herself. Eight-year-old children looked and acted three. They were developmentally delayed and some were retarded.

But when **Dr. Wearn** visited his old Madigan friend in the 200-child orphanage, he saw children singing. Children begging

(continued next page)

Orphans *(continued)*

to be picked up. Children smiling. Care givers holding children and playing with them. Teaching them.

"We came in the room and it was like someone switched on a switch. They jumped up and every one of them wanted to be picked up," said **Dr. Wearn.**

The care givers have proven that with the proper social interaction, children could regain their normal motor skills and blossom. One eight-year-old boy was the first in his building to begin kindergarten as a result of the program.

Dr. Wearn said most care givers are Romanians who earn only $360 per year for their work. But some are volunteers, like the American PhD biochemist and the American lawyer who have temporarily given up their careers to help.

But more - much more - needs to be done, **Dr. Wearn** said. Many kids are sick. With no oral antibiotics, needles have spread AIDS to more than 10% of the orphanages he visited. Kids live on gruel and mashed potatoes. Warehoused children would make up a city the size of Tacoma.

He asked that physicians or civic groups or any individual or organization sponsor a care giver for one year. For only $360, four children will be saved, he said. "Otherwise, they'll die there."

Dr. Wearn can be reached at 593-8407.

The extent of the need was poignantly told in Pat Wearn's tearing eyes and cracking voice as she again viewed the slides she and her husband took of the orphanage children. She knew them by name.

Legislature sets fees for records transfer

The state government has solved an age-old medical problem: how much doctors can charge other physicians or patients when transferring records.

The Ethics Committee has long held, and still holds, that physicians' common courtesy permitted no charge when transferring patient records between physicians. It also recognized that when copying extra large files, some expense was incurred and thus a reasonable fee was acceptable.

Effective July 1, however, the Legislature's new fee schedule goes into effect. Authorized fees are:

1-35 pages	$.65 per page
additional pages	.50 per page
clerical fee	$15 per transfer

These fees will be adjusted biennially in accordance with changes in the consumer price index.

When a provider is required to edit records by statute, the statute allows a physician to charge the usual and customary basic office visit fee.

Travel to Antarctica - against all reason, a beautiful trip

by Stan Sollie, MD

Why on earth would anyone want to go to the Antarctic? I was asked this question innumerable times during the six months of preparation for the trip. I actually knew very little about the place. I knew that the Antarctic was a continent of extremes--the coldest, the windiest, the highest. I knew that it had no permanent human residents and that it was the only continent not owned by someone. I also knew that to get there one had to cross the worst ocean in the world.

So why go there? Well, for me personally, it would mean that I have visited all of our continents. But beyond that, I had read articles describing "a breathtaking place, unmatched in remoteness and splendor," "an area that defies description for which photographs and narratives cannot do justice." The prospect of a unique adventure overcame any possible doubts so I followed through and made the trip last February. I was not disappointed. The spell-binding travel experience more than compensated for the moderate discomfort and lack of amenities.

The trip consisted of a two-week cruise, embarking from the southern tip of Chile. The actual areas visited are dictated by the rapidly changing conditions of weather and seas. There are no landing docks of tour busses. Shore excursions are accomplished in sturdy little inflatable boars called Zodiacs.

The main attractions, in addition to the stunning landscape, are the penguins and the icebergs. The icebergs are the most massive and magnificent in the world. Since each one seems more spectacular than the ones before, an Antarctic traveller goes through an incredible amount of film. This is true also in regard to penguins. These amusing, flightless birds are very approachable and very photogenic. They are seen in rookeries of up to a million (and I believe I photographed nearly every one!) These clumsy but adorable creatures are amazingly well-adapted to survive in this harsh environment. They appear to realize that they have only two months of summer to accomplish all of the duties involved in propagating their species.

"A nice place to visit but I wouldn't care to live there" is a dramatic understatement when applied to the Antarctic. But anyone lucky enough to visit there leaves with a sense of having been to a very special place. The Antarctic is the last truly pristine place on earth. A visitor cannot help but hope that the Antarctic can remain unspoiled as a place to visit and a source of peaceful international research forever.

Drs. Archer, Skrinar and Waldron retire

Bryan Archer, MD - retired from his office geriatrics practice two years ago and from his nursing home practice in May. Dr. Archer had practiced in England, Canada and Tacoma for 39 years.

He plans to sail his 65-foot sail boat to the Queen Charlotte Islands in British Columbia this summer and to Mexico this winter.

He said, "I don't want to make any more plans. I've been regulated for too long."

As he implied, Dr. Archer's view of medicine is shaded.

"It was fun when I started, but it ceased being fun when the government got into it. It's now an occupation I wouldn't advise anyone to do. I think there are other ways in life to make a living easier than medicine."

Bryan Archer, MD

Thomas Skrinar, MD

Dennis Waldron, MD

Thomas Skrinar, MD - is retiring as soon as he finds a buyer for his family practice. He came to Tacoma in 1952 as an intern at St. Joseph's Hospital. He worked for a time at the old Northern Pacific Hospital and as acting administrator for Puget Sound Hospital, but primarily in his family practice.

"I have cared for four generations of families and the personal rewards have been immense," he said.

His plans are to catch up on all the things his busy practice have kept him from enjoying. He wants to go camping with his grandchildren, play golf and work around the house.

"I don't need to be de-programmed one inch," he said.

He views the future of medicine pessimistically. "Managed care is less care. The patient will lose. Medicine is being severely eroded politically," he said.

Over the past few years, he has spent too much time writing and too little seeing his patients, he said. "I'm satisfying too many regulations," he said.

As a result, he said, "I think the individual practice is almost a thing of the past. With things the way they are, it's more than time I retire."

Dennis Waldron, MD - spent his last day in the office on June 24.

"There comes a time in every man's life when enough is enough," he said.

For him, 24 years was enough. In 1969, he became Tacoma's first gastroenterologist. In those years, he served as chief of staff at Tacoma General and Allenmore, and on St. Joseph's executive committee. He also has served on several PCMS committees.

He plans to snow bird in Arizona, using his RV as a base from which to explore the south. This summer, he plans to pilot his boat up the Inside Passage to Alaska. He also wants to take advantage of his medical skills in connection with travel opportunities. In addition, he plans to do some medical missionary work.

"I hope I have enough time to do everything I want to do," he said.

Dr. Waldron said "I've been a part of the golden age of medicine as far as I'm concerned."

He believes health care costs have risen, in part, because "...everybody wants access to quality medicine. There is a cost," he said.

A natural conflict has developed, he thinks, because today's focus is on controlling costs while expanding access. "You're going to have to limit access to all this technology," he said, before costs can be controlled. But focusing on cost containment bothers him. Quality care should rule, he thinks.

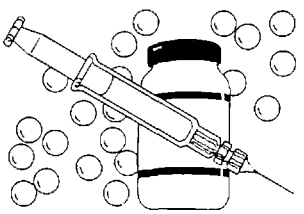
"I think bureaucracy is not efficient," he said. "Health care is best managed in the private sector."

How to minimize diversion of prescription drugs in your practice

Identify the drug abuser

Drug abusers often feign symptoms (e.g., migraine headache, colitis or back pain) that are hard to disprove. Certain clues, however, can help alert you to the possibility of drug abuse. You should raise your level of suspicion if patients:

- •State they are from out of town.
- •Claim that the prescription has been lost.
- •Visit you during off-hours.
- •Present symptoms that contradict clinical observation (atypical symptoms).
- •Will not permit a medical history and workup.
- •Seek a specific drug rather than treatment for symptoms.
- •Request a specific drug by name and will not readily accept an alternative that, unknown to the drug abuser, has a similar pharmacologic effect.
- •Claim that certain drugs are ineffective.
- •State that particular drug had been prescribed by a physician in a different locale.



Deter drug abusers

Physicians face a dilemma, because these signs could represent perfectly normal behavior in some patients, and if every patient become suspect, then innocent patients suffer.

What to do? To deter drug abusers without compromising patient care:

- •Ask for identification (driver's license or social security number).
- •Independently confirm the patient's medical history by contacting any physicians named by the patient.
- •Ask to see bottles of previous medicines dispensed which can be checked with the pharmacists who dispensed them.
- •Do a complete medical history and physical examination to probe for signs of drug abuse.
- •Do not prescribe small doses of a drug in hopes that this will be the patient's last visit.
- •Where possible, use pharmacies that maintain computer profiles of patients.

Retired members travel the world with Dr. Crabill

The Medical Society's nomination for the most traveled man in the state is retired member Bob Crabill, MD.

Retired physicians and spouses admire the spears, bows, artwork and shark's saw in Dr. Crabill's collection.

Dr. Crabill has served as ship's doctor on Society Expeditions cruises for the past eight years. Cruises have taken him and his wife, Patsy, to more exotic, out-of-the-way destinations than Marco Polo visited in his lifetime.

Dr. Crabill tells fellow retired physicians about running for his life from head hunters.

He gave fellow retired physicians an account of his travels Friday, June 11 at Fircrest Golf Club. Using a slide presentation painfully trimmed to 1/2-hour in length, Dr. Crabill took other retired physicians on a vicarious trip to some of the world's most primitive places.

They went north to Iceland and Greenland, whose names should be reversed to accurately describe their scenery, Dr. Crabill said. They got stuck in Northwest Passage ice floes and escaped only with the help of Canadian icebreakers. They watched Point Barrow Eskimos preparing for a whale hunt. They visited mines in Canada's far north country ice-locked for months of the year.

They went south to Devil's Island, a former South American leper and penal colony. They swam in "safe" Amazon rivers infested by piranhas. They climbed to a 1,500-foot-high Venezuelan waterfall - the world's tallest, and explored Machu Picchu's Inca ruins in Peru. They stopped at a 40-person Chilean fishing village to drool over monstrous lobsters.

They sailed further south, swimming in Antarctica's icy waters heated by volcanic steam vents. A symphony director donned his tux and directed penguin chirps on King George Island. They heard an impromptu lecture by Jacques Costeau who was doing research off Cape Horn. They wondered at the stately god figures carved from mountain stone and guarding the sea on Easter Island.

Steaming west, retired PCMS physicians ventured to out-of-the-way south sea islands with Dr. Crabill. They chewed beetlenut in the Solomon Islands and read Fijians' heritage tattooed on brown bodies. They treated desperately ill Indonesian islanders where men chewed glass to prove their manhood. They escaped just a day before a volcano blew up on Bangka, and learned how Brunei controls illegal drugs: offenders are put to an immediate death. They ran for their lives and escaped being killed by head hunters in New Guinea because Dr. Crabill's medicine supply was not enough for all the sick.

In all, Dr. Crabill took his rapt audience to over 30 destinations he had visited over the past eight years. In addition, at the end of his talk he displayed a small museum of treasures - spears, swords, shields and other memorabilia - he had collected while doctoring to crew and passengers around the world.

Who's your most enchanted patient?

by Loren Dickinson, PhD,
Chair, Department of Communications, Walla Walla College

Physician-bashing happens to be one of the most cherished sports we've ever created. Are you aware of that?

I've been in a whole array of social settings where almost inevitably your name and your foibles emerge. Like a pugilist, you seem to catch it from every corner.

You're either too late or too early; you're too slow or too fast; too talkative or too quiet; too smart or too dumb.

We generalize about you. When you're late once, that's once; when you're late twice, that's always. Some insist you misdiagnose us more often than you get it right. (The armchair physicians I know consistently maintain 100 percent accuracy.)

Others say you're cocky and driven by money - an allegation most of your colleagues insist is a myth. They're probably right - colleagues, that is.

You've developed stylized ways of dealing with us that haven't changed much at all since you emerged, burned out but relieved, from your residency. Some physician-bashers insist that those ways are unfeeling, patronizing, and demeaning.

And you want no one telling you how to conduct your practice. What's a physician to do? Can there be a patient on your charts who likes and values you? There is. Perhaps it is I; and a whole array of others like me.

I learned something about that a year ago when I surveyed, fairly informally, 100 adults. Their perceptions will make you feel better.

Nearly half said that you take time with them, that you're helpful and caring. (About two years ago, in fact, a national survey put the figure much higher. Eighty-six percent of the patients said the doctor spends enough time with them.)

Nearly one half said you're competent, knowledgeable. A fourth said you're personable. But considerably fewer said you listen well.

A small number of the sample (about 12 percent) specifically said they valued your honesty with them; and some especially noted your professionalism.

Why, then, would a patient desert you? Research reported last year at a national communication conference offered two reasons.

Fifty-nine percent of patients leave a physician because they received impersonal care.

Thirty-nine percent complained their physician was evasive, motivating them to leave.

But neither reason has much at all to do with your medical competencies. I suggest that the reasons are much more tied to marginal communication practices. That's both a bias I have, born of my involvement in communication, and a review of relevant data.

It won't surprise you to know that about 80 percent of physicians (from a sample of 300) regard good communication as extremely important. But only one-third say they do it very well, according to a recent Associated Press release. So physicians themselves are in my corner.

I shall close with some final perspectives, largely the result of interviewing two good friends - experienced physicians. They told me things like this:

"A doctor, on average, will interrupt a patient within 18 seconds." A bad idea.

"People want to talk. Most patients I see need about five minutes to say what they want to say." A good idea.

"Patients want to know precisely what's wrong and what's to be done. And they want a say in the decision-making process." A good idea.

"Listening is absolutely key. I try to make the patient fell as though I have all the time in the world." A good idea.

Who, then, is your most enchanted patient? Perhaps it is I and a host of persons like me.

We are they to whom you pay kindly attention. That's enchanted.

We are they who perceive you as thoroughly competent. That's enchanted.

We are they who perceive you as warmly personable and truly interested in us. That's enchanted.

My enchanted friends and I will help spread the rumor that physician-bashing is not a good idea.

But we've got to have help. Yours.

Reprinted from Nov.-Dec. issue of Walla Walla College's *Alumni Journal*

New PCMS members

Eachempati, Rama, MD
endocrinology/metabolism and nuclear medicine
practices with Drs. Spiger and DeVries at 622 14th Ave. SE, Puyallup
medical school: Guntur and Andhra Medical College, India
internship: King George Hospital, India
residency: St. Louis Univ. Group of Hospitals
fellowship: Massachusetts General Hospital (thyroid and metabolism)
fellowship: Univ. of Michigan (nuclear medicine)
fellowship: St. Louis Univ.

Froelich, Theresa, DO
ob/gyn
practices at Franciscan Family Care at 1708 S. Yakima
medical school: College of Osteopathic Medicine, College of the Pacific
internship: Temple Univ. Family Practice
residency: Temple Univ. Hospital

Harvey, Richard, MD
emergency medicine
practices at St. Joseph Hospital
medical school: Univ. of So. California
internship: Santa Clara Valley Medical Center
fellowship: LSU Medical Center (tropical medicine)

Lee, William, MD
internal medicine
practices solo at 3611 So. D St, Suite 16, Tacoma
medical school: Cebu Institute of Medicine
internship: Bronx-Lebanon Hospital
residency: same
fellowship: Univ. of California San Francisco (cardiology)

Maes, Hay San, MD
ob/gyn
practices at 11311 Bridgeport Way SW, suite 309, Tacoma
medical school: faculty of Medicine, Phnom-Penh, Cambodia
internship: Necken Hospital, Paris, France
residency: Prince George's Hospital, Md.

Peak, Mimi, MD
aerospace/general medicine
practices with Family Health Care Center, 10518 Pacific Highway S.W., Tacoma
medical school: Boston Univ.
internship: Univ. of California San Francisco
residency: same
fellowship: US Air Force School of Aerospace Medicine

Scherbarth, Kenneth, DO
family practice
practices solo at 1802 So. Union, Tacoma
medical school: Kansas City College of Osteopathic Medicine
internship: Michigan Osteopathic Medical Center

Stoecker, Robert, DO
emergency medicine
practices with Tacoma Emergency Care Physicians
medical school: Michigan State Univ.
residency: Mt. Clemens General Hospital
residency: same

Physicians, staff and Society staff raise money for cancer

John Van Buskirk, MD, is a blur as he runs his shift on Tacoma Family Medicine's team to raise money for cancer research and education

Dr. Jim Dunn, part of the TFM team, chugs down the track

And what were you doing the night of Friday, May 14 and all day Saturday?

The whole PCMS office staff and many physicians and their staffs spent the night and day running and walking on the floor of Stadium Bowl raising money for the American Cancer Society.

The eighth annual City of Destiny Classic, a 24-hour relay against cancer, was another success.

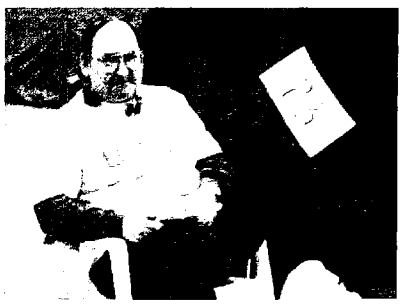
"The turn out and support for this fun event is overwhelming," said **Gordon Klatt, MD,** the event's originator. "With their help, we are making strides in our battle against this disease."

This year's Classic raised about $190,000, said Pat Flynn, event co-chairman with Dr. Klatt. "This is a celebration of fund raising."

Besides the PCMS office team, 73 other teams with about 1,000 people participated. They included the "Heavy Breathers" team from **Dr. Clyde Koontz's** office, the "Heart Throbs" from **Dr. John McKelvey's** office, "Graham's Crackers" from **Dr. Kenneth Graham's** office, and the team from Tacoma Family Medicine. **Doctor Greg Popich** and his crew from Pacific Sports Medicine not only ran, but they also provided the first aid station for many grateful weekend warriors.

In February, the National American Cancer Society adopted the event as its signature event. As a result, local cancer society representatives from across the U.S. visited and participated in this year's Classic to see how it worked. A film crew was also on hand to make a training video.

"In eight years we've logged 38,000 miles," said **Dr. Klatt.** "After next year's Classic we will have raised more than $1 million right here in Tacoma. Our national goal is to raise $10 million with this event in 1994."



Clyde Koontz, MD, counts a teammate's laps

John McCarthy, MD, takes a well-deserved rest with his team after doing his laps around Stadium Bowl.

The Society staff team (and a few helpers) included runners and walkers.

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

"Resort" CME dates set

The College of Medical Education plans to offer two "resort" programs in the 1993-94 program year. In past years the College has alternated such program between snow and sun locations.

At their June 11 meeting the College Board set their program with snow activities at the Mt. Bachelor ski area in central Oregon for February 2 through 6, 1994. The program offering winter activities and quality CME will again be held at the Inn of the Seventh Mountain just outside Bend, Oregon.

The Board set April 3 through 9, 1994 as the dates for their Hawaii CME program. These dates coincide with the local Tacoma public schools' scheduled spring vacation.

At press time, final island and hotel location had not been fixed, but it appeared that recent economical factors and hurricane Iniki assured participants greatly reduced hotel rates.

The CME at Mt. Bachelor course will be directed by **Stuart Freed,**

(continued on page 23)

College of Medical Education Board announces 1993-94 CME schedule

The College of Medical Education's Board of Directors announced its CME schedule for 1993-94 at their spring directors meeting June 11.

The courses are offered in response to local physician interest and likewise are designed and directed by local physicians. All of C.O.M.E. courses offer AMA and AAFP Category I credit.

A course calendar identifying the course title, their dates, a brief description and the course directors will be mailed in early September.

DATES	PROGRAM	DIRECTOR(S)
1993		
October 29	Ortho/Sports Medicine	Stuart Freed, MD
November 12	Infectious Diseases Update	Alan Tice, MD
December 9 & 10	Advanced Cardiac Life Support	Kent Gebhardt, DO
1994		
January 20	Law and Medicine Symposium	Gregory C. Abel, JD William T. Ritchie, MD
February 3-5	CME at Mt. Bachelor	Stuart Freed, MD Tom Norris, MD Richard Tobin, MD
February 25	Update on HIV Infections	Alan Tice, MD
March 10 & 11	Internal Medicine Review	Irving Pierce, MD
April 4-8	CME at Hawaii	Mark Craddock, MD Amy Yu, MD
April 22-23	Surgical Update - 1994	Stanley C. Harris, MD Chris Jordan, MD
May 6	GI Conference	Gary Taubman, MD Richard Tobin, MD
May 20	Clinical Guidelines: Quality, Cost Effectiveness...	Les Reid, MD
June 27 & 28	Advanced Cardiac Life Support	James Dunn, MD

President's Message

June 14 was our first board meeting of the 1993-94 year. Twenty-four members were present at Kathy Forte's home for a salad lunch. Thanks to everyone for coming and showing their support for the start of the new fiscal year.

Topics discussed were the Auxiliary name change from Pierce County Medical Society Auxiliary to Pierce County Medical Society Alliance. Since National and State have already chosen the name change then many counties will also follow suite. Many counties have already done so. A vote was taken and it was decided to gradually make the name change.

Another subject for discussion is letting National do our membership mailings for dues. Benefits include less busywork for state and county treasurers, less cost to the state and county Auxiliaries, potential for more members at all levels of the federation, ease of record keeping and individualized service to county Auxiliaries. A vote was also in favor of this proposal.

So many things are planned for this year and lots of happenings in the works. I'm looking forward to a busy and interesting experience. Hope to see everyone at the next board meeting on August 30 at Tacoma General's Conference Room #1.

Denise

Tentative General Meeting Schedule

September 17 - Newcomers meeting at Ginnie Miller's home with flower arranger.

October 15 - Psychic at Mary Jackson's home.

November 19 - Personal Safety evening meeting with Mark Mann.

December 14 - Christmas Party Joint Dinner with Society.

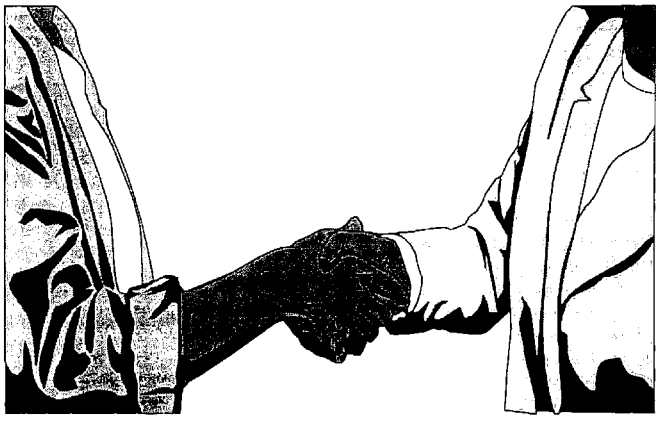
January is no meeting.

February 18 - John Lenihan speaking on current gynecological practices.

March 18 - Hypnotherapy.

April is state meeting.

May 20 - Gardner at Lakewold.



Making the most of your answering service

Are you happy with your answering service? Or do you curse it on a regular basis - especially when you receive the monthly bill? If the latter is more often the case, you may want to take some time and analyze this important adjunct to your practice.

Although most modern answering services use sophisticated equipment, not all are expert at handling calls directed at a medical practice. According to Scott Hager, president of AmeriCall, The Doctors' Exchange (Tacoma, WA), "The volume of calls for medical practice is usually higher than for a commercial account, as are the number of 'no-message' calls.

"The most significant difference, however, is that the majority of calls taken after hours must be relayed by one of several means to the client, whereas on a commercial account most calls are held until the next day."

With these unique needs in mind, Hager says, "The key to getting the most out of your answering service is to establish clear communications between your office and the service, and to utilize the new technology that is available." This technology includes voice mail, alphanumeric pagers, and fax machines.

Clear Communication

Hager suggests three ways to improve communications with your answering service:

1. Know your needs, and communicate these needs clearly to the service. Before this can happen, you need to familiarize yourself with which options are available (see New Technology, below) and determine which are best suited both to your patients and your practice.

2. Communicate these needs to your office staff. Too often, the office manager chooses a service on price alone, without fully appreciating the special needs of the doctors' office.

3. Keep the service posted on your whereabouts, and on how you want your messages relayed. According to Hager, the main problem an answering service encounters when responding to physicians' call is obsolete information. Result: unnecessary delays in relaying the call.

Not only can this lead to a serious problem with the patient, but it can also cost more money. (Most services charge according to the number of messages taken and the number of steps taken to deliver them. If it takes five calls to track a doctor down, the office will charged for those five calls.)

New Technology

New technology makes it possible to reach out and touch someone in rather ingenious ways, and this technology benefits a medical practice handsomely when used in the proper manner. Two of the most worthwhile advances are voice mail and paging systems.

Voice Mail - Voice mail allows a medical practice to pre-record messages and to choose which message gets relayed to the incoming caller. Different messages can be used, for example, after-hours, at lunch time, or when the staff is momentarily too busy to answer the phone. These messages can be recorded and updated by the office staff from any telephone, so not only is it convenient but it also puts a recognizable voice on the line.

Hager believes medical practices should be careful not to overuse voice mail. "It should be used as a tool that increases service and decreases expense. But, when necessary, it should still allow the caller to speak to a person who can give assurances and personal response. This is particularly important for medical emergencies." In other words, use voice mail to augment the live operator service, rather than to replace it.

At AmeriCall, physicians enjoy using an "urgent calls only" service where the caller initially receive voice mail and then can select various options, including leaving a message or talking to an operator. The operator then relays the message to the physician by pager, cellular phone, fax, or whatever method the doctor has instructed.

This service allows only urgent calls to be handled by an operator. If a caller isn't using a push-button phone, an operator will automatically come on-line after a certain number of seconds.

Pagers - Pagers have made an enormous impact in the industry. Gone are the days when the answering services have to try one number after another looking for a physician client.

With alphanumeric pagers, the doctor generally doesn't even have to return the call to the service. These pagers accept a message up

(continued next page)

Answer service *(cont.)*

to 80 characters long (about 16 words), which is normally sufficient to relay the whole message. If not, successive messages can be sent.

At the best answering services, the operators have specific instructions as to what information should be sent. A pediatrician, for example, might want to know the age of the patient. With these pagers, doctors not only get better, more complete and accurate service, but in most cases it allows them to receive this service for less money.

Not all answering services have the capability to send alphanumeric messages, though. And some use an outside paging agency to send all pages. You might be well served to look for an answering service that does its own paging. Less chances arise for mistakes, and messages are more likely to be timely.

Hager recommends that if you're not happy with your current service, you should consult with them about what options may be available that you are not using. And if you feel your bill is too high, the service should be able to examine your bills and suggest ways to improve the situation. If not, you may want to check around for another service.

Article reprinted from April 7 issue of *Doctor's Financial Report*

Call to action

The AMA is asking all physicians to write the White House Task Force today and encourage them to include *real tort reform* in the President's health care reform package.

AMA members and staff have been encouraging the White House Task Force to include real tort reform in the President's health care reform package. There is reason to believe we are making headway with the task force. Please write and urge them not to be persuaded by the trial bar -- but to include real tort reform in the President's proposals.

As always, use personal anecdotes and experiences in explaining your position.

Send your letter to the following address:

Mrs. Hillary Rodham Clinton, Chair

White House Task Force on Health System Reform

The White House

Washington, D.C. 20500

Please send a copy of your letter to your senator and representative.

Hotline for AIDS treatment help

The San Francisco-based toll free "warm line" for physicians and other health care professionals with HIV-related treatment questions has been expanded nationally with new federal funding support. The treatment hot line is administered by the San Francisco AIDS Education and Training Center and staffed by San Francisco General Hospital HIV clinicians. Physicians and other health care professionals with HIV clinical management questions can call 1-800-933-3413 between 7:30 a.m. and 5 p.m. Pacific Standard Time, Monday through Friday.

Taken from the AIDS Reference Guide

PCMS membership applicants

Martin, Thomas, MD
pathology
practices with AKE Pathologist
medical school: St. Louis University
internship: Washington Univ.
residency: same
fellowship: St. Louis Univ. (hempath)

Mastras, Dean, MD
radiation oncology
practices with Tacoma Radiation Oncology
medical school: Univ. of Vermont College of Medicine
internship: Univ. of Hawaii
residency: Univ. of Washington

Classified ads

POSITIONS AVAILABLE

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.

Locum Tenens Coverage and Opportunities in the Grater 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: 1-800-643-9852.

Tacoma-Seattle, Outpatient general medical care at it's 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.

Tacoma Family Practice - Tremendous opportunity available for family practitioner to assume high-volume family practice. Significant income generated - stable patient base. Please send CV and letter of interest to: Administrator, PO Box 11412, Tacoma, WA 98411.

EQUIPMENT

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

OFFICE SPACE

Lease - 2100 sq.ft. office in Lakewood medical complex. For details contact Curt Webber, John L. Scott Real Estate, 565-1010.

GENERAL

All-Pro Builders, General Contractors, specializing in medical office tenant improvements and remodeling. Professional designs available. BONDED and INSURED contractors license #ALLPRB*077DK. Talk to the professionals - Call (206)825-1957 or 1-800-606-1957.

Real Estate Services for Medical Professionals (RESMP). Professional brokerage services for medical professionals in buying or selling real estate in King and Pierce counties. Frederick R. Wallenborn, Real Estate 2000 Corp. 939-2100 King County or 581-2004 Pierce County.

Real Estate Canterwood. Premium lot on 14th fairway - .46 acre with 180 ft fairway frontage. Full golf membership included. $155K. Dr. Keltie Burt 582-5881 days.

Will do medical transcription in home. WordPerfect program, strict confidentiality maintained. $.12 per line, will pick-up and deliver. One day turn around time. Call Jeanne Hamilton 581-9713 (home) 552-1151 (work).

Lakefront home with private dock and 90 feet of frontage on Lake Steilacoom. Remodeled and updated in 1992/1993. 4 bedrooms and 2.5 baths. $435,750.00. Call Janet McGill, CENTURY 21 Washington Brokers, 582-7661.

Thinking of buying or selling Real Estate? Margaret has the knowledge and CENTURY 21 has the experience. For all your residential Real Estate needs CALL MARGARET FURLONG of Century 21 Washington Brokers 582-7661 or pager 593-9493.

Medical Transcriptionist Available. Certified medical transcriptionist with four year college degree, two years experience, proficient in WordPerfect, types 50 wpm, seeking position with private practice physician or clinic. Would prefer to work from home; fully equipped, including PC, transcriber, laser and dot matrix printers. Contact Gloria Nelson, 845-0190. Please leave message.

Resort CME

(continued from page 19)

MD (last years director), **Tom Norris, MD** and **Richard Tobin, MD.** As last year, course content is expected to offer a potpourri of addresses with an interdiscipline approach.

In addition to CME, the location and schedule offers family vacationing and a variety of winter sports including both down hill and cross country skiing, skating, sledding and more.

The second Hawaii "resort" CME program will again be directed by **Drs. Mark Craddock and Amy Yu.** Similar to two years ago in Kauai, the program will cover subjects of interest to all practices. In addition, the conference offers an opportunity to mix away from the office and enjoy one of the most beautiful spots in Hawaii.

Program brochures on both "resort" programs are scheduled to be out in early September. In the meantime for snow mark February 2-6, 1994 on your calendar. For a great sunny spring vacation, plan on CME in Hawaii on April 3-9, 1994.

Pierce County Medical Society
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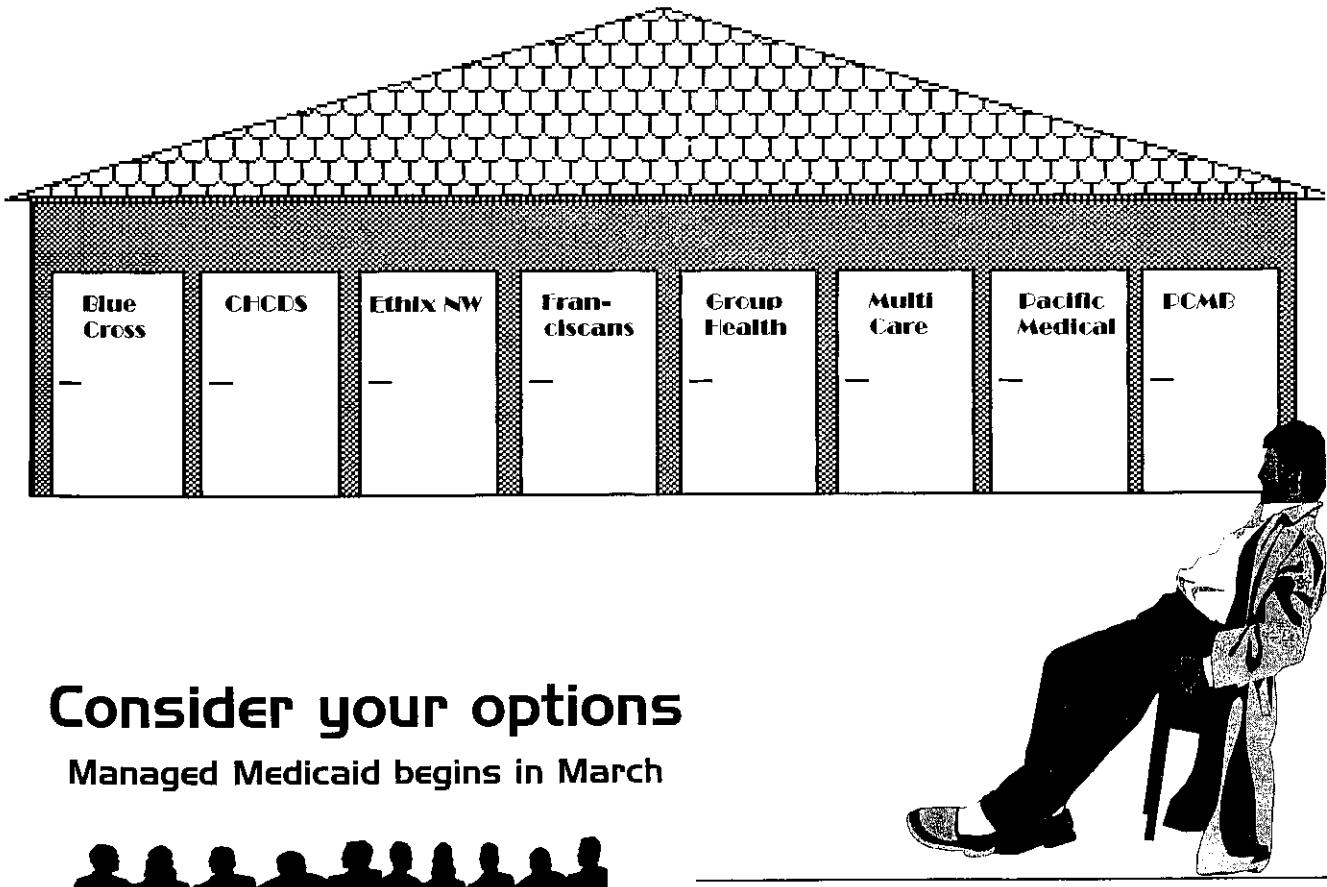
PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
August, 1993



Consider your options

Managed Medicaid begins in March

52,000 DSHS patients wait behind those doors

see stories on pages 4-6

The Bulletin is published monthly 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 15th of the month preceding publication (i.e. Oct. 15 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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Subscriptions: $25 per year, $2.50 per issue.
Make all checks payable to:
Pierce County Medical Society
223 Tacoma Avenue South
Tacoma, WA 98402

(206) 572-3666, Fax 572-2470

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Local News

Departments

News Briefs

Managed Medicaid will offer opportunities, a better system

The Society's ad hoc Managed Medicaid Committee has seen a dramatic increase in the number of organizations wishing to participate in the county's managed Medicaid program scheduled to begin early next year.

The committee was formed by the Board of Trustees last November to educate members about the managed Medicaid program DSHS was planning to implement on Jan. 1. DSHS now has heard expressions of interest from eight medical groups interested in administering competing plans.

All eight - MultiCare, the Franciscans, Group Health, CHCDS, Ethix Northwest, Pacific Medical, Blue Cross and PCMB - would be eligible to contract with physicians to handle the county's 52,000 Aid For Dependent Children (AFDC) patients if their plans meet state guidelines.

These groups have an opportunity to design and implement a care management system for the AFDC patients. It will replace the existing, cumbersome DSHS system. Administrative groups will receive a monthly fee from DSHS for each patient they sign up.

Competition among the eight groups for patients spells opportunity for physicians. Plan administrators need physician support. Consequently, the groups will develop plans that attract physicians - primary care providers, for the most part.

As in Kitsap and Spokane counties where new managed Medicaid programs have already been implemented, physicians in Pierce County are likely to receive offers from some of the plans to care for Medicaid patients on a capitation basis. Physician reimbursements for their AFDC patients have increased in Kitsap and Spokane counties as a result their new capitation plans.

Some of Pierce County's eight potential plan administrators may also devise modified fee-for-service contracts that may include management fees for participating physicians. They have freedom to design many reimbursement systems.

Regardless of the physician reimbursement systems the eight potential plans may offer, the objective of each plan will be to serve AFDC patients better. They will increase patient access to primary care, decrease the negative stigma that comes with being an AFDC patient, increase continuity of care, decrease the inappropriate use of emergency rooms and create a more fair distribution of DSHS patients among county physicians.

"Competition among the eight groups for patients spells opportunity for physicians "

(continued next page)

State delays managed Medicaid start up

The state's Department of Social and Health Services (DSHS) has pushed back by three months, until March 1, 1994, the date it plans to implement Pierce County's managed Medicaid program.

At the monthly meeting on July 15 of providers, insurers and state officials who have been studying and developing the county's unfolding system, Gaylan Gaither of DSHS explained the delay. He said the three-month delay was requested in Pierce and other counties by potential plan administrators who said the previously scheduled date, Jan. 1, is a bad time of year for them. They need to gather information from potential participating physicians and determine the number of enrollees they will accept. The state agreed to their request, Gaither said.

Gaither also said that in order to apply for federal waivers to operate a managed Medicaid system in Pierce County, DSHS must provide evidence the system is adequate to handle 52,000 clients. In order to determine the program's viability, he has asked each plan to identify by the end of August the number of providers it will utilize and the number of enrollees it will serve. He said that to be viable, at least 100-120 Pierce County primary care physicians must participate. In Spokane's new managed Medicaid plan, about 300 physicians participate.

Much will be learned about each plan's proposed system when they comply with the state request.

Opportunities *(continued)*

By accomplishing these objectives, the state will save money. That has been its motivation for encouraging managed Medicaid systems to form around the state.

To create an equal distribution of the 52,000 young mothers and their children who make up the AFDC patients, each physician should accept 200 DSHS patients, said **Dr. Bill Roes**, chairman of the Managed Medicaid Committee. Under the current DSHS system, only about 50 percent of county family physicians see DSHS patients. About 60 percent of pediatricians participate. Obviously, the load is not carried equally. **George Tanbara, MD**, a Tacoma pediatrician, sees over 800 AFDC patients, for example.

"We hope to see more wide spread acceptance of these patients," said **Dr. Roes.**"

As the eight prospective administrative organizations complete design of their managed Medicaid plans in the next few weeks, **Dr. Roes'** Managed Medicaid Committee will help physicians understand the contracts different plans are likely to offer them.

The state would like each of the eight plans to provide by the end of August a list of physicians who have contracted to participate.

"It won't happen that soon," predicted **Dr. Roes.**

The original target date managed Medicaid was scheduled to go on line in Pierce County was Jan. 1, 1994. True to **Dr. Roes'** prediction, that date has been put back to March 1, 1994.

Managed Medicaid will happen in Pierce County, regardless of the date. Meanwhile, **Dr. Roes** and the Managed Medicaid Committee will be developing communications to help physicians plug in to their new opportunity.

Kitsap Managed Medicaid helps physicians and patients alike

In other business at the Managed Medicaid meeting July 15, Cindy Rice, an administrator of Kitsap Physicians Service which has operated a three-county managed Medicaid system since 1986, explained how the plan works. Called the KPS Sound Care Program, the state's first managed Medicaid program has seen physician reimbursements exceed normal DSHS payments by as much as 37 percent, Rice said.

By reducing clients' reliance upon emergency rooms as their primary source of care, the plan has saved money which it has redistributed to participating physicians as bonuses. Providers also reduced the number of inpatient admits and outpatient visits the first year of operation, she said.

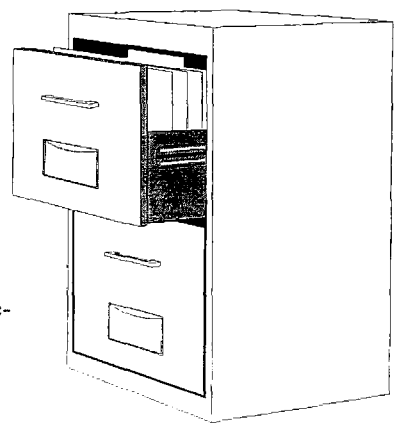
Key elements of the KPS plan are small physician groups, called PODs, which self regulate patient care and their yearly budgets. The PODs receive monthly reports on their patients' medical care use. PODs take action to ensure their clients rely on them for appropriate primary care. They also ensure participating physicians utilize the system efficiently so as to create a year-end budget surplus POD physicians can share.

Under the plan, DSHS pays KPS a standard monthly fee for each of its 10,000 enrolees. Participating primary care physicians, in turn, receive a capitated payment from KPS for each patient assigned, whether the patient seeks care or not. KPS sets the capitation levels, and they have changed over the years as participants have gained experience. Most specialists referred by the case managers are paid fee for service charges.

The 60 participating primary care physicians share management of the 10,000 clients, averaging 166 DSHS patients each. The actual number varies from 1 to 1,100 per physician, Rice said. About 75-80 percent of the counties' primary care physicians and 90 percent of their specialists share the 10,000 DSHS patients.

Managed Medicaid plans allow peek inside

Five of the eight health care organizations interested in developing managed Medicaid plans in Pierce County gave preliminary glimpses of their systems at the Managed Medicaid meeting Thursday, July 15. The plans they are now developing will enable them to compete for the 52,000 eligible DSHS patients beginning March 1. Physicians may participate in as many plans as they wish.



Providence - will work through the Good Health plan network with a fully capitated reimbursement system. They will utilize the 40 Pierce County providers they currently support.

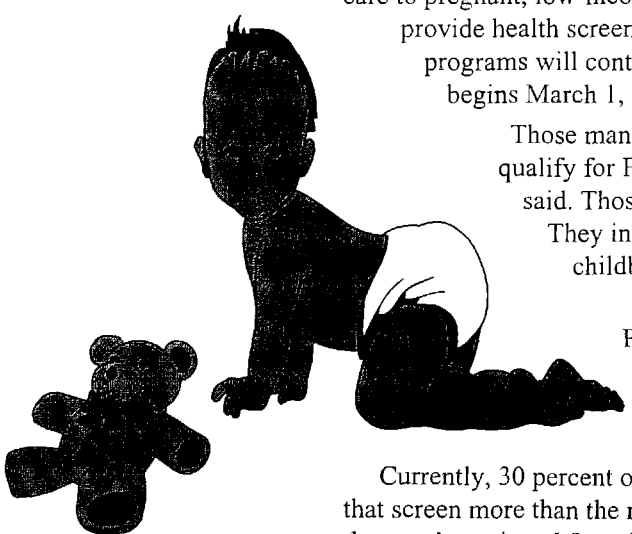
Pierce County Medical Bureau - will invite all providers already part of PCMB plans to participate. They anticipate offering a captitated system.

Puyallup Tribal Health Authority - will offer a primary care case management system through its existing clinics. It will refer to specialists. It anticipates its 12,000 native Americans will be able to pick from all the plans that become available.

Group Health - will use its existing clinic system and providers.

Community Health Care Delivery System - has formed a state-wide plan with other community systems, called the Community Health Plan of Washington. It serves 280,000 enrollees many of whom are DSHS clients. It will utilize its current providers in a managed care system it did not describe.

Children are top concern to Managed Medicaid promoters



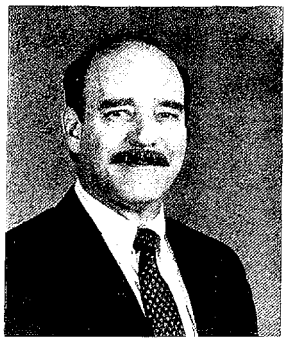
Jeanne Ward of DSHS told people attending the July 15 Managed Medicaid meeting that the state currently funds the First Steps Program to provide prenatal care to pregnant, low-income women. It also runs the Healthy Kids program to provide health screening and care to children of low income families. Both programs will continue when Pierce County's managed Medicaid program begins March 1, she said.

Those managed Medicaid plans that take on maternity patients who qualify for First Steps will be paid separately for those services, Ward said. Those services include more than just medical care, she said. They include child care, transportation, psycho-social counseling, childbirth education and others.

The Healthy Kids program, also known as Early and Periodic, Screening, Diagnosis and Treatment (EPSDT), is required by federal law. Plans that enter into managed Medicaid will be required to do the screening and health care the law requires, Ward said.

Currently, 30 percent of eligible children must be screened and cared for. Plans that screen more than the required number will be paid extra. No funding other than the state's capitated fee will be paid to plans screening and caring for the required 30 percent, Ward said.

The Oregon Plan: Rationing A Dose of Reality



Jim Fulcher, MD

"Faced with a very real and growing human tragedy, compounded by the fiscal paralysis in Washington, D.C., and the lack of any clear federal policy direction, states are being forced by default to assume leadership in health care reform."

-- John Kitzhaber, M.D.

By many of those who have carefully considered it, The Oregon Basic Health Services Act offers a compelling prototype for a national health plan. Yet even implementation within the State of Oregon has met resistance at the federal level. The program, often referred to as "the rationing plan", has been highly controversial and subject to much criticism, especially by those who do not understand it. Conceived by John Kitzhaber, M.D., while he was President of the Oregon State Senate, the plan is notable for facing the reality that resources are limited. No other health care reform proposal engages the cost of health care with such boldfaced honesty. Objecting to the Oregon approach on the basis of rationing is a specious argument, considering our present arbitrary and capricious rationing methods.

The 1989 Oregon Basic Health Services Act provides Medicaid eligibility to all people in the state who are below 100% of the federal poverty level, regardless of whether they have children. A companion bill mandates that employers must provide a comparable health care benefits package for Oregon workers and their dependents, with the employer paying 75% and the employee 25% of the cost. To ensure an affordable insurance product, a third bill regulates small group insurance to prevent denial based upon pre-existing conditions, control premiums, and guarantee continuity of coverage.

The key component of the Oregon program is in the definition of covered services. The 11 member Oregon Health Services Commission (which consists of five primary care physicians, a public health nurse, a social worker, and four consumers) has derived a prioritized listing of covered conditions and treatments based upon clinical data on effectiveness obtained from Oregon physicians. The Commission also carefully considered the information resulting from 47 town hall meetings held throughout the state. The priority listing of 688 health care services was then given to actuaries at Coopers & Lybrand who attached a cost estimate to each item.

The Oregon Legislature, prohibited by law from resetting the order of the list, will determine the "cut-off" point as they vote to allocate the share of Oregon revenue which goes to health care. If sufficient funds were available, of course, the entire spectrum of services could be provided. In reality, however, the elected representatives will determine a level of funding that the state can afford, given other demands for state revenue. This amount is applied to the priority list beginning at the top and extending down the list as far as the funding level allows. Services below the "cut-off" are not included in the health care package, hence the allegation of "rationing".

To fully understand the implication of rationing, however, it is necessary to recall the history of the development of the Oregon plan. In 1987 the Oregon Legislature was faced with a budget problem, and voted to eliminate funding for heart, liver, pancreas, and bone-marrow transplants for Medicaid recipients. These funds, which would have potentially affected about 30 individuals over a two year period, were used to provide basic preventive care for nearly 3,000 people with no insurance coverage at all. In December, 1987, seven-year-old

(continued on page 13)

Amy Yu, MD

Born Tsen Wen Yu in Taiwan, **Amy Yu, MD,** like her name, is both eastern and western.

"I look at myself as a world citizen," said the first-term PCMS Trustee.

Since she has lived half her life in Asia and half in America, most details of her life are a blend of the two hemispheres.

Her parents nicknamed her **Amy** when they moved to Hong Kong. The name was a concession to Hong Kong's international culture. Tsen Wen was young then. She kept the name when she later moved further east - to America. It has worked well for the 20 years she has lived in this country.

Doctor Yu is a permanent U.S. resident, but technically she's still a resident of Taiwan where she was born. No big deal, she believes. No aspect of her life would change if she took time from her busy life to complete the change of citizenship paperwork, she said. She sees herself as a fully contributing member of the Pierce County community with or without a U.S. citizenship certificate.

She grew up speaking Chinese, of course, but has spoken English most of her life. English was always her second language in her Hong Kong Catholic schools. When she immigrated to the U.S. to study at Southern Illinois University, language was not a barrier. Now, she's teaching Chinese as a second language to her 2-1/2-year-old daughter, Laura.

While all of **Dr. Yu's** friends are Americans, her family still lives in Hong Kong. Her mom and brother visit regularly and have applied for U.S. visas in anticipation of a deteriorating quality of life when Hong Kong reverts to Chinese ownership in 1997.

"I don't trust communism," said **Dr. Yu.** "It's not a bad idea to have an exit plan."

Her parents fled communism and the mainland for Taiwan in the early 1950's.

Dr. Yu's decision to study in the United States was her own - based on her personal aspirations.

"I've always wanted to be a doctor since I was this high," she said, waving her hand back and forth about three feet off the ground.

Her mother was a dentist. Her father was chairman of the history department at The National Taiwan University. One older step brother was an M.D.

"I was very determined then," she continued. "There was only one way. America is known as a land of opportunity - a place that offers a higher level of education, especially in science. Why not?" she said of her momentous decision to jump cultures.

Following her oncology fellowship at Fred Hutchinson Cancer Research Center, **Dr. Yu** has practiced in Tacoma for nine years.

She said, "I really enjoy my work as an oncologist. Besides the challenges in the ever-changing medical technology, I also learn a lot about life. My patients have taught me about life, about priorities, about change. Paradoxically, some of my patients are the happiest people I've ever seen. They are winners."

At a time when health care changes are forcing some physicians to look at options outside medicine, she said she's in it for keeps.

She accepts that health care reform is necessary and hopes it serves the nation well. Since her days as a driven student, she's changed. "Now I'm willing to be more flexible," she confessed.

Tacoma and its medical community have changed, too, she observed. "We're a very dynamic Society - more cosmopolitan than we think we are. Tacoma thinks it is traditional and blue collar, but this society is quite open to outside influences. I'm just one example of that," she said.

The American culture is changing, too - just forming, she said. She remembered back to the night in Hong Kong when she was cramming for a Chinese history test. It was to cover part of that country's history - 1,000 years. "The U.S. is

(continued next page)

Amy Yu *(continued)*

only 220 years old," she said by comparison.

Dr. Yu compared another difference between her two cultures. "We were taught that school learning is very important. Extra curricular activities were important, but did not substitute for academics. I will teach my child that, too. It is different in this culture."

For enjoyment, **Dr. Yu** enjoys classical music, art deco, museums, galleries, antique shows and architecture. She had a heavy influence in the construction of her new home. "I designed the whole interior - an experience that opened a whole new avenue of interest in my life," she said.

Dr. Yu's office reflects the two cultures she straddles. Hanging on the walls are reminders of her eastern heritage: beautiful, black-lacquered panels with inlaid mother of pearl and sea shells depicting multicolored scenes of Chinese temples. They're clean and picturesque. On her desk, floor and office chairs are reminders of her American culture: piles of information-age papers, magazines, files and whatnot.

"At six or seven at night I have a decision," she explained. "Do I clean up or go home?"

Like most Americans, she struggles to find time with her family. She relishes the few hours she gets with her daughter. She reads to her when she can. In doing so, they have both learned American nursery rhymes for the first time.

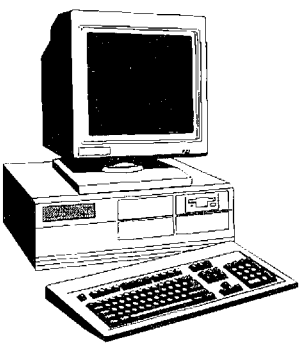
"If it weren't for her, I would never learn these things," said **Dr. Yu.**

Society goes electronic with FAX network

The Pierce County Medical Society has continued to take advantage of electronic wizardry in the last month with the installation of a new FAX network.

For the past few years, Executive Director Doug Jackman has been hooked into the AMA electronic network. Using a modem, he previews the many communications coming out of American Medical Association offices daily. After reading titles or summaries, he downloads to his computer articles that interest him and those that keep officers and members informed about the latest medical news.

At the suggestion of President **Jim Fulcher, MD,** a computer master, the Society initiated a new FAX network last month to help relay AMA and other messages to members. The first network FAX was sent the end of July to 150 offices shared by 400 physician members.



Using a FAX program inside his computer, Jackman programs his computer to send the electronic message at night when physician offices are closed. It will send them to officers only or to all members. By sending the message at night, he doesn't interfere with members' daily office operations.

In the future, the Society will send meeting notices, breaking news from the AMA or WSMA and other communications by FAX to save time and money.

If you have a FAX but have not received the first communication, call the Society. Perhaps we don't know your FAX number or there may be other complications.

Remember, only one FAX will be sent to each practice group, so you will want to set up a routing procedure to ensure you see each Society message.

If you have a FAX number but for some reason wish to be left out of the network, please call the office to inform us.

Members shine in Sound to Narrows Run

PCMS was well represented in the June 12 Sound to Narrows Run with three members finishing in the top 200 runners out of more than 11,000 total entrants.

John Jiganti, MD

The fastest physician finisher was orthopedic surgeon **John Jiganti, MD**, with a 44:40 effort. Only 51 runners were faster over the hilly 12 kilometer course through Pt. Defiance Park.

Finishing 58th overall was pediatrician **Tom Herron, MD,** with a 44:52 time. Herron was 7th in the 35-39 age category.

General surgeon **Ron Taylor, MD**, running for the first year in the 50-54 age category, placed first in that age group with a **44:53** time, nearly five minutes ahead of his nearest age-group competitor. Taylor finished 59th overall. He has been a consistent top finisher in the very popular run sponsored by the Morning News Tribune.

Tom Herron, MD

It was a beautiful day to run and these three speedsters took advantage of it. Their many miles and many hours of training paid off.

In the women's category, Teri Stewart, wife of **Dr. John (Jack) Stewart**, finished 114th among the top 200 women finishers. Teri did the 12k course in 59:41.

Ron Taylor, MD

Congratulations to **John Jiganti, Tom Herron, Ron Taylor, and Teri Stewart** for setting such a good pace.

The Society also had many members and families who finished under an hour, considered very good time for a difficult course.

Other participants in the run were:

Ron Anderson
Brian Berry
Mark Craddock
Shirley Deem
Bob and Kim Ettlinger
Ken and Martin Graham
Jan Halstead
John and Eric Hautala
John and Judy Hill
Pat Hogan
Sam Insalaco
Tom and Sandy Irish
Suzanne Jiganti
Michael Kelly
Gordon and David Klatt
Jim and Nick Komorous
Rosanne Larsen
David Law
John Lenihan
Andy Levine
Peter Marsh
David, Annette and Quin Munoz
Todd Nelson
Carl and Karyn Plonsky
Mike Priebe
Ilmar Reinvald
Craig Rone
Jim Rooks
Don Russell
Kathleen Samms
James Schopp
Steve Settle
Alan Tice
Dennis Waldron
Lawrence and Donna White
Stephanie and Rebecca Wulfestieg

The Bulletin apologizes if we failed to list any PCMS member or family participant. It is easy to overlook people in such a large event.

Members to present at WSMA Annual Meeting

PCMS members **Gilbert Johnston, MD, Joe Nichols, MD, and Jon Ruckle, MD,** will be among the speakers at the WSMA Annual Meeting at Jantzen Beach in September.

During the opening session Thursday, Sept. 9, **Dr. Nichols** will present results of his work on the CARE Committee (Clinical Assessment and Research Evaluation). As chairman of that group, he has been working to identify the data elements insurers and others should use to evaluate the care physicians give their patients. The committee expects to have its first six data sets developed for the Annual Meeting.

On Friday, Sept. 10, **Drs. Johnston and Ruckle** will participate in a scientific program on Quality Outcomes in Health Care. **Doctor Johnston** will discuss computer data systems and their use in health care quality assessment. **Doctor Ruckle** will follow **Dr. Johnston** with a presentation on the development of office-based systems for monitoring quality of care.

Also on Friday, scientific programs will be presented on public health, physical medicine & rehabilitation and risk management. On Saturday, scientific programs on ophthalmology, emergency medicine, psychiatry and addiction medicine will be presented. There is one scientific session Sunday on managed mental health care in the public sector.

In addition to scientific sessions, the Annual Meeting will see reference committee meetings, workshops, House of Delegates meetings and many other events.

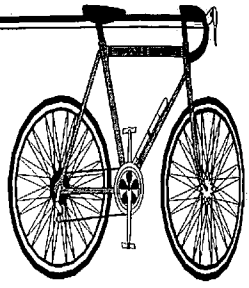
Information on registration is available from WSMA at 1-800-552-0612 or PCMS at 572-3667.

Gilbert Johnston, MD

Joe Nichols, MD

Jon Ruckle, MD

Riding and writing by Judy Wagonfeld



For most of us, a short bike ride circles the neighborhood.

For Judy Wagonfeld, wife of **James Wagonfeld, MD,** a short bike ride averages 20-30 miles. She's done hundreds of them. Many have been longer.

"I've been bicycling forever," she said. "My husband and I have done most of our vacations on bikes."

They've done the U.S., Europe, Canada and Central America.

"Everyone is so nice to you when you're on a bike," she said. "It's a great way to be outdoors and to meet people."

Given her biking enthusiasm and experience, Judy was a natural choice when Globe Pequot Press, the national travel book publisher, needed someone to write "Short Bike Rides in Western Washington."

Judy and the publisher began working together three years ago after Judy made connections during a ride. With her health writing background, she began writing her first book, a process she said "...is not an easy thing to do."

Her hard work will be rewarded August 1 when the book will be released.

First she researched all the rides that would be candidates to include in the book. The publisher, which has released several identical books in other locales, wanted riders to be guided through interesting places and off the major roads.

"I rode them all," she said of the more than 40 rides described in the 288-page book. "Plus I rode many others that didn't work out." During the fun part of her work, she tried about 100 routes to find 40 keepers.

Next, she researched the history and local attractions along the chosen routes. She included bed-and-breakfast stops. She had maps drawn, pictures taken and wrote driving directions to the trail heads.

The finished product offers riders of any ability level a variety of riding experiences. All the rides are road trips, and most are in Western Washington. A few, like the Hood River, Long Beach and Ellensburg routes, are not.

One route was developed by **David Wilhyde, MD,** a fellow biking enthusiast. It travels through the Tacoma Tide Flats and up through Browns Point.

"The Yakima wine country ride is really lovely," she said, "and Vancouver BC is really an urban ride. They are all geared to a rider who wants to go out and have a good time for the day. That's what bike touring is all about."

Judy is glad to be finished with her arduous task. Now she can ride just for the fun of it. But perhaps not for long. She's noticed that the other books in the series are in their second or third or fourth revisions.

Her writing process may start all over again.

President's message: the Oregon Plan

(continued)

Coby Howard died of leukemia with his family $20,000 short of the $100,000 needed for a bone-marrow transplant. This event was the subject of national media attention.

In January, 1988, there was an effort to partially refund the transplant program for eight individuals in immediate need. After two days of emotional debate before the Legislative Emergency Board, the motion was narrowly defeated. While this debate has been misinterpreted as a debate about transplants, it was actually a debate about health care resource allocation and accountability for allocation decisions and their consequences. Should the next health care dollar go for transplants or for prenatal care? What was the policy that directed funding for eight transplants and not 12 or 16? It became clear to Kitzhaber that there was no policy, state or national, that would guide the expenditure of dollars from the health care budget. Moreover, there was no recognition of the effect of allocation decisions on other individuals. A decision to spend the money for transplants begets an *implicit* decision not to use that same money to provide care for individuals with no basic health care at all.

Rationing in some form will be necessary to provide universal access to health care.

This is the form in which we see health care rationing every day throughout the country. State legislatures are often legally restricted from deficit spending. Each budget allocation decision is pari passu a decision not to spend money for other purposes - implicit rationing. When the funds are restricted, or demand increases, legislators commonly respond by lowering the eligibility level for public programs. As a result, the national average eligibility level for Medicaid is less than 50% of the federal poverty level. One family may have access to all "medically necessary services" while the family next door, with $500 more in annual income, has no coverage at all, i.e. implicit rationing.

By contrast, the Oregon Basic Health Services Act provides for *explicit* rationing. Rather than determining who is covered, the plan covers everyone equally, but offers a mechanism to restrict covered services as fiscal reality dictates. Society, through the actions of elected representatives, determines the services to be provided with full accountability for the decision not to cover excluded services. Rationing is on the basis of "what is covered" instead of "who is covered". Rationing under the Oregon plan is guided by policy and a carefully considered services priority list. The implicit rationing practiced elsewhere is arbitrary, haphazard, and subject to political expediency.

Health care resources are limited and fiscal budgets are finite. This is the reality that is not commonly considered by our politician policymakers. Rationing in some form will be necessary to provide universal access to health care. Who will make these decisions and how they are made will determine the success of any health care reform program. Ultimately, however, society and its taxpayers must have their say. As Kitzhaber has noted, "the socially acceptable minimal level of care is neither more nor less than what society is actually willing to pay for."

Society launches new temporary employee service

The office of **Cyndra Coffing, MD, and Theresa Courtney, MD,** was the first to feel the relief. How did they spell relief?

P-C-M-S T-E-M-P-O-R-A-R-Y P-L-A-C-E-M-E-N-T S-E-R-V-I-C-E

Cyndra Coffing, MD

The long-established and well-used Medical Society Placement Service inaugurated its temporary employee service last month, filling a significant need in the offices of many physicians. Squeezed by lower reimbursements and higher costs, many physicians' offices have begun hiring temporary workers to hold the line on health care costs.

Recognizing that need, and recognizing that summer vacations, extra workloads and family medical leave, among other things, also create temporary staffing problems for medical offices, the Society moved to help its members. Under the leadership of the Membership Benefits Inc. Board of Directors and President **Joe Wearn, M.D.,** staff worked with insurance, legal and other advisors for several months. All administrative arrangements and paperwork was concluded to begin the new service July 1.

Theresa Courtney, MD

Doctor Coffing and Courtney's office was the first to hire a temporary employee through the Society. They are using an LPN to temporarily replace their office nurse.

Here's how the service works. Physicians or their office managers call the Placement Service and explain their temporary personnel needs, just as they have done for years to fill permanent staffing positions. An office may need:

Receptionists	RN's/LPN's
Secretaries	Transcriptionists
Bookkeepers	Insurance Clerks
Lab Technicians	Medical Assistants
X-ray Technicians	Medical Records Clerks

Searching through her data base of available personnel, Ms. Gerkman locates and screens potential employees. She describes them to the physician or office manager and sets an interview for those who are selected. After the interviews, the office selects the one person best suited to their practice.

The best part of the service comes next. The Society does all the paperwork. The temporary worker is an employee of the Society's for-profit subsidiary, Membership Benefits, Inc., but works in the physician's office. The Society completes all the tax and other governmental paperwork and pays the employee an hourly wage. The physician's office simply verifies hours worked and pays the Society one hourly fee.

No tax statements.

No L&I.

No Social Security.

No benefits.

Etc, etc, etc.

In addition, if the temporary employee doesn't work out, the Society won't charge you for the first four hours. That worker will be replaced. Guaranteed.

As the new service grows, so will its pool of available personnel. So if you anticipate a temporary office staff vacancy, call the Society well in advance.

We'll go to work for you.

EX-SMOKERS SUPPORT GROUP

If you have recently quit smoking,
or are trying to quit and need support,
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591-6746

ST. JOSEPH HOSPITAL
AND HEALTH CARE CENTER

THOMAS HENRY CLARK, M.D.

in memoriam

Thomas Henry Clark, M.D. was born November 14, 1909 in Roslyn, Washington, and died June 3, 1993, in Bellingham, Washington. Dr. Clark graduated from the University of Oregon Medical School in 1940 where he was a member of Alpha Omega Alpha. He practiced Family Medicine in Sumner from 1946 until 1979. He was a member of the Pierce County Medical Society, Washington State Medical Association, American Medical Association, and a past-president of the Washington Academy of Family Practice.

His method of practice of family medicine was very unique and very personal. He had a great feeling for each individual's personal needs. His favorite method of settling a family dispute was to hospitalize the aggressive one until they begged to be discharged. Wouldn't Medicare have fun with that situation in the present day. His attention to detail, no matter how long the hours he spent in the practice of medicine, was superior. He was not a golfer or a skier but a hiker. His enjoyment in learning about the basics of nature was superior.

I had the privilege of practicing medicine with him for 27 years. It was the "Golden Years" of medicine. During all of those years, his stability and ability was always to me an amazing trait.

He is survived by his son, John Warner Clark, and two grandsons. He was preceded in death by his wife, Merle King Clark.

I have missed him in many ways since his retirement. Now I will miss him even more. My life has certainly been enriched with my association with Tom Clark.

James "Pat" Duffy, M.D.

PCMS membership applicants

Larkin, Hugh A., MD
general practice
practices at 1306 No. I St., Tacoma
medical school: Univ. of Washington
internship: Swedish Hospital

Sieck, Sandra A., MD
internal medicine
practices at Franciscan Family Care
medical school: Univ. of Missouri-Kansas City
internship: Univ. of Missouri Kansas City Affiliated Hospital
residency: Univ. of Washington

Rogers, Don A., MD
medical management
practices at Group Health
medical school: UCLA
internship: San Bernardino County General
residency: Univ. of Oregon

Thomas, William J., MD
pediatrics/pediatric hematology-oncology
practices with Pediatrics Northwest
medical school: Jefferson Medical College
internship: National Naval Medical Center
residency: same
fellowship: San Diego Naval Hospital (pediatric hematology/oncology)

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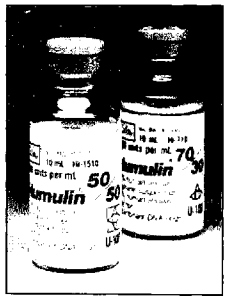

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COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Knee and shoulder surgery CME set

A CME program titled "Current Trends in Knee and Shoulder Surgery: An Anatomic Approach" will kick off the College's 1993-94 program schedule on October 29.

This musculoskeletal update will provide participants with a review of surgical anatomy and correlate this with current diagnostic, treatment, and rehabilitation options.

A program brochure will be available in early September.

Infectious Diseases Update set Nov. 12

The third annual Infectious Diseases Update CME program is scheduled for November 12 at the Tacoma Sheraton. 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 members.

The highly requested course will feature presentations by all physicians of Infections Limited as an update on common outpatient and inpatient infections.

Kauai's luxurious Princeville Resort with bargain rates set as site for Hawaii CME

Kauai's lavish Princeville Resort has been selected as the site for the College's CME at Hawaii program.

The island's tragedy, Hurricane Inke, has resulted in unprecedented bargain rates for course participants. Ocean view rooms normally demanding from $325 to $425 per night are offered at $145 for physicians and their families.

A course brochure for the April 4-8, 1994 (spring vacation) course will be mailed in September.

DATES	PROGRAM	DIRECTOR(S)
1993		
October 29	Current Knee and Shoulder Surgery	Stuart Freed, MD
November 12	Infectious Diseases Update	Alan Tice, MD
December 9 & 10	Advanced Cardiac Life Support	Kent Gebhardt, DO
1994		
January 20	Law and Medicine Symposium	Gregory C. Abel, JD William T. Ritchie, MD
February 3-5	CME at Mt. Bachelor	Stuart Freed, MD Tom Norris, MD Richard Tobin, MD
February 25	Update on HIV Infections	Alan Tice, MD
March 10 & 11	Internal Medicine Review	Irving Pierce, MD
April 4-8	CME at Hawaii	Mark Craddock, MD Amy Yu, MD
April 22-23	Surgical Update - 1994	Stanley C. Harris, MD Chris Jordan, MD
May 6	GI Conference	Gary Taubman, MD Richard Tobin, MD
May 20	Clinical Guidelines: Quality, Cost Effectiveness...	Les Reid, MD
June 27 & 28	Advanced Cardiac Life Support	James Dunn, MD

President's Message

Here we go! Another year off to a fast start. June 14 was our first board meeting of the 1993-94 year. Twenty-four members were present at Kathy Forte's home for a salad lunch. Thanks to everyone for coming and showing their support for the start of the new fiscal year.

Topics discussed were the Auxiliary name change from Pierce County Medical Society Auxiliary to Pierce County Medical Society Alliance. National and State have chosen to change to the new title. Many counties have also done so. A vote was taken and it was decided to gradually make the name change to keep continuity within the organization.

Another subject for discussion is letting National do our membership mailings for dues. Benefits include less busy work for the state and county treasurers, less cost to the state levels of the federation, ease of record keeping and individualized service to county Auxiliaries. A vote was also in favor of this proposal. Please watch for this mailing coming out soon.

So many things are planned for this year and lots of happenings in the works. I'm looking forward to a busy and interesting experience. I am so grateful for everyone who chose to work with me on the board and in committees.

I hope to see everyone at the next board meeting on August 30th at Tacoma General's Conference Room #1.

Denise Manos
President 1993-94

1993-94 PCMSA Board of Executive Officers

Denise Manos	President
Patty Kesling	President-Elect
Mary Jackson	1st Vice President - Programs
Mimi Jergens	2nd Vice President - Membership
Kris White	3rd Vice President - By-Laws
Marilynn Simpson	4th Vice President - Arrangements
Kathy Forte	Recording Secretary
Mary Lou Jones	Corresponding Secretary
Sue Wulfestieg	Treasurer
Colleen Vercio	Dues Treasurer
Karen Dimant	Past President

Tentative General Meeting schedule

September 17 - Newcomers meeting at Ginnie Miller's home with flower arranger.

October 15 - Psychic at Mary Jackson's home.

November 19 - Personal Safety evening meeting with Mark Mann.

December 14 - Christmas Party Joint Dinner with Society.

January is no meeting.

February 18 - John Lenihan speaking on current gynecological practices.

March 18 - Hypnotherapy.

April is state meeting.

May 20 - Gardner at Lakewold.

Sally Foster Gift Wrap sales

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.

Question? Call Bev Graham, 752-3457

Back to school clothing drive

The Auxiliary/Alliance is collecting clothing, new or "recycled," for the children at the Tone School. Do you have a contribution? Bring it to the membership meeting on September 17.

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.

Relocating 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.

We invite you to join us at our newcomers' welcome luncheon to be held at the home of Ginnie Miller, 4629 No. Mullen, on September 17. It begins at 10:30. Let's get acquainted!

For further information:
Judy Chan
7235 Interlaaken Dr SW
Tacoma WA 98499

For reservations:
Marilynn Simpson
265-3370

Directions to Ginny Miller's home:

From Puyallup, Federal Way, Lakewood - take City Center exit (705) from I-5, follow signs for Schuster Parkway. On Schuster Parkway, turn left at 49th (past Lobster Shop). Uphill to first cross street, turn left at Ferdinand. Turn right on Mullen to 4629.

From Gig Harbor - I-5 to Pearl Street. West on Pearl toward Point Defiance to No. 46th Street. To top of hill, left on Mullen one block to 4629.

Philanthropic applications

The finance/philanthropic committee, chaired by Lynn Peixotto, met during the summer to investigate and prioritze various applications that were received for philanthropic funds for the 1993-94 year. The committee recommendations for the disbursement of funds will be presented to the Board at the August 30 meeting. When the Board approves the following recommendations, the applicants will be presented to the General Membership at the fall meeting for their final vote.

The following applications are pending approval by the General Membership:

1. Teen Health Forum - Choice, Not Chance is a one-day health education forum for teenagers. They have requested $500-$1,000 for students and faculty to attend from Pierce County Schools.

2. Neighborhood Clinic - A free medical clinic for low-income persons of Pierce County. Their volunteers consist of local physicians and nurses. They have requested $600-$1,000 for medications and new equipment, such as microscope, otoscope, thermometers and glucometers.

3. The Lindquist Clinic - a free dental and vision clinic for low-income school-age children referred by their school nurse. They have requested $6000 for eye exams and glasses for 72 children.

4. YWCA Support Shelter - has requested $1500 for medical supplies such as aspirin, non-aspirin, cold reliever, Pedialite, and thermometers.

5. Community Health Care Delivery System (CHCDS) - A system of five medical clinics providing care to the uninsured low-income persons of Pierce County. They have requested $12,740 for medications and radiological procedures to assist in the diagnosis on chronic diseases.

Questions or concerns? Please contact Lynn Peixotto, Chairman at 851-3831; or Denise Manos, President at 479-6405.

Membership

This year the Pierce County Medical Society Auxiliary/Alliance will participate in a federated dues billing program. This is a pilot program initiated and facilitated by the American Medical Association Alliance. Mailings will be sent to you directly from the national office. Look for this mailing in the fall.

Please watch the mail for your dues notice from National!

1994 nominations

If you are interested in serving on the Board or being more actively involved in any way, please call Karen Dimant at 265-2516

Family Leave Act requires doctors' certifications

The federal Family Medical Leave Act (FMLA) of 1993, like most laws, contains some good and not-so-good conditions.

The good part is that beginning Aug. 5, newborns and sick people will receive more and better care from family members if they need it. The law requires employers of 50 or more people to grant up to 12 weeks of unpaid leave in any year to employees needing to care for newborns, seriously ill family members, or themselves.

But the burdensome part comes with the paperwork. Employers wishing proof of their employee's need to receive family medical leave will effectively transfer to physicians the duty of completing the paperwork. The Department of Labor has developed an optional medical certification form your patients may ask you to complete for their employers.

The form will ask for your diagnosis, for a statement of the treatment regimen you prescribed and whether the patient requires assistance for basic medical or living care from the person asking for leave. If the employee requests leave for his/her own illness, the certification must include a statement about the inability of the patient to perform his or her work.

Employers, under the law, have the right to require the certification prior to granting leave. They may also ask for recertification 30 days after leave begins.

The optional certification form can be obtained from the PCMS office.

Hospitals continue layoffs

MultiCare Medical Center is the latest hospital to react to decreasing patient loads with layoffs, according to the Morning News Tribune (MNT). In an article Friday, July 9, the MNT said 70-80 employees of Tacoma General Hospital and Mary Bridge Children's Hospital would be laid off by the end of July. Half the personnel would be nurses, it said.

The article said St. Joseph Hospital announced in December it would lay off up to 75 employees. It reported only 31 have been laid off to date, however.

Other hospitals which have already laid off employees or are considering a force reduction include Swedish, Valley Medical Center and Children's Hospital, according to the article.

Hospital patient loads are usually lighter in the summer but this summer they are lighter than expected and have caused the layoff trend, according to sources in the MNT article.

POSITIONS AVAILABLE

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.

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: 1-800-643-9852.

Tacoma-Seattle, Outpatient general medical care at it's 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.

Tacoma Family Practice - Tremendous opportunity available for family practitioner to assume high-volume family practice. Significant income generated - stable patient base. Please send CV and letter of interest to: Administrator, PO Box 11412, Tacoma, WA 98411.

EQUIPMENT

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

OFFICE SPACE

For Lease: 2100 sq. ft. of professional office space in multispeciality medical center on growing South Hill in Puyallup. Physician owned. Terms negotiable. Call Al Sullivan, 593-6072, or Dr. Rebecca Sullivan, 848-5951.

GENERAL

Real Estate Services for Medical Professionals (RESMP). Professional brokerage services for medical professionals in buying or selling real estate in King and Pierce counties. Frederick R. Wallenborn, Real Estate 2000 Corp. 939-2100 King County or 581-2004 Pierce County.

Real Estate Canterwood. Premium lot on 14th fairway - .46 acre with 180 ft fairway frontage. Full golf membership included. $155K. Dr. Keltie Burt 582-5881 days.

Thinking of buying or selling Real Estate? Margaret has the knowledge and CENTURY 21 has the experience. For all your residential Real Estate needs CALL MARGARET FURLONG of Century 21 Washington Brokers 582-7661 or pager 593-9493.

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Roy Virak, MD, former Family Doctor of the Year, retires

Roy Virak, MD, former Medical Society vice president and a Tacoma family practitioner for 32 years, retired June 30.

Dr. Virak was honored as the Family Doctor of the Year by the Washington State Academy of Family Physicians in 1992. He previously had been president of that group.

"I retired not because I wanted to but because I had to because of my illness," said **Dr. Virak.**

At 63, he had considered retiring in a few years. He had looked forward to having time for his hobbies: grandkids, gardening, model railroading and travel.

"Travel's been hit as hard as anything," he said of his limited mobility.

Dr. Virak began practice in the Medical Arts Building and moved his practice seven times over the years. Between 1978 and 1984, he directed Tacoma Family Medicine which he helped set up.

"My patients kid me because they have a hard time keeping up with me," he said.

About the practice of medicine under health care reform, **Dr. Virak** said, "As long as you focus on giving conscientious care, it will be rewarding."

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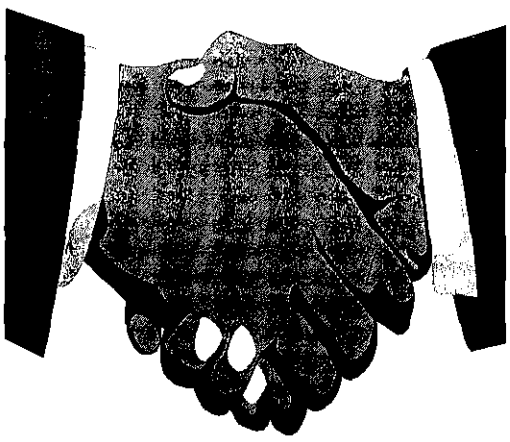
PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
September, 1993

MANAGED CARE HITS COUNTY PRIMARY CARE PHYSICIANS

HOW DID YOU RESPOND?



see stories on pages 3-8

The Bulletin is published monthly 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 15th of the month preceding publication (i.e. Oct. 15 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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Subscriptions: $25 per year, $2.50 per issue. Make all checks payable to:
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223 Tacoma Avenue South
Tacoma, WA 98402
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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Local News

Departments

News Briefs

Pierce County Medical Bureau Introduces Managed Care Insurance Plan

On July 19, Pierce County Medical Bureau (PCMB) sent a letter to its primary care providers inviting them to participate in a new health insurance plan called "Incentives." The letter asked physicians to sign a contract by August 13 that would bind them to the plan.

As the Bureau's second managed care plan (the four-year-old Basic Health Plan was its first), Incentives requires primary care providers (PCPs) to act as gate keepers for medical specialty care. It discourages patients from skirting their chosen PCP and penalizes with higher co-payments patients who do.

Incentives requires participating physicians to submit claims electronically.

The plan's controversial reimbursement system divides providers into three groups according to their practice's economic profile during the past year. Those with the lowest cost per patient history will receive higher fees for services than they have been receiving under PCMB's other plans. Those with the highest costs will receive less than they are accustomed to. Those who have little history with PCMB will receive the insurer's normal service reimbursements for one year, after which time their profile will be complete and they will be assigned to the high or low reimbursement group.

Incentives Reimbursement System Rewards Some, Penalizes Others

About half of the physicians caring for patients insured through Pierce County Medical Bureau (PCMB) practice the most cost-effective medicine, according to PCMB's latest physician profiles.

Based on their cost-based practice profiles undertaken when designing Incentives, PCMB will provide the highest reimbursements to only the most cost-efficient physicians - 55 percent of its 320 primary care providers.

Under terms of the new plan, those cost-efficient physicians who join "Incentives" will be reimbursed 93 percent of the RBRVS fee schedule as a reward for their cost consciousness last year. The reimbursement is 6.5 percentage points higher than PCMB's current Preferred Plan rate (86.5 percent) and is, thus, an incentive to practice the most cost-effective medicine.

Pierce County's analysis of physicians' billings found 25 percent of its providers provided medical care that was too costly, according to standards it devised for Incentives. It offered those physicians an opportunity to participate in Incentives, but only at 70 percent of the RBRVS rate.

The insurance company had insufficient data to construct cost profiles on the remaining 20 percent of physicians. It offered them a temporary 86.5 percent reimbursement rate to participate in Incentives for one year. Those physicians, many of whom are new to Pierce County, will be profiled during that year. Their second-year contract will then reflect either the higher or lower reimbursement rate depending on what PCMB determines their cost effectiveness to be.

Incentives was designed in response to a State of Washington request for health insurance plans it could offer state employees. The PCMB plan will cost the state, and private employers to whom PCMB will also market the plan, 10 percent less than its Preferred Provider Plan. The Bureau said there are 28,000 state employees in Pierce County who will be given Incentives as one of eight plans from which to choose. The insurance company estimates it will capture 10,000-15,000 subscribers within the first 12-15 months. It currently provides health insurance to 165,000 people.

Incentives will begin Jan. 1.

Bureau Explains Incentives

On July 27 and 28, about 10 days after sending physicians Incentives contracts, PCMB held two informational meetings at its building and one in Puyallup to explain to physicians and their office managers how the new insurance plan will work.

Although sparsely attended - 25 physicians and staff went the first night and about 40 the second - the sessions were informative.

Jan West, PCMB's provider relations official, said Incentives, one of several insurance plans state employees may choose between, will be open to enrollment Jan. 1 for both state employees and private subscribers.

She said in order to meet that date, the state asked the Bureau to list its participating primary care physicians (PCP) by September. Thus, she said, physicians were given less than one month to decide whether to participate. If they agree to participate, their names would appear on the first list of providers initial subscribers will use to select their PCP.

West explained some of the co-pay and reimbursement provisions of the plan. She said participating physicians must agree to provide 24-hour patient coverage (call group participants need not be Incentives providers), must agree to coordinate patient care, agree to notify PCMB of referrals, obtain preadmit certificates, give 45-day notice if their practice is full, and submit claims electronically. She indicated only 30 percent of claims today are billed electronically, but PCMB will work out a timetable with each physician who needs to purchase equipment. The company's goal, she said, is to reimburse electronically and to automate referral procedures, too.

Christine Carpenter, who manages PCMBs utilization review department, said PCP's can utilize the phone, mail or fax to notify PCMB that patients have been referred. In most cases, approvals are not required, she said. Preautorizations are required for transplants, inpatient mental referrals and a few others. Patients can self refer for eye exams, mammograms, routine gynecology exams, chiropractic and smoking cessation, she said.

Carpenter said a new customer service department will send physicians monthly patient rosters and quarterly patient activity summaries. The new system will include member advocates and educators to help physicians and patients adjust to managed care.

Les Reid, MD, PCMB's medical director, explained that Incentives' provider network consists of PCPs, specialists (not yet selected), allied providers, hospitals and others.

Dr. Reid said all physicians in a group were assigned to the same payment classification. He reviewed the three reimbursement categories and the percentage of physicians assigned to each and said physicians practices will be reviewed annually. Their categories will change accordingly.

Incentives Plan Includes Nearly All Providers

Unlike a similar managed-care plan introduced by King County Medical/Blue Shield recently, the Incentives Plan unveiled by PCMB allows nearly every willing provider to participate.

Pierce County Medical sent invitations to join Incentives to 310 of its 320 primary care providers July 19. The ten physicians not invited to join were already on probation with PCMB.

The King County plan has been heavily criticized for denying the right to participate to 40 percent of King County physicians. The King County Blue decided to include only its most cost-effective providers and would not reveal to physicians its criteria for including or excluding them.

Pierce County Medical Bureau designed its Incentives Plan around an all-inclusive philosophy purposely to avoid King County's mistake. Incentives' reimbursement plan, which penalizes those PCMB believes to be the least economical physicians, however, was necessary in the company's view to keep the cost of medical care and the insurance plan down.

PCMB's Doctor Reid Answers Questions

During a question and answer session after the physician meetings at PCMB on July 27 and 28, **Dr. Reid** said his organization is considering offering PCPs even more incentive than the 93 percent reimbursement now offered to the Category I physicians. He hopes to have an enhanced reimbursement schedule in effect next year.

He said the physician profiling system will be refined in the future, looking then at physicians' referral practices and how they treat specific diseases such as diabetes and cardiac. That information and existing cost data will be shared with physicians to help them improve their ratings, **Dr. Reid** said. But he acknowledged that a yearly report is not enough to help physicians track their progress. He said PCMB will try to make reports more frequently.

Dr. Reid was asked why PCMB did not educate physicians a year ago about the new profile system. It would have been the fair thing to do, the questioner said, since physicians' practices were being evaluated with the system. **Dr. Reid** replied first that physicians did not show interst in their PCMB profiles a year ago. Only four physicians out of 400 who were mailed their first profiles a year ago called him about them. He also said the marketplace changes quickly and now demands managed care. "It is unfortunate, but that's the marketplace and we have to respond," **Dr. Reid** said.

The physician profiling system will be refined in the future, looking then at physicians' referral practices

One Society member present said he was one of the four who called **Dr. Reid** a year ago. He was assured his practice was efficient, yet his Incentives profile put him in the bottom category. **Doctor Reid** responded that the rating criteria changed for Incentives. More restrictive standard deviations from the bell-shaped curve have pushed some physicians into Incentives' low reimbursement category, he said.

Some physicians present thought their practices were different from their peers' and should not be compared against them. **Dr. Reid** replied that the data reveals most practices within one practice type contain the same patient mix. He said he had sat down with many physicians who thought their practices deserved special consideration. Only a few could document their differences and their ratings were adjusted, he said.

"Anyone can game the system, but patient care will decline. I think doctors want to practice quality medicine"
Les Reid, MD

Dr. Reid was asked whether Incentives' three reimbursement categories create competition among physicians and encourage "games" to be played that shift medical costs to other providers in order to beat the system. He acknowledged the possibility, but said, "Anyone can game the system, but patient care will decline. I think doctors want to practice quality medicine."

He was asked if, as physicians improve their cost effectiveness, whether 100 percent of them could ever receive the highest reimbursement rate under PCMB's new system. He said yes. He also said physicians' reimbursements will not always be ratcheted downwards.

Doctor Reid said physicians who do not sign up for Incentives now can sign up later. He said most downtown hospitals are participating, but physicians can not refer without penalty to non-participating hospitals.

Members Speak Out About Incentives

Greg Cain, MD, a Lakewood pediatrician, has been advised by his attorney not to speak out about the plan until the attorney has completed his review and they have discussed the plan. And therein lies his rub. Some of **Dr. Cain's** partners and their attorney were on vacation when the PCMB contract appeared in the mail.

"We were given the contract with so little time to review it in the middle of the summer. It's utterly ridiculous," he said. "I've never jumped into any contract without thoroughly, thoroughly reviewing it. I just don't jump off every cliff without knowing what's under me."

He said the attorney will begin the review shortly. However, **Dr. Cain** himself is scheduled for vacation when the attorney returns.

"We're going to take our time and do it right," he said.

He said he wants to see the patient's Incentives contract before deciding whether to join Incentives. The enrollees' contract was not part of the packet PCMB sent him with his contract. He also said he believes the termination language is ambiguous and he has questions about how his group was rated.

"Basically I want to see everything," he concluded

Chris Miller, MD, a family practitioner whose office is in the Allenmore Medical Center, said he felt he should not sign the contract because it had not been reviewed, and the way physicians were placed into reimbursement categories was not based on good data. No consideration was given to whether procedures were referred out or done in the primary care giver's office, he said.

"I'm a number one," he said, "but some of my friends are a number three and they are equally good physicians."

Doctor Miller, who is president of the local Independent Practice Association (IPA), said that if Incentives eliminates, or puts into Category III, one-*third* of all primary care physicians instead of the true outlyers, they defeat the purpose of a primary-care-based system.

"They need primary care physicians. There won't be enough of them if all these (managed care) plans get going," he said.

He said he appreciates that Pierce County Medical Bureau offered all primary care physicians a chance to participate, but not the way they did it.

"I don't know anybody who has good feelings about Incentives," he said, "and I've talked to a lot of Pierce County physicians."

DeMaurice (Buck) Moses, MD, a Puyallup pediatrician, said, "I think what they've done with Incentives is necessary to try to control costs. It is not necessarily fair, but it is necessary.

"I believe physicians have to make an effort to control costs," he said. Incentives is a way of doing that with which physicians must live, he thinks. With Incentives, at least, **Dr. Moses** believes physicians have a chance to change. "You have to change," he said.

If physicians think of this more philosophically than capitalistically, he thinks it will help them accept Incentives. "We're in medicine to help people, not make money," he said. "The Bureau has done nothing to take away our ability to practice good medicine. Incentives will just cut into our ability to earn income.

"I have been practicing pediatrics so long - over 30 years - that I have seen the past. I can see the future. I'm not willing to quit just because it's going to be harder."

Physicians will have to work more efficiently to stay even, he said. He understands physicians are taking the changes Incentives creates hard. "It's degrading. They're going through an emotional turmoil," he admitted.

Putting things in perspective, though, **Dr. Moses** said, "No one will lose their livelihood over this."

Contract Legal Review Available

Pierce County Medical Bureau officials met with **Drs. Peter Marsh and Rebecca Sullivan** of the Society's Executive Committee. They provided the Society a copy of the Incentives provider contract in order for the Society to have it legally reviewed. The review was completed by a California Medical Association staff attorney and has been made available to members requesting it.

The 10-page analysis begins by saying it is not legal advice, and that physicians who want legal advice should consult their attorney.

The analysis covers both the master contract, called the participant agreement, and its addendum that deals with the Incentives Plan specifically.

The review does not analyze every paragraph of the contract, only those to which physicians should give consideration. For example, the reviewer points out that the addendum can be amended unilaterally by PCMB upon 60 days notice but does not spell out how, if at all, physicians can amend the contract. The review suggests physicians consider negotiating an amendment to the Incentives contract that allows future amendments only by mutual written consent of both parties.

In another paragraph, the review suggests physicians review PCMB's practice patterns and performance data with a consultant or actuary to make sure PCMB has evaluated the physician's practice accurately.

In another paragraph, the review says, "Physicians must satisfy themselves as to the adequacy of referral resources."

The review covers many other paragraphs of the contract. If you would like a copy, call the Society office.

Antitrust Laws Restrict Society Involvement

Some members of the Pierce County Medical Society have questioned why PCMS has not taken a stand against PCMB's Incentives Plan since it will reduce reimbursements to a significant number of members.

In one word, the answer is "antitrust."

Federal laws prohibit professional associations such as PCMS from acting to restrain free trade. The Society can not act to restrict the freedom PCMB enjoys to extend legal business contracts to individual physicians. Likewise it can not dictate the rights individual physicians have to accept, reject or bargain over those contracts.

Should the Society poll its members and act to promote or boycott Incentives as the majority votes, it would step on free trade.

The Clinton administration, in an AMA speech, promised to remove some antitrust barriers that some feel create unequal playing fields. Some say that near monopolies, such as insurers and hospitals, have too much advantage over individual physicians.

However, until those reforms occur, the Society's involvement in the such plans is restricted by existing antitrust laws.

State Employees to Choose One of Eight Plans

Incentives is one of eight health insurance plans state employees in Pierce County will be able to choose among, according to the state Health Care Authority. Physicians can participate in more than one, according to the Authority.

The other seven plans are Good Health, Group Health, Health Plus, Pacific Health, Qual Med, Uniform, and Virginia Mason.

State employees' open enrollment period will be Oct. 15 - Jan. 1.

Short Response Time Explained

Pierce County Medical Bureau asked physicians July 19 to sign Incentives contracts by Aug. 13 - about a three week deadline. The short response time angered some physicians and stymied others.

For its part, PCMB apologized and explained that the state gave it only until August 19 to provide a list of Incentives providers. The program will be available to purchase in October and will begin Jan. 1.

Physicians who did not sign up by Aug. 13 will be able to do so later, but their names will not appear on initial marketing materials enrollees will receive.

Half of Primary Care Physicians Choose Incentives

Donald Sacco, president of Pierce County Medical Bureau, Inc., said approximately 150 of the 310 primary care providers offered Incentives contracts returned them signed, or committed to doing so, by Aug. 13. The 13th was the deadline the insurer gave physicians. Physicians could have signed up later but their names would not have been on the list of plan providers PCMB was required to give to the state on Aug. 19.

Sacco said the plan's controversial reimbursement format was not patterned after any other plan, but was PCMB's effort to include nearly all county physicians in its new managed care, primary-care based product. He said he expects the format, which pays some physicians more than others for providing care, to save the company money compared to its Preferred Plan. The expected savings will reduce the cost of the plan, making it possible for Incentives to be offered to subscribers for a price 10 percent less than the Preferred Plan, he said.

Sacco said that while quality of care was not considered when PCMB assigned physicians to either reimbursement Category I, II or III, the company will consider quality when it reviews physicians' applications.

He said, "No one does an effective job of measuring quality. We aren't further ahead or behind any other players in measuring quality of care."

Sacco said that PCMB has always listened to and worked with physicians who have concerns about company policies. He said he is interested in and will respond to concerns about Incentives. However, he said physicians who want to negotiate changes to their Incentives contract will not be indulged.

"We do not sign individual contracts with groups. It would be virtually impossible to have 1,300 individualized contracts," he said, referring to the number of physicians participating in PCMB's Preferred network.

The president said PCMB should decide which specialists to include in Incentives by about Sept. 1. He said the company will attempt to include as many specialists as possible rather than be selective, but that it has not yet decided on a reimbursement format.

Sacco emphasized that PCMB has a long history of working with community physicians. An important goal now is to reduce medical costs. He said, "We continue to work with physicians to make our products better for consumers."

WSMA Opposes, but Incentives Uses, Economic Credentialling Alone

Joseph Nichols, MD, has been leading the Washington State Medical Association's CARE project (Clinical Assessment and Research Evaluation) since the spring. The state-wide project's goal is to identify criteria that accurately measure the true value of a physician's practice. Cost of care, the lone criteria Pierce County Medical Bureau used to profile and categorize physicians for Incentives, is only one element that should be considered, **Dr. Nichols** said.

"The Medical Association's main point is that there is more to measuring care than just cost. We should measure cost, yes, but quality of care should be measured, too," the Tacoma orthopedic surgeon said. "We're opposed to economically credentialling physicians. No one will want to take on sick patients because they affect one's profile."

He said he had approached PCMB, as well as other insurers, about the issue. PCMB officials acknowledge the point CARE makes, **Dr. Nichols** said, but need alternatives.

"They are waiting for us to come to them with a better way to measure. PCMB and all insurers need a better option," he said.

"I think we tend to make the insurers out to be the bad guy," **Dr. Nichols** said. "But no one is the bad guy in this. There are a lot of pressures working on all sides: physicians, patients, employers, insurers, the government. Unless we come up with an option to control cost and quality we won't have a seat at the table where decisions will be made."

Society Receives Public Service Grant

The Pierce County Medical Society and the Auxiliary/Alliance received a grant from WSMA in August to help deal with the domestic violence occurring in Pierce County.

The Society and Auxiliary will be meeting soon to plot a course for the program which was proposed to have a physician education component as well as a community outreach component. Work will be accomplished over the next year.

The AMA has urged physicians to take on family violence projects and the Society has been a working member of the Pierce County Taskforce on Domesitc Violence for many months.

As plans evolve, the *Bulletin* will explain more about the program.

Dr. Pomeroy Moves North

David Pomeroy, MD, a PCMS member since 1981, has relocated to King County. He started practicing family medicine with the Virginia Mason Medical Center in Issaquah, North Bend and Redmond Sept. 1. He formerly was practicing with Peninsula Family Medical Center.

Doctor Pomeroy said, "It is difficult to leave a medical community as friendly and supportive as the one here in Pierce County. To a large degree I think that comes from an active medical society structure. Many thanks to everyone for their support during my 13 years here in Pierce County."

Sound To Narrows Update

We recently learned that Donna White, wife of **Larry White, MD,** completed the run in 55 minutes 4 seconds, a very good time. Congratulations, Donna.

The Pierce County Medical Society

announces the

September General Membership Meeting

when: Tuesday, Sept. 14
Social Hour at 6:00 p.m.
Dinner at 6:45 p.m.
Program at 7:45 p.m.

where: Fircrest Golf Club
6520 Regents Bv. W.

spouses invited

Pierce County Doctors in Transition

What are your Colleagues Doing?

featuring reports from fellow members:

Rebecca Sullivan, MD, ...Puyallup MSO
Chris Miller, MD, ...Tacoma Family Practice IPA
Gil Johnston, MD,.....Tacoma Specialty
Don Rogers, MD, ...Group Health Cooperative
Ulrich Birlenbach, MD, ...Lakewood Multispecialty IPA
Tom Herron, MD, ...Franciscan Family Care

(return before Friday., Sept. 10, to PCMS, 223 Tacoma Ave. So., Tacoma, Wa. 98402)

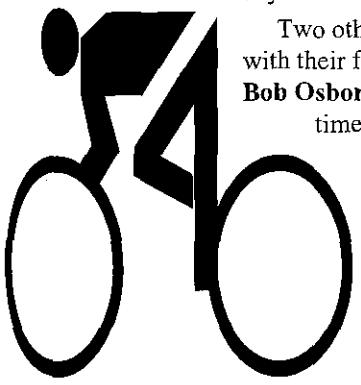
Please reserve _____ dinner(s) at $18 per person
(tax & tip included)
Enclosed is my check for $_____

signed_____

Members Ride to Portland

Several members rode their bikes to Portland over the weekend of July 17-18 in the annual Seattle-to-Portland (STP) ride. About 10,000 bikers began that classic race. Not all finished.

The fastest PCMS rider we've heard about so far is ophthalmologist **Larry White, MD,** who completed the 200-mile course in one day. Whew! Great job.



Two other members rode together and with their families. **David Munoz, MD,** and **Bob Osborne, MD,** spent some high-energy time with Quinn Munoz, 13, Eric Osborne, 13, and Brian Osborne, 11.

"It was two days of enjoyable but steady riding," said **Dr. Munoz.**

The Osborne trio did the ride on just two bikes; one was a tandem on which the children traded off helping their father make it to the finish line. The two families rode to Chehalis the first day, and then into Portland on Sunday.

Along the way they met up with another PCMS member, also sharing a tandem bike with his children. Neurosurgeon **Richard Wohns, MD,** received constant encouragement on the many up-hill climbs from Nicholi, 8, Sage, 10, and 13-year-old Michie.

As the story goes, Nicholi received a rousing cheer from the crowd at the Portland finish line, acknowledging the large feat by such a young tyke. A few miles earlier, however, the cunning youngster had gotten off the tandem and onto a single bike so people would think he rode solo the whole way.

Other PCMS members doing the ride were **Drs. Drew Deutsch, Tony Lazar,** and **Don Shrewsbury. Drs. Deutsch and Shrewsbury** have done the ride several times.

***Dr. David Munoz** (l) poses with his riding partners for the two-day ride to Portland. Next to him are Erik, **Dr. Bob** and Brian Osborne. Quinn Munoz is on the right.*

*Just 20 miles from the finish line, **Drs. Tony Lazar, Drew Deutsch, and Don Shrewsbury** take a short break.*

The Future for Medical Practice in Skilled Nursing Facilities?

*by **Joseph W. Regimbal, M.D.**, Chairman, PCMS Committee on Aging*

Under the present climate of health care reform, the care of chronically ill, disabled patients is undergoing intense scrutiny. Expenditures for these patients accounts for up to 50% of Medicare expenditures, 2% of the GNP. With average hospital costs running on the order of $1,000 per day, health care reformers are looking at an expanded use of skilled nursing facilities (SNF's) where the average cost of care is on the order of $100-$200 per day. Many hospitalizations for these patients are for diagnoses such as pneumonia, COPD, CHF, DM in exacerbation, dehydration and malnutrition. These problems can often be competently managed with lower-technology care, e.g. IV's, antibiotics, standard X-ray, and routine lab, all readily available in SNF's. (Many will not require MRI, CAT scan, surgical procedures etc.) Much of the step-down care for these and other diagnoses could also be managed in SNF's. Managed competition will only serve to heighten the interest in subacute hospital care delivered in SNF's.

However, most physicians are reluctant to follow patients in SNF's largely because of the high cost of practicing there. In our own practice averaging 250 SNF patients, our own surveys supported an average of 17 minutes of telephone time (4 calls) and 13 minutes of paper work (5 signature requiring reviews) per patient per month. That's 30 minutes of uncompensated time per month for each SNF patient.

Joseph Regimbal, MD

Recently, initiatives in Pierce and Spokane counties have resulted in 2 pilot projects with DSHS to simplify this process. Many of the SNF regulations stem from outdated policy and procedures (often stimulated by ad hoc solutions to survey problems). PCMS is presently sponsoring this effort through the SNF Pilot Project Subcommittee, chaired by **Dr. David Munoz**, under the Committee on Aging. This subcommittee will meet next on Tuesday, September 14th at 7:30 at Allenmore Hospital. Interested parties should contact Sue Asher at 572-3667.

Tom Norris, MD, Becomes UW Dean

Tom Norris, MD

Tacoma Family Medicine's (TFM) program director for the past five years, **Tom Norris, MD**, has accepted a new position at the University of Washington School of Medicine effective this month. He will work with **John Coombs, MD**, as assistant dean for regional affairs and rural health.

David Acosta, MD, Dr. Norris' associate director, will become interim director at the MultiCare facility.

Doctor Norris said, "I'm leaving TFM because this is an opportunity for me to work in health care policy development and in medical education at a wider scale than one residency program allows. If TFM weren't in as strong a condition that it is, I couldn't accept the UW appointment.

"This transition affirms the strong support MultiCare gives to the residency," **Dr. Norris** said. "MultiCare is strongly committed to continuing."

David Acosta, MD

Under **Dr. Norris'** leadership, the residency program has flourished. It now provides family medicine training for eight residents. When he began his tenure, there were six residency positions. Yearly applications for the eight slots has climbed from 250 to 400 as the program's stature has grown.

Doctor Norris also guided the program when it introduced its fellowship in rural family medicine, now home to six physicians.

Three family physicians were on the faculty when **Dr. Norris** began. Today there are 16-1/2 teaching positions. They include eight family physicians, four OBs, three internists, one behavioral scientist and a half-time pediatric slot.

In the last five years, TFM also added satellite clinics in Puyallup and Brown's Point and doubled the size of its main clinic when it moved to 521 So. K. The program also has been active in research and received a large federal training grant.

"I attribute TFM's growth to strong medical community support, strong support by MultiCare and recently by Good Samaritan Hospital, a great group of faculty and an incredible group of trainees," **Dr. Norris** said.

During his tenure, patient visits have tripled and the number of deliveries have nearly quadrupled, he said.

In his new job, **Dr. Norris** hopes to help four states, Washington, Alaska, Montana and Idaho.use medical students to solve public health problems. Tacoma Family Medicine was a role model when it initiated the OB Access Clinic that uses trainees to help low income pregnant women. He said 60% of his new job will be working on medical student training, family practice development and other medical education issues in the four states.

He also wants to utilize his new position to decrease the deficit of rural physicians, help move medical students into communities and improve access to medical care for the whole population.

His other UW duties will be to do scholarly research on the education of family practitioners, practice in the UW clinics and teach in the school's family practice department.

Part of his job will be to maintain the UW's affiliation with TFM, **Dr. Norris** said. "So I'm not saying goodbye, just changing my working relations with TFM," he said. "I won't be a stranger.

"I want to say a strong thank you to everyone I've worked with at TFM. They have helped make this an excellent program," he said.

Doctor Norris is president of the Washington State Academy of Family Physicians. He plans to maintain his PCMS membership.

Huge, Painless Cost Reductions Possible; Your Help Needed

Little known to most physicians are three sections of the state's new health care reform legislation that can have enormous implications nationally.

The three sections of the Washington State Health Reform Act require hospitals, pharmacies and nursing homes to give physicians cost records on their patients. Historically, hospitals, pharmacies and nursing homes have been reluctant to do so. Some thought the information was proprietary.

But beginning in July, the law requires them to release the information when asked by attending physicians. The rationale is that if physicians know their patients' hospital, medication or nursing home charges - charges for which prescribing physicians are responsible - they can scrutinize and reduce them.

According to PCMS Trustee **David Munoz, MD,** who with his partner **Joseph Regimbal, MD,** and **Rep. Stan Flemming, DO,** co-authored the three sections of the act, 52 percent of the country's yearly $90 billion health care bill is made up of such charges physicians initiate: orders for lab work, x-rays, medications, hospitalization, etc. That translates to $47 billion yearly spending that physicians initiate but for which they usually receive no billing records. They have no idea what those costs are and thus how to reduce them.

The potential for saving money - the goal of health care reform -is gigantic. And it's painless.

Washington State is recognized as a national leader in health care reform. These three cost disclosure sections bear that out. But with President Clinton preparing to release his health care reform proposal in mid September, **Drs. Munoz and Regimbal** have tried to expand Washington's successes into the rest of the country. They want and need your help.

On Aug. 10, the two internists/geriatricians wrote President Clinton, Vice President Gore, Senator Jay Rockerfeller, chairman of the Senate Finance Committee and others urging them to include similar provisions on cost disclosure to physicians in the national health care reform plan.

Our "...inability to access information on charges and resource utilization has crippled the physicians' ability to control costs," their letter said.

They also asked Clinton et al for help requiring the Medicare and Medicaid systems to release their patient cost data to ordering physicians.

(continued next page)

David Munoz, MD

Stan Flemming, DO

Doctors Save Patients Lab Fee Costs

Patients in **Drs. Munoz** and **Regimbal's** practice are often sent to labs for work ups. **Doctor Munoz** said he was taught that if ordering three or more tests, it is better and cheaper to order a chemical panel, or SMA. That has been their standard practice for years.

But when the physicians convinced labs to share patient costs with them, they learned something valuable - about $50,000 valuable.

Full chemical panels include a CO2 test which **Drs. Munoz** and **Regimbal** seldom use. And contrary to common thought, the labs have charged an extra $12 each for the unused test.

The two internists have changed their practice pattern as a result of their look at patient costs. They don't order SMA's routinely anymore. Given their patient loads, they figure they have saved their patients $50,000 in one year.

Cost Reductions *(continued)*

Initial federal response to the proposals has been luke warm, **Dr. Munoz** said. He said, "We would like other physicians to write their federal legislators and back the idea. It costs them no money but will make them better doctors."

Doctor Munoz said he would be pleased to talk to any physician who wants to discuss this issue.

"You can be a victim or a participant. If you choose to be a victim, you sure shouldn't complain about what you get."
David Munoz, MD

New Law to Reduce Pharmacy Charges

Doctor David Munoz's average patient is 72 years old and takes four medications. His patients spend an average of $60-$100 each month on medications, he said.

Since the new Washington State Health Reform Act requires pharmacies to disclose patient costs to prescribing physicians, **Dr. Munoz** anticipates saving his patients money. He said he plans to review his pharmacy reports and substitute medications where he thinks cost/benefit ratios are too high.

"Our patients are frail and can't call pharmacies and haggle," he said. "They are at the mercy of pharmacies."

He thinks he and other physicians can have a significant impact on the costs of medicine if they take time to review cost data the law now says they're entitled to.

"If we pay attention to this, we will have an easier time under managed competition."

Health Care Reform Claims Casualty: Dr. Stilwell

"I think the medical system in Washington is in deep trouble," said **James Stilwell, MD**, as he told the *Bulletin* he is fed up.

"I'm quitting and moving out of state," he said.

Doctor Stilwell is the first PCMS member we know of to switch rather than fight. Rather than endure forced change the Washington health care reform act requires, Dr. Stilwell will close up shop Sept. 1.

The Tacoma plastic surgeon said he doesn't know where he's going or what he'll do when he gets there. "I will go look for a job," he said.

He said he may work in medicine or he may not. To preserve his option, he said he will take a test to help ensure he can be licensed to practice in other states. He said he knows of other Pierce County physicians doing the same - also to escape health care reform.

He views his decision to leave Washington and possibly medicine with enthusiasm. "I hope it is all straight ahead. It's exciting - like starting over," he said.

Of his experiences in Tacoma he said, "The 25 years I've been in Tacoma have been very, very pleasant, especially my relationships with peers and colleagues. All the physicians I met when I arrived here, and the new ones who have arrived since then, are the highest quality. Pierce County is superb and the people in Pierce County have been extremely lucky."

New PCMS Members

Bjarke, Erik, MD
radiology
practices with Diagnostic Imaging Northwest
medical school: Loma Linda Univ.
internship: same
residency: same
fellowship: Oregon Health Sciences Univ. (radiology, body imaging)

Duras, Steven, MD
general surgery
practices solo
medical school: George Washington Univ.
internship: Baptist Memorial Hospital, Memphis
residency: same

Ho, James, MD
family practice
practices with Franciscan Family Care
medical school: Medical College of Ohio at Toledo
internship: St. Vincent Family Practice, Toledo
residency: MCO/St. Vincent Family Practice

Jedynak-Bell, Corinne, DO
ob/gyn
practices with Franciscan Family Care
medical school: Michigan State Univ. College of Osteopathy
internship: Mt. Clemens General Hospital
residency: same

Klarnet, Jay, MD
medical oncology
practices with Hematology Oncology Northwest
medical school: SUNY Buffalo
internship: Millard Fillmore Hospital
residency: same
fellowship: Univ. of Washington (medical oncology)

Larson, Larry, MD
ob/gyn
practices with Franciscan Family Care
medical school: Baylor College of Medicine
internship: same
residency: same
residency: Univ. of Washington

Nehls, Daniel, MD
neurosurgery
practices solo
medical school: Northwestern Univ.
internship: Walter Reed Army Hospital
residency: Barrow Neurological Institute
fellowship: Wellcome Surgical Institute (cerebro-vascular research)

Rigdon, Michael, MD
radiology
practices with Diagnostic Imaging Northwest
medical school: Univ. of Washington
internship: Delaware Medical Center
residency: Hackensack Medical Center
fellowship: UCSF (radiology/CT/MRI)

Le, Thu, MD
general practice
practices solo
medical school: Saigon Univ.
internship: Saigon Hospitals
post graduate training: Cong Hoa General Military Hospital
post graduate training: Providence Medical Center, Seattle

Tutihase, Mimi, MD
pediatrics
practices with Franciscan Family Care
medical school: Univ. of Rochester
internship: Univ. of California San Diego Medical Center
residency: same
fellowship: Cleveland Metropolitan General Hospital (ambulatory pediatrics)

PCMS Membership Applicants

DeBolt, Martha, MD
pediatrics, allergy and immunology
practices with Pediatrics Northwest
medical school: Univ. of Oklahoma College of Medicine
residency: Mayo Graduate School of Medicine
fellowship: same (allergy/immunology)

Gray, John, MD
family medicine
practices with CHCDS
medical school: Univ. of Washington
internship: Sacred Heart Medical Center
residency: Swedish Hospital and Medical Center

Hieshima, Adele, MD
pathology
practices with Drs. Clark, Bertozzi, Kapela and Eggen
medical school: Tulane Univ.
internship: Harbor-UCLA Medical Center
residency: same
fellowship: same (cytopathology)

Jackson, Keri, MD
family practice
practices with South Hill Family Medicine
medical school: Louisiana State Univ.
internship: Madigan Army Medical Center
residency: same

Watson, James, MD
vascular/general surgery
practices with Dr. Allen Yu
medical school: Univ. of California San Francisco
internship: Univ. of California Davis Medical Center
residency: same
fellowship: Mass. General (vascular)

Good Samaritan is Accredited

Good Samaritan Hospital received a three-year accreditation from the Joint Commission of Healthcare Organizations (JCAHO) following its survey of the Puyallup hospital in May. Receiving the accreditation means JCAHO found the hospital complies with the commission's nationally recognized health care standards.

"The surveyors said we were in the top 10 percent of the hospitals they've surveyed nationally, especially in the areas of quality assessment and improvement," said Barbara Hyland-Hill, vice president of inpatient services.

"The Puyallup community should be proud that Good Samaritan is focusing on the most challenging goal - to continuously raise quality to higher levels," said JCAHO's Kenneth Hermann.

Good Samaritan has been providing healthcare in Puyallup since 1952.

Charges Set for Copying Medical Records

The Legislature acted last session to solve a perpetual medical dispute: how much should physicians charge patients or their agents for copying medical records?

The answer: $.65 per page up to 35 pages and $.50 thereafter. Physicians may also charge a $15 clerical transfer fee, the solons agreed.

With this new law, perhaps one of the most common disputes between patients and their physicians will be resolved.

The Ethics Committee still suggests that physicians not charge fellow physicians.

Dramatic Findings Part of Diabetes CME Course

The University of Washington is offering a two-day CME course on diabetes treatment in November that will reveal information that may set new standards for diabetes care worldwide.

The UW has been the only Northwest center to participate in a nationally-funded, 10-year trial designed to determine the effects of insulin therapy on the end-organ complications of the disease. Intensive therapy was found to have a profoundly beneficial effect on retinopathy, nephropathy and neuropathy, with risk reduction averaging 50 percent.

The details of these and other trial findings will be presented by expert local and national speakers during the Nov. 18-19 course. The format will include lectures and workshops. It is open to primary care physicians, nurse specialists, nutritionists and others involved in the care of diabetes patients.

For further information about the course, contact the UW CME office, 1325 Fourth Ave., Suite 2000, Seattle, WA 98101, or call 1-800-869-2633.

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Infectious Diseases Update CME Program Set

The conference schedule has been set for the third annual Infectious Diseases Update CME program, slated for November 12 at the Tacoma Sheraton.

Dr. Alan Tice, course director, has announced the program including a presentation by guest speaker Richard B. Brown, MD, Associate Professor of Medicine, Tufts University, School of Medicine.

The complementary program will address the following subjects:

* Viral Hepatitis
* Central Nervous System Infections
* Endocarditis
* Community Acquired Lower Respiratory Infections
* Soft Tissue Infections
* Immunizations - Adult & Pediatric
* Antiviral Therapy

Inn at the Seventh Mountain selected for Mt. Bachelor CME conference site

Central Oregon's Inn at the Seventh Mountain resort has been scheduled to host the College's CME at Mt. Bachelor conference.

Set for February 3, 4, and 5 in 1994, the conference will return to the Inn offering exceptional rates for this "resort" CME program. With Category I credits, CME at Mt. Bachelor will feature a potpourri of subjects of interest to all specialties.

A course brochure will be mailed in September and will include registration and lodging information.

DATES	PROGRAM	DIRECTOR(S)
1993		
October 29	Current Knee and Shoulder Surgery	Stuart Freed, MD
November 12	Infectious Diseases Update	Alan Tice, MD
December 9 & 10	Advanced Cardiac Life Support	Kent Gebhardt, DO
1994		
January 20	Law and Medicine Symposium	Gregory C. Abel, JD William T. Ritchie, MD
February 3-5	CME at Mt. Bachelor	Stuart Freed, MD Tom Norris, MD Richard Tobin, MD
February 25	Update on HIV Infections	Alan Tice, MD
March 10 & 11	Internal Medicine Review	Irving Pierce, MD
April 4-8	CME at Hawaii	Mark Craddock, MD Amy Yu, MD
April 22-23	Surgical Update - 1994	Stanley C. Harris, MD Chris Jordan, MD
May 6	GI Conference	Gary Taubman, MD Richard Tobin, MD
May 20	Clinical Guidelines: Quality, Cost Effectiveness...	Les Reid, MD
June 27 & 28	Advanced Cardiac Life Support	James Dunn, MD

President's Message

Hello, everyone, and welcome to our first month of fall. Hard to believe another school year is upon us. This month begins the busiest time of year for most of us and the county Auxiliary/Alliance is no exception.

So much is being planned and implemented this year. Our name change from Auxiliary to Alliance is one change. And having national perform our membership mailing is another. Please keep your eyes open for this coming in the mail.

We are working with the Pierce County Medical Society on a domestic violence project. We have been awarded a grant from the Washington State Medical Association towards public awareness education for our county. More information to follow.

The newcomers meeting will be in September at Ginnie Millers' home. Looking forward to seeing everyone and any and all newcoming members. This is always a wonderful way to get to meet everyone.

See you soon!

Denise Manos
President 1993-94

Back to School Clothing Drive

The Auxiliary/Alliance is collecting clothing, new or "recycled," for the children at the Tone School. Do you have a contribution? Bring it to the membership meeting on September 17.

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.

Relocating 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.

We invite you to join us at our newcomers' welcome luncheon to be held at the home of Ginnie Miller, 4629 No. Mullen, on September 17. It begins at 10:30. Let's get acquainted!

For further information:

Judy Chan
7235 Interlaaken Dr SW
Tacoma WA 98499

For reservations:

Marilynn Simpson
265-3370

Directions to Ginny Miller's home:

From Puyallup, Federal Way, Lakewood - take City Center exit (705) from I-5, follow signs for Schuster Parkway. On Schuster Parkway, turn left at 49th (past Lobster Shop). Uphill to first cross street, turn left at Ferdinand. Turn right on Mullen to 4629.

From Gig Harbor - I-5 to Pearl Street. West on Pearl toward Point Defiance to No. 46th Street. To top of hill, left on Mullen one block to 4629.

Tentative General Meeting schedule

September 17 - Newcomers meeting at Ginnie Miller's home with flower arranger.

October 15 - Psychic at Mary Jackson's home.

November 19 - Personal Safety evening meeting with Mark Mann.

December 14 - Christmas Party Joint Dinner with Society.

January is no meeting.

February 18 - John Lenihan speaking on current gynecological practices.

March 18 - Hypnotherapy.

April is state meeting.

May 20 - Point Defiance Zoo visit

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Announcing the establishment of the MultiCare EndoSurgery Institute offering training for surgeons in various specialties in advanced laparoendoscopic procedures.

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Laparoscopic Vagotomy/Anti-Reflux

September 25 and 26, 1993

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Assistant Professor of Surgery
University of Southern California School of Medicine
Chief, Division of General Surgery
USC University Hospital, Los Angeles California

Alan White, M.D., F.A.C.S.
Medical Director
MultiCare EndoSurgery Institute
Tacoma, Washington
General and Laparoscopic Surgeon

H. John Zielinski, M.D., F.A.C.S.
Adjunct Faculty
MultiCare EndoSurgery Institute
Tacoma, Washington
General and Laparoscopic Surgeon

For more information or to register call 552-1177

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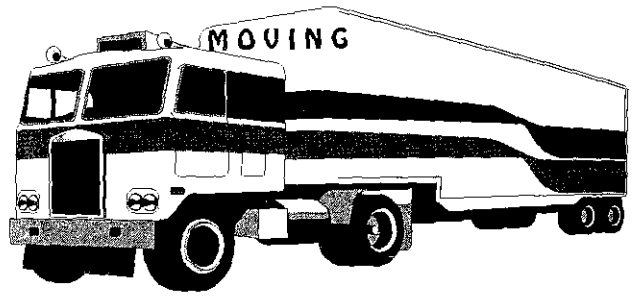

The PCMS office has been notified of the following changes to the 1993 Directory:

Ron Anderson, MD, has moved to 316 So. K St. #210. His phone is unchanged.

David Benson, MD, has moved to 4826 Tacoma Mall Blvd, Tacoma 98409. His phone is 472-2020

Bruce Buchanan, MD, has moved to Spokane.

Brian Burgoyne, MD, has moved to Las Vegas.

Mark Craddock, MD, has moved to 4700 Pt. Fosdick Dr. NW #202, Gig Harbor 98335. His phone is 851-5121

Patrick Donley, MD has moved to a new office at 6314 19th St. W. #15. His phone is 566-3642

Loren Finley, MD, - delete his Allenmore office

Anthony Haftel, MD, corrected phone is 858-2218.

Roger Lee, MD, has changed offices in the building at 314 So K St. His new office is #201.

Douglas Malo, MD, has a new office at 316 So. K St., #402, Tacoma 98405. His phone is 627-0114.

Richard Ohme, MD, - delete his Puyallup office

Olympic Sports and Spine Rehabilitatin's Puyallup phone is 564-5662.

David Pomeroy, MD, is moving to King County effective September 1

Howard Quint, MD, - his new office address is: 1320 3rd St. SE, Puyallup 98373. His phone is 848-5508.

Daniel Redford, MD, - his new office address is:
7023 Phillips Rd. SW
Tacoma 98498-6340

Ali Sarrafan, MD, has a new physicians only phone: 472-0479

Caroll Simpson, MD, added a FAX #: 984-7813.

Roy Virak, MD - retired on June 30. His records are with Mark Constance at 572-9181

Charles Weatherby, MD, is now practicing at 316 S. Martin Luther King Way #406, Tacoma WA 98405-4216. His phone is 572-9181.

Michael Wiese, MD, moved to 1112 6th Ave. #302. The zip is 98405.

Classified ads

POSITIONS AVAILABLE

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.

Locum Tenens Coverage and Opportunities in the Grater 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: 1-800-643-9852.

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.

Tacoma Family Practice - Tremendous opportunity available for family practitioner to assume high-volume family practice. Significant income generated - stable patient base. Please send CV and letter of interest to: Administrator, PO Box 11412, Tacoma, WA 98411.

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Psychiatrist

Puyallup Tribal Health Authority seeks a full time clinical director to manage our new division of behavioral services which includes both mental health and substance abuse rehabilitation activities and functions. The PTHA operates a 24 hour substance abuse facility and a state licensed mental health center. Qualified candidates must be seasoned supervisors, approximately 40% direct patient care and 60% administration and supervision, competitive salary, full benefits, please send CV and letter of interest to personnel director PTHA, 2209 E 32nd St., Tacoma, WA 98404 or FAX (206)272-6138.

EQUIPMENT

***Infusion pump* IMED Model 960** and 965. Current price $3200, asking $995.

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OFFICE SPACE

For Lease: 2100 sq. ft. of professional office space in multispecialty medical center on growing South Hill in Puyallup. Physician owned. Terms negotiable. Call Al Sullivan, 593-6072, or Dr. Rebecca Sullivan, 848-5351.

GENERAL

Real Estate Services for Medical Professionals (RESMP). Professional brokerage services for medical professionals in buying or selling real estate in King and Pierce counties. Frederick R. Wallenborn, Real Estate 2000 Corp. 939-2100 King County or 581-2004 Pierce County.

Secluded 3 bedroom, 3 full bath home, with atrium and 4 car garage. Large park like yard. Call Margaret Furlong, Century 21 Washington Brokers 582-7661 or pager 593-9493.

***Summer* home/Retirement home** at Lake Limerick; 153 ft. no bank waterfront with pea gravel beach; 1560 sq. ft.; 2 bedroom, 1 bath; 1200 sq. ft. decking; fishing and waterskiing; 1 hour from Tacoma. Call Scott or Eva Carleton 565-2521.

Physicians to be Evaluated Differently by PROs

The point system used by Medicare Peer Review Organizations (PROs) has been discontinued in every state and is being replaced by a new system, the federal Health Care Financing Administration announced recently.

HCFA repealed the Quality Intervention Plan (QIP) penalty "point" system. QIP assigned physicians one to 25 points for identified quality problems based on the potential for patient harm. PROs required corrective actions of physicians who accumulated three or more points in a quarter.

In the new evaluation system, PROs will use 13 standard categories for documenting quality, including failure to obtain pertinent clinical history, make appropriate diagnoses, or assess changes in clinical status.

This article was reprinted from WSMA Reports.

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PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
October, 1993

Pierce County Medical Society Members Play Key Roles at WSMA House of Delgates Meeting

Some of the Pierce County delegation attending the WSMA annual House of Delegates meeting last month included: front row l. to r. Peter Marsh, MD, Eileen Toth, MD, David Munoz, MD, Pat Hogan, DO, Leonard Alenick, MD, Stan Harris, MD, and in second row, Stan Jackson, MD, Charles Weatherby, MD, Rebecca Sullivan, MD, Robert Whitney, MD, Dick Baerg, MD and Dick Bowe, MD.

Lakewood ophthalmologist Leonard Alenick, MD, will co-chair development of the WSMA certified health plan in the coming months. Deciding to form the CHP was the assembly's most important work.

see stories on pages 4-7

The Bulletin is published monthly 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 15th of the month preceding publication (i.e. Oct. 15 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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Editorial Committee:
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Subscriptions: $25 per year, $2.50 per issue.
Make all checks payable to:
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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Local News

Departments

News Briefs

In Memorium

Roy Virak, MD

by Kenneth Graham, MD

Roy Virak, MD, passed away August 23, 1993 after a one year battle with prostate cancer. There is no one in our medical community who has done more or has been better respected than Roy. I had the privilege of first meeting Roy when we both arrived in Tacoma to start our family practices in the fall of 1961. He was born in Bonners Ferry, Idaho, and graduated from Pacific Lutheran University and Washington School of Medicine. He interned and did residency training at the USPHS Hospital and Children's Orthopedic Hospital in Seattle. He joined the Rosenbladt Clinic after four years as a physician with the US Public Health Service in New Mexico and Montana.

Roy was a real family man and married Gloria in 1954. They have two daughters and five grandchildren. He was extremely active in church and local activities and his curriculum vitae is virtually endless.

Some of his more outstanding positions were:

1. President of Pierce County Medical Bureau (3 terms)
2. President of Alumni Board - PLU
3. Board of Regents - PLU
4. Founder and first Director of the Tacoma Family Practice Residency Program
5. Vice-President of the Pierce County Medical Society, and
6. President of the Washington State Academy of Family Physicians

His many honors include:

1. Family physician of the year for the State of Washington for 1992
2. Alumnus of the year, PLU 1974, and most recently election into the Athletic Hall of Fame at PLU.

There are many, many other items included in his CV, but I believe Roy will be best remembered as a model Family Physician. He placed the true meaning of caring into the practice of medicine and in this sense, was a real inspiration to his students as well as his medical colleagues. I always characterized him as the true "gentle Ben" of medicine--always helping, caring and sharing.

We will all really miss Roy, but he can be remembered as one who has made a lasting, positive impact on all whose lives he touched. He has been a winner in all areas of life, family, church, community and vocation. Bon-voyage Roy, and many thanks for a job well done.

WSMA Votes to Develop a Certified Health Plan

Richard Hawkins, MD, presiding over the House of Delegates meeting in Jantzen Beach

Joe Nichols, MD, delivered a key report to delegates about the CARE Project he heads. The House voted to continue its support of his ambitious, but important efforts to create physician evaluating/measuring systems.

At their Sept. 9-12 annual meeting, WSMA House of Delegates members took a big and historic step. They voted to pursue forming a Certified Health Plan (CHP) under terms of Washington's new health care reform legislation. If formed, the WSMA CHP will elevate the association to a new level of participation in, and introduce a new meaning to the term, organized medicine.

Under health care reform, only CHPs will be allowed to provide health care insurance and deliver health care services to state citizens. All citizens will be provided a uniform package of health care through their employers or through the state. By forming a CHP, WSMA will bring its members together to provide that insurance and health care in direct competition with other CHPs. Other organizations also expected to form CHPs, and against which WSMA would compete for patients and economic viability, include Group Health and the Pierce County Medical Bureau.

The House of Delegates resolution adopting the policy said forming a CHP "...presents physicians with a unique opportunity...to maintain control over the practice of medicine and exert significant influence over the quality of care...."

While the House voted to "pursue" a CHP, it also asked association officials to provide it answers to several concerns that may determine its willingness to commit unconditionally to forming a CHP in the future. Those concerns were about:

- required malpractice coverage and insurer
- payment methodologies (ie., capitation, fee for service, DRG, etc.) and their relationship to effective cost controls;
- the relationships between specialties in the provision of services in the CHP's managed care system;
- permissible regional variations within the CHP;
- what is the role and responsibility of a case manager

The House asked for a response to its concerns as soon as possible. It also asked for organizational and business plans.

A WSMA Market Response Task Force was established last spring after the Washington Legislature approved the health care reform act. The Task Force considered WSMA's options under the new law and recommended WSMA form a CHP. The WSMA Board of Trustees voted to endorse that recommendation in August. Lakewood ophthalmologist **Leonard Alenick, MD,** served on that eight-person Task Force.

The Task Force decided to pursue a CHP for several reasons, as reported to the House of Delegates;

(continued next page)

Physicians to be in Control of CHP

The concept of physician control is essential to initiating a WSMA Certified Health Plan under Washington's health care reform act.

Accordingly, the Market Response Task Force recommended, and the House of Delegates approved, electing a CHP Board of Directors. It would be comprised of about eight members, six of whom would be physicians. The other two chairs would be occupied by a representative from business and labor.

One Board member would be appointed chairman annually, the report suggests. The board would have the power to amend the CHP's articles of incorporation and bylaws.

WSMA Moves Toward Forming CHP *(continued)*

- Physicians would support a mechanism that increased their chances of surviving economically, even if that meant assuming some economic risk.
- A physician CHP would be attractive to health care purchasers because physicians appear willing to promote practice parameters, impose utilization controls, and do other things purchasers expect.
- Physicians need a vehicle to maintain their balance with hospitals and to maintain clinical autonomy.
- Forming a CHP appeared consistent with the WSMA Articles of Incorporation.
- Physicians need to carve out a role for themselves under state health care reform.

To collect information important to evaluating options and making its decision, the Task Force employed two research companies. One company conducted focus groups with physicians and then conducted 600 20-minute interviews with other state physicians. Its data indicated very strong support for establishing a WSMA CHP.

The other research company interviewed labor leaders, insurance executives, business leaders, legislative staff and state regulators. The company also conducted other difficult researches, including collecting demographic data and evaluating employer support for a WSMA presence. Its report, too, supported forming a CHP.

The Task Force's report to the House of Delegates outlined eight concepts for an ideal CHP which the House ultimately supported. They were:

1. Medical decision making should be at the practitioner-patient level.

2. There should be widespread sharing of clinical information.

3. There should be extensive use of practice guidelines or parameters as they develop.

4. Simple and straightforward administration should be implemented for physicians' and patients' benefits.

5. Make use of sophisticated computer technology linking physicians to the CHP.

6. A risk and reward element should be utilized to encourage the prudent and effective practice of medicine.

7. Emphasize patient education that will achieve the greatest health gain.

8. Position the CHP in the public's eye as a quality, compassionate and progressive CHP.

Charles Weatherby, MD, was re-elected to the WSMA Board of Trustees

Who Could Belong to a WSMA Certified Health Plan?

The WSMA Market Response Task Force that studied and recommended WSMA form a Certified Health Plan (CHP) in response to the state's new health care reform law also listed requirements physicians should meet to join the CHP.

In its report to the House of Delegates, the Task Force listed five requirements:

1. Physicians must be licensed to practice in the state.
2. They must belong to WSMA.
3. They must be WSPIA members or be WSPIA-approved to self insure.
4. Be willing to sign their agreement to the CHPs terms and conditions.
5. Purchase a share of CHP stock or a CHP membership.

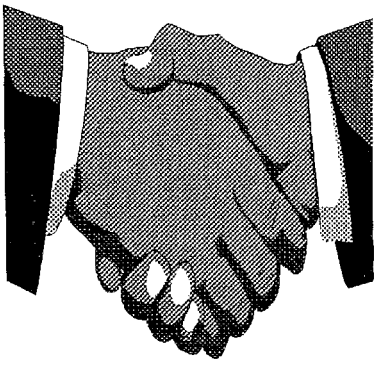
These five CHP membership requirements were approved by the House of Delegates.

CHP Partnership Possible

The Market Response Task Force's report to the House suggested that a partnership with an already established insurer or preferred provider organization might be helpful to the success of its proposed WSMA CHP.

The purpose of such a partnership would be to obtain needed expertise in organizing and managing the CHP, the report said.

A likely list of responsibilities the partner could assume include marketing, claims processing, computer support, customer service, actuarial and accounting services, and regular management reporting.



By contrast, duties WSMA would perform under the Task Force's CHP concept include credentialling physicians, strategic planning, governmental advocacy, development of practice parameters and public relations.

A WSMA subsidiary corporation would be set up to operate the CHP, as approved by the House. It would be responsible for overall medical management, physician support services, contracting with other service providers, provider monitoring and physician relations.

The association could also utilize a contract with WSPIA to provide risk management and stop loss/reinsurance coverage, according to the Task Force report adopted by the House.

Members Help Lead WSMA

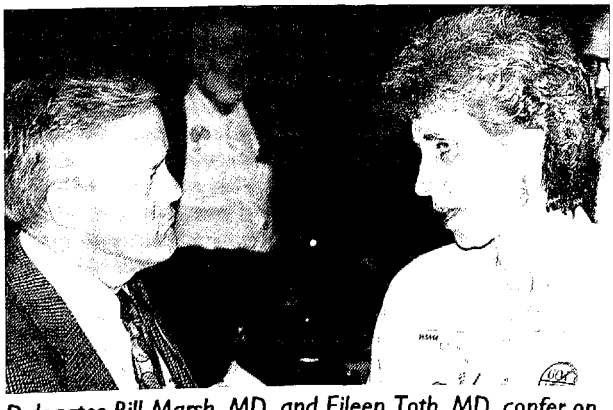
Several members were elected to Washington State Medical Association leadership positions at the annual meeting Sept. 9-12.

Richard Hawkins, MD, was re-elected speaker of the House of Delegates. In that position, he presides over the legislative body that determines the association's policies and direction.

Two members were re-elected to the WSMA Board of Trustees. **Richard Bowe, MD,** will serve one year, and **Charles Weatherby, MD,** will serve two years on the Board.

Jim Fulcher, MD, president of the Pierce County Medical Society, was elected to his first term on the Board of Trustees. He also will serve a one-year term on the 35-member Board.

Doctors Bowe and Hawkins are past presidents of PCMS and **Dr. Weatherby** has served as Trustee.



Delegates Bill Marsh, MD, and Eileen Toth, MD, confer on an issue before the House of Delegates

Richard Hawkins, MD

Richard Bowe, MD

Charles Weatherby, MD

Jim Fulcher, MD

Annual WSMA Meeting Was Impressive, Members Say

Richard Baerg, MD

Patrick Hogan, DO

Stanley Jackson, MD

David Munoz, MD

Nearly 20 Pierce County physician-delegates attended the annual WSMA meeting of the House of Delegates at Jantzen Beach Sept. 9-12. Judging from the four Pierce County delegates who discussed their experiences with the *Bulletin*, the meeting was a memorable and stimulating event.

Patrick Hogan, DO, and **Stanley Jackson, MD**, both attended for their first time and both marveled at how well the democratic process was oiled.

"I was impressed how much like a true legislative body the House of Delegates was," said **Dr. Hogan.** "I thought **Dr. (Richard) Hawkins** (Speaker of the House from Tacoma) did a terrific job using parliamentary procedures to keep the meeting moving."

Doctor Jackson said, "I was impressed with the expertise of its democratic process - how the event was organized. It was an expanding experience for me and something I'd like to do again."

The Puyallup plastic surgeon went even further in his praise of the meeting by first confessing he expected less. He said he previously wondered whether WSMA was an effective voice for physicians. Now, however, he's sure it is.

"I would encourage more physicians to participate in WSMA," **Dr. Jackson** said after seeing the House in action.

Two WSMA annual meeting veterans also thought the event went well. "Well run and efficient," was the way **David Munoz, MD,** viewed it. "I thought it was very interesting and I learned a lot," said **Dick Baerg, MD.**

Doctors Hogan and **Munoz** each achieved personal victories of sorts during House votes. **Doctor Hogan**, chairman of Pierce County's Tobacco Free Coalition, was pleased that **Dr. Munoz** seconded, and the House passed, a measure labeling tobacco smoke a toxic substance. The stand may help force the State of Washington to police and control tobacco smoke as it does all other toxic substances.

However, **Dr. Hogan** was dismayed by the number of physicians who argued the other side of the issue during House debate. He said, "That indicates we have a ways to go in educating our own health care professionals about the dangers of tobacco smoke."

Doctor Munoz has been working for months to persuade the federal government to release to physicians cost data on prescriptions, lab work and other diagnostic procedures doctors initiate for their Medicare and Medicaid patients. Not until physicians know the costs of treatments or tests they prescribe for patients can they reduce them, he reasons.

The House of Delegates voted to send a WSMA delegation to Washington D.C. to lobby congressional members and staff to pass a law or regulation permitting the release of those data to physicians. As a result, **Doctor Munoz** will be one of the delegates making the trip and making persuasive arguments to members of Congress and the Administration.

Other PCMS members representing county physicians at the House of Delegates included **Leonard Alenick, MD, Richard Bowe, MD, Jim Davidson, MD,** President **Jim Fulcher, MD,** Vice-President **Peter Marsh, MD,** Past President **Eileen Toth, MD, Bill Marsh, MD, Les Reid, MD, George Tanbara, MD, Joe Nichols, MD, Charles Weatherby, MD,** and **Robert Whitney, MD.**

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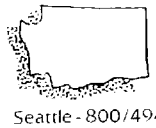

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Tacoma Physicians Receive National Acclaim


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Greg Popich, MD


Stu Freed, MD


Patty Kulpa, MD


David Sobba, MD

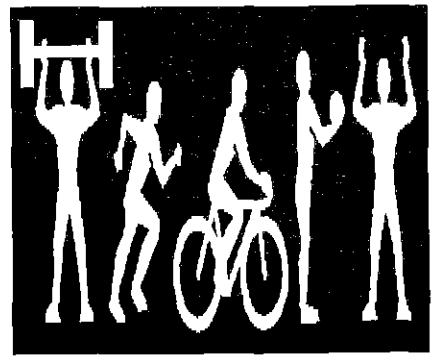

Bob Wills, MD

Six members made the national press in August when their practice, called Pacific Sports Medicine, was identified by a national health and fitness magazine, *SELF Magazine,* as an "all-star sports medicine clinic."

The magazine said sports medicine clinics "...provide an elite level of care for novices and pros alike." It singled out ten clinics that provide an exceptionally comprehensive approach to the specialty, and Pacific Sports Medicine was the only clinic north of California to be recognized for its expertise.

The practice was formed only three years ago by orthopedists **Drs. Greg Popich and Jeff Nacht.** The need for sports medicine and their skill in filling that need has expanded the clinic today to include six physicians and a dozen medical therapists. The other PCMS members include family practitioner **Stuart Freed, MD,** sports gynecologist **Patty Kulpa, MD,** orthopedist **David Sobba, MD,** and orthopedist **Bob Wills, MD.**

The magazine recognized the diversity of the practice which includes a nutritionist, physical therapists and athletic trainers. In addition, Tacoma Family Medicine residents and fellows rotate through the clinic.



"It puts you in a unique niche if you have all these elements," said **Dr. Popich.** "I don't know of anyone else in Western or Eastern Washington who has the scope of sports medicine skills that we have."

Besides administering to their patients, all the physicians volunteer their time covering local high school and college sports activities. They also provide medical assistance to the Tacoma Rockets Hockey Club and numerous national amateur sports teams. They also worked the Goodwill Games in 1990.

"I'd love to cover Olympic events," said **Dr. Popich.** He added, however, that the politics surrounding those positions are big league and require four to six years to accomplish. Regardless, he's entered the fray. Stay tuned.

Women's Health Initiative CME Set October 7

Drs. Maureen Henderson and Vicky Taylor from the Fred Hutchinson Center in Seattle will speak on the Women's Health Initiative on Oct. 7 from 4:30 p.m. to 6 p.m. at Jackson Hall.

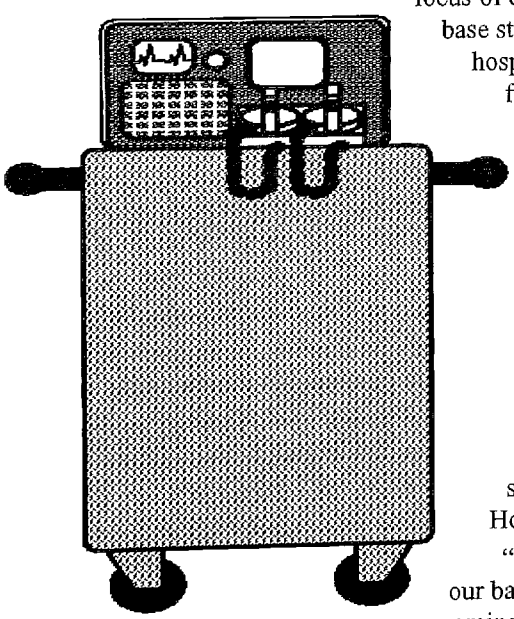
The program is complimenatry and offers 1.5 Category I credits. Space reservation is possible by calling 627-7137.

EMS Committee Declares Emergency, Needs Help

Two 1992 events in the emergency medical system (EMS) community have caused the need for EMS reorganization and a look at the manner in which essential EMS activities are funded.

St. Joseph Hospital announced in early '92 that if external funding could not be found, it would cease functioning as the paramedic base station for the NW zone of Pierce County. This included the City of Tacoma, the City of Gig Harbor, University Place, the Key Peninsula and portions of Fife. The EMS program also announced a shortfall, and the need to go to paramedic provider supplementation of city and county funding just to maintain their current level of service.

At midnight, Dec. 31, 1992, St. Joseph Hospital ceased functioning as the base station for a population of approximately 280,000 since no emergency funding was found. The system of medical control and quality assurance in this area shifted from a focus of central authority - the base station - to the individual hospitals receiving patients from the paramedics.



Statistics so far show a dramatic drop in reporting of problems with care in the field - a good thing? Not necessarily, said **Anthony Haftel, MD,** current chairman of the PCMS EMS Committee and former director of the base station at St. Joseph Hospital.

"Prior to the demise of our base station, we routinely examined clinical care problems at the rate of about 25 significant cases per month. With the superseding of the "Receiving Center Model" for medical control and QA in the NW zone, reporting has fallen off to a rate of approximately two or three cases per month," said **Dr. Haftel.**

Has care improved dramatically in the last sox months?" "Probably not," said **Dr. Haftel.** "What we are observing is a reluctance of physicians and nurses at the receiving hospitals to make reports to the EMS division." Their major fear is influencing paramedic delivery patterns by reporting problems.

The base station had central authority and observed all care regardless of destination. Any problems noticed by the base station were tracked in a very methodical and consistent manner. Now it is disjointed.

To right this problem, and to bring the entire EMS system into a more centralized, coordinated and effective function, the 10-member Pierce County EMS Council, of which **Dr. Haftel** is the only physician member, went into a year-long intensive planning endeavor. Their final report called for the establishment of a new county-wide base station service. This plan achieved Board of Health Resolution status this July. In response, the Board soon will invite bids under an RFP process for potential base station service providers.,

Many PCMS members participated in sub-committees during this process. They include **Drs. Clark Waffle, Mike Regalado, Cecil Snodgrass, Robert Wachtel, Bob Stoecker and Ted Walkley.**

Their efforts seem to be turning the EMS system in the right direction except for one matter: MONEY.

No government agency is currently obligated for funding of the base station. The cost of this component of the overall EMS system redesign is estimated to cost $350,000-$400,000 annually - big dollars in this time of austerity.

(continued on next page)

EMS Committe *(continued)*

Doctor Haftel and the PCMS EMS Committee need your help in convincing government leaders at all levels that good EMS care is a public health issue deserving of adequate funding. He said that anyone who calls officials in Pierce County or Tacoma government or in the several governments of small cities and towns will be doing their patients a big favor.

"Any physician who calls their mayor or county executive will play a role in winning their support," said **Dr. Haftel.** "It is important to tell elected officials what the medical community thinks and wants. If physicians have ever experienced problems with pre-hospital services before, they need to realize quality assurance and medical control links are now broken and the plan for correcting this breakage desperately needs funding."

Doctor Haftel said that physicians should also realize that local hospitals have come into agreement that the plan is needed. Turf disputes in the past have been reconciled in favor of moving on to a new and improved EMS plan.

An ad hoc committee of elected officials has been constituted by the Board of Health. It is their purpose to come up with potential funding solutions for the EMS plan. This committee is seeking input from concerned parties, and Doug Jackman can assist any physician in contacting this ad hoc committee.

In addition, **Dr. Haftel** said that physician input to our PCMS EMS Committee is very much wanted. All committee physicians currently are ED physicians, and our committee would benefit greatly from the input of MDs of all specialties. Any physician wishing to join this committee should also contact Doug.

The PCMS EMS Committee meets the third Tuesday of every month at 11 am. at the PCMS offices.

Temp-To-Perm, a New Hiring Concept Available at PCMS

Temporary to permanent employment is one of the new temporary services the Medical Society Placement Service is now offering. In a temp-to-perm situation, the applicant works as a temporary employee on the Placement Service payroll. In turn, we charge an hourly rate to the physician client.

There are two options available to physicians who want to hire a temporary employee as a permanent employee. 1) The physician can pay a $1000 conversion fee or 2) The physician can maintain the temporary employee on the placement payroll for 90 consecutive calendar days (part-time or full-time) and then convert the employee to the physician's regular payroll. No conversion fee is then required.

There are a couple of reasons why the temp-to-perm service may work well for a medical office. First, in the rapidly changing conditions that physicians are currently experiencing, hiring a temporary relieves overstressed staff in the office but allows time to make sure another permanent employee is really necessary. Second, it is a wonderful way to have an employee perform their job for a trial period to see if they are a good match. If it does not work out, there are no termination problems. It is less stressful for the employer and the temporary employee since the employee was not promised permanent employment. Also, since the temp was not on the physician's payroll, there are no tax forms, quarterly payroll taxes and best of all, no unemployment claims against the physicians unemployment account.

If you are interested in this service or have any questions about the way it works, please call Dixi Gerkman, Placement Coordinator, Pierce County Medical Society, at 572-3709. Temp-to-perm, it makes sense for the 90's.

PCMS Membership Applicants

Kim, Chong, MD
internal medicine
practices solo in Parkland
medical school: Kyung Hee Univ., Korea
internship: Wyckoff Heights Medical Center, New York
residency: same

Martin, Michael, MD
orthopaedic surgery
practice with Puget Sound SANE Institute
medical school: Wayne State Univ.
internship: Univ. of Medicine and Dentistry of New Jersey
residency: same
fellowship: St. Mary's, San Francisco

October Meeting Features 8 New Health Plans

Which managed Medicaid plan will you join March 1?

Learn about your managed Medicaid options at the October general membership meeting.

Representatives of the eight medical groups which are bringing managed Medicaid plans to Pierce County for the first time will explain their plans and how you may fit in. Expect discussion about contracts, reimbursement, patient loads, gatekeeping, referrals and more.

The Washington State Department of Social and Health Services has set March 1 as the date managed Medicaid will begin in Pierce County.

The eight health care delivery organizations which expect to provide patient care and which will present at the October meeting include:

CareNet
Community Health Plan of Washington
ETHIX Health Plan
Group Health Cooperative
Pierce County Medical Blue Shield
Pacific Health Plans
Providence Health Care Plan
Puyallup Tribal Clinic

The October meeting will be held **Oct. 12 at the Fircrest Golf Club. The dinner and program, which cost $18 per person, begin at 6:45 p.m. The social hour begins at 6 p.m.** To attend, call the Society office and make your reservation. Spouses are welcome. See next page for the reservation form.

Change your Directory

Ronald Anderson, MD, has corrected his office address to reflect a street renaming. It is 316 S. Martin Luther King Jr. Way #201, Tacoma 98405.

Peter Bertozzi, MD, has indicated his primary office is at 3582 Pacfic Ave., Tacoma

Douglas Malo, MD, has a new office phone number. It is 272-9480.

Michael Nishitani, MD, is no longer practicing in Pierce County.

Thomas Norris, MD, has a new office address. It is UW School of Medicine, SC-64, Seattle, Wash., 98195.

James Stilwell, MD, is no longer practicing in Tacoma.

Bob Thiessen, MD, has moved out of state. His new address as of Nov. 1 is Medical Director, John B. Amos Community Cancer Center at The Medical Center Inc., Columbus, Georgia, 31901.

The Pierce County Medical Society

announces the

October General Membership Meeting

when: Tuesday, Oct. 12
Social Hour at 6:00 p.m.
Dinner at 6:45 p.m.
Program at 7:45 p.m.

where: Fircrest Golf Club
6520 Regents Bv. W.

spouses invited

"HEALTHY OPTIONS"

Managed Medicaid Arrives March 1

HEAR EIGHT PLANS DESCRIBE WHAT THEY WILL OFFER:

CareNet
Community Health Plan of Washington
ETHIX Health Plan
Group Health Cooperative
Pacific Health Plans
Pierce County Medical Blue Shield
Providence Health Care Plan
Puyallup Tribal Clinic

(return before Friday., Oct. 8, to PCMS, 223 Tacoma Ave. So., Tacoma, Wa. 98402)

Please reserve _____ dinner(s) at $18 per person
(tax & tip included)
Enclosed is my check for $_____

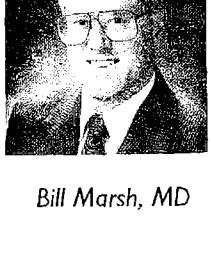
signed_____

New Law is Doctors' Call to Action

The 1993 Washington Legislature passed a law that limits the money special interest political action committees (PACs) and individuals can give to political candidates: $500 per candidate per election.

On the surface, the law seems well intentioned enough; hammer those big, rich special interest groups who exchange money for power. It's motherhood and the American flag.

But the campaign financing reform law will reduce the access physicians have to Olympia legislators. **Bill Marsh, MD,** chairman of the PCMS Legislative Committee and Secretary-Treasurer of WAMPAC, the Washington State Medical Association's PAC, thinks doctors will need to step up their personal involvement to take up the slack. That's because in today's political climate, physicians have important perspectives on medicine that legislators need to consider before voting on many bills.



Bill Marsh, MD

"We've always encouraged physicians to participate in elections," **Dr. Marsh** said. "Now it will be more important than ever for doctors to become personally involved with their legislators' elections. If local physicians know their legislators, we can continue to have access to the political process."

In the past, a $5,000 WAMPAC contribution to a candidate's election campaign helped ensure the legislator would listen to medicine's story. In the future, however, there's a $500-$1,000 limit to PAC contributions ($500 for a primary and/or $500 for the general election).

This election season, **Dr. Marsh** believes if 15 physicians give $100 each and become personally involved in one

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WAMPAC Shifts its Focus

In response to the Legislature's campaign finance reform bill that passed last session, the Board of Directors of the Washington State Medical Association's Political Action Committee, WAMPAC, has charted a new course. It has begun a new drive to organize WSMA members into a grass-roots-level political force. To build the system, a veteran WSMA political coordinator has switched duties and will help individual physicians coalesce into an effective lobbying unit.

Meara Nisbet, formerly WSMA's Congressional Coordinator, has been appointed Assistant Director for Political Affairs. She's charged with developing an organization of individual physicians who will become a more potent force than WAMPAC was before the Legislature limited its activities.

"I'll be a resource for the medical community to help them become players in the new political system," Nisbet said. "I'll be in Pierce County and other counties to meet with the Society and physicians there. There are so many important legislators who live in Pierce County it's critical for Society members to get involved in this newly-defined system."

She praised the Pierce County Medical Society for its active and effective work with the Legislature in the past.

Joining WAMPAC is an important first step for PCMS members, Nisbet said. WAMPAC contributions to candidates will be limited under the new law but its communications and coordinating efforts will be greatly enhanced.

"It's important that we all speak with a unified voice," Nisbet said.

To illustrate her new role, she said if she gets several calls from physicians wishing to speak to legislators about liability reform, she will help coordinate the messages they deliver, their timing, and the setting in which they will be delivered.

"I will equip them to be effective," she said. "That one-on-one contact is invaluable."

During the coming legislative season, WAMPAC's first under the new law, the Board will focus Nisbet's efforts on members of the Legislature's health care committees. In coming years, as the WSMA grass roots organization grows, so will its scope of activities.

New Law *(continued)*

legislator's campaign, they'd be many times more effective than WAMPAC could be alone.

Doctor Marsh said the added influence may be critical to maintaining the gains physicians made last year for universal patient access to health care.

That access is being attacked. Under either of the two tax limit initiatives before the Legislature and voters this year, access to health care would be crippled for thousands of citizens if the measures pass. Therefore, the WSMA and Washington Academy of Family Physicians oppose them, **Dr. Marsh** said.

"Initiatives 601 and 602 could eliminate the funding for health care reform," he said. "If they pass there will be no community health clinics and 190,000 low-income citizens will not get into the Basic Health Plan," he said.

Doctor Marsh suggested physicians start their political involvement now by joining WAMPAC. Only 18 percent of PCMS members now belong compared to 30 percent to 40 percent last year.

Physicians should plan on spending time getting to know their legislators, he said. And they can contribute as individuals.

Getting individually involved in campaigns and contributing to them is the essence of grass roots politics. Grass roots involvement is our best alternative under the new campaign financing reform legislation.

Robert Johnson, MD, Retires

After 36 years of solo family practice in Tacoma, Dr. Robert Johnson retired Sept. 1.

He said, "Family practice has been very satisfying. It was an extremely happy time dealing with my patients who were also my friends. My wife and I thoroughly enjoyed seeing them. That's what family practice is all about, and if I were to start over again now, I'd probably go into family practice."

Like many solo practitioners, he said he could not find a physician to take over his practice, so he had to ask his patients to find their own physicians.

As a University of Puget Sound graduate, **Dr. Johnson** got roped into taking care of sick UPS students and athletes when he returned from medical school. He said okay - just for one year. But he enjoyed the work so much that for 25 years - two mornings a week (one of which was his day off) - he donated his time to UPS. Looking back at it, he wonders about the wisdom of spending so much of time away from his practice, he said. But it was hard to walk away from the students at the time.

To recognize his largess, the university bestowed an honorary Doctorate of Humanitarian Service award upon him.

Doctor Johnson was one of the owners of the Tacoma Tigers. In retirement, he will travel to Arizona to visit his brother and friends he made when traveling to baseball spring training there.

He also plans to build a greenhouse and spend more time with his perennials. He wants to do more cooking ("I have more cookbooks than medical books") and play more golf. "Pretty much a generic retirement," he called it.

We wish him well after 36 years of non-generic service to the community.

Six Physician Groups Tell Their Plans

Approximately 160 members and spouses attending the Sept. 14 PCMS General Membership Meeting heard representatives of six physician organizations tell how they are preparing to face health care reform. They explained how they have prepared to date, and then answered questions from members.

Rebecca Sullivan, MD, was the first to take the dais. She explained she is vice president of a new medical service organization (MSO) in Puyallup. The group incorporated in June to represent its 45-member primary care physicians in negotiations with third party payers.

Doctor Sullivan said the IRS allows them to negotiate collectively if they give up their individual negotiating rights and share financial risks. That way, they avoid anti-trust restrictions.

She said the group has not yet decided whether it will help its members negotiate salaried positions or to try to help its members remain independent. It is talking with Good Samaritan Hospital and with a new specialist IPA that is now forming.

Chris Miller, MD, president of the Tacoma Family Practice Independent Practice Association (IPA), said his 10-year-old organization has a profit and non-profit side. The for-profit side operates the after-hours clinic at Tacoma General Hospital for its members' patients.

The non-profit side of the IPA reviews contracts from insurers and hospitals for its members and educates members. He admitted that anti-trust laws limit the IPA's activities, but said, "We feel the future is bright if we work together."

Gil Johnston, MD, told PCMS members that his organization, the Washington Association of Medical and Surgical Specialists, formed six years ago and has 100 shareholders. The only criteria for membership is to be board certified and to purchase a share in the group.

Since organizing, **Dr. Johnston** said, the association has reviewed 130 medical plans for its members. Its biggest success was in convincing insurers to change their mutual indemnification clauses that appeared in many plans. Besides educating members, however, the group has little direction currently.

Dr. Johnston said, "We can't maintain the status quo. We want to participate in health care reform in a manner that yields success."

Physician's assistant Manny Mkrtichian represented Group Health Cooperative. He said Group Health is exploring alliances outside of Group Health as a way to prepare for the mysterious future under health care reform.

Group Health is also considering a new administrative structure that emphasizes high clinical outcomes, satisfied patients and affordable prices, he said.

Ulrich Birlenbach, MD, a Lakewood internist, said that after hearing **Rep. Stan Flemming, DO,** speak about health care reform at last April's General Membership Meeting, a group of

(continued on next page)

Art Vegh, MD and new member Michael Rigdon, MD, discuss health care refrom after dinner.

Leonard Alenick, MD, talks about managed care as Ron Johnson, MD, and Bill Dean, MD, look on.

General Membership Meeting *(continued)*

Lakewood physicians met to consider their options. They're still meeting and still considering, he said.

The group includes primary care physicians and specialists. So far they have only considered optional forms of organizing: IPA, clinic-without-walls, MSO. They have made *no decision* yet, but their basic motivation, he said, is to participate in health care reform.

Their role so far, **Dr. Birlenbach** said, has been to educate members about options. One, that cannot be ruled out, is affiliating with a hospital, he said. St. Clare Hospital has not participated with the group, however.

Thomas Herron, MD, representing Franciscan Family Care, was the final physician to explain his group's preparations for meeting the challenges of health care reform. He said that when the Franciscans purchased Western Clinic, physicians had four concerns that have been satisfactorily met.

Their concern about autonomy and control has been met by the new organizational structure that puts four physicians on the seven-person board of directors.

Regarding compensation, **Dr. Herron** said Franciscan Family Care physicians receive a base salary plus performance incentives. He believes those incentives may not be practical under the coming managed care concept.

The Franciscans provided capital to expand the clinic, a third important consideration for its physicians.

And finally, the physicians learned to trust their future with the Franciscans. "They have values of human life that transcend the bottom line," he said.

Q & A Reveals Diverse Views of Future

During the question and answer session following their presentations, the six representatives formed a panel and made the following points:

* When asked which of the three measures of medicine - quality, cost and access - they think will suffer most under health care reform, most of the panelists pointed to access.

* **Doctor Johnston** said no one knows for sure how specialists feel about capitated reimbursement systems. He said many health care reform issues remain unanswered for specialists.

* **Doctor Sullivan** said her MSO has not settled financial or control issues in its exploratory talks with Good Samaritan Hospital.

* **Doctor Miller** was the only panelist who could point to productivity benefits attributable to his group's efforts. The IPA's after-hours clinic has reduced medical costs, he said. The other panelists thought their group efforts would improve physician productivity in the future.

Panel members listen intently to question from floor.

* The panelists thought medical practices in Washington State would resemble the large groups now common in California within one to five years.

* The physicians' versions of their equity, or ownership, positions in their present or future group practices varied. Franciscan physicians share profits, but do not own shares. Group Health doctors' ownership in their organization exists through their collective control of finances, not through stock ownership. Lakewood physicians want to ensure physicians own their future group(s) as incentive to deliver the most efficient care. Puyallup physicians have not yet decided their course of action.

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Infectious Diseases Update CME Registration Open

Registration for the third annual Infectious Diseases Update CME slated for November 12 at the Tacoma Sheraton is underway.

The complimentary program will address the following subjects:

- Viral Hepatitis
- Central Nervous System Infections
- Endocarditis
- Community Acquired Lower Respiratory Infections
- Soft Tissue Infections
- Immunizations - Adult & Pediatric
- Antiviral Therapy

For registration information call C.O.M.E. at 627-7137.

GI Conference Rescheduled

Facility availability has required the rescheduling of the College's second annual GI Conference to April 29, 1994, not May 6 as previously announced. Please mark your calendar accordingly.

Knee and Shoulder CME Offers Anatomic Dissections on Oct. 29

A musculoskeletal update on current trends in knee and shoulder surgery is scheduled for October 29, 1993 in Room 3A and B of St. Joseph Hospital.

The Category I CME program will feature local and regional orthopedic surgeons addressing current diagnostic treatment and rehabilitation options. Actual anatomic dissections will be included.

The conference will focus on:

- Anterior crucia ligament reconstruction
- Shoulder stabilization procedures
- Orthoscopic shoulder decompression
- PCL reconstruction

DATES	PROGRAM	DIRECTOR(S)
1993		
October 29	Current Knee and Shoulder Surgery	Stuart Freed, MD
November 12	Infectious Diseases Update	Alan Tice, MD
December 9 & 10	Advanced Cardiac Life Support	Kent Gebhardt, DO
1994		
January 20	Law and Medicine Symposium	Gregory C. Abel, JD William T. Ritchie, MD
February 3-5	CME at Mt. Bachelor	Stuart Freed, MD Tom Norris, MD Richard Tobin, MD
February 25	Update on HIV Infections	Alan Tice, MD
March 10 & 11	Internal Medicine Review	Irving Pierce, MD
April 4-8	CME at Hawaii	Mark Craddock, MD Amy Yu, MD
April 22-23	Surgical Update - 1994	Stanley C. Harris, MD Chris Jordan, MD
April 29	GI Conference	Gary Taubman, MD Richard Tobin, MD
May 20	Clinical Guidelines: Quality, Cost Effectiveness...	Les Reid, MD
June 27 & 28	Advanced Cardiac Life Support	James Dunn, MD

Plans Ready For CME at Hawaii

Winter sun, beaches, relaxation, family time, golf, tennis, swimming, AND quality Category I CME!

Join your colleagues and their families for next year's spring vacation in beautiful Kauai, Hawaii, during the College of Medical Education's "resort" conference April 4 to April 8, 1994.

Like the College's CME at Hawaii program in 1992, this year's "resort" conference will return to Kauai and feature a potpourri of educational subjects of value to all medical specialties. This year's agenda includes presentations on the areas of infectious diseases, mental health, exercise as medicine, and a variety of specialty updates.

Unlike large national CME meetings, this program not only offers considerable savings and is custom designed for local physicians, but most importantly, it allows Pierce County physicians and their families to mix away from the office and enjoy one of the most beautiful spots in the world.

A program brochure highlighting the conference particulars was mailed to PCMS Physicians.

In addition to outlining the quality CME program (16 Category I hours), the brochure discusses transportation and encourages advance planning for the limited flight options during the spring vacation demands in Hawaii. Also, the brochure discusses the savings and assets of the Princeville Hotel - the conference site.

Early Air Reservations Essential

Hawaiian spring vacation flights sell out many months in advance. A review recently suggested all flights during this time are filling rapidly

To assure you are able to secure seats and get a reasonable price, we urge you to make your reservations NOW. A small refundable deposit will hold your seats.

The College is working with Marylyn at Olympus Travel (565-1213). Olympus has booked some seats at group rates and has access to other special options at the best rates. So call Marylin today.

Princeville Hotel with Bargain Rates Is Site for Hawaii CME

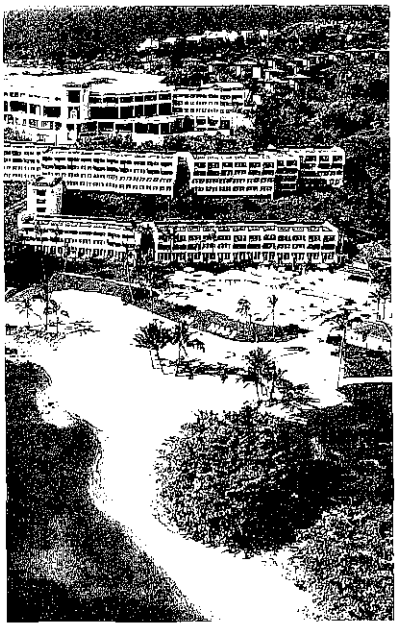
Kauai's lavish Princeville Hotel has been selected as the site for the College's CME at Kauai program.

Located on Kauai's north shore next to Hanalei, the hotel was selected for variety of criteria, but particularly on our ability to secure a truly "world class" hotel at unprecedented prices.

The island's tragedy, Hurricane Iniki, has resulted in bargain rates for course participants. Although both the island and the hotel are virtually restored, the Princeville is offering ocean-view rooms, normally demanding firm $325 to $425 per night, for $145 for physicians and their families.

The Princeville Hotel offers luxury ocean-view rooms, gourmet and casual restaurants, and supervised children's programs. A pool, tennis courts, whirlpools, and a fitness center are available at the hotel's oceanfront. And directly offshore, snorkeling, scuba diving, and kayaking are available.

For the conference golfer, Princeville is Hawaii's premiere golf resort with 45 holes at two championship courses designed by Robert Trent Jones, Jr. Golf prices for conference participants are $55 per person on either course and includes a cart.



Kauai's lavish Princeville Hotel has been selected as the site for the College's CME at Hawaii program

Reservations can be made by mailing hotel registration form available at the College office (627-7137).

President's Message

Hello everyone! Autumn is upon us. So much is going on that it's almost too much. Hope all is off to a smooth start with you and your families.

At the last board meeting there was so much to discuss. One being the name change for us from auxiliary to alliance. Another being the upcoming holiday sharing card and philanthropic considerations. When you see your donation form in the mail, please give generously to your community.

Did everyone get their membership mailing from national in the mail? Did everyone return the form with their dues check? If not, we'll be on the phone to remind you! Please respond quickly and help continue the support of one of the best community support groups in Pierce County.

We are looking for a snack chairperson for the Teen Health Forum next year to organize sack lunches for the kids. If you are interested in helping out, please call Alice Wilhyde at 572-6920.

In November, Jan Wesche and Helen Whitney, our state alliance representatives, will be coming to our board meeting. This is a chance to get to know these folks a little better. Come and attend on November 1.

The October general membership meeting will be fun. It will be at Mary Jackson's home and there will be a parapsychologist there. How appropriate for Halloween. And in November, we'll be at Kathy Forte's home for a personal safety meeting. Hope all can attend. These will be great get togethers.

See you soon!

Denise Manos
President 1993-94

Tentative General Meeting Schedule

October 15 - Psychic at Mary Jackson's home.
November 19 - Personal Safety evening meeting with Mark Mann.
December 14 - Christmas Party Joint Dinner with Society.
January is no meeting.
February 18 - John Lenihan speaking on current gynecological practices.
March 18 - Hypnotherapy.
April - State convention.
May 20 - Point Defiance Zoo visit

Entertainment Books for Sale

Imagine dining at your favorite restaurant, spending a relaxing weekend at a luxury hotel or resort, attending the theatre or a major league sports event all at two for one or 50% off!

ENTERTAINMENT, the ultimate local and international discount guide, can let you do just that!

This year's book is packed with hundreds more offers and many establishments that can be found only in the Entertainment book.

For only $35 you'll find that just one or two uses will more than pay for your investment.

Books will be available from Julie Wurst, 858-3857. Make checks payable to PCMSA. Proceeds will benefit the Auxiliary/Alliance.

Get yours today!

Back to School Clothing Drive

The Auxiliary/Alliance is collecting clothing, new or "recycled," for the children at the Tone School. Do you have a contribution? Bring it to the membership meeting on September 17.

Auxiliary Members Mark Your Calendars.....

General Meeting

Date: Friday, October 15, 1993
Time: 10:30 a.m. Social Time, 11:00 a.m. Program, 11:45 Lunch
Place: The home of Mary Jackson, 4605 N Verde, Tacoma Wa 98407 759-4875
Program: Shirlee Teabo and Jacquie Witherrite, Morning News Tribune "curious psychics," will discuss various aspects of parapsychology
Reservations: Marilynn Simpson, (206) 265-3370, please call by October 8

Direction to Mary Jackson's home - From Puyallup, Federal Way, Lakewood:
From I-5 take city center (705) exit. Follow signs for Schuster Parkway. At end of Schuster Parkway take the 30th Street exit. Follow 30th street up the hill to Stevens and turn right. Follow Stevens as it curves around the overlook. Turn right on Verde. It is the only house on the right.

From Gig Harbor:
Cross Narrows Bridge. Take Jackson Street exit and turn left onto Jackson. Jackson becomes 26th. Continue on 26th to Stevens and turn left. Follow Stevens as it curves around the overlook. Turn right on Verde. It is the only house on the right.

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 a part of our 1993 Holiday Sharing Card.

This is an opportunity you can't afford to miss! Just imagine being able to make a tax-deductible donation to our 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 fellow 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. 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 1993 our biggest year ever.

Holiday Joint Dinner

Auxilians, we need your help and generosity for the upcoming Holiday Joint Dinner. Each year at this special event we have a raffle drawing for a delectable holiday gourmet food basket. Please bring your non-perishable food item or cash donation to the November meeting.

On the night of the Holiday Joint Dinner, please bring a wrapped gift (identify contents) for a woman at the YWCA Support Shelter and an unwrapped gift for a child at the shelter. And don't forget, we will have a raffle drawing for the always-popular gourmet food basket.

Thank you,

Leigh Anne Yuhasz

When Nominating Calls, the Answer is "Yes!"

Nominating committee members will be meeting to select a slate of officers for the 1993-94 Auxiliary year.

The members of the nominating committee have been chosen with Karen Dimant as chairperson.

Would you like to be an officer? Feel free to call Karen any time to mention a position that you would be interested in filling. If a member of the nominating committee calls YOU, remember to just say "YES!"

New PCMS Members

Caratao, Efren, Jr., MD
general practice
practices at Tacoma-Pierce County jail clinic
medical school: Cebu Institute of Medicine
internship: Cebu Doctor's Hospital
residency: Bantayan Emergency Hospital

Constance, Mark, MD
family practice
practices with Primary Care Northwest
medical school: Univ. of Iowa
residency: Univ. of Nebraska Lincoln Medical Education Foundation

Holderman, William, MD
gastroenterology
practices with Digestive Disease Consultants
medical school: Univ. of the Health Sciences/Chicago Medical School
internship: Univ. of Chicago Hospital & Clinics
residency: same

Katsman, Ralph, MD
gastroenterology
practices with Digestive Health Specialists
medical school: Univ. of Washington
internship: Univ. of Minnesota
residency: same
fellowship: same

Martin, Thomas, MD
pathology
practices with AKE Pathologists
medical school: St. Louis University
internship: Washington Univ.
residency: same
fellowship: St. Louis Univ. (hem-path)

Mastras, Dean, MD
radiation oncology
practices with Tacoma Radiation Oncology
medical school: Univ. of Vermont
internship: Univ. of Hawaii
residency: Univ. of Washington

Morris, William, MD
neurosurgery
practices solo
medical school: Georgetown Univ.
internship: Walter Reed Army Medical Center
residency: same
fellowship: Univ. of Texas S.W. (pediatric neurosurgery)

Mumtaz, Munawar, MD
general practice
practices at CHCDS
medical school: Fatima Jinnah Medical College, Pakistan
internship: New York Metropolitan Hospital
residency: same
residency: Janeway Child Health Centre, New Foundland

Rogers, Don, MD
medical management
Director, Group Health Cooperative external delivery system
medical school: Univ. of California at Los Angeles
internship: San Bernardino County General
residency: Univ. of Oregon

Thomas, William, MD
pediatrics/pediatric hematology-oncology
practices with Pediatrics Northwest
medical school: Jefferson Medical College
internship: National Naval Medical Center
residency: same
fellowship: San Diego Naval Hospital (pediatric hematology/oncology

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: 1-800-643-9852.

Tacoma-Seattle, Outpatient general medical care at it's 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.

American Lake VA Medical Center, Tacoma, Washington has a vacancy for Chief, Surgical Service. The Medical Center is an affiliated 340 bed facility providing primary/secondary medical care and tertiary psychiatric services to five surrounding counties.

Services are outpatient based with a newly renovated suite adding capability for same-day surgery. The opportunity for specialty inpatient practice is available through a long-standing sharing agreement with Madigan Army Medical Center, located in close proximity to the facility.

Candidates must be board certified and licensed in a state or territory of the United States. ACLS certification is also a requirement of medical staff.

Academic and research interests are encouraged. Candidates are eligible for clinical or research faculty appointments at the University of Washington Department of Surgery commensurate with academic background. The University of Washington is an AA/EOE employer.

Salary is based on qualifications. Benefits include: malpractice coverage, liberal health insurance, excellent retirement plan, annual and sick leave benefits and allowable moving expenses.

Individuals interested should contact the Chief of Staff's Office, (206) 852-8440 ext. 6002 or FTS 8-700-6002. Curriculum Vitae should be forwarded to VA medical Center, ATTN: Chief of Staff, American Lake, Tacoma, WA 98493.

EQUIPMENT

For Sale: Burdick EK10 EKG's, $1200. 3 channel portable. Call Lynlee's, Inc. in Redmond (206) 867-5415.

OFFICE SPACE

For Lease: 2100 sq. ft. of professional office space in multispecialty medical center on growing South Hill in Puyallup. Physician owned. Terms negotiable. Call Al Sullivan, 593-6072, or Dr. Rebecca Sullivan, 848-5351.

Opportunity for lower volume specialist to share with established physician. Fully furnished office with 4 exam rooms, consultation and business office. Modern equipment. Good parking. One block from Tacoma General Hospital. For more information, call 383-2309

GENERAL

Real Estate Services for Medical Professionals (RESMP). Professional brokerage services for medical professionals in buying or selling real estate in King and Pierce counties. Frederick R. Wallenborn, Real Estate 2000 Corp. 939-2100 King County or 581-2004 Pierce County.

Summer home/Retirement home at Lake Limerick; 2 years old; 153 ft. no bank waterfront with pea gravel beach; 1560 sq. ft.; 2 bedroom, 1 bath; 1200 sq. ft. decking; fishing and waterskiing; 1 hour from Tacoma; hardly used; $180,000. Call Scott or Eva Carleton 565-2521.

Dentist has property with building plans, great location near Tacoma Mall. Looking for tenant or partner to develop. Call Dr. Al Bird, 475-8934.

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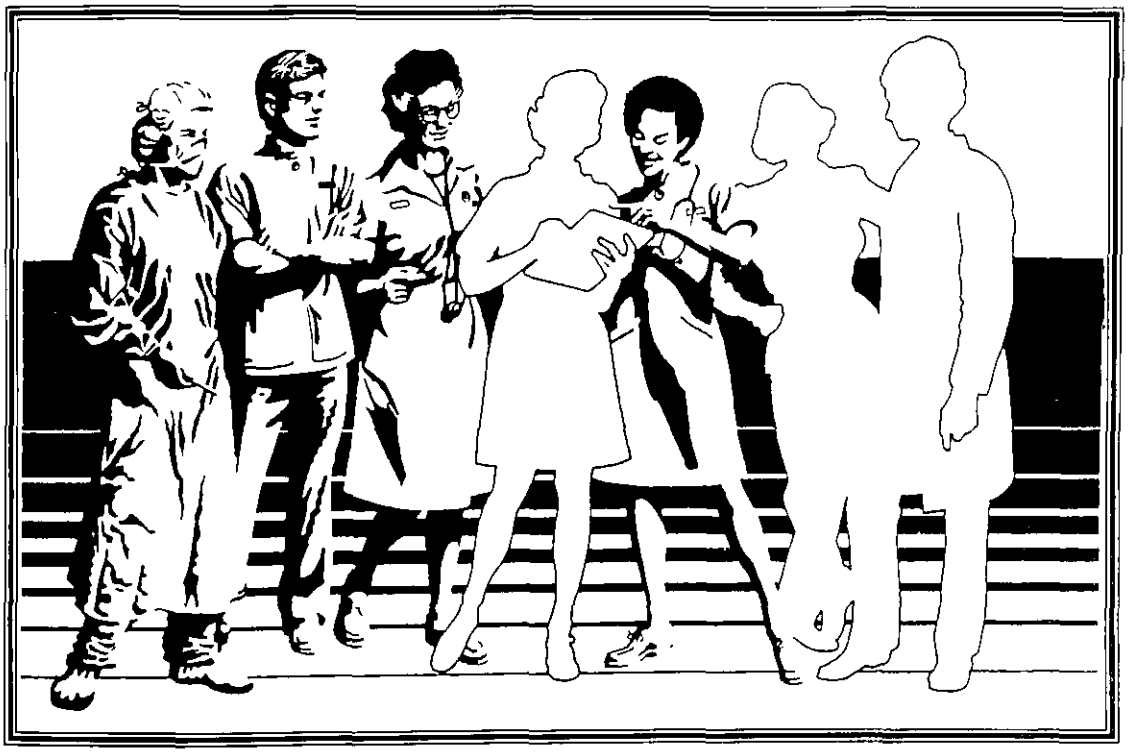
PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
November, 1993

The PCMS

PLACEMENT SERVICE



Fills gaps in many medical offices

New Temporary Placement Service added to traditional services to meet today's demands

see stories pages 5-7

The Bulletin is published monthly 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 15th of the month preceding publication (i.e. Oct. 15 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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Subscriptions: $25 per year, $2.50 per issue. Make all checks payable to:
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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Local News

Departments

Riding the Waves of the Paradigm Shift


Jim Fulcher, MD

by Jim Fulcher, MD, President

In his latest book, *Post-Capitalist Society*, internationally renowned management consultant Peter F. Drucker speaks of the importance of a *business theory*. Every organization or business, including your medical practice, operates on such a theory-that is, on a set of assumptions regarding customers, markets, competition, capital sources, value of services, payment structure, etc. Decisions, actions, and behavior derive from your business theory. As the environment changes, success and even survival of an organization depends upon the ability to change its business theory to conform with reality.

Today, at the dawn of health care system restructure, it is clear that our business theory is due for major overhaul. The "paradigm shift," a change from fee for service and primarily independent practice to capitation, managed care, managed competition, and government regulation, is presently breeding new structures and organizations. It follows that there will be significant change in the relationship between hospitals, patients, insurance companies, and physicians.

Aware that cost control is the prime driver of change, physicians are appropriately concerned about compromise in the quality of patient care. Most would prefer to associate with an organization that promotes a balance of priorities, including both quality clinical care and cost control. It is to this end that the Washington State Medical Association is aggressively exploring a physician owned certified health plan (CHP).

From a strategic viewpoint, a physician-owned CHP makes sense. In general, physicians tend to be competitive and intelligent. Having an equity position in a CHP provides incentive to apply those qualities to the organization's objectives. **In a comparison of current managed care programs, those with significant physician equity show the best performance data in patient satisfaction and cost control parameters.**

Physicians are also concerned about loss of autonomy in clinical decision making. To the extent that physicians are willing to accept risk and be accountable for their decisions, a WSMA sponsored CHP would be likely to maintain physician directed patient care and retain the traditional patient-physician relationship. By contrast, an organization which has total control over the revenue stream, purchases physician services as a commodity, and has cost control as its mission is likely to continue to micro-manage patient care.

The benefits of a WSMA physician-owned CHP are counterbalanced by significant risk. First, there is *legal risk* which results in large part from our present anti-trust laws. This risk is, however, definable and manageable by proper organizational structure and procedure guided by competent legal advisors.

A CHP organization will be expensive to launch. By January, WSMA expects to have spent nearly $150,000 just in preparing to proceed. The initial capitalization will come from physicians and perhaps a joint venture partner. *Capital risk* will continue for several years in that investors would likely lose all of their initial contribution if the venture fails. Most of the physician owned health delivery plans that have failed in other states have done so in large part because they were undercapitalized at the start.

Environment risk, like inflation risk for investors, is difficult to forecast. While the

(continued on page 19)

Doctors Utilize Society Placement Service

Chris Miller, MD

Many physicians' offices use the PCMS Placement Service regularly to fill office vacancies with well-qualified temporary, part-time or full-time employees.

The busy family practice of **Cynthia Edwards, MD, Chris Miller, MD and Richard Hawkins, MD,** cannot afford to be short staffed. When their office manager needed temporary office help during August, September and October vacations, she called Placement Service Director Dixi Gerkman. Ms. Gerkman filled her needs quickly.

"The (PCMS Placement) Service has been very beneficial to our office"

Chris Miller, MD

Said **Dr. Miller,** "Our office has used the Placement Service on many occasions. The service has been very beneficial to our office. Being able to obtain immediate help is very important to us. The fact that the Placement Service has screened the applicants makes us feel secure."

Similarly, the Gig Harbor office of internist **Greg Ostergren, DO,** has had occasion to call Ms. Gerkman for quick service filling front and back office positions on a temporary basis. Each time, the Placement Service has sent well-qualified candidates who filled **Dr. Ostergren's** needs.

Currently using the Placement Service's new Temp-to-Perm service is the office of Cedar Surgical Associates. The office manager knew that finding the right person for a demanding back-office position required some on-the-job evaluation. She hired a temporary person for 90 days. If all goes well, she expects to convert the employee to a full-time position - without a fee.

Office Employees for Any Occasion

Dixi Gerkman, Placement Director

The PCMS Placement Service can provide you well-qualified candidates for several alternative types of hiring schemes.

FULL TIME

The traditional employment arrangement, full-time employment provides you the maximum benefit from a person's skills.

The Placement Service has a list of people seeking full-time work. When you call us to request candidates for a job, we can react quickly.

Once we have screened and you have interviewed and hired a new employee, your full fee entitles you to the Placement Service's **60-day guarantee**. If for any reason the employee resigns during the first 60 days of your new relationship, the Society will refund your fee or replace the employee at no additional cost to you.

Let's say you want to by-pass the Placement Service and do the screening yourself. Then what kind of warranty do you have if the arrangement doesn't work?

PART TIME

Placement Service Director Dixi Gerkman has tested, interviewed and checked references on qualified personnel who want to work part-time. This employment relationship is a common arrangement today because it often saves physicians money.

TEMPORARY

The Placement Service's newest employment arrangement has gotten off to a fast start. Indeed, the growth in temporary employment arrangements have outpaced all other types of arrangements at PCMS and in the general marketplace.

Our new temporary employee service is popular because physicians and their office staff do very little recordkeeping to make it work. The temporary person becomes an employee of the Society the day he or she fills in for one of your regular people.

As the employer, the Society pays the employment taxes. The Society completes all the payroll forms. You and your staff concentrate on your work and tell us the hours the temporary worked. We make out the payroll checks and bill you one simple fee.

You also get the Placement Service's **guarantee** that if for any reason, you are dissatisfied with the temporary employee assigned to you, we will not charge for the first four hours worked provided we are given the opportunity to replace the assigned individual.

TEMP TO PERM

This combination provides you all the benefits of a temporary employment arrangement (the PCMS guarantee, no payroll taxes, no payroll forms, a good reliable person only when you need one) with the option to convert the person to a full-time employee in the future.

It makes sense when you want to evaluate a person's performance before making a permanent arrangement. Meanwhile, the person fills your immediate needs.

In addition, you can save the normal conversion fee if you maintain the employee as a temporary for at least 90 days before hiring him/her permanently.

PCMS Placement Service Evaluates Your Job Applicants Thoroughly

Your Medical Society's Placement Service wants to help you find well-qualified office employees.

Because you need and want highly skilled employees, we provide you a thorough screening process. That's where we begin.

TESTING

We test applicants to screen out people who can't demonstrate high-quality skills. Depending on the job, applicants can take an hour or more completing our tests on:

billing
spelling/grammar
medical terminology
clinical terminology
reception
billing
ethics
charting
bookkeeping
back office
nursing

Applicants may take up to five tests, and this is only the **first** step in our screening procedure.

INTERVIEW

We interview candidates before ever sending them to you. With test results in hand, applicants talk to the Society's Placement Service Director, Dixi Gerkman, herself a veteran office manager from a Tacoma physician's busy office. Dixi has interviewed a lot of people - she does it every day. She can pick out applicants for your job who are trying to make more of their skills than they should. She culls the unqualified applicants while you and your staff are focusing on your patients.

CHECK REFERENCES

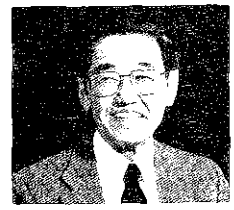
The applicants who pass the Placement Service's testing and interview phases furnish Ms. Gerkman names of physicians for whom they have previously worked. She communicates with them to determine how the applicant performed. A key question is: "Would you hire this person again?" Ms. Gerkman wants you to know the applicant's employment record.

CHOICES

We go through this process several times before we have developed a selection of candidates from which you can choose. We will review each applicant with you and/or your office manager on the phone. We will send you as many candidates as you want to see. The Society knows it is important that you have choices.

The Placement Service is a good resource for your office personnel because we realize that a good employee must have not only high quality technical skills but also the personality to fit in with your office team.

Community Leaders Sought for Award



George Tanbara, MD

Do you know a physician who has made a significant contribution to our community? Now is your chance to bring that person due recognition. Nominations are now open for the second annual Pierce County Medical Society's Community Service Award.

Physicians meeting the following criteria are eligible for consideration:

- PCMS member
- Involved in an activity outside his/her practice
- Be a leader in that activity

You will receive application forms in the mail early this month. Please nominate a candidate.

The PCMS Executive Committee will screen applications and the Board of Trustees will select an awardee who will be recognized at the December Annual Joint Dinner Meeting.

The first recipient of the PCMS Community Service Award was **George Tanbara, MD.** His peers gave him a standing ovation and a plaque at last year's Annual Meeting in recognition of his years of dedicated work for Community Health Care Delivery System clinics and other humanitarian services.

Watch your mail.

1994 Society Officers and Trustees Nominated

The PCMS Nominating Committee met in late September and nominated the following for 1994 PCMS Officers:

David Law, MD (internal medicine); President Elect

John Rowlands, MD (pulmonologist); Vice President

Stanley C. Harris, MD (general surgeon); Secretary-Treasurer

Doctor Law, who served as vice president and trustee in 1989-91, is completing his term as president of the St. Joseph Hospital medical staff.

Three trustee candidates are:

Ulrich Birlenbach, MD, Lakewood internist;

Robert Alston, MD, Puyallup family physician;

Sandra Reilley, MD, Tacoma ob/gyn.

The Nominating Committee felt the high level of interest these candidates showed in the Society offices when accepting their nominations underscores the important role the Society will play as health care reform unfolds. The committee members were also uniformly impressed with the qualifications these candidates possess and with the geographical and specialty diversity they represent.

Election ballots will be mailed to members at the end of November. The new officers will be installed at the Dec. 14 Annual Meeting.

Additional nominations for any office may be submitted by petition to the Medical Society office by Nov. 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.

David Law, MD

John Rowlands, MD

Stanley Harris, MD

Ulrich Birlenbach, MD

Robert Alston, MD

Sandra Reilley, MD

You may ask, "Why only one candidate for each office?" *Robert's Rules of Order* states, "It is usually not sound to require the Nominating 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."

In addition, it has been the Society's experience that many fine candidates, after being defeated the first time in an election, refuse to submit themselves to a second election. Serving as an officer or trustee is an honor and privilege the Society wishes to encourage.

Members of the Nominating Committee were: President **James Fulcher,** President-Elect **Peter Marsh,** Past President **Eileen Toth,** Secretary-Treasurer **Rebecca Sullivan,** at-large members **William Marsh, Charles Weatherby and George Krick.**

Remaining on the Board will be President **Peter Marsh, MD**, internal medicine; Past Presidient **Jim Fulcher, MD**, emergency medicine; neurologist **Pat Hogan, DO;** plastic surgeon **Stan Jackson, MD;** and oncologist/hematologist **Amy Yu, MD.**

Choosing the Right Professional Liability Insurer Shouldn't Be Hit or Miss

These days, you need professional liability coverage no matter what specialty you're in. You want a carrier with a proven record of strength, performance and experience. The Doctors' Company is right on target.

We are rated "A+" (Superior) by A.M. Best Company, independent analysts.

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Managed Medicaid Leaders Explain Plans

Leaders of seven health care plans that have shown interest in administering the DSHS's Aid For Dependent Children program in Pierce County told PCMS members at the Oct. 12 General Membership Meeting how they expect to be organized. They all seemed to be pitching their companies to physicians, without whom their plans cannot provide health care.

Richard Dehlinger, MD, and a friend discuss health care reform before the meeting

Chaired by **Bill Roes, MD,** who has headed the Society's Managed Medicaid Committee exploring the new system set to begin March 1, the meeting featured short presentations by each plan's representative followed by a question and answer session.

Les Reid, MD, presents the PCMB plan

Jack Brandt, representing Blue Cross of Washington and Alaska's managed Medicaid plan, called CareNet in Seattle, was the first speaker. He seemed to be feeling out his level of local support for entry into the Pierce County market. He explained the company's King County arrangement, which he called a partnership with the University of Washington and physicians. He said Blue Cross leases the right to operate the plan to participating physicians who assume its risks. In Pierce County, he said, Blue Cross is willing to structure the plan as physicians want it. He said he would welcome calls from all interested physicians.

The second person to present details of

(continued on next page)

Managed Medicaid - What Is It?

Washington's Department of Social and Health Services (DSHS) uses state and federal money to pay the medical care costs for low income parents and their children. Through the Aid For Dependent Children (AFDC) program, about 52,000 Pierce County patients - mostly single mothers and their babies - receive care through this federal Medicaid program.

Some of those patients have had difficulty accessing care. That is due in part because physician reimbursements are so low - about 55 percent of the prevailing physicians' fee-for-service charges. Physicians also resist Medicaid's complex paperwork requirements. Consequently, many patients rely on emergency rooms for care. Costs increased quickly.

To lower costs and improve access, DSHS has decided to shift administration of the program to health care plans in each county. DSHS wants to contract with local groups to manage the AFDC component of Medicaid. Thus the term "managed Medicaid."

The state proposes to pay each plan that participates a fixed sum per month for each patient enrolled - a capitated payment. The plans, then, are free within limits to organize their physician reimbursement systems as they see fit.

Under managed Medicaid, DSHS requires each patient to pick, or be assigned to, a primary care physician who will be responsible for all the patient's health care. Patients are required to use the primary care physician, not the emergency room, for care. This requirement is expected to save money which each plan can then redistribute to participating physicians in the form of higher reimbursements or through bonuses at the end of the budget year. The Department expects the prospect of higher reimbursements to attract more physicians to Medicaid patients, thus improving access to care.

The Department has already established managed Medicaid plans in Kitsap, Spokane and King counties. The Pierce County plan is scheduled to begin March 1.

Managed Medicaid Leaders Talk *(continued)*

The second person to present details of his company's managed Medicaid plan was Dave Ford, president of ETHIX Health Plan. He said his company is already partners with several physician groups in King County who provide managed care to 14,000 Medicaid enrollees. ETHIX provides capitated payments to physicians and hospitals under a primary care model, Ford said. There is more collaboration between physicians and the plan than ever existed before, he concluded.

Bruce Amundsen, MD, medical director for ETHIX, said ETHIX provides physicians the opportunity for clinical reform. In its risk assessment system used in King County, big health care users are identified and then a family health care team is assembled to manage their cases.

Next, **Don Rogers, MD,** Group Health Cooperative's director of external affairs in Pierce County, explained that his company views its role as one of containing costs. Group Health has emphasized consumers through a primary care system for over 45 years, he said. Under managed Medicaid, Group Health seeks to expand its enrollment in Lakewood, Gig Harbor and Puyallup by contracting with physician groups to care for Medicaid patients in those communities. **Doctor Rogers** said Group Health is seeking interested physicians in those communities.

Florence Reeves, director of the Community Health Care Delivery System (CHCDS), said her organization will use its seven Pierce County clinics to provide case management and primary care. Under managed Medicaid, CHCDS will need specialists to whom its nine existing physicians can refer. Its primary care physicians will act as gatekeepers, she said.

CHCDS already refers existing patients to local specialists, Reeves said. Under managed Medicaid, however, more of her patients will be paying patients rather than charity cases. As payments increase, specialists will benefit, she said.

Finally, Reeves reminded physicians that participating with CHCDS does not preclude physicians from making additional managed Medicaid agreements with other groups.

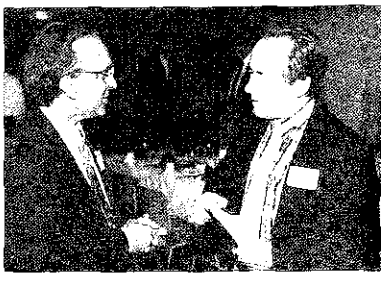
Pierce County Medical Bureau's **Les Reid, MD,** said PCMB's plan is available for all the company's current providers to participate in. Patterned after the Spokane managed Medicaid plan, this new plan will offer primary care physicians capitated payments and specialists fee-for-service. Hospitals will negotiate contracts.

PCMB will form small groups of physicians into PODs for cost accounting purposes, **Dr. Reid** said, and offer them the opportunity to participate in incentive payments at the end of the year if they have operated efficiently. Physicians will not be at risk on the down side, however. The company will be. PODs will receive periodic reports from PCMB on its operating results.

Next, Linda Sundstrom told PCMS members about Pacific Health Plans' history. In nine years, it has

(continued on next page)

New member Don Rogers, MD, told about Group Health's managed Medicaid plans



President-elect nominee David Law, MD, (r) talks with Mohammad Saeed, MD

Who To Call For Managed Medicaid Information

The following are the designated contact people and their phone numbers for each company planning to contract with physicians to offer managed Medicaid plans in Pierce County:

Blue Cross of Wash/Alaska	Jack Brandt	672-3200
CHCDS	Florence Reeves	627-8067
ETHIX Health Plan	Dave Ford	447-0757
Group Health Cooperative	Bob Moore	448-6110
Pierce County Medical	John Holterman	597-7048
Pacific Health Plans	Linda Sundstrom	326-4645
Providence Health Care Plan	Jeanne Phillips	622-6111

Managed Medicaid *(continued)*

expanded operations into five counties and currently has a Medicaid contract. It anticipates serving about 5,000 patients in Pierce County, she said.

Under her company's system, participating physicians will assume all risks and make all decisions. She said she is looking for medical groups with which to contract. The company will provide patient education, claims management and utilization information. For their risk-taking, physicians can reward themselves financially if they find better ways to deliver care, she said.

Finally, Jean Phillips with the Providence Health Care Plan, also known as Sound Health, explained her company wants to contract with large groups of Pierce County physicians to provide managed Medicaid here. She said Providence has incentives to control emergency room visits which can benefit physicians. Participating physicians will be provided computer terminals for on-line communications. The company provides quick compensation, she said. Primary care physicians, specialists and hospitals will all be reimbursed on a capitated basis, Phillips said.

Q & A Session Reveals More

During the question and answer session following presentations by potential managed Medicaid administrators at the General Membership Meeting, a few additional points were made.

* Group Health is considering offering its physician employees incentives. It will offer incentives to physicians with whom it contracts under managed Medicaid.

* Physicians contracting with Pierce County Medical Bureau and Pacific Health Plans will be able to select Medicaid patients by zip code and other criteria. The other five plans participating in the Q & A did not respond to the question.

* The Providence Health Care Plan will shift risk to participating physicians.

* All seven plan administrators said they would contract with Mary Bridge Children's Hospital for pediatric in-patient services.

* Only two managed Medicaid plans will negotiate contracts with solo practitioners: Pierce County Medical Bureau and CHCDS (for specialists only). The others will negotiate only with groups of four or five or more.

* All the plans but one defined a primary care physician as a family physician, general practitioner, internist or pediatrician. Only Blue Cross of Washington and Alaska's definition was limited to a family practitioner.

1993 EDWIN C. YODER HONOR LECTURE

and

St. Joseph Hospital & Health Care Center

present

EMILY C. FRIEDMAN

Health Policy Analyst, Writer, Lecturer

FRIDAY, NOVEMBER 19, 1993

10 a.m. *"A Collision of Rights: In An Age of Reform"*
(physician lecture) Location: Lagerquist Conference Room

12 noon Physicians' Catered Luncheon followed by
"Do it Right Or Don't Do It At All: The Ethics of Reform"
Location: 3A & 3B

2:30 p.m. *"Do It Right or Don't Do It At All: The Ethics of Reform"*
(allied health workers invited) Location: Lagerquist Conference Room

Watch your mail for brochure containing luncheon registration form.
No registration needed for other sessions.
All sessions free.

Conflict Between Primary and Specialist Physicians in an Environment of Managed Care

During recent meetings with my fellow physicians, I have heard much comment about the primary physicians' gatekeeper role. Specialists are apprehensive. Perhaps a few primary doctors relish this new power. Group Health is ecstatic over the change from fee for service to managed care. Their medical director's major message was to assure payers that their money would be managed efficiently.

A few of our primary physicians may make a "killing" for a while, if the panel of capitated patients is initially large.

A specialist responsible for the sickest patients, either for saving their threatened lives or helping them die with dignity, ought to be outraged by these attitudes.

The primary doctors have been fed propaganda by the health policy wonks that the solution to our delivery problems is based upon more patients being seen by even more primary physicians for a cheaper cost.

What a set up for conflict between primary and specialist physicians! How easy it would then be to divide, conquer and subjugate us from a central source of power. Do we have to be reminded of the state of medicine in the Soviet Union?

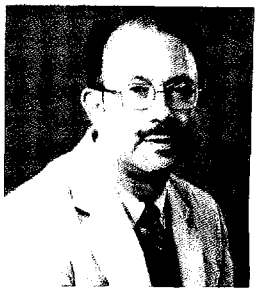
I would recommend that our leadership look at ways to deal with the specialist/generalist issues. We ought to be talking about it, identifying the areas that have the potential for enraging us against each other. We should be realistically looking at the financial packages so that both primary and specialists are dealt with fairly. We should re-establish better ground rules for referral so that our patients are not rationed out of well established appropriate medical care. We should be lobbying with those public figures who will really have the clout to protect the patient and doctor from the vicissitudes of the financially based medical care system.

Managed care insurance companies are given the option of controlling the patient's right to see a particular specialist. These legal, professional, moral and financial decisions may have ramifications that are more far-reaching than any of us now realize, assuring conflict between adversaries that formerly worked together as a team.

I believe our organized medical leadership should begin to address these issues, but I don't think we should deal with them by encouraging turf positions through the various associations. I think this conflict should be studied and positions taken by the WSMA and the AMA leadership.

There should be some standard practices expected of the primary physicians and some standard referral patterns to which we are expected to conform. The patterns built over the last 100 years have served us well in the past. We could systematize them, update them, and assure more universal application of the best way we practice medicine.

Specialists have evolved their own expectations of the way a patient is to be managed. They must have assurance that their approach is not arbitrarily interfered with by neither an overzealous gatekeeper nor an over-rationing managed care program.



DeMaurice Moses, MD

It might seem that we would have an impossible task of getting along within a system that encouraged disincentives for referral of patients. We would if there were a limited supply of patients or a reduction in total number of patients, but there is to be an increase in numbers by increasing the access of millions more uninsured, underinsured, poor, and also minority patients and immigrants. What we have to do is to assure that their care is appropriate and compassionate. We have to make sure that our own government, businesses, hospitals, greedy entrepreneurs and ourselves don't mess it up.

DeMaurice (Buck) Moses, M.D.

Annual Meeting to be Inspirational

The Society's Dec. 14 Annual Meeting will present one solution to the adversity physicians face today in the wake of health care reform.

Charlie Plumb, one of the most sought-after achievement speakers in the United States, will speak on "Using Inner Strength to Overcome Adversity."

After having survived five years of adversity in a North Vietnamese prison camp, Plumb knows whereof he speaks. Besides being knowlegeable, he presents his views with humor, sincerity and straight-forwardly. He will provide inspiration to everyone in attendance.

Plumb overcame years of torture and an eight foot by eight foot prison cell. He became something of a legend for his abilities in underground communications with fellow prisoners also held in isolation.

For his 74 combat flying missions over Vietnam and his distinguished leadership in prison, the Navy officer and Annapolis graduate was awarded the Silver Star, two Purple Hearts, the Bronze Star, the Legion of Merit and the POW Medal.

The Annual Meeting will also be the last meeting over which President Jim Fulcher presides. The new slate of officers and trustees will be installed and will thereafter assume the Society's leadership.

To reserve your place at this fun and traditional event, watch for the registration flyers to be sent out early in November.

Charlie Plumb

Society Members Lead CHP-Forming Group

Pierce County Medical Society members, led by **Leonard Alenick, MD,** make up one-third of the membership on the new WSMA task force charged with developing a certified health plan (CHP). **Doctor Alenick** is co-chairman of the group that will determine a business plan for the WSMA CHP. He and the task force will lead Washington physicians into the emerging future of health care reform.

Under terms of Washington's new health care reform act, only CHPs will be able to provide medical insurance and care to state citizens. All citizens will be guaranteed health care coverage.

Seven of the 21 task force members hail from Pierce County. Besides **Dr. Alenick,** they include **Jim Fulcher, MD, Richard Hawkins, MD, Gil Johnston, MD, Joe Nichols, MD, Charles Weatherby, MD and Bob Whitney, MD.**

The task force has held conferences around the state seeking WSMA-member input into the CHP business plan they are developing. The task force is slated to make its recommendations to the WSMA House of Delegates at a special House meeting Jan. 8.

The task force was formed after the annual WSMA meeting in September when the House voted to pursue forming a CHP and asked for a business plan proposal.

Members Support, Voice Concerns About WSMA Certified Health Plan

Nearly 150 physicians, most of them PCMS members, attended an "open mike" forum Wednesday night, Oct. 20, to sound off about WSMAs proposal to form a certified health plan (CHP). None who spoke said they opposed the idea.

The forum, one of many to be held around the state, was sponsored by WSMA as a way to hear members' concerns about the CHP.

Led by three PCMS members of the task force readying a CHP business plan - **Leonard Alenick, MD, Jim Fulcher, MD, and Charles Weatherby, MD** - plus WSMA Executive Director Tom Curry, the discussion included questions and concerns from about 50 of the 150 doctors attending.

Without exception, their voices were calm and their short talks very reasoned despite the fact they stepped up to the microphone and publically addressed potentially emotional concepts: specialists vs. primary care physicians; health care rationing; capitated reimbursements; case management; financial risk; and other topics.

The relationship between primary care doctors and specialists was discussed more than any other topic. A consensus built as speaker after speaker voiced the desire to work together to solve some of the difficulties between the two groups.

William Dean, MD, voices his concern about the need for a patient referral system under health care reform.

The task force will consider all the concerns it hears about forming a CHP and then in January recommend to the WSMA House of Delegates how the CHP should be structured to meet members' needs.

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Pierce County Medical Society

Just Thinking Hawaii CME? Reserve Now

If you're just considering attending the College's CME at Kauai program next April, we suggest you act now. A small refundable deposit will hold your seats.

Hawaiian spring vacation flights sell out many months in advance. A review recently suggested all flights during this time are filling rapidly.

The College is working with Marilyn at Olympus Travel (565-1213). Olympus has booked some seats at group rates and has access to other special options at the best rates. So call Marilyn today.

ACLS Open For Registration

The College's ACLS Provider Course set for December 9 and 10 is open for registration. For information about the course, which offers 16 Category I credits, call C.O.M.E. at 627-7137.

CME at Mt. Bachelor Registration Open, Great "Inn" Rates Available

The program brochure for the College's snow "resort" CME 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 a potpourri of subjects of interest to all practices.

The course is scheduled for Feb. 2-6, 1994, and will also feature family vacationing and winter sports at nearby Mt. Bachelor.

In addition to the delivery of quality continuing medical education, this year's program will again offer 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 second 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 greatly reduced lodging rates at the Inn of the Seventh Mountain. For more information, please call the College at 627-7137.

DATES	PROGRAM	DIRECTOR(S)
1993		
November 12	Infectious Diseases Update	Alan Tice, MD
December 9 & 10	Advanced Cardiac Life Support	Kent Gebhardt, DO
1994		
January 20	Law and Medicine Symposium	Gregory C. Abel, JD William T. Ritchie, MD
February 3-5	CME at Mt. Bachelor	Stuart Freed, MD Tom Norris, MD Richard Tobin, MD
February 25	Update on HIV Infections	Alan Tice, MD
March 10 & 11	Internal Medicine Review	Irving Pierce, MD
April 4-8	CME at Hawaii	Mark Craddock, MD Amy Yu, MD
April 15-16	Surgical Update - 1994	Stanley C. Harris, MD Chris Jordan, MD
April 29	GI Conference	Gary Taubman, MD Richard Tobin, MD
May 20	Clinical Guidelines: Quality, Cost Effectiveness...	Les Reid, MD
June 27 & 28	Advanced Cardiac Life Support	James Dunn, MD

Paradigm Shift *(continued)*

Washington Health Services Act is now law, we do not know what the effect of initiative measures might be over the next few years. Moreover, the Clinton plan is just entering the congressional meat grinder and is certain to be modified. A CHP which might succeed in one health care environment could be totally inappropriate for another. It is very difficult to develop a strategy and operate an organization when the rules keep changing.

The WSMA CHP will be in competition with several other CHPs for market share, resulting in *marketplace risk.* The competition in this newly developing market may be formidable. Certainly the fact that a CHP is physician owned doesn't automatically confer market advantage. Product differentiation and recognition of value will take time. In the initial stages it is likely that market share will be a function of price. WSMA intends to control costs by practice parameters monitored by a data system yet to be developed. Will the WSMA CHP be able to survive the critical early phase of market development?

Perhaps the most significant risk to be considered is *association risk.* A successful CHP will depend upon a cohesive body of physicians who are focused on the organization's mission.

As we are all aware, there is a palpable rift between primary care physicians and specialists regarding several aspects of patient care delivery.

Left unresolved, these issues could inhibit the ability of a CHP to compete. On the other hand, should WSMA alienate a significant portion of its membership in the formation of a CHP, it could rapidly lose membership. One of the important functions of WSMA has always been its ability to represent the state's physicians, especially to the Legislature. Loss of membership might compromise WSMA's position in this role.

Given this balance of risks and benefits, should WSMA proceed with formation of a CHP? Regardless of the final decision, physicians are going to have to make several risk-laden decisions and choices as the paradigm shift evolves. As someone once said, "we can't change the direction of the wind, but we can adjust the sails."

Help Needed for Motorcycle Accident Victims

The office nurse of **Kenneth Scherbarth, II, DO,** and her husband were severely injured in the motorcycle/bus accident on Mt. Rainier last month.

Doctor Scherbarth and his office staff recently raised $2,000 at a car wash for the nurse, Jan Smith, and her husband Randy. The funds are going to a Smith Donation Fund Account at Columbia Bank at 1802 South Union Ave, Tacoma, WA 98405. The couple will be hospitalized for months with brain injuries, an amputated leg and multiple other broken bones.

Your help for this couple would be appreciated.

President's Message

Hello everyone and Happy Thanksgiving!

Did you all receive your dues membership mailing? If not, don't worry. There will be a second mailing sometime towards the end of the month and we will also be on the phone to remind people.

As you can see we have changed our name to Alliance. A vote was taken at the board and general meetings. We all agreed 100%. "Physician spouses dedicated to the health of American" is our theme!

You have probably received your mailing for our Holiday Sharing Card. Please be generous to your community. The philanthropic committee has worked very hard to gather information and compile our list of recipients.

This month our general meeting will be held at Kathy Forte's home for a personal safety meeting. Hope all can attend. Dot Truckey will have personal safety alarms for sale.

So much is happening with the holidays upon us. Hope everyone is taking care of themselves and enjoying the beautiful "late" summer.

See you soon!

Denise Manos
President
1993-94

Volunteers Needed

Kris White is looking for a couple of volunteers to help her with the domestic violence project for which the Society and Alliance have been given a PACE grant. This will be to assist her in applying education materials she has gathered for printing and getting them out to the medical community. Please call her at 851-5552 if you are interested in a very worthwhile project that deeply affects Pierce County.

Tentative General Meeting Schedule

November 19 - Personal Safety evening meeting with Mark Mann.

December 14 - Christmas Party Joint Dinner with Society.

January is no meeting.

February 18 - John Lenihan speaking on current gynecological practices.

March 18 - Hypnotherapy.

April - State convention.

May 20 - Point Defiance Zoo visit

Holiday Joint Dinner

Alliance members! We need your help and generosity for the upcoming Holiday Joint Dinner. Each year at this special event we have a raffle drawing for a delectable holiday gourmet food basket. Please bring your non perishable food item or better yet, a cash donation to the November meeting.

On the night of the Holiday Joint Dinner, please bring a wrapped gift (identify contents) for a woman at the YMCA Support Shelter and an unwrapped gift for a child at the shelter. And don't forget, we will have a raffle drawing for the always-popular gourmet food basket.

Thank you

Leigh Annne Yuhasz

Recycle Your PDR

Please save your 1992 and 1991 PDR volumes and bring them to the Medical Society office. The old PDR's will be donated to local schools so that the school nurses will have readily available and up-to-date reference on children's medications. Thank you!

Widow's Club

Ginnie Miller is interested in starting a widow's club for all those who have had either a spouse or other loved one who has passed on. The holidays can be a challenging time to get through without those we've come to depend on. Give Ginnie a call if you're interested in forming a group. 759-7434.

National "Medical Voice Of Conscience" to Lecture

Emily Friedman, author of more than 500 articles and numerous books on medical ethics, will be this year's guest Yoder Honor Lecturer.

Presented by St. Joseph Hospital and Health Care Center, Ms. Friedman will present three lectures on Friday, Nov. 19. She is the 22nd lecturer in the 21-year-old series of lectures begun with a bequest from the estate of Dr. Edwin C. Yoder, a former Western Clinic surgeon. Previous lecturers, all nationally-renown authorities, have included two nobel laureates.

Ms. Friedman is an adjunct assistant professor at Boston University of Public Health. She has received the Corning Award from the Society for Health Care Planning and Marketing. She also holds an honorary lifetime fellowship in the American Academy of Medical Administrators and an honorary life membership in the American Hospital Association.

Ms. Friedman's 10 a.m. talk, "A Collision of Rights: In An Age of Reform," will be in the Lagerquist Conference Room.

After a 12:15 luncheon, she will present another topic, "Do It Right Or Don't Do It At All: The Ethics Of Reform." The lunch and talk will be held in rooms 3A and 3B.

She will repeat the second topic at 2:30 in the Lagerquist Room.

The first two sessions are open to physicians only. Allied health personnel are invited to the 2:30 session.

There is no cost, but pre-registration for the luncheon is requested. Registration cards will accompany a brochure being mailed to physicians in late October.

Dr. Mack Is President of State Anesthesiologists

Maria Mack, MD

Doctor Maria Mack, a St. Joseph Hospital anesthesiologist, will lead the 750-member Washington State Society of Anesthesiology (WSSA) in 1993-94. She assumed the presidency Sept. 15 at the organization's annual meeting.

The WSSA has two areas of interest: the organization of academic programs for members and helping members sort out the impact of health care reform. **Dr. Mack** said it is critical that all physicians continue to work together in the interest of patient care and organized medicine.

She also sits on the Board of Directors of WAMPAC (WSMAs Political Action Committee). That board directs all allocations of political action funds to candidates for office. It also supports and directs other related political activities.

Mistaken Identities Corrected

The gremlins which usually suffer blame for publication errors will again shrink under the scorn of our pointed finger.

In the newly-published Pictorial Directory, the gremlins pulled a last minute switch of two members' photographs. **Doctor Moo Lee's** photo was placed on page 100 where the picture of **Steven Yamamoto, MD,** should have been. And visa versa on page 63.

Please correct your Directories. Clip the corrected photos and information below and tape them over the incorrect listings in your Directory.

LEE
MOO K., M.D.
(Julie)
Gen Prac
11002 Pacific Hwy S.W.
Tacoma 98499
Office: 581-4564
Home: 581-0850

YAMAMOTO
STEVEN K., D.O.
(Doreen)
Orth Surg
3909 10th St. S.E.
Puyallup 98374
Office: 841-2447
Home: 845-7205

Physicians Apply for Membership

Dietrich, Kenneth A., MD
pediatric critical care
Practices at 314 MLK Jr. Way #202, Tacoma
medical school: Louisiana State Univ.
internship: Charity Hospital, Hotel Dieu, V.A.
residency: Oregon Health Sciences Univ.
fellowship: Univ. Wisconsin Hospital (ped. critical care)

Holdner, Karen M., MD
pediatrics
practices with Pediatrics Northwest
medical school: SUNY Health Science Center
internship: same
residency: same

Kim, Chong C., MD
internal medicine
practices solo at 128 131st St. So., Tacoma
medical school: Kyung Hee Univ. School of Medicine, Korea
internship: Wyckoff Heights Medical Center
residency: same

Martin, Michael, J., MD
orthopaedic surgery
practices with Puget Sound Spine Institute
medical school: Wayne State Univ.
internship: Univ. of Medicine & Dentistry of New Jersey
residency: same
fellowship: St. Mary's (spine)

Park, Gary S., MD
pediatric critical care
practices at 314 MLK Jr. Way #202, Tacoma
medical school: Oregon Health Sciences Univ.
internship: Oregon Health Sciences Univ.
residency: same
fellowship: Univ. of Cal. & Children's (ped. critical care)

... But Not Least

In last month's article about the physicians and their families who rode the Seattle-to-Portland bike ride, we inadvertently left out the Schmidt family. **Jon R. Schmidt, MD,** and his wife Denise also rode in the event with Lois Zoltani, wife of **Greg Zoltani, MD.**

Denise also rode in the grueling, three-day Courage Classic ride over Snoqualmie, Blewett and Stevens passes. That ride raised money for Mary Bridge Children's Hospital.

Classified ads

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: 1-800-643-9852.

Tacoma-Seattle, Outpatient general medical care at it's 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.

Internist - Position Available at this general medical & surgical facility for physical board certified in internal medicine. Citizenship required. Contact VA Medical Center, Personnel office, 4815 N Assembly, Spokane, WA 99205-6197. (509) 327-0242. An equal employment opportunity.

OFFICE SPACE

For Lease: 2100 sq. ft. of professional office space in multispeciality medical center on growing South Hill in Puyallup. Physician owned. Terms negotiable. Call Al Sullivan, 593-6072, or Dr. Rebecca Sullivan, 848-5951.

Rent/Lease -- Medical Office, 1420 S Meridian, Puyallup. Available November 1st, 928 sq. ft., 4 exam rooms, offices, receptionist, secretarial area, waiting room, 1 block to Good Samaritan. Cindy 841-7414.

Opportunity for lower volume specialist to share with established physician. Fully furnished office with 4 exam rooms, consultation and business office. Modern equipment. Good parking. One block from Tacoma General Hospital. For more information call 383-2309.

GENERAL

Dentist has property with building plans, great location near Tacoma Mall. Looking for tenant or partner to develop. Dr. Al Bird, 475-8934.

Sailboat for sale. 2 person, great condition $1,200. 565-2521.

Lake house 1600 Sq. ft., 3 year old home on 152 linear ft. waterfront. Loacated on Lake Limerick near Shelton. Golf course, clubhouse, tennis courts, water-skiing. Lots of activities! $180,000. 565-2521.

EQUIPMENT

Equipment for sale. **Family practice** closing. All in good condition. Call 851-3786 weekdays for details.

Change your Directory

Ronald Anderson, MD, has corrected his office address to reflect a street renaming. It is 316 S. Martin Luther King Jr. Way #201, Tacoma 98405.

Peter Bertozzi, MD, has indicated his primary office is now the one at 3582 Pacfic Ave., Tacoma.

Allen Clark, MD, has a new home address of 5605 Old Stump Dr. NW, Gig Harbor 98332.

Thomas Herron, MD, has moved his residence to 3614 50th St. Ct. NW, Gig Harbor 98335.

Stanley Ip, MD, has moved offices within the same building. He is now in #7 instead of #22 in the building on 100th St. SW.

David Lee, MD, has a new office address. It is 1811 Martin Luther King Jr. Way #30, Tacoma 98405.

Douglas Malo, MD, has a new office phone number. It is 272-9480.

Michael Nishitani, MD, has moved from the area.

Thomas Norris, MD, has a new office address. It is UW School of Medicine, SC-64, Seattle, Wash., 98195.

William Rinker, MD, has a new home address: 6413 75th St. E., Puyallup 98371.

James Stilwell, MD, is no longer practicing in Tacoma.

Bob Thiessen, MD, has moved out of state. His new address as of Nov. 1 is John B. Amos Community Cancer Center at The Medical Center Inc., Columbus, Georgia, 31901.

Francis Wessbecher, MD, has a new home address: 9105 SE 44th St., Mercer Island, 98040.

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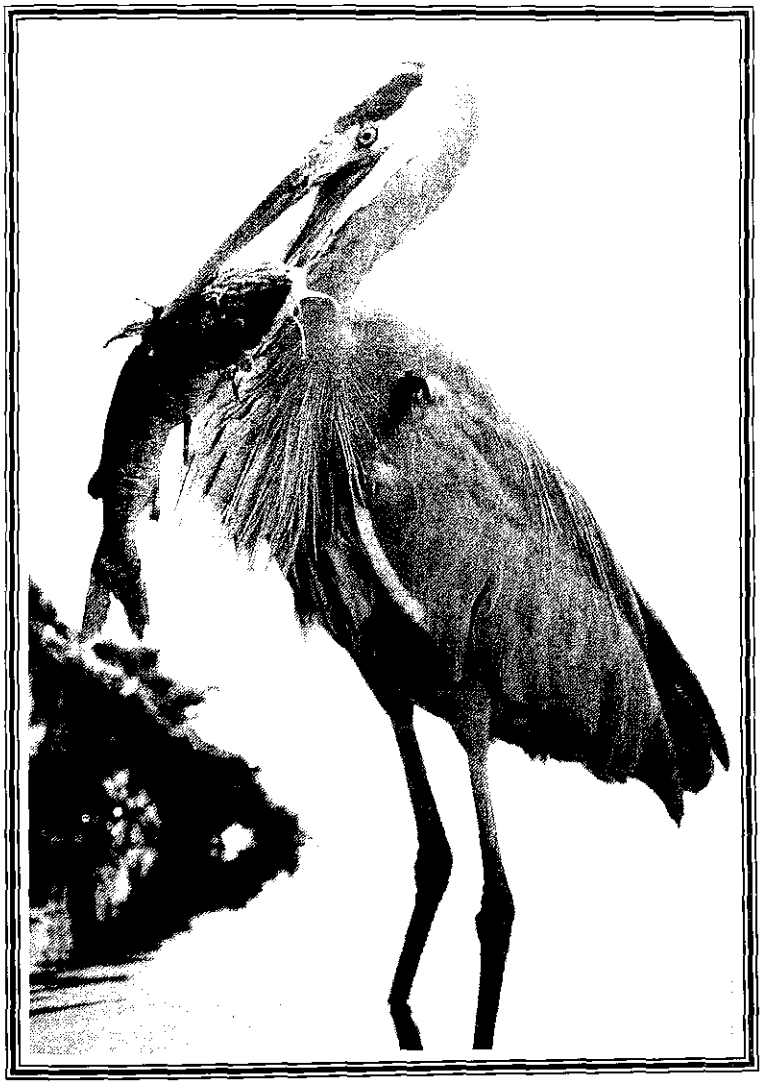
PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
December, 1993



A great blue heron ponders his next move

Radiologist Focuses Lens on Florida Fowl

story on page 10

The Bulletin is published monthly 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 15th of the month preceding publication (i.e. Oct. 15 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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Publications Coordinator: Pad Finnigan

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Subscriptions: $25 per year, $2.50 per issue.
Make all checks payable to:
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223 Tacoma Avenue South
Tacoma, WA 98402
(206) 572-3666, Fax 572-2470

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Local News

Departments

Cover: *Black and white print from a color slide taken by retired member James Kenney, MD.*

Notice: *The Bulletin would like to see any art you or your family has produced that may be suitable for reproduction on the cover of future issues.*

Socialize and Enjoy the Annual Meeting

The December holidays provide an opportunity for PCMS physicians to gather with peers for an evening of fun and camaraderie at the Annual Joint Meeting.

This year's meeting, to be held Tuesday, Dec. 14 at the Tacoma Sheraton Ballroom, will provide needed relief from the weighty discussions about health care reform in previous months' meetings. The social hour is scheduled to begin at 6:30. So why not laugh with friends? Enjoy a good meal. Roll in holiday spirit.

As usual, the Society has arranged for top-notch entertainment. This year, nationally-known inspirational speaker Charlie Plumb will talk about the lessons he learned as a Vietnamese prisoner of war.

In addition, new officers will be installed, and President **Jim Fulcher, MD,** will give his outgoing address.

Send in your reservations (the form is published on page 11 of this issue). It's time to enjoy.

parties past - do you remember?

1988: Drs. Doug Malo, Larry Larson and John Rowlands socialize during the party. Bill Jackson, MD, was outging PCMS president, and the Tacoma chief of police and county prosecuting attorney addressed the audience.

1990: Editorial cartoonist Steve Benson was a smash hit. Gordon Klatt, MD, was president.

1991: Dr. Ron Benveniste won the raffle basket. Dr. William Marsh was outgoing president.

Committee Carries Society's Torch

Of all the 20-some committees that make up the Medical Society, the one that performs the most visible, most altruistic community service is the Public Health/School Health Committee.

The committee has represented the Society well over the years. Think of its successes:

- Twice led the Tacoma drinking water fluoridation campaign;
- Led the initial drive to enact county anti-smoking laws (work now continued by the Tobacco Task Force);
- Lobbied to improve school access for handicapped youngsters;
- Provided team physicians for local high school sporting events (the Sports Medicine committee spun off to continue that work);
- Worked to improve the county immunizations rate;
- Began the work of the present AIDS Committee;
- Helped turn kids away from chewing tobacco;
- Standardized the county's school sports physical form;
- and more.

The list is impressive.

University Place pediatrician **Terry Torgenrud, MD,** chairman of the committee for the past eight or nine years and a 15-year member, credits his predecessors **George Tanbara, MD,** and **David Sparling, MD,** with setting high standards for the group. He also acknowledged former PCMS member and former Health Department director, Bud Nicola, MD, as being the group's first true activist.

"They were my mentors," said **Dr. Torgenrud.**

But it is he who has led the charge in recent years. He is passionate about the committee's work.

"It is our special opportunity to improve the quality of health throughout the county," he said.

Made up primarily of school nurse representatives from county school districts and representatives from the Tacoma-Pierce County Health Department, the 20-plus person committee includes two other physicians. **Joe Wearn, MD,** a Franciscan Family Care pediatrician, and **Larry Schwartz, MD,** a specialist with Infections Ltd., also carry out the committee's projects spawned at monthly 7 a.m. meetings.

"It's our special opportunity to improve the quality of health throughout the county."

The committee selects and completes a yearly mission. For the past couple years, it has set its sights on warning junior high kids about the health dangers of chewing tobacco. **Doctors Torgenrud and Wearn** have traveled to several area schools to address hundreds of seventh graders at a time - a brave undertaking. **Doctor Torgenrud** thinks one more year of that is about his limit.

The committee has not yet selected this year's cause.

Another of **Dr. Torgenrud's** favorite crusades has been increasing the percent of children who receive immunizations. His goal is 100 percent.

Terry Torgenrud, MD

"Vaccines are my primary weapon as a pediatrician," he said. "I will not have anyone in my practice who will not accept vaccines."

The battle has not only been to get parents' attention, it has also been to increase the supply and lower the cost of the drugs manufactured mostly by monopolists.

Much of the committee's work is carried on by, with and for school nurses. "We support school nurses. They are some of the most stable influences in children's lives," **Dr. Torgenrud** said. "I like those people."

Formerly an advisor to the Tacoma School District, he quit in protest of its cuts in nurse staffing. Cutbacks are a county-wide trend he rues.

Doctor Torgenrud was insistent that Sue Asher, the Society's assistant director who staffs the committee, be recognized for her valuable help. "She has been a tireless worker. All I have to do is ask and it gets done," he said.

He and the committee would welcome other physicians who wish to visit or join the committee. "We're happy to have them," he said. "They will find it is a nice forum from which to coordinate public health care county wide."

Richard Huish, MD, Retires

After completing a successful 30-year practice during which he delivering 10,000 babies in Tacoma, **Dr. Richard Huish** has retired.

"That's a lot of excitement for one life," he said of having witnessed 10,000 miracles. "I have loved it. It's been a labor of love, both the people I associated with and my patients."

Upon completing his UW ob-gyn residency in 1964, **Dr. Huish** filled in for Dr. Nace for awhile before working with Dr. Hal Luken for many years. He later worked in a solo practice. Seven years ago **Dr. Gary Nickel** joined him and now will assume the practice.

Doctor Huish quit delivering babies when **Dr. Nickel** joined him. "I was ready for a good night's sleep," he said.

Helping him for 25 years was his nurse Eileen (Terry) Krueger. "She's been very, very wonderful and a good friend," he said.

Like a movie star, he's constantly reminded of his eminence. "I rarely walk down the mall without some mother grabbing her teenage kid and pointing at me," he said. "It makes me feel good."

Doctor Huish and his wife Rogene now will open a new chapter in their lives. Leaving their six children and 15 grandchildren behind, they will live in Jerusalem, Israel, for the next couple years. They will both work with 200 Brigham Young University students and their faculty at the Center for Mid-Eastern Studies. He will oversee their health and she will work in the office. On holidays they plan to travel.

"It's part of a 10-15-year program of going wherever we are called and can help," he said. "It will be exciting, but I don't anticipate any decrease in my activity in the next few years."

Of his years in medicine, he said, "It has been a wonderful time to be a doctor. I've enjoyed my specialty and am very gratified with the past. I have appreciated the medical community very much."

30 years in practice
7 quit delivering babies
23 years delivering babies

435 babies a year. Whew
23 | 10,000 babies

1.2 babies a day for 23 years.
360 | 435

oh my gosh

Mini-Internship is Valuable Despite My Anxiety

by Pad Finnigan

Bob Kenevan

Mark Jergens

John McDonough

David Munoz

Vita Pliskow

Amy Yu

Having been thrown into the same den with some of Pierce County's top movers and shakers - including a prominent state health care official - I was apprehensive.

The Society assembled four VIPs and me Oct. 18 and 19 to witness health care in action through the work of six respected physicians. At the end of the fourth PCMS Mini-Internship Program, we were expected to make judgements about the experience and evaluate it.

I'm familiar with the health care system - I write about it regularly in this Bulletin - but I questioned whether I would have anything to add to Tom Hilyard's commentary about the system at Tuesday night's wrap-up dinner. Hilyard, former head of the county's Human Services Department, is making health care history on the state Health Care Commission.

I worried whether my observations about the health care system would sound naive next to Wendell Brown's. The Pierce County Council member and former county assessor/treasurer is elected and paid to observe big systems and make them work.

Bil Moss has been moving and shaking for years and is now special assistant to County Executive Doug Sutherland. And Sandi Doughton reports on health and other issues for the Morning News Tribune.

Heavy company.

I was also apprehensive about observing the physicians for whom I work. Three of the six - geriatrician **David Munoz, MD,** anesthesiologist **Vita Pliskow, MD, and** oncologist **Amy Yu, MD,** - are former or present Society Trustees. I didn't know the other three faculty, **Mark Jergens, MD,** (EM) **Robert Kenevan, MD,** (plastic surgery) **and John McDonough, MD,** (cardiology), yet I was scheduled to spend half a day with each of them. I had qualms, but I was excited at the same time.

After two days of observing and talking with the faculty, the five of us interns shared our experiences and observations at the Tuesday night debriefing. As it turns out, I wasted my time worrying. We all felt the same.

"I'm deeply grateful for the opportunity," said Bil Moss.

"I thoroughly enjoyed the experience. It was well worthwhile," said Tom Hilyard. "I learned some things."

"I was taken aback by the quality of the medical care I saw," said Wendell Brown. "I was overwhelmed and impressed by the doctors involved and the entire program."

Sandi Doughton said, "What impressed me was the amount of attention everyone paid to their work. I didn't see anyone playing golf - not even eating lunch. I'm grateful for the experience."

I don't remember what I said, but I agree with all of the above. The Mini-Internship was a privilege to be part of.

The physician-mentors thought it was worthwhile, too. **Doctor Kenevan,** the program's chair, said, "It was an outstanding experience. We need to do more to break down old paradigms."

Vita Pliskow, MD, said "I had a wonderful time. I loved telling others about what I do. The four interns I had were perceptive, intelligent and courageous."

Each faculty member said he appreciated the Mini-Internship Program.

It was obvious that the interns and physicians came together as a group during the experience. Understanding was promoted and friendships were made.

One Person's Mini-Internship

by Pad Finnigan

As though it was scripted this way, **Doctor John McDonough,** with his gentle nature and prototypical compassion, came to my rescue on Monday morning. He was my first Mini-Internship mentor. He put me at ease at once. We met in the St. Joseph doctors' lounge before making rounds. His patients gladly allowed me to watch as he examined them and listened to their complaints. Later, he explained their cardiac cases to me.

After rounds, **Dr. McDonough** had blocked off the rest of his morning's schedule to spend on me. What a sacrifice for him and a treat for me.

We put on greens and went into the OR to watch a by-pass operation in progress. I became woozy, but hung on. Then he showed me echo cardiograms and heart catheterization films, patiently describing what they showed and how he'd treat various conditions.

We finished our time together with a talk about health care reform over lunch. I was impressed that he is prepared to make personal sacrifices if reform will produce improved health care for all Americans.

Personal sacrifice for my second mentor, **David Munoz, MD,** is already a reality. Geriatrics, the bulk of his practice, demands something for nothing from him. That's the way it is currently regulated.

As we visited stuporous patients in nursing homes, he demonstrated the government rules that require him to spend much - perhaps most - of his time on paperwork. To make ends meet, he plays a numbers game. He recited the minutes per day, week or month he spends on paperwork.

He's dedicated to changing the rules. So part of the afternoon we had together was spent previewing a research presentation he had prepared toinfluence rule makers. He has pitched his reform message to federal and state officials. By the end of the day, I, too, believed that if government regulators don't ease up, even fewer physicians will choose geriatrics. I wouldn't want my family members stuck without a doctor.

Tuesday morning I should have worn my tennis shoes. Keeping up with **Mark Jergens, MD,** was a race. His Emergency Room at St. Clare Hospital was going nuts.

I'll never forget the half-gallon-a-day alcoholic who was in the ER for the umpteenth time suffering from painful pancreatitis. As soon as **Dr. Jergens** reduced his pain and talked about treating his underlying problem, he bolted. His bottle called, no doubt.

Nor will I forget the suicide patient with deep mental problems. There was no way to get through to her.

I felt sorry for the recovering heart patient whose fall at home began the messiest nose bleed I ever want to see.

On and on it went. With rapid-fire decisions and considerate, helpful consultations with his patients, **Dr. Jergens** solved problem after problem without a minute's break the entire morning. I was drained just watching.

Mini-Internship participants: front row, Vita Pliskow, MD, Robert Kenevan, MD, Bil Moss, David Munoz, MD, Amy Yu, MD, Sandi Doughton. Back row, Pad Finnigan, Mark Jergens, MD, Tom Hilyard, John McDonough, MD, Wendell Brown.

In contrast to the controlled chaos in ER, **Bob Kevevan, MD,** my fourth and final Mini-Internship mentor, performed two plastic surgery operations with calm, methodical accuracy and precision Tuesday afternoon.

Both welfare cases, the first operation was to re-connect a four-year-old boy's severed finger tendon. The second was a broken cheekbone realignment. **Doctor Kenevan** was as comfortable with his knife as I am with my pen. I was in awe.

Afterwards, we spent memorable time trying to make sense out of health care reform. The question was, why? Answers we developed promoted a greater mutual understanding between us.

Thank you all for the experience.

WANTED: Women Physicians to Mentor Girl Scouts

In June, the Washington State Medical Association (WSMA) completed a successful King County pilot program that helped girl scouts explore medical career opportunities. Now WSMA is expanding the program state wide and seeks volunteer women physicians to participate.

"We received some terrific feedback from both the physicians and the girls scouts who participated in the pilot program," said **Eileen Toth, MD,** who helped develop the program for WSMA. "Most of the physicians said they'd be happy to mentor a girl scout in the future."

Women physicians who volunteer will mentor the girls for about four hours in the medical office. Each girl will observe her mentor's practice including patient interaction if appropriate. The physicians are encouraged to talk briefly with their girl scouts prior to the mentorships to discuss how the day will be conducted.

The program also aims to pair physicians with girls with whom they will spend time outside the practice as a role model - a unique aspect of this girl scout program.

About 60 girls earned scout badges in the King County pilot program.

If the follow-on programs around the state are similarly successful, **Dr. Toth** will represent the AMA in working with the Girl Scouts of America to implement the program nation wide.

Women physicians interested in volunteering for a mentorship in Pierce County should call Kari Leitch at WSMA at 1-800-552-0612.

You Have the Duty During Disasters

Physicians have a key role to play if a major catastrophe hits Pierce County. Considering all the disasters occurring in the U.S. in recent memory, maybe the "if" is more realistically a "when."

Either way, the county's Emergency Management Plan anticipates communications will be disrupted. In it, physicians have been assigned the role of reporting to their primary hospital or to the hospital nearest them to help deal with medical problems. Physicians who do not practice at a hospital are asked to go to the site where patients are most likely to find them.

Should normal communications not be disrupted, telephone and pager call-out procedures will be utilized.

The plan has been changed in the last year. Good Samaritan Hospital is now the Disaster Medical Control Center for the county, replacing St. Joseph Hospital. Its job is to:

1. Assess each hospital's capabilities
2. Coordinate field requests for medical assistance
3. Coordinate hospital communications
4. Coordinate patient disposition
5. Coordinate with the emergency operations center

Madigan and Tacoma General are the first and second alternate control centers.

For more information, call the Pierce County Emergency Medical Services Division at 591-5747.

Nurse Still Hospitalized

Dr. Kenneth Scherbarth's office is still accepting donations to help his nurse who was injured on Mt. Rainier. Send donations to Dr. Sherbarth's office at 1802 S. Union, Tacoma, 98405.

Choosing the Right Professional Liability Insurer Shouldn't Be Hit or Miss

These days, you need professional liability coverage no matter what specialty you're in. You want a carrier with a proven record of strength, performance and experience. The Doctors' Company is right on target.

We are rated "A+" (Superior) by A.M. Best Company, independent analysts.

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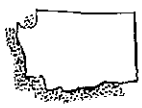
THE DOCTORS' COMPANY

Professional Liability Insurance

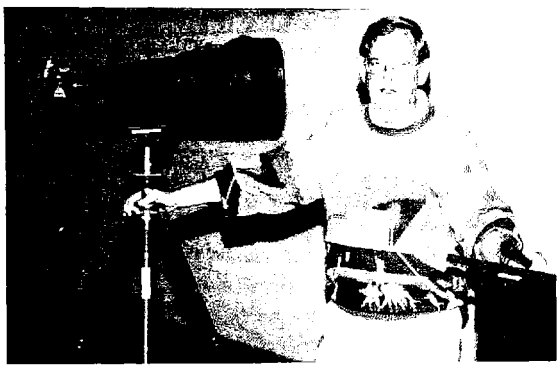


The Doctors' Agency of Washington, Inc.

Seattle - 800/494-7449 • 206/441-7449
Spokane - 800/801-9170 • 509/838-9170

Birds, Birds Everywhere, and Not a Drop Anywhere

Retired PCMS physicians left their October meeting at the Fircrest Golf Club with little doubt about what the future holds for fellow retiree **James Kenney, MD.** He will photograph birds as long as he's in this world. Then with any luck at all, he'll reincarnate as a bird to flock with his fine feathered friends in some warm-clime rookery.



Dr. Kenney's camera is his boat, Mercedes and country club membership all rolled into one.

Doctor Kenney, the guest speaker at the monthly retired luncheon, screened a few hundred of the 43,000 wildlife slides he has taken in the last three or four years. Photography has become his passion since retiring. His enthusiasm was palpable, and the quality of his shots easily matched that of National Geographic photographers.

He described his technique. "I shoot endlessly and cull mercilessly," he said.

Standing near the giant camera and tripod he uses, the retired radiologist told retirees and their spouses he has visited Florida four times in the last 20 months to photograph wildlife. He spends days or weeks at a time in places like the Everglades, Ding Darling Wildlife Refuge and Corkscrew Swamp. This summer he filmed in Grand Teton. His Florida condominium often serves as his base of operations.

Drs. Mian Anwar and John Colen eat desert and discuss Dr. Kenney's travels with a fellow retired physician at the Fircrest Golf

He proudly proclaimed he has now hunted down and photographed all ten heron species. His projector beamed up shots of beautiful, fluffy-white snowy egrets, blue herons, the tri-colored or Louisiana heron, green-backed herons, the great egret and our Northwest native great blue heron.

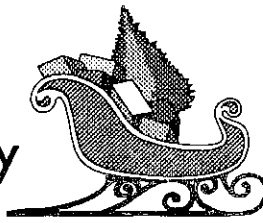
One slide showed a heron struggling to gulp down whole a three-pound catfish. An action shot showed a snowy egret on the fly plucking a fish out of the swamp. And another **Dr. Kenney** described as "a very rare shot" showed one red egret and a white egret in a mating dance in shallow water.

He explained his camera takes up to five frames per second. He puts Fuji Chrome film in it, he said, because it produces better looking slides with bluer skies. His camera, he joked, represents his boat, Mercedes and a country club membership all rolled into one.

Among the dozens of other slides **Dr. Kenney** showed were scenes of great egrets fighting with great blue herons. The reflection off glass-smooth water made three pink flamingo-like spoonbills appear to be hanging upside down in another slide. Notable, too, was the shot of the largest flying bird in the United States: the white pelican.

"There are so many birds, its incredible," **Dr. Kenney** said at one point.

Although the retired physicians saw only about a hundred birds in the slides at the luncheon, they knew that **Dr. Kenney** will eventually bring most of the world's birds into focus through the lens of his camera. They asked him to return before long and show some of the other slides he has taken.



The Pierce County Medical Society

and

The Pierce County Medical Society Alliance

announce the

Annual Joint Meeting

when: Tuesday, December 14
Social Hour at 6:30 p.m.
Dinner at 7:00 p.m.
Program at 8:15 p.m.

where: Tacoma Sheraton Hotel Ballroom

featuring inspirational speaker

Charles Plumb

"WINNING THROUGH ADVERSITY"

Mr. Plumb was a fighter pilot shot down over Vietnam. During nearly six years in a communist prison camp, he suffered torture and other incredible adversities. He tells of his survival and the philosophy he developed there.

Please bring an unwrapped toy for a child or a wrapped gift for a woman for residents of the YWCA Shelter

---

(return before Friday, Dec. 10, to PCMS, 223 Tacoma Ave. So., Tacoma, Wa. 98402)

Please reserve _____ dinner(s) at $35 per person

Enclosed is my check for $_____

signed_____

Physician Stress and Health: Modifying the Burnout Factor

Save Feb. 8 for an afternoon conference focusing on Recapturing the Joy of Medicine. John-Henry Pfifferling, PhD, from Durham, North Carolina, will be featured during this conference as we address Recapturing the Joy of Medical Practice.

Dr. Pfifferling is the director of the Center for Professional Well Being. He is also a clinical associate professor at the University of North Carolina and is nationally recognized for his work with physician well being.

Other faculty from the Pacific Northwest will include physicians and psychologists known for their interest and work in this field.

Other issues to be discussed during the conference include:

- •litigation stress
- •learning to say NO
- •partnership communication
- •regaining control over your practice

The hours are noon-4:30 and include lunch.

During the evening, your spouse or guest is invited to attend the discussion through the Pierce County Medical Society dinner program focusing on "Surviving a Medical Marriage."

This program is being provided to local physicians through the cooperative efforts of the Pierce County Chapter of the Washington Academy of Family Physicians, The Pierce County Medical Society, Tacoma Family Medicine, Marion Laboratories and MultiCare's Department of Continuing Medical Education.

There will be CME category I AMA and AAFP prescribed credits available. Dr. Joan Halley is the program chair.

Brochures and registration materials will be available in early December. Call 552-1221 for more information.

Does PCMS Have Your FAX Number?

Society members whose FAX numbers are on record at PCMS are now receiving breaking news on health system reform, meeting notices and other issues through our FAX network.

Are you?

To take advantage of this free membership benefit, send your FAX number to the Society office. Our FAX is 572-2470.

Alliance Tackles Domestic Violence

The Pierce County Medical Society Alliance is launching a project to help physicians direct victims of domestic violence to safety.

The Alliance project, chaired by Kris White, will produce a list of county resources for victims of domestic violence. The brochure will be distributed early next year to all PCMS physicians' offices.

The project is part of a national groundswell of work that recognizes that if we are to stop the violence in our society, it must be stopped at home. Two years ago the AMA began its Physicians' Campaign Against Family Violence. Numerous state and local medical societies across the country have responded with projects that utilize physicians' unique relationships with patients to recognize domestic abuse and respond to it.

Congress, too, has jumped on the bandwagon. It recently appropriated $7.3 million to the Centers for Disease Control to train health care professionals to recognize domestic violence and to respond properly, according the Morning News Tribune.

Locally, PCMS Executive Director Doug Jackman participated for a year in a countywide Domestic Violence Task Force that formed to deal with the problem. The Morning News has reported that 50% of all violent crime in the county occurs in homes and apartments.

White said she thinks the Alliance brochures will do the most good if left in bathrooms, exam rooms and other private places within a physician's office - places patients can read and take them discretely.

The paper on which the brochure will be printed will be light weight so it can be folded easily and hidden from abusive partners, White said. Some women may need to hide it to avoid physical retribution, she said.

The brochure will list shelters, law enforcement, legal and other resources for victims as well as abusers.

Prominently displayed on the front will be the words, "No one deserves to be hit." White found the slogan on similar Colorado literature. She attended a national Alliance meeting in June when she met with a number of other people conducting domestic violence campaigns of their own. She gathered ideas then that have been useful in designing the Pierce County project.

Of all the possible domestic violence projects, she chose to publish a list of resources, she said, "...because it doesn't put doctors in the position of saying, 'I know how to help you.'" She said, "Physicians in Washington don't quite know what to do about domestic violence yet. They haven't been trained."

NO ONE DESERVES TO BE HIT

Doug Jackman said an effort is underway to incorporate domestic violence training into a family practice CME next year. Nothing has been finalized, however.

Besides sending all PCMS members the brochures, the Alliance will also distribute to about 200 primary care physicians a domestic violence poster for their walls and a physician education brochure. The two publications will be provided by Safe Streets.

Funding for the Alliance project is coming from a $2,000 WSMA grant. Last spring, the WSMA PACE (Patient Awareness and Community Education) Committee requested grant applications for public involvement projects from medical organizations around the state. The Alliance chose to focus on domestic violence and was one of about three organizations to receive a grant.

The grant request was prepared and submitted by President Denise Manos and Past President Karen Dimant, who remain active in the project. Also contributing to the effort are Alliance members Monica Baghdadi, Mary Cordova, Patricia Kesling, Ginnie Miller and Lavonne Stuart-Campbell.

Helmets On Wheels

The Medical Society has joined forces with other organizations and individuals in Pierce County concerned with helmet safety to form a new coalition called "Helmets On Wheels."

The coalition includes representatives from Pierce County Parks, Pierce County Wellness, Tacoma Wheelmen, Madigan Pediatric Residents, Think First, Mary Bridge Intensive Care Physicians and the Mary Bridge Center for Childhood Safety.

The purpose of the coalition is to promote community education regarding the use of helmets to prevent a person's injury while bicycling, skateboarding or skating.

Coalition member Deborah Christian recently asked the Pierce County Council to consider an ordinance making the use of bicycle helmets mandatory in Pierce County. Intensive Care physician and new Society member, **Dr. Gary Park**, was interviewed for a cable television show called "Pierce County Speaks" to provide medical information about the importance of helmets for the council's study, as well as for community education.

Other coalition activities include seeking funding sources to make low-cost/no-cost helmets available for Pierce County children who need them.

For more information about "Helmets On Wheels" call Karen Benveniste at the Mary Bridge Center for Childhood Safety, 552-1647.

Update Your Directories

Harry Camp, MD, is in a new office at 502 So. M St., Tacoma 98405-3728.

Raymond Ellis, MD, will retire Jan. 1.

John Goodin, MD, has moved his office to 2702 S. 42nd St., #14, Tacoma 98409. His new phone number is 475-1900.

Robert Hoyt, MD, has moved to Iowa.

Richard Huish, MD, retired in October.

Douglas MacLeod, MD, has a new office: 502 So. M St., Tacoma 98405-3728.

Don Russell, DO, has a new office address at 1910 Meridian St. S. #A, Puyallup 98371.

James Schneller, MD, has a new office address: 1924 S. Cedar, Tacoma 98405. His phone is unchanged.

Richard Schoen, MD, will close his private practice the end of the year and join Gig Harbor Urgent Care at 4700 Pt. Fosdick Dr. #102, Gig Harbor, WA 98335. His phone will be 851-8182.

Patricia Shuster, MD, has a new office address. Her new office is 1708 S. Yakima, Ave., Tacoma 98405.

Nick Uraga, MD's, correct office zip code is 98424.

Cynthia Vehe, MD, has moved out of state.

Most Physicians Join PCMB's "Incentives"

Despite early physician grumblings about portions of Pierce County Medical Bureau's (PCMB) new Incentives Plan, 87 percent of physicians who were invited to participate in the plan have agreed to do so. By mid October, 270 of the 310 primary care physicians who were sent applications had completed them, said PCMB Medical Director **Les Reid, MD**.

Incentives is the name PCMB gave its new managed care plan that about 28,000 state employees in Pierce County currently are being offered. The plan requires primary care physicians to act as gate keepers or care managers.

It was controversial to some physicians because it offered them one of three reimbursement rates depending solely on their economic credentials and because they were given a short period of time to sign up. The Bureau devised the reimbursement system as a way of allowing nearly all county primary care physicians to participate yet reducing the cost of the plan to the state and enrollees.

The high percentage of physicians agreeing to participate in Incentives pleased PCMB. "We were encouraged by the response," **Dr. Reid** said. "When people got over the initial impact, momentum started to build."

The state's open enrollment period for health insurance plans began in late October. Incentives was one of eight health insurance plans state employees in the county were offered.

While physicians were originally told they must agree to participate in Incentives by Aug. 13 in order to be included on the list of participating physicians state employees would receive, PCMB was able to extend that deadline to the end of September. Consequently, about 254 of the 270 physicians who had completed all of PCMB's application paperwork did so in time to be included on the list.

The Bureau will also market Incentives to private employers in the future. The list of physicians available to those enrollees has not been drawn up. When it is, it will include all physicians who have completed the applications at that time, **Dr. Reid** said.

He also said that on Aug. 27, the Bureau sent Incentives applications to county specialist physicians. As with generalists, virtually all specialists previously participating in PCMB's preferred plan were invited to join the managed care network. They were offered one reimbursement rate - 86.5 percent of the PPO schedule - instead of variable rates assigned to primary care physicians, said **Dr. Reid**.

Aetna to Take Medicare Claims

Medicare Part B claims in Washington State will be processed by Aetna Life Insurance Company beginning Jan. 1, 1994. Aetna will replace King County Medical Blue Shield (KCMBS) which previously had the federal contract.

The transition will affect payment processing. From Dec. 17 to the end of the year, Aetna will test each phase of its claims processing system using KCMBS's payment files, so **no payments will be made.** Claims normally scheduled to be paid then will be paid in January. To partially compensate for the interruption, claim payments were accelerated beginning Nov. 22. Meanwhile, claims should be submitted as usual until Dec. 15, when they should be sent to Aetna, PO Box 91009, Seattle, WA 98111-9199.

In addition, Aetna said it supports electronic media claims.

Aetna, in an early November newsletter , said it planned to issue enrollment packages and fee schedules by the end of November. However, it said developments beyond its control might delay those mailings. If so, it plans to extend the response deadline to allow a 45-day window from the release of enrollment packages and fee schedules.

For additional information, contact Aetna through Regional Manager Ken Kerns (467-2342 or 243-5351) or Nancy Harris in Professional Affairs (467-2148). Aetna's address is Security Pacific Tower, 1301 5th Avenue, Floors 13, 14 & 15, Seattle, WA 98101.

Physicians Apply for Membership

Courtney, Theresa M., MD
pediatrics
practices with Cyndra Coffing, MD
medical school: Medical College of Georgia
internship: Univ. of North Dakota
residency: Medical College of Georgia

Plymate, Lisa C., MD
internal medicine
practices with Franciscan Family Care
medical school: Rush Medical College
internship: Michael Reese Hospital, Chicago
residency: Univ. of New Mexico

Vaccaro, John A., MD
urology
practices with Dr. Richard Ohme
medical school: SUNY
internship: Fitzsimons Army Medical Center
residency: same
fellowship: Indiana University

Varu, Vanraj C., MD
psychiatry
practices at Western State Hospital
medical school: Veer Surendra Sai Medical College, India
internship: Akron General Medical Center
residency: same

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Sign Up for CME at Kauai, Bachelor Open

Registration for the College's two "resort" CME program remains open.

Those interested in the Kauai program should secure flight reservations as flights during this time often fill. Call Marilyn at 565-1213.

Those interested in the Bachelor program are urged to make reservation at the Inn of the Seventh Mountain before Jan. 7 as the Colleage's block of rooms are released at that time. Call 1-800-452-6810. Any other questions, call the College at (206)627-7137.

ACLS Offers 16 CME Hours

The College of Medical Education's ACLS provider course offers 16 Category I hours (both AMA & AAFP) as well as completion status from the American Heart Association.

The two-day provider status and renewal of status course is scheduled for December 9 & 10 in Jackson Hall.

Law and Medicine Symposium CME Announced, Set Jan. 20

The very popular annual Law & Medicine Symposium offered by the Medical/Legal Liaison Committee is scheduled for January 20, 1994.

The symposium presents topics of interest common to both physicians and attorneys.

This year's program was designed by William Ritchie, MD and Gregory Abel, JD.

The program will be held in rooms 3A & B of St. Joseph Hospital.

The program will offer physicians 6 Category I CME credits for AMA and AAFP.

This year's schedule includes discussion on these subjects:

- Health Care Information Act
- Drug Company Liability to Physicians
- Responsibility in Child Abuse Cases
- Physicians and Antitrust
- Defense Before the Medical Disciplinary Board
- Marital Dissolution and a Practice
- Malpractice Reform
- Medical Expert Testimony

DATES	PROGRAM	DIRECTOR(S)
1993		
December 9 & 10	Advanced Cardiac Life Support	Kent Gebhardt, DO
1994		
January 20	Law and Medicine Symposium	Gregory C. Abel, JD William T. Ritchie,MD
February 3-5	CME at Mt. Bachelor	Stuart Freed, MD Richard Tobin, MD
February 25	Update on HIV Infections	Alan Tice, MD
March 10 & 11	Internal Medicine Review	Irving Pierce, MD
April 4-8	CME at Hawaii	Mark Craddock, MD Amy Yu, MD
April 15-16	Surgical Update - 1994	Stanley C. Harris, MD Chris Jordan, MD
April 29	GI Conference	Gary Taubman, MD Richard Tobin, MD
May 20	Clinical Guidelines: Quality, Cost Effectiveness...	Les Reid, MD
June 27 & 28	Advanced Cardiac Life Support	James Dunn, MD

President's Message

Hello everyone! Can you believe it's the holiday season? Where has time gone? Hope all is well with you and your loved ones.

At the last Board meeting in November we discussed the second dues membership mailing and the calling committee to remind people to pay their dues. If you missed both of these, there will be a third mailing soon. Please send in your dues as soon as possible.

December 14 will be the Holiday Joint Dinner with the Society. This is always a wonderful time to get together with our spouses for an evening out with friends. There will be a marvelous gourmet basket full of goodies to be raffled off.

There will not be a January Board or General meeting. We will resume in February with our usual schedule. I'm looking forward to seeing everyone at Nikki Crowley's home for an interesting program on the new treatments in gynecology.

Hope to see you soon!

Denise Manos
President 1993-94

Entertainment Books For Sale

Imagine dining at your favorite restaurant, spending a relaxing weekend at a luxury hotel or resort, attending the theatre or a major league sports event all at two for one, or 50% off.

ENTERTAINMENT, the ultimate local and international discount guide, can let you do just that!

This year's book is packed with hundreds more offers and many establishments that can be found only in the Entertainment book.

For only $35 you'll find that just one or two uses will more than pay for your investment.

Books will be available from Julie Wurst, 858-3857. Make checks payable to PCMSA. Proceeds will benefit Alliance.

Get your today!

Tentative General Meeting Schedule

December 14 - Christmas Party Joint Dinner with Society.

January is no meeting.

February 18 - John Lenihan speaking on current gynecological practices.

March 18 - Hypnotherapy.

April - State convention.

May 20 - Point Defiance Zoo visit

General Meeting

Alliance Members mark you calendars for...

Date: Friday, February 18, 1994 at 10:00 a.m.

Place: the home of Nikki Crowley - 8224 20th St E, Puyallup, WA 98371 922-7233

Program: 10:00 a.m. Social, 10:30 a.m. Meeting, 11:00 a.m. Program, Noon Luncheon. Dr. John Lenihan, Tacoma Ob/GYN infertility specialist will give a fascinating and informative lecture on current treatment option in gynecology. Babysitting will be available.

Reservations: Marilynn Simpson, (206)265-3370. Please call by February 11th.

Directions to Nikki Crowley's home: General Direction: From I-5 take the 20th St. E./Port of Tacoma Exit. Stay on 20th St. E. through three major intersections. After third light (blinking), drive STRAIGHT uphill. Street names n L, driveways on R. Third driveway on R with very strange two-story mailbox is Nikki's.) Turn R immediately after mailbox.

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Last year physicians and their wives nationwide contributed over $2 million to the foundation.

These donations are used by medical schools to support programs and activities, pay for up-to-date equipment and reference materials, fund student research projects & internships, and provide scholarships and loans to students.

With spiraling costs and shrinking sources for funds, the nation's medical schools increasingly depend on private sources to help meet the educational needs of the country's future physicians. AMA-ERF is such a source.

Working together with alliances throughout the U.S. we can make a difference in the quality and scope of programs.

Have You Heard?

If you have news concerning new babies, illnesses or deaths of our Alliance members, please call Rubye Ward, 272-2688.

POSITIONS AVAILABLE

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OFFICE SPACE

For Lease: 2100 sq. ft. of professional office space in multispecialty medical center on growing South Hill in Puyallup. Physician owned. Terms negotiable. Call Al Sullivan, 593-6072, or Dr. Rebecca Sullivan, 848-5951.

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