

January, 1996

Passing the gavel.....



David Law, MD (left) presented John Rowlands, MD (right) with the position of PCMS President for 1996. Dr. Rowlands told the Annual Meeting audience that physicians need to continue their work with the community on issues of mutual concern.

(See story, photos, page 3-5)

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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. October 15 for the November 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.

Editor: David S. Hopkins MD Managing Editor: Douglas Jackman Editorial Committee:

David S. Hopkins (Chair), Stanley Tuell, W. Ben Blackett, Richard Hawkins

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Happy New Year!

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Annual Meeting fun and festive in spite of storm warnings

Dave Ross entertained, Dr. Law passed the gavel to Dr. Rowlands, - over 150 people braved the storm to attend the 1995 Joint PCMS and Alliance Annual Meeting, December 12

See photos pages 4-5

Despite predicted winds of 60-80 mph, over 150 members, spouses and friends attended the December 12 Annual Joint Dinner Meeting of the Medical Society and its Allíance.

Dr. Dave Law presided over a cheerful gathering that heard KIRO radio personality and talk show host Dave Ross exhibit his genius.

Dire warnings of havoc ruled the air waves during the day of the meeting. Numerous reports that the Narrows Bridge was closed or would be closing were heard over and over again. Once arrangements have been made and the contract signed with the hotel, it is nearly unthinkable to cancel a meeting of this scope, unless you are prepared to forfeit a huge sum of money.

The Medical Society had a lot of calls during the day and all callers were informed that the meeting would be held regardless of the storm, which was scheduled to peak at approximately 6-8 pm. Fortunately, the predicted winds never materialized, and the many party-goers that braved the storm were able to travel home safely.

With the background music of the Tacoma Youth Symphony Quintet, attendees saw Mrs. Kit Larson and Dr. Peter Marsh both win raffle prizes. They included a Children's Home Society fruit basket delivered seven months of the year and a beautiful, huge basket brimming with numerous gourmet items. Mrs. Larson won the fruit basket and Dr. Marsh the gourmet basket.

Due to the storm, the recipient of the 1995 Community Service Award was not present and it will be presented at the February General Membership Meeting.

Dr. Law presented plaques of appreciation to outgoing Board of Trustees members; Drs. Bob Alston, Ulrich Birlenbach, Sandra Reilley and Immedicate Past President Poter Marsh. He acknowledged how supportive they and remaining board members had been during his year as president. Trustees remaining for their second year include: Drs. Keith Demirjian, Joe Nichols, Ron Taylor and Alliance President, Mrs. Toni Loomis.

Newly elected officers and trustees for 1996 were

(see Annual Meeting, page 4)



David Law, MD thanks out-going officers Past-President Peter Marsh, MD, Secretary-Treasurer James M. Wilson Jr., MD, and Stan Harris, MD, Vice-President for their work in 1995



John Rowlands, MD and his wife Mary visit with Dr. Herb and Mrs. Nadine Kennedy



David Law, MD and Mrs. Toni Loomis, President PCMS Alliance introduce past PCMS and PCMSA Presidents

(Annual Meeting, continued from page 3)

welcomed by incoming President **Dr. John Rowlands.** He introduced the new president-elect, general surgeon, **Dr. Stan Harris**, new vice president and program chairman, internist, **Dr. James M. Wilson, Jr.** and secretary-treasurer pediatrician/allergist, **Dr. Larry Larson**.

Joining them as trustees will be radiologist, **Andrew Levine**; internist and nephrologist **Marilyn Pattison** and Puyallup Pediatrician, **Don Russell**.

Dr. Rowlands closed the meeting stating that the Medical Society will continue to seek the best for the community in regards to trauma care, the community health clinics and the health department. He said that being a doctor is the very best of professions and that physicians will continue to be advocates for their patients.

Featured below, newly elected officers left to right: John Rowlands, MD, President; Stan Harris, MD, President-Elect; James M. Wilson, MD, Vice President; and Larry Larson, DO, Secretary-Treasurer, and Trustees, Andy Levine, MD, Marilyn Pattison, MD, and Don Russell, DO







Past-President Peter Marsh MD, Secretary-Treasurer James M. Wilson, Jr. MD & Vice-President Stan Harris MD













John Rowlands, MD presents David Law, MD with a thankyou gift for his year of very hard work as PCMS President



Jim Wilson, MD and his wife Deana at the social hour prior to the meeting



1996 PCMS President, John Rowlands, MD, informs the audience that he believes being a doctor is the very best profession



Dave Ross, KIRO Radio personality entertained the crowd with his poems, songs, and political satire



Stan Tuell, MD, PCMS Past-President (1663) and his wife, Lois had a great time at the party



Jane Moore, MD and her husband Hugh attend their second PCMS Annual Meeting



Elsie Claypool, MD and husband Bill, enjoy the social hour prior to the dinner and program of the evening

Murray L. Johnson, MD 1914-1995

Editors Note: In late July, just as the Bulletin was going to press, **Dr. Murray Johnson**, Tacoma General Surgeon died. A short obituary was run in the August Bulletin. For those who knew **Dr. Johnson**, he deserved a much better tribute than that which appeared in the August Bulletin. **Dr. Stan Tuell**, fellow general surgeon who practiced along side of Dr. Johnson wrote the following for the Pacific Coast Surgical Association Journal. It is a fitting tribute to a man who contributed so much to his community and profession.

Murray L. Johnson was born in Tacoma, WA Oct. 16, 1914, with the name "John McMurray". Adoptive parents gave him their own surname, "Johnson", but preserved part of his surname with the given name of "Murray".

Murray was raised in Tacoma and attended public schools there. He attended the College of Puget Sound in Tacoma and the University of Oregon to earn his B.A. in 1935, then his MD at the University of Oregon School of Medicine in 1939. His post-graduate surgical training was at John Hopkins in Baltimore, followed by 3 years sea-duty in the U.S. Navy from 1943 to 1946.

Besides leading an exemplary personal and family life, this remarkably successful man gained eminence in two parallel careers-one in surgery and the other in wildlife biology. It was said that physicians thought of him as a surgeon with mammalogy as a sideline, while the world-wide mammalogy community considered him a mammalogist who did general surgery on the side. He excelled in both professions. Murray returned to Tacoma to practice general surgery from 1946 to 1983, earning the respect of his colleagues and the love of his patients, not only for his surgical skill, but also for his stringent adherence to surgical ethics and attention to the moral standards

so important to a physician and his patients.

He was a member, and often officer, of the regional surgical associations, serving as president of the North Pacific Surgical Association in 1974. His many surgical publications include studies on traumatic retroperitoneal rupture of the duodenum, primary carcinoma of the gallbladder and liver injuries.

Of his 80-plus scientific publications, the majority are on wildlife subjects. These are too numerous to list, but include: a distributional checklist of the reptiles of Washington (just published last summer); the herpetofauna of Mexico; karyotypes of two mammals from Malaya; determination of the abundance of cougars; the chromosome banding pattern of the aardvark; and the harbor seal in the state of Washington.

Also overwhelming in number are his scientific positions and appointments in the mammalogy field, including: curator of mammals at the Puget Sound Museum of Natural History; professor in biology at the University of Puget Sound; affiliate in mammalogy and curator of mammals at the Burke Memorial Museum at the University of Washington; and member (by Presidential appointment) of the U.S. Marine Mammal Commission.



With his wife of 53 years, Sherry, a competent wildlife biologist in her own right, he travelled to numerous foreign countries to study and develop research on mammals. He and Sherry are largely responsible for two magnificent mammal collections--one at the University of Puget Sound and the other at the Burke Museum in Seattle, the latter being one of the largest in the United States.

I knew Murray as a personal friend. When I started practice, I sought his advice. When I needed surgery, I chose him. When a young skunk fell into our empty garbage can and couldn't get out, I called Murray, who came to my home, anesthetized the animal and drew blood from his heart for research purposes.

He was a kind man, a devoted husband and father, a fair but gentle critic, a reliable counselor, a skillful surgeon and a friend to wildlife. He earned and deserved the respect of all who knew him.

Long-standing arteriosclerotic changes and some cardiac irregularities led to a sudden cardiac arrest on July 24, 1995.

Stanley W. Tuell, MD

Medical Quality Assurance Commission answers "system" questions

Four representatives from the Medical Quality Assurance Commission (former Medical Disciplinary Board) met with the PCMS Board of Trustees to address Commission policy and respond to PCMS concerns about the way that physician disciplinary investigations are conducted. Representing the Commission were Larry Brice, MD, Chair and Vancouver endocrinologist; Bob Miller, MD, Medical Director and former pediatrician; Keith Shafer, Executive Director; and Jim Smith, Chief Investigator.

Dr. Law explained that concerns had been expressed regarding the initial letter sent to the physician after a complaint was filed against them. The nature and threatening tone of the letter was the concern in addition to the initial publicity about the complaint. He also noted complaints that the Commission was difficult to deal with, such as meeting dates being changed, charges being dismissed, and the time factor involved. Some cases take up to two years and are very frustrating for the physician in question. He added that these concerns had been taken to the WSMA House of Delegates and forwarded to the WSMA Board of Trustees. Dr. Brice explained that Pierce County has always had good representation on the state disciplinary board. Dr. Vimont previously served and Drs. Estelle Connolly and John Kemman are current members.

The MQAC is not a good old boys system and the tone of the letter they use is governed by laws and is designed to make physicians take notice. And, it is upon recommendation of Andy Dolan, JD, attorney for WSMA that the letter suggests the physician seek legal advice.

In terms of the publicity regarding initial charges, Dr. Brice noted that they are unable to control the notification to the public due to committee feels there is grounds for the complaint. About 20-30 percent of these cases are complex and require analysis and a medical record search. Some cases are referred back to the local county

"Doctors don't get credit for all the good they do, because once they sin and breach the standard of controlled substances, they are in trouble."

the public information act which gives the media the legal right to publish. And, once a "statement of charges" has been made, the information is public. He added that the administrative code must be changed before anything can be done about the publicity.

The Medical Quality Assurance Commission has a tremendous work load. They receive 11,000 complaints a year. They do try to talk with the physician by phone before sending a letter, but many times do not receive a return phone call. Consequently, the letter is sent and a response is received. The same letter has been utilized for many years, except that RCW changes have emphasized the legal arena. The Commission currently employs 1.5 full-time physicians and 7 fulltime attorneys demonstrating the emphasis on the legal issues as mandated by the legislature. It was explained that once the Commission receives a complaint, they try to contact the physician. They investigate the medical content and forward it for a preliminary hearing. A statement of charges is not made until after a routine investigation. Even then, charges are not made unless the

society including billing disputes, unless they are fraudulent. It was suggested that if the WSMA/PCMS want changes to the system, particularly regarding the initial media notification, then they should work to change the public disclosure laws. The opinion of the MQAC speakers was that this would be a difficult hurdle.

In general discussion, the speakers reported that it is highly unlikely that there would be any negative information about a physician on record that they would not be aware of. One of the the major concerns the Commission has about physician behavior is inappropriate prescribing. They emphasized that it can and does happen to the most exemplary physician. Doctors don't get credit for all the good they do, because once they sin and breach the standard of controlled substances they are in trouble. In chart review on such complaints, they ask the question, does he/she look like a doctor for this patient, or is he/she just filling the prescription? They suggested not using age as a factor for drug rehabilitation. There are senior citizen drug treatment programs.

Continued: see "MQAC" page 10

Hot Spots: Fun, Medical, Computer Sites Reprinted from AMNews, 12/18/95

Vomiting 3 year-old and other puzzlers. Toxicology cases. http://tigger.uic.edu/~crockett/Cases/Allcases.html

HazDats! Agency for Toxic Substances and Disease Registry database. http://atsdr1.atsdr.cdc.gov:8080/hazdat.html

Outbreak! Remember "The Ebola Page"? It expanded. http://ichiban.objarts.com/outbreak-unreg/index.html

Keeping up with AIs? Here are the artificial-intelligence-based computer systems in routine use in medical settings today. Site excludes experiments and prototypes.

http://www-uk.hpl.hp.com/people/ewc/list.html

Search engine sampler. Take a look under "spider" on John December's Page of Tools.

http://www.rpi.edu/Internet/Guides/decemj/itools/nir-tools.html

Medical Finds of the Week! They surf so you don't have to. Sign up for Doctor's Guide and get medical news and new sites by e-mail (free) or list your personal interests for customized notification.

http://www.pslgroup.com/MEDSITES.htm

Clinical Trials mailing list. To subscribe, send e-mail to majordomo@world.std.com with message "subscribe clinical_trials (your email address)"; contact: Paul Bleicher, MD, PhD

(moderator), bleicher@world.std.com

IMG help. Residency's over and your visa's expiring? For information on "J waivers," see immigration attorney Carl Shusterman's VisaLaw page.

http://www.earthlink.net/~visalaw/fmg95.html

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http://www.otr.com/



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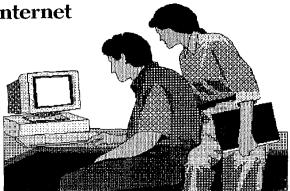
MEDICAL QUALITY ASSURANCE COMMISSION

2737 77th Avenue SE, Suite 207C Mercer Island, WA 98040 (206) 232-5154 FAX (206) 232-6851

Information on Computers and Internet

If you want to keep current on innovations in computers and what is happening and available on the Internet, you might want to subscribe to *Puget Sound Computer User.* It is free. You can pick up copies at any of the computer stores or ask to be put on the mailing list for business users.

Mailed subscriptions requested on business letterhead are free to businesses in Pierce County. The address is: *Puget Sound Computer User*, 3530 Bagley Avenue North, Seattle, WA 98103.



Computer Classes to be Continued

Due to the enthusiasm and popularity of the classes offered on Introduction to Computers and Internet in December, additional classes are being planned for January and February.

If you are interested in attending, please call the Medical Society at 572-3667 for a schedule and details. The 3-hour classes cost \$21 for the Introduction to Computers and \$30 for the Introduction to Internet class.

The classes were created specifically for PCMS members and staff.



Marcia R. Patrick, RN, MSN, CIC

Phone: (206) 566-6671 Fax: (206) 566-6108

> 9715 56th Street West Tacoma, WA 98467-1123

Computer User Group will meet quarterly

The Computer User Group, chaired by **Sid Whaley**, **MD** will meet on Thursday, **January 25**. The group meets to learn more about computers and offers something for everyone from the very beginner to the most advanced user. The meeting will feature an educational session on Windows 95 and will be held at 7:00 pm in the TOA rooms of Mary Bridge Childrens Health Center.

If you would like more information about the group, have a program idea or want to be put on the mailing list, please call Doug Jackman at the Society office, 572-3667.

Society has E-mail address

The Society had to move its server connection due to Tribnet going out of business. We had difficulties with our e-mail software during November and were not always able to respond immediately to messages that we received. We are now on-line with few problems. Please try us again. Our address is: pcmsnet@pcmsnet.seanet.com

Physician On Line offers free software

PCMS has received many copies of Physician On Line software for both the IBM and MacIntosh systems. This is a good starter program with email and free, unlimited Medline access. You can log on immediately. Call the office at 572-3667 for a free copy.

Applicants for PCMS Membership

Hammen, Michael J., MD Anesthesiology Medical school: University of California, San Diego Internship: Mercy Hospital & Medical Center Residency: Univ. of Washington Lee, Melissa W., MD Internal Medicine Medical school: University of Maryland Internship: Medical College of Virginia

Residency: Medical College of Virginia

"MQAC", continued from page 7 Physicians can carry patients on narcotics, but they need to document the care. And, they should never refer to or document pain as chronic and/or benign.

The positive aspect of this commission system is that it does provide due process. A Commission member, attorney and investigator meet with the physician. A presiding officer/attorney acts as the judge, and the system works. However, they emphasized, "the system is human." Dr. Miller added that one of the largest problems for the HMO or employed physician is that if the physician receives a letter of correction, she/he's employment is often terminated, even if they follow corrective action.

He closed with the five largest areas of complaints against physicians: sexual misconduct, prescribing practices, negligence, bedside manner, and misunderstandings created by poor communictions. If you would like a copy of the Washington State laws relating to Physicians and Surgeons, please call the Medical Society office, 572-3667 and a copy will be sent to you. Marlowe, Sarah S., MD Family Practice

Medical school: Medical College of Pennsylvania Residency: Thomas Jefferson University Hospital

Naon, Hillel, MD

Pediatric Gastroenterology

Medical Education: Technion-Israel Institute of Technology

Internship: University of California, Irvine

Residency: University of Californía, Irvine

Directory changes:

Please make the following corrections/changes to your 1995 PCMS Physicians Directory. Thank you.

Chan, Alfred, MD

Delete Allenmore address

Comfort, John, MD (Retired) Change address to: 8307 104th St NW Gig Harbor, WA 98332

Davies, Bruce, MD

Change address to: 1033 Regents Blvd #102 Tacoma, WA 98466-6030

Gallucci, Ronald, MD

Change address to: 1033 Regents Blvd **#10**2 Tacoma, WA 98466-6030

Hautala, John, MD

Change address to: 1033 Regents Blvd #102 Tacoma, WA 98466-6030 **Pim, Kenneth, MD**

Retiring on 12/23/95

Torgenrud, Terry, MD

Change address to: 1033 Regents Blvd #102 Tacoma, WA 98466-6030



For impaired physicians. Your colleagues want to help.

Medical problems, drugs alcohol, retirement, emotional problems, etc.

Committee Members

John R. McDonough .. 572-6840 (Chair) Bill Dean 272-4013

22.2. State - Cold & State - State	
Ronald Johnson	. 841-4241
Mrs. Jo Roller	. 566-5 915
Robert Sands	. 752 -6 056
F. Dennis Waldron	. 272-5127

Confidentiality Assured



How to contact state, national lawmakers

President Clinton may be reached by writing to him at the White House, 1600 Pennsylvania Ave NW, 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: Senator Slade Gorton (R), 730 Hart Senate Building, Washington, D.C. 20510. Phone: 202-224-3441 (D.C.) or 553-0350 (Seattle). Fax: 202-224-9393.

Senator Patty Murray (D), 302 Hart Senate Building, Washington D.C. 20510. Phone: 202-224-2621 (D.C.) or 553-5545 (Seattle). Fax: 202-224-0238.

U.S. Representatives: Rep. Norm Dicks (D-6th District), 2467 Rayburn House Building, Washington D.C. 20515. Phone: 202-225-5916 (D.C.) or 593-6536 (Tacoma). Fax: 202-226-1176.

Rep. Randy Tate (R-9th District), 1118 Longworth Office Building, Washington D.C. 20515. Phone: 202-225-8901 (D.C.) or 839-8308 (Puyallup). Fax: 202-225-3484.

State offices: The telephone number of Governor Mike Lowry's office is 360-753-6780, Olympia. Write to him at the Legislative Building, PO Box 40001, Olympia, 98504-0001. His Fax number is 360-753-4110 Write to state representatives in care of the Washington House of Representatives, PO Box 40600, Olympia 98504-0600. Write to state senators in care of the Washington State Senate, PO Box 40482, Olympia 98504-0482. The central Senate Fax number is 360-786-1999.

The status of legislation can be obtained by calling the Legislature's toll-free hotline (800) 562-6000. The hearing impaired may call (800) 635-9993. Legislators, by district and Olympia phone numbers:

2nd District

Sen. Marilyn Rasmussen (D), 786-7602 Rep. Tom Campbell (D), 786-7824 Rep. Scott Smith (R), 786-7912 **25th District**

Sen. to be announced Rep. Grant Owen Pelesky (R), 786-7968 Rep. Sarah Casada (R), 786-7948

26th District

Sen. Bob Oke (R), 786-7650 Rep. Lois McMahan (R), 786-7964 Rep. Tom Huff (R), 786-7802

27th District

Sen. Lorraine Wojahn (D), 786-7652 Rep. Ruth Fisher (D), 786-7930 Rep. Debbie Regala (D), 786-7974

28th District

Sen. Shirley Winsley (R), 786-7654 Rep. Mike Carrell (R), 786-7958 Rep. Gigi Talcott (R), 786-7890

29th District

Sen. Rosa Franklin (D), 786-7656 Rep. to be announced Rep. Steve Conway (D), 786-7906

30th District

Sen. Ray Schow (R), 786-7658 Rep. Maryanne Mitchell (R), 786-7830

Rep. Tim Hickel (R), 786-7898

For additional information about contacting legislators, please contact the Medical Society office. We will be happy to help you draft letters or make direct contact to legislative leaders regarding issues of concern. Please call Doug Jackman, Executive Director, 572-3667.

Plan now to attend WSMA's 1996 Legislative Summit

All members are invited to the WSMA's Legislative Summit titled

"Empowering Patients and Physicians in the New Medical Marketplace" - January 23 in Olympia. Attendees will learn how legislation is made, gain helpful tips on how to effectively participate in the legislative process, and insights on what lies ahead for physicians and health care in the 1996 session. The WSMA's legislative priorities - the Consumer Health Information Act, repeal of Certificate of need, meaningful state liability reform, and tobacco, violence, and public health issues - will be covered in breakout sessions. Another session will focus on "legislation and physician-at-risk groups."

The Summit is free for WSMA

and WSMGMA (Medical Group Management Association) members. The WSMA Olympia office will make appointments for you to visit with your local legislators. Attendance is limited to 300. Please mail/fax your registration form (previously mailed to all members last week) as soon as possible. For more information please call the Olympia office at 1-800-562-4546.

New season. New health care option.

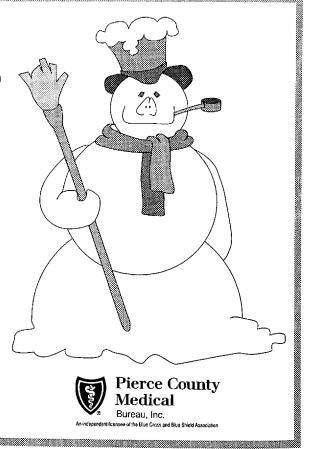
Pierce County residents have a new Medicare Supplement option this year.

Introducing SelectMed, a less expensive plan identical to Medicare Supplements A, C and F.

The difference is you.

SelectMed members must see SelectMed providers and hospitals. Members still have the freedom to decide when and how they get their health care.

Join us as a provider in this new program for our local Medicare patients. For details, call our Professional Relations Representatives: Jean Elliott at 597-6526, or Debbie Takahashi at 597-6473.



Survey shows what employers seek in HMOs

The quality of clinical care is a key consideration for employers when they are selecting or evaluating health maintenance organizations for their employees, but not necessarily their top priority, a recent survey shows.

The study, conducted by the employee benefits firm William Mercer, asked 196 mid-size to large companies to indicate the factors most important to them in selecting an HMO.

Sixty percent listed the quality of clinical care as "extremely important." **However**, **72 percent indicated that the accessibility of**

Puget Sound Area, WA: You know how you want to set up your practice. We can help you do it. Dynamic physician-hospital organization seeks BC/BE Family Practitioners and Pediatricians. Willingness to provide obstetrical care a plus for FPs. Flexible financial packages and practice positions available from independent to group settings, practice management to full employment. Convenience, quality 225-bed hospital and excellent location in fast-growing, primary care underserved, family community. Close to Seattle with year-round recreational opportunities. Contact Rebecca Sullivan MD, Medical Director, Puyallup Valley Healthcare, 407 - 14th Avenue SE, Puyallup, WA 98371, (206) 848-6661, Ext. 2812.

Puyallup, WA: Hospital

affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 6 to 12 hour shifts. Hours are 12 noon to 12 midnight daily, outpatient only. \$50/hour, benefits available. Send letter of introduction and CV to After Hours Application, Puyallup Valley Healthcare, P.O. Box 1247, Puyallup, WA 98371-0192. the HMO to employees and their dependents was their most important criterion, followed by annual premiums and costs for the current year, cited by 67 percent.

How employers determine the quality of clinical care is a question raised - but not answered by other survey findings. Only 20 percent of the respondents indicated belief that HMO accreditation by the National Committee for Quality Assurance is extremely important, while just 8 percent ranked as important an HMO's ability to provide HEDIS reports on clinical activity.

Among other findings, the study noted that 32 percent of the

surveyed companies offer their employees a variety of health coverage from which to choose, including HMOs, PPOs and pointof-service plans, as well as conventional indemnity insurance, with larger companies more likely than smaller ones to offer a wide choice.

Among those that offer all these options, managed care arrangements appeared to be the options of choice of employees, with 36 percent enrolled in HMOs, 36 percent in PPOs or POS plans and only 28 percent in indemnity plans.

Reprinted from "Medical Practices & Managed Care" AMA Publication, Volume 1, No. 8

Physicians should control the dollar

Dr. Peter Marsh, Vice President, Washington State Medical Association addressed the 1995 *Washington Health* Legislative Conference and stated, "The marketplace is forcing change and where physicians control the dollar, the patient will come first." "Consumers", he said, "want someone they can trust and that quality will dominate, if physicians control the purse strings."

The conference attracted nearly 400 attendees to the Tacoma Sheraton Hotel on December 6. **Dr. Marsh**, Immediate Past President of the Pierce County Medical Society addressed the theme of the conference, "The New Marketplace: Where Is It Taking Us?"

Sharing the dais with Dr. Marsh was Arnie Anderson, representing the International Union of Service Employees. Anderson said, "**the** incentives in the new marketplace are to bring the level of care down. It is a price driven marketplace and not quality. We have a dysfunctional marketplace." The losers in the new marketplace will be the providers of last resort, such as, physicians and hospitals doing a lot of uncompensated care. They no longer have the ability to costshift. The winners are the forprofit HMOs. The top executives in health care are not sharing in the pain, he said. Beverly Sloan. Executive Director of Human Resources, US West, Inc., noted the increased emphasis on outcomes. Employers, she said, are taking a more active role in working with providers and plans.

Employers expect continued improvement and will need data and facts to help them make decisions.

Medical community says goodbye to Juan Cordova, MD

The medical community was terribly saddened by the sudden and unexpected death of **Juan Cordova**, **MD**. Dr. Cordova died on Saturday, December 16, 1995. He was 71 years old.

He was born in Peru and obtained his United States citizenship in 1960. He attended college at the University of California at Berkeley and completed his medical education at the University of Mexico. After internship and residency at Virginia Mason Hospital, his pathology career in Tacoma began. Dr. Cordova loved musical instruments and played the classical guitar and accordion. He was a dedicated family man and professional scholar.

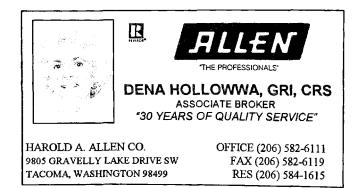
He is survived by his wife, Mary, and their three children Ceci, a midwife in Seattle; Marisa, a nurse in Bloomington, Illinois; and John, a physician in Omaha, Nebraska; as well as two sons-inlaw.

PCMS extends condolences to the family, colleagues and many, many, friends of Dr. Cordova.



Juan F. Cordova, MD 1924-1995

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Stylish fashions ignite November meeting

On Friday, November 17, 1995 the Alliance had a luncheon and fashion show at the Canterwood Golf and Country Club.

Affordable, fun and truly stylish fashions by Julia Ellen were presented.

Make-up was by Savi of Tacoma. Julia Ellen donated a holiday sweater for the general fund charity raffle that was won by Joan Sullivan. \$110.50 was raised during the raffle.

Center pieces by Blitz were won by a lucky person seated at each table. Blitz will be doing a demonstration at our general meeting in March that guests will be welcome to. Watch your mail for a postcard reminder.

Those present in the picture modeled cloths from Julia Ellen for the fashion show. They are (pictured above) from left to right: Dave DeLong, Debbie DeLong, Yolanda Bruce, Mimi Jergens, Karen Dimant, Beth Jordan, Colleen Vercio and Denise Manos.

Thank you for your interest and participation in this enjoyable meeting. We look forward to seeing you at our next general meeting. For more information, please call Toni Loomis at 627-4115.

*Do you have a LARGE or CLAUSTROPHOBIC patient? * With the second s

A message from your President -Toni Loomis

My thanks to all of you that attended the very successful Annual Joint meeting in spite of terrible weather. As you have probably heard, Mrs. Kit Larson won the raffle for fruit of the month and Dr. Peter Marsh won the gourmet basket. Thanks to all Alliance members that generously donated to the gorgeous basket.

I'm looking forward to a very productive and enjoyable next few months as my term as President will come to a close.

Happy New Year to everyone and I wish you all the best in 1996! ■

Toni Loomis

Emergency Medicine CME Course January 19

Emergency Medicine Update, under the medical direction of **Tony Haftel**, **MD**, will be held on Friday, Janaury 19, 1996. This continuing medical education program is designed for the practicing emergency department physician as well as the primary care practitioner and offers 6.5 hours of AMA Category I credit as well as American College of Emergency Physicians (ACEP) Category I credit.

Leavenworth hosts Infectious Diseases Conference in Feb.

The Wenatchee Valley Clinic Foundation will sponsor an "Infectious Diseases Conference" at the Sleeping Lady resort in Leavenworth on Thursday and Friday, February 15 & 16, 1996. The course offers 8 hours of Category I CME.

Topics will include updates on Osteomyelitis, Tuberculosis, Hepatitis A, Travel Medicine, Hepatitis C, as well as a presentation on Group A streptococcal & Pneumococcal Infections by Lawrence Schwartz, MD, from Infections Limited, Tacoma.

The conference will include a Friday evening dinner and program, "Have You Ever Longed to Fly?" presented by Naturalist Don Burgess.

Registration fee is \$150 for physicians. For registration information you may call the Wenatchee Valley Clinic, 509-662-3096. Registration deadline is January 10, 1996 with enrollment limited to the first 150 registrants.

The course, sponsored by the Pierce County Medical Society, St. Joseph Medical Center and the College of Medical Education features a slate of excellent topics and speakers. Current Management of Acute Myocardial Infarction: Peter Kudenchuk, MD, Associate Professor of Cardiology & Director of EPS, UW Hospital; Respiratory Emergencies, Asthma and COPD: Jeffrey Cary, MD, Director of Respiratory Care and Chief of Medicine, Swedish Hospital; Infectious Diseases Update: Peter Marsh, MD, Tacoma; Current Management of Acute Strokes & TIAs, Patrick Hogan, DO, Tacoma; New

Therapies in Toxicology: Steven Pace, MD, Faculty Physician, MAMC, Washington Poison Control, Associate Director; The Evaluation of the Febrile Infant, Edward Walkley, MD, Tacoma; Third Trimester Emergencies: Larry Larson, MD, Tacoma; and CQI in the Emergency Department: Tony Haftel, MD, Director of Emergency Services, St. Joseph Medical Center.

The course will be held at the Canterwood Golf and Country Club and includes continental breakfast and lunch. Registration fees are \$75 for PCMS members and \$100 for non-members. Call the Society office, 572-3709 for registration and/or more information.

WSMA presents "Right-Sizing Your Practice" Growth and Contraction Strategies for the 90's

Want to learn to expand your practice by merger and acquisition? Want to cash in on the goodwill in your practice by selling it and keeping it, too? How about buy-in and pay-out strategies. All physicians and practice administrators facing a changing market will benefit from learning these group practice formation skills. Anyone thinking of selling all or part of their practice in the next few years should not miss this important program.

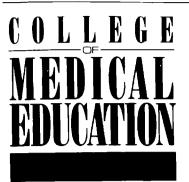
The course will be offered in Seattle on Monday, January 29 and in Spokane on Tuesday, January 30, 1996. Tuition for the one-day program is \$195 each for Association members and their staff and \$390 for nonmembers. Tuition includes lunch. For more information please contact Cryss Toycen at WSMA 1-800-552-0612.

Tuberculosis Workshop offered locally

A Tuberculosis Worshop for office nurses and medical assistants will be offered on Wednesday, January 17, 1996 from 6:00 - 8:00 p.m. at the Shilo Inn Conference Center in Tacoma, 7414 South Hosmer. Preregistration fee is \$35, or \$40 at the door.

Is YOUR office in compliance with state TB regulations? Could you survive a WISHA inspection? Presenters Marcia Patrick, RN, MSN, CIC and Gwenda Felizardo, RN will assure that you can answer yes to both questions after attending this program.

For more information, please call 473-5310 or 566-6671.





Whistler CME registration remains open

It's not too late to register for the College's CME at Whistler program.

A 10% reduction off normal condo rates is still available based upon space availability.

The NEW Sheraton Suites, a unique collection of suites and one and two-bedroom luxury condominiums immediately adjacent to Whistler Village have been selected for lodging for the conference. Reservations can be made by calling (800) 777-0185 or by fax at (604) 932-2176. You must identify yourself as part of the COME group.

CME at Whistler offers family vacationing, skiiing and the usual quality continuing medical education to Pierce County Medical Society members and other physicians. With Category I credits, the CME at Whistler program features a potpourri of subjects of interest to all specialties.

For more information on the annual event, please call the College at 627-7137. ■

"Review of HIV Infections" program scheduled for Friday, February 23

The eighth annual CME program dealing with HIV infections and AIDS is scheduled for February 23.

This popular program is once again developed by local HIV expert **Alan Tice**, **MD** and will be held at St. Jospeh 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 include presentations on local HIV developments and will focus on elements of HIV management and treatment. Internationally recognized HIV expert Ann Collier, MD from the University of Washington will update attendees on the most recent developments in treating the HIV virus. Drs. David Spach and Robert Coombs, both from the University of Washington as well, will speak on opportunistic infections and using the laboratory in HIV treatment respectively. Dr. Stan Deresinski, Clinical Professor of Medicine at Stanford will keynote the conference with an address on "Preventative Medicine in HIV Infections."

The program brochure will be mailed in mid January, so mark your calendar and plan on attending the eighth annual review of HIV infections on February 23.

DATES	PROGRAM	DIRECTOR(S)
ThursSaturday February 1-3	CME at Whistler	Richard Tobin, MD
Friday February 23	Review of HIV Infections	Alan Tice, MD
Thurs. & Friday March 14-15	Internal Medicine Review, 1996	Greg Schlepp, MD
Monday-Friday April 1-5	CME at Maui	Mark Craddock, MD James Foss, MD
Friday & Sat. April 19-20	Surgical Update 1996	James Buttorff, MD
Friday April 26	Cardiology for Primary Care	Marilyn Pattison, MD
Friday June 7	G. I. Update	Gary Taubman, MD Richard Tobin, MD
Friday & Sat. June 20 - 21	Advanced Cardiac Life Support	College of Medical Education





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Locum Tenens Opportunities. Group Health Cooperative of Puget Sound is currently seeking locum tenens family practitioners willing to work in a variety of practice settings, including urgent care. Opportunities in Olympia, Seattle, Tacoma, Redmond, Everett, and Kitsap area may be available. For further information, call 1-800-543-9323 or write to: Medical Staff Recruitment, 521 Wall Street, Seattle, WA 98121. Equal opportunity employer.

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Group Health Cooperative of Puget Sound, a consumer-governed HMO located in the Pacific Northwest, is currently seeking a family practitioner for our Silverdale Medical Center. Obstetrics an option. Join an existing team-oriented practice in an area known for its outdoor activities and beauty. For further information, call 1-800-543-9323 or write to: Medical Staff Recruitment, 521 Wall Street, Seattle, WA 98121. Equal opportunity employer.

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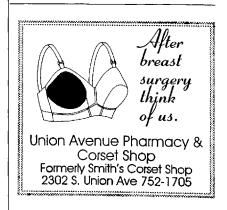
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February, 1996

WSMA's Consumer Health Information Act (CHIA)

Be it enacted by the Legislature of the State of Washington NEW SECTION. Section 2. INSURER DISCLAIMING LIABILITY TO PATIENTS.

(1) No public or private health care payor subject to the jurisdiction of the state of Washington shall propose, issue, sign or renew an agreement of any kind including an enrollee service agreement that contains a clause of language whose effect, in any way, is to disclaim liability for the care delivered or not deliver to an enrollee because of a decision of the health care payor as to whether the care was a covered service, medically necessary, economically provided, medically appropriate, or similar consideration.

(2) No public or private health care payor subject to the jurisdiction of the state of Washington shall propose, issue, sign or renew an agreement of any kind including an enrollee service agreement that contains a clause or language whose effect, in any way, is to shift liability to the provider, the patient or both, for the care delivered or not delivered in material part because of a payment or other related decision of the payor. A clause violates this language when, by way of illustration and not limitation, it says that the decision to obtain care is between the provider and the patient, failing to acknowledge the role of payment in such decisions.

NEW SECTION. Section 3. CENSORING PROVIDER INFORMATION TO PATIENTS BY INSURERS.

(1) "No health care payor subject to the jurisdiction of the state of Washington shall in any way preclude or discourage their providers from informing patients of the care they require, including various treatment options, and whether in their view such care is consistent with medical necessity, medical appropriateness or otherwise covered by the patient's service agreement with the health care payor. No health care payor shall prohibit, discourage or penalize a provider otherwise practicing in compliance with the law from advocating on behalf of a patient with a health care payor.

(2) No health care payor shall preclude or discourage patients or those paying for their coverage from discussing the comparative merits of different health care payors with their providers. This prohibition specifically includes prohibiting or limiting providers participating in those discussions even if critical of a payor.

The above are sections of House Bill 2486, "Consumer Health Information Act" This is WSMA's bill to counter the "gag" that insurers are currently placing on physicians

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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. October 15 for the November 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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A message from your President....

Certainties in the New Year



John H. Rowlands, MD PCMS President, 1996

As your new board comes to life this year, many uncertainties continue to face the medical community. Where will trauma care in Pierce County be delivered? Is Harborview really the answer? Amazingly, who will control the Pierce County Health

Department, an agency of unquestioned excellence? What will become of the community health care clinic system, currently a shell of its former self? What networks or health care conglomerates from near and afar will shape our individual and collective practices? These and many other questions exist for which there are no ready answers.

I take comfort, however, in knowing what is certain. I am certain that members of this Society and Alliance will continue to serve in many exemplary volunteer activities: fund raising efforts of national proportions; providing staff and direction to the free neighborhood clinics in our community; while others will be major advocates of preventative health care such as leading the Tobacco Free Coalition or leading the Call Against Domestic Violence in our community. These are but a few of the activities that I am certain will remain alive and well.

I am certain that this board will continue its role as the foremost collective voice for Pierce County physicians at the local and state level. We have truly been favored by Doug Jackman's steady hand as executive director since 1984. I can only hope to emulate the leadership shown by my immediate predecessors, **Dr. David Law** and **Dr. Peter Marsh**. Never before has involvement with the legislative process been more vital as our future is molded by everybody, it seems, but doctors. Though easier said than done, an understanding of the issues will allow us to deal effectively with the stress and change of health care revision.

Finally, I take comfort in being certain that ours is the best of professions. The primacy of the doctor-patient relationship will survive all the trappings and spreadsheets of corporate health care. We will forever remain our patients' principle advocates during their most vulnerable of times. This is our unending gift to them and their gift to us, giving us that trust.

Count your blessings and be certain that they are many. Continue the rich tradition of personal involvement and commitment in your profession and community and hopefully in this Society. Your Board of Trustees and I look forward to serving you this coming year. We thank you for the opportunity to respond to your needs and concerns.

John H. Rowlands, MD

Board of Trustees Retreat showcases health care system

Medical management consultant provides a global view of managed care

"One thing is certain, change in the marketplace is constant" were the opening remarks of Craig VanValkenburg, Vice President, BRIM, at the PCMS Board of Trustees Retreat. VanValkenburg has been consulting in Long Island, Michigan, California, and Oregon.

Giving a report on the "Global View of Managed Care" he was reporting from the 30,000 foot level. From there, he said, "you can see many different levels of managed care." The most current changes happen to be with Medicare and Medicaid. The Senate driven Congress, in efforts to do some things with Medicare, are looking to cut 270 billion dollars from the system by the year 2002. That is a lot of money to cut in a very short time in a market where the population is growing. Provider sponsored networks have been developed to allow provider groups, physicians, and physician-hospital integrated systems to actually be a contractor with the government to provide care for Medicare populations. Insurance business trends tend to follow Medicare, so changes in Medicare and Medicaid at the state level will soon impact private insurance companies. Medicare/Medicaid populations are currently significant, but, if millions of people in those age groups come into an HMO environment there will be a tremendous change in the system back to the primary care level acting as the care manager for these people that up until now have been choosing their own specialists, using the ER, etc. As integration occurs, and as physician management companies come into the market, 1996 will be an even

busier year than 1995.

Utilization is continually decreasing, going from east coast to west coast, the changes are significant. The east coast still sees patient days per thousand well over 1,200 for Medicare/ Medicaid and commercial combined. In Oregon, the most efficient state for inpatient days, patient days per thousand are 330, which is projected to drop to 275 by the year 2000. If that happens, another 400 beds in the Portland/ Metro market go out of use. Said another way, New York has 11 beds per thousand, the national average is 3.5. Oregon has 2.5, Washington DC has 7.8. So there is still a lot of utilization left to pull out of the system, particularly on the east coast. The easy

dollars have come out of the system and the difficult ones are yet to come. The challenge will be there.

Premiums are declining on a global basis, California went from \$120 to \$105 and are currently below \$100. In the Oregon market, rates are also below \$100. In Long Island the rates are \$150-\$180 for an HMO product, commercial is still over \$200 per member per month. So, shrinkage in premiums will happen. Health plans are anticipating a 20-30% reduction in their premiums over the next 3-5 years.

VanValkenburg forecasts a continual squeezing of available dollars for providers in healthcare services. (See Managed Care page 14)

A view of medicine in Pierce County:1996

Larry Vidrine, MD, District Medical Director, Group Health Cooperative; Greg Semerdjian, MD, VP Medical Director, Franciscan Health Systems; and Richard Stubbs, MD, VP Medical Affairs, Multicare Medical Center were featured on a panel at the Board of Trustees Retreat. They were each asked to give their views and outlook for what will happen in our medical community in 1996. After brief presentations, they answered questions and responded to comments.

Dr. Vidrine began by saying that Group Health, like everyone else, is trying to squeeze the costs without jeopardizing the quality of medical care delivered. In Pierce County what they envision is a product similar to others that gives people choice. "Five years ago Group Health had one product to sell but today there are nine or ten products to chose from, some with associations with Virginia Mason, etc." he said. Most are designed to give people choice.

"From the medical community standpoint, Group Health has been fairly insulated and they are looking forward to mainstreaming with the medical community and being better colleagues," said Dr. Vidrine. "There is no question that things are going to get tougher and tougher," he added.

Dr. Semerdjian predicts a faster movement into the HMO sector than in previous years. And, he agrees with the prediction that the state is going to move the payers the fastest. He cited CALPERS as an example. They single handedly drove the premiums down he noted. CALPERS went (see 1996, page 19)

Board of Trustees Retreat showcases health care system

Officers, Trustees, Committee Chairs, Past Presidents, Specialty Society Presidents, and other such leaders gathered on Saturday, January 6 for the annual PCMS Board of Trustees Retreat. With a full day's agenda and the meeting room past capacity, over 40 attendees heard the latest details about health care reform and managed care as well as projections about the future of health care from many difference perspectives. The speakers' talks are covered thoroughly beginning on pages 4, 5, and 12 of this publication.

Washington Health Care Authority Director advises to keep the gorilla friendly

Richard Whitten, MD; Medical Director of the Washington Health Care Authority and the Washington Basic Health plan, WSMA Board of Trustee, and internist practicing in Issaquah opened the PCMS Board of Trustees Retreat held at the Tacoma Sheraton Hotel on Saturday, January 6 by giving his perspective on the future of healthcare from a buyer's viewpoint.

About seven years ago, the former State Employees Benefits Board and Blue Cross, responsible for health care benefits for state employees, surprised the state legislature when they overran the budget by 37 million dollars. The Legislature's response was formation of the Health Care Authority, employed to manage the states purchasing of health care. It has proven itself a profitable deal as many entities have remained with the carrier even after repeal of the Health Care Reform Act. And, four years ago, the Basic Health Plan (BHP) designed to serve the needs of the working poor, merged with the group. Now, with the Health Care Authority a purchasing giant, the state is one of the largest payers in the system.

As of December 1, 1995 public employees purchased coverage for over 300,000 lives and the Basic Health Plan covers about 84,000, which is expected to increase to 90,000 by the end of January. The increase knows no limits, however, as they recently opened the program to individuals allowing them to pay premiums based on a sliding fee scale. Given the trends in terms of public entities, school districts and others joining the BHP, very high numbers are expected. The BHP will be adding employer group coverage this year allowing churches, tribes, etc. the opportunity to join. Dr. Whitten credited physicians and the WSMA for the development and success of the Basic Health Plan. "From the legislature's standpoint, all the chaos and health care reform business has been worth the effort" said Dr. Whitten, "because they have seen very real results in gaining control of rates." They are pleased because rate reduction was their primary goal.

The savings realized the very first year the Health Care Authority was in operation got everyone's attention. They could *(See gorilla, page 6)*

Medicine in Washington state, today and tomorrow

Updating Board of Trustees retreat participants on the State Of Medicine in our own state was George, Rice, MD, WSMA President. He paralleled the state of medicine to a crystal ball with a little scene with snowflakes falling inside. And just when the flakes look like they are settling at the bottom somebody shakes it again.

"This is a buyers market" said Dr. Rice, "Purchasers will continue to demand lower costs and for now take quality for granted." But there are hopeful signs that this may change. We may expect purchasers to ask in more complex and sophisticated ways, whether they are receiving the best value for their money. Smaller purchasers will try to realize the benefits now enjoyed by larger groups. We will see more self insurance as employers move to avoid state mandates. There will be enormous pressure on the delivery system to defend

its practices through quality mechanisms and outcome analysis. Business and government will push for more managed care and incentives will increasingly be used to direct people into the managed care plans. Dr. Rice thinks that capitation will grow, it is currently ten percent of the market. Continued experimentation with payment and patient management methodologies will continue. Physicians will continue to coalesce in IPAs and larger groups. Many physicians are worried, stressed, and outright mad about what is happening. They fear 1) loss of independence 2) loss of control 3) new liability problems 4) loss of job. We will see fierce competition between larger systems, profit and not-forprofit organizations, between categories of providers. The ranks of the uninsured will likely grow. Patients are beginning to wonder (See medicine, page 26)

(Gorilla, from page 5)

document savings, access to individual enrollees, more providers, and more choice. A frequently echoed frustration, however, is that the quality of care issue is absent from the discussions. Dr. Whitten said he often hears, "providers need to get busy and demonstrate that they really have data and know what they are doing."

"If the cost can be guaranteed, then they can look at improved performance such as quality, efficiency and outcome data" Whitten said. Quality, service delivery and efficiency are all important and the emphasis will shift to these once the cost is secure. Outcome data will be important, particularly over time, to prove how cost efficient and quality oriented the physician is.

Over time, risk becomes an important element. The large payers pay contractors to submit a bid based on a 40 year old male. The bid is adjusted based on the age and sex of enrollees that select that plan. This is risk adjustment based on age/sex. Data for age/sex adjustments are available and do work well as a fair tool for payment. However, Washington state and many others are studying better ways to adjust for risk. They are looking at large bodies of data that would not be too prejudicial in terms of altering the way people select individual plans but would still allow good competition and appropriate reimbursement based on the risk of those selected. This will become clear as physicians continue to read the literature, he noted. Standardized benefits went into effect about two years ago which has benefited the system because it was impossible to make risk adjustments based on variable benefits. The state has asked all

the plans to provide easily collected and reported data like rates on mammography, immunization, etc. They will be trying to show that what is being done is making a difference and what has been traditionally done continues to make a difference in outcomes.

Report cards are being proposed by payers to give physicians a report at the end of the year telling how well plan X did, etc. But, Dr. Whitten believes that report cards tend to jump for the first available data, typically reported once a month, which appear to give a lot more information than they actually do. His hope is that physicians, as a provider group, will eventually be able to help make this data more meaningful. For now, he said, the state will resist this system but the larger payers will be using report cards. And, until they can get better data, they will continue to do so.

For the next year the Health Care Authority and other payers will see coordination of better data and quality of plans. Plans will be required to submit uniform, usable data, with quality reporting so there will be an objective measure. "Managed competition is not dead" said Dr. Whitten. In fact, he believes that managed competition has had a major effect on open enrollment. For example, annual contracts resulted in a lot of chaos so they went to a two year contract and they are now expecting large payers to move to an even longer contract which, he expects, will add stability to the market.

The Uniform Medical plan was the major plan in the state, but now, under open enrollment, they dropped about 25%. Public employees (300,000) received free medical with the Uniform Medical plan until last month when they had to make a selection and pay a premium. If they continued to stay in that plan it would cost them - up to \$38. Blue Cross, in this state, lost 26% of their enrollment from public employees. What they are really seeing is people that say "you know, I really like you doc, and I really like the plan I had, but when you start making me pay more, it's important to me, but I will move on. People are voting with their feet."

The Basic Health Plan is adding employer group coverage this year which will allow entities such as churches, tribes, etc. to join. Currently the BHP has 90,000 members.

Dr. Whitten offered tips for providers: Learn how to manage the care, learn how to do something about the costs. He shared a slide that showed costs of the Uniform Medical Plans payments for last year. Physicians (all providers) are a small portion of the costs. And, he noted 35% of the payments were for 1% of the enrollees and 45% of payments were for 2% of the enrollees. Clearly, he believes, doctors can do something to help manage that cost. As doctors are getting paid only a small part of the total payments, if they can do something to help with horrendous portions of the payment going for just a few enrollees, big impacts can be made on the total cost.

Problems and frustrations are not with managed care per se, but with the way the care is managed. "We need to do something about these costs while at the same time remaining friendly. We must be provider friendly and keep costs under control."

This is a complex market and he warned physicians to be careful and not to be involved with just (See Gorilla, page 29)

"Dogs never have a bad day"

A Board Portrait of PCMS President John H. Rowlands, MD

by Judy Wagonfeld

Gloom and doom hightail it from John's robust laugh. How could those nasty downers ride roughshod over a man who relishes Gary Larson comics, Woody Allen essays, or cites "Bananas" as one of his favorite movies. Here's a fellow who's happy unless he's fed mayonnaise or "other white stuff like yogurt." He loves laughter. "In Phoenix, John says, "I saw a bumper sticker that said, "Life is wonderful, my job is great, I'm doing great." It sums up my life."

What better attitude could this year's Medical Society president possess? Burgeoning issues cram his calendar. Costco size problems overburden a stuffed basket; from Aisle 1 a costly selection of Trauma Care, Aisle 2 a bulky array of capitated versus noncapitated systems and Aisles 3-10 a warehouse of "willing providers" chomping at the bit to substitute alternative care as diverse as laundry soap brands. No free samples - pick a product and live with it.

Just as one cannot wash clothing with orange juice, neither can one solve Trauma Center and highcolonic issues in the same breath. Dealing with change requires a systematic approach, John feels; a "steady hand to finish the job," as if sewing a wound closed.

Growing up as the Tacoma City Manager's son taught him to analyze problems logically. During his term, he hopes to resolve pressing trauma care concerns and to set the stage for transitions on the horizon.

Adamant about smoke-free environments, John's experienced the struggles of fighting the "I Smoke and I Vote" sticker attitude. Acutely aware that more than smoking hinders lungs, an office sign states, "Perfume and Aftershave. Please Leave Home Without It." Yet, whisking second-hand smoke away from asthmatics - and the rest of us remains his priority. As difficult as that is, it's bouncing a ball compared to motivating the addicted to quit. At Pulmonary Consultants. Kathleen Dorr. nurse practitioner, works one-on-one with smokers trying to break the habit, "when the effort is their own agenda - not a physicians's or family member's." That behavior change, he believes, "comes also from economic forces that make smoking unacceptable. Industry now screens out smokers because they're sick a lot." Simply put, smokers run up mountainous medical costs. Checking the smoking box "Yes", goodbye job.

During early medical training in Seattle, he reminisces, "I wanted to be a pediatrician, but I couldn't stand hurting kids." Now, his three daughters fill his life; carting them to endless activities, drenched by rain but cheering at soccer matches, summer vacationing and hiking at Whistler, and teaching them tennis and golf (at least one smart daughter feigns interest in her Dad's beloved sport). Like a bubbly kid headed for Santa's lap, John recounts his favorite family tradition, a December weekend bonanza of Seattle shopping, eating and boisterous pool splashing.

Crammed on John's Baker Center windowsill, family photos mingle with children's clay art-



work, memoirs of passing years. Pointing at portraits, he's a new parent, "Look at how cute they were - such a precious age. But then this age was so special, too." His sense of wonder in these munchkins instills joy and perspective in a day chock full of folks who can't breathe. Across one wall, X-ray viewers loom, sharply contrasting his physician world with his healthy windowsill life.

Seeing kids smoke drives John wild. "You don't see people start smoking in their forties or fifties. It's when people are teens that they get addicted." When he came upon a doc's daughter smoking outside the hospital, he read her the riot act. When John speaks to kids who, of course, think they're invincible, he talks of the social unacceptability of smoking rather than disease. "I tell them," he says, "that two people can overcome religious or cultural differences but smokers and non-smokers don't last." Considering how smokers get ostracized, kids get it. After all, how can a non-smoker share a coffee break with a smoker shivering in the rain to feed a need? Impossible to imagine for John who's never smoked and who values close family life.

Recently, a Bichon doggie joined his closely knitted troup. Never a dog fan, John admits falling in love with Chloe. "When I come home exhausted, Chloe's so happy to see me. Dogs are your friends no matter what." Laughing, he says, "Dogs never have a bad day." It seems a message John heeds. Now, he just needs a sticker for his car.





Physician On Line offers free software

PCMS has received many copies of Physician On Line software for both the IBM and MacIntosh systems. This is a good starter program with e-mail and free, unlimited Medline access. You can log on immediately. Call the office at 572-3667 for a free copy.

Society has E-mail address-please note

The Society had to move its server connection due to Tribnet going out of business. We had difficulties with our e-mail software during November and were not always able to respond immediately to messages. We are now on-line with few problems. Please try us again. Our address is: pcmsnet@pcmsnet.seanet.com

Puget Sound Area, WA: You know how you want to set up your practice. We can help you do it. Dynamic physician-hospital organization seeks BC/BE Family Practitioners and Pediatricians. Willingness to provide obstetrical care a plus for FPs. Flexible financial packages and practice positions available from independent to group settings, practice management to full employment. Convenience, quality 225-bed hospital and excellent location in fast-growing, primary care underserved, family community. Close to Seattle with year-round recreational opportunities. Contact Rebecca Sullivan MD, Medical Director, Puyallup Valley Healthcare, 407 - 14th Avenue SE, Puyallup, WA 98371, (206) 848-6661, Ext. 2812.

Computer Classes to be Continued

Due to the enthusiasm and popularity of the classes offered on Introduction to Computers and Internet in December and January, additional classes are continuing in February.

If you are interested in attending, please call the Medical Society at 572-3667 for a schedule and details. The 3-hour classes cost \$21 for the Introduction to Computers and \$30 for the Introduction to Internet class.

The classes were created specifically for PCMS mem bers and staff.

Web sites: State Government

Washington state http://www.wa.gov/ (Links to all agencies) Governor's office http://www.wa.gov/governor/ (Biographical info, text of governor's proposals.) (Need Adobe Acrobat file viewer to read legislation.) Legislature http://leginfo.leg.wa.gov/

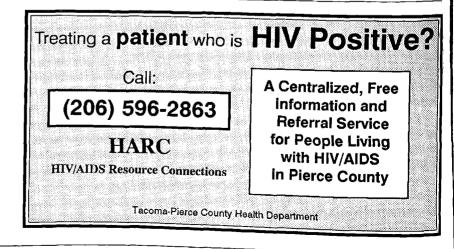
(Biographical information, district maps, meeting schedules, text and status of bills, text of Revised Code of Washington and Washington Administrative Code.)

(Coding and typography of legislation is difficult to understand.)

Secretary of State

http://www.wa.gov/sec/

(Voters' pamphlet information; now outdated.)



Only WAMPAC legislates for all medicine in Olympia

WAMPAC is the Washington State Medical Association's bipartisan political action committee. WAMPAC works with state elected officials day in and day out to make sure they understand how every aspect of the heatlh care system will affect the best interests of you and your patients.

Your membership is critical to the success of legislation like the Consumer Health Information Act (CHIA) written on the front page of this publication. Be it the "gag" rule or public disclosure of complaints filed with the Medical Quality Assurance Commission, WAMPAC is your voice in Olympia. SUPPORT WAMPAC...IT WILL BE THE BEST \$120.00 YOU EVER INVESTED. (Please see enclosed brochure)

The 1996 Legislative session is scheduled to be a short one, but the WSMA Legislative staff is tracking over 170 bills that have been introduced this session or carried over from the 1995 session.



The miracle of transplantation needs more than just medical "high-tech." We all can make the miracle a reality by signing a donor card. Give the gift of life, you'll feel good about yourself!

For more information call 1-800-24-DONOR

Northwest Organ Procurement Agency

The bills are broken down in the following categories for tracking purposes:

1. Access/Health Care Reform

- 2. Alcohol/Drugs/Tobacco
- 3. Budget/Taxes
- 4. Government Structure
- 5. Insurance Regulations
- 6. Labor & Industries
- 7. Liability Reform
- 8. Medical Practice
- 9. Mental Health
- 10. Public Health/Prevention
- 11. Rural Health
- 12. Scope of Practice
- 13. Senior/Long Term Care
- 14. Violence/Abuse
- 15. Other

If you have ever wondered why the chiropractors and other groups are so successful in getting legislation passed, it is because they are asked to contribute up to \$1000 to support their political action committees. They support their PACs generously which provides their members access to legislators. Currently, only about 25% of PCMS members belong to WAMPAC.

When you consider that 170 bills are winding their way through the legislative process you realize that they don't all entail health care reform. If you saw the January 22 issue of *Time* magazine you know that the market place is shaping health care.

If you would like a copy of the Consumer Health Information Act, a copy of the *Time Magazine* article "What Your Doctor Can't Tell You" or more information about WAMPAC, please call the Society office, **572-3667**.

What is WAMPAC's Goal:

WAMPAC's goal is to organize the physician community into a powerful voice for quality health care in Washington state. We seek to preserve the vital relationship between you and your patients by educating the medical community and our legislators about the problems of insurance-dominated markets, the urgent need for significant tort reform, and the importance of physician involvement in all health system reform debates.

What does WAMPAC Do?

WAMPAC contributes to candidates who support the legislative goals of physicians. These candidates are selected based on recommendations from WAMPAC members in local districts. We also encourage physicians and their spouses to participate in the political process because their opinions carry a tremendous weight in any health care debate.

How can I get involved in WAMPAC?

It is physicians like you that make WAMPAC possible. You can help by joining WAMPAC as a Chairman's Club, Sustaining or Regular Member, becoming a grassroots participant in the legislative process, and activating your colleagues to make WAMPAC the most effective voice in any health-related debate in Olympia.

Who is part of WAMPAC?

WAMPAC participants are either physician members of the Medical Association, their spouses or medical students. Together, we form a unified voice on issues that affect the entire medical community and profession.

I thought my WSMA dues provided political representation in Olympia?

It's illegal to use WSMA dues to support political campaigns. That's why we need a strong **P**AC.

Cricket playing physician hangs up competition bat

After 37 years of awards, trophys, thrilling wins and heartbreaking losses, Surinderjit Singh, MD is saying goodbye to competition in his beloved sport of cricket. It was a difficult decision to make, but he knows it is time to retire and is reassured by the relief and happiness of his family. Says wife Jeena, "I'm looking forward to having time to spend with my husband without the rigorous calendar of cricket games." Required by his involvement in the Seattle Cricket Club. practices and games kept him on the road. His dedication to the sport was evident at the Seattle

Cricket Club Annual Banquet in November when he again received numerous annual awards, a few of which are listed below:

*Best Batsman, Seattle Cricket Club, 1995

*Special Achievement Award for scoring 110 runs in single innings against Vancouver, 1995

*Special Achievement Award for Hat Trick (capturing three wickets in three balls - a very rare feat in cricket), 1995

*Batting average of 49.66 runs per inning for season (second place, with first place being 49.75 in the B.C. Cricket League, Div. IV) 1995

Congratulations, Dr. Singh!

1995 Directory changes:

Please make the following corrections/changes to your 1995 PCMS Physicians Directory. Thank you.

Andrade, W. Pierre, MD

 Change addresses to:
 4700 Pt. Fosdick Dr, #310, Gig Harbor, 98335
 phone: 851-8401

 3909 10th St SE, #2, Puyallup, 98374
 phone: 848-9484

 2155 Farman St N, Enumclaw 98022
 FAX: 589-1786

Caratao, Efren, MD

Change address to: 11011-D Occident St SW, Tacoma, WA 98499 584-5888 phone FAX: 581-1255

Fairbourn, Edwin, MD (Retired)

Change address to: 8201 6th Ave, #120, Tacoma, WA 98406

Gebhardt, Kent, DO: Moved to Hawaii

Kennedy, Kevin, DO

Change address to: #B3010 Allenmore Med Ctr, Tacoma, WA 98405 627-7567 phone, FAX: 627-4778, 627-4668 physician's only

Larson, Tim, MD

Change address to: 1919 N Pearl, #A-3 Tacoma, WA 98406-2461

Lyons, Michael, MD

Change address to: 11311 Bridgeport Wy SW, #306 582-9335 phone, FAX: 582-5658

Mayer, Michael, MD: Moved to Portland

Nichols, Joseph, MD

Change address to: Lynx Medical Systems, 15325 SE 30th Pl, #200 Bellevue, WA 98007-6595 (206) 641-4451 phone FAX: (206) 562-4860 (continued next column)



Surinderjit Singh, MD outfitted to play cricket and wife, Jeena

Financial Control class for physicians

"Financial Control for Physicians: Preventing money leaks in smaller practices", a half-day workshop, sponsored by WSMA will be held in Seattle on Tuesday, February 20, 9 am - 1 pm.

For physicians only, topics covered will include internal controls, understanding managment and financial reports and tips on making your accountant accountable.

For registration information, please call Cryss Toycen, WSMA at 1-800-552-0612.■

Pim, Kenneth, MD (RETIRED)

Change address to: P.O. Box 1659 Milton, WA 98354-1659

Schlepp, Gregory, MD

Change address to: 11311 Bridgeport Wy SW, #306 582-9335 phone FAX: 582-5658

Williams, William, MD

Change address to: Pathology Dept. P.O. Box 2197 Tacoma, WA 98401



The Pierce County Medical Society

invites you and your spouse/guest to the

February General Membership Meeting

Tuesday, February 13, 1996

Social Hour: Dinner: Program:

6:00 p.m. 6:45 p.m. 7:45 p.m.

New Meeting Location: *Landmark Convention Center (Temple Theater) 47 St. Helens Avenue, Tacoma

*If you have not had the opportunity to visit the Landmark Convention Center, this is your chance to do so. Built as the Masonic Temple in 1926, it is now is an historic landmark for Tacoma to be proud of.

eparing for Retirement



Avoiding Risky Investments



featuring:

John Vance Assistant Vice President, Senior Consultant Dean Witter Reynolds, Inc.

(To register, please send this form with your check or credit card number to PCMS, or call 572-3667 to register by phone)

Please reserve ______ dinner(s) at \$16 per person (tax and tip included)

Enclosed is my check for \$ Or, my credit card # is _____

🗌 Visa Expiration date____ Signature \square MC

I will be bringing my spouse _____ or a guest _____

(Please print name of guest for name-tag)

Pierce County trauma care - should Harborview do it?

Harborview's Medical Director says Pierce County trauma patients helps them

PCMS Board of Trustees Retreat attendees were anxious to hear comments from Michael Copass. MD, Medical Director, Harborview Emergency Room, regarding the Pierce County trauma issue. Dr. Copass noted, "the question is not how does Harborview affect Pierce County, but how does Pierce County affect Harborview?" And, the answer to the question he posed is Pierce County is helping Harborview. "The patient mix that Pierce County generates for Harborview is a substantial improvement over Harborview's own statistics. The irony is that Harborview has not been hurt at all by this," he said.

As Harborview became a more useful community facility and as the Regional Washington/Alaska/ Montana/Idaho project began to get approved, there was a belief that Harborview should be able to allow physicians outside the Seattle and King County area to have access to burn and trauma care. In 1981-82 an aircraft program was implemented, which began as a fixed wing airplane flying like a helicopter back and forth to Port Angeles. Obviously, the fixed wing program continues to be significant and the helicopter program now operates three aircraft, 24 hours a day, with two stations in Seattle and one station at Thun Field in Pierce County. The goal of putting a station in Pierce County was to facilitate emergency care in Pierce County and to provide service to the region and transport wherever the patient/physician wanted to go.

With sophisticated out of hospital care programs in King, Pierce, Thurston and Snohomish counties this literally represents 1.9 million people in the Puget Sound Basin including the Key Peninsula area which, he said, makes you ask again, "how does Pierce County affect Harborview, not how does Harborview affect Pierce County?"

Over the last several years, Harborview tracked people referred into the system from this particular region. In 1994-1995, they received about 230 people from Pierce County. They were a mix of different diagnoses: fractures, complex pelvic fractures, closed head injuries, complex facial fractures, etc. What came from Pierce County were a large number of people, who, in fact had Harborview type injuries. Injuries where many people working at the same time could affect a reasonable outcome. The ambition of Harborview for these patients is that they return to their community for rehabilitation either at Good Sam in Puyallup or in Tacoma. And, this has been accomplished about 60-70% of the time. Of those individuals referred in 1994-95 a majority of them (about 97 people) were moderate injuries. About 65, or (See trauma, page 18)

Physicians offer opinions on trauma issue

Following Dr. Copass' presentation at the Board Retreat, a panel of local physicians each gave a brief opinion of the Pierce County trauma situation. The discussions were then open for questions from the floor. Following is a summary of the presentations and opinions of the local trauma issue:

Bob Wachtel, MD, ER physician at Multicare reported that Madigan is currently taking about 40 trauma patients a month. Half of these, he said, would have gone to Madigan anyway due to proximity from areas such as Spanaway, Parkland, and Tillicum. Madigan recently expanded their program and currently sees about 250 patients per year.

The median time of transport by helicopter from Pierce County in 1994 was 59 minutes. This includes warm up, flight check, load, unload, etc. In 1995 the time has decreased to about 40-45 minutes because the helicopter is now stationed in Pierce County. Dr. Wachtel believes that time needs to be a factor when transportation is being considered. Cost has always been a focus point, but given the entire scope, he believes that helicopter is still the most economical way to transport.

"We have always used Harborview as a resource for complex, multisystem trauma patients requiring a team approach for their care," Wachtel said. Dr. Wachtel's primary concerns have always been for the critically unstable patient. And, he worries about the patient who is close to a downtown hospital. Although he admits this is a small number, he believes we should be able to care for these patients in our community. His final words, however, "the best place to take care of the multi-injured, multi-(see opinions, page 28)

Pierce County trauma discussions: 1983-199?

Trauma Legislative Update:

Senator Rosa Franklin's (D-29) involvement in the Pierce County/ Western Region trauma dilemna culminated in a hearing before the Senate Health and Long Term Care Committee on Friday, January 19.

Dr. Jim Rifenberry, Tacoma General Surgeon represented the Medical Society.

Most of the limited testimony came from representatives of Pierce County providers. **Dr. James Billingsley**, represented the Franciscan Health System-West. Madigan Army Medical Center, Tacoma Fire Department, the Tacoma Mayor's office and others were also represented.

Effective March 1, 1996 paramedics will be required to transport multiple system injured patients to the nearest highest designated trauma center. This means that those patients not taken to Harborview in Seattle, would be taken to Auburn General Hospital.

Dr. Powell, representing MAMC testified that since September, 1995 MAMC Emergency Room has seen twice the average number of trauma patients. He said Madigan wants to be part of the solution, but financially is losing money and cannot continue the current situation long term. Dr. Powell said, "some patients will die in the coming year if the the present policy is not changed."

Everyone testifying agreed that Senate Bill 6256 was a good first step. But, there was concern that the money (\$5 million) would not be adequate to fully fund the system. In the House, Representative Steve Conway is working to help resolve the problem. He met with **Drs. Rifenberry, Chris Jordan and Billingsley** following the hearing.

It is reported that Tacoma General and St. Joseph Hospitals have been meeting weekly to develop a plan to accomodate Tacoma trauma patients. Some of the trauma call surgeons have said that they have not been asked to be part of the discussions. They would favor one facility rather than a shared trauma center as has existed in the past.

All parties involved in the issue are working to find a solution and are anxious to see if the Department of Health will extend the March 1 deadline requiring transporting trauma patients to the nearest, highest designated trauma center.

News Tribune editorial reports Tacoma "Trauma-care issue takes bizarre turn"

What has happened to trauma care in Tacoma and Pierce County is a perfect example of the law of unintended consequences. State lawmakers should be paying attention, said a 1/23/96 News Tribune editorial.

When the Legislature adopted a new state trauma care law in 1990, little did lawmakers realize they had created a situation that would prompt Tacoma's two major hospitals to get out of the trauma-care business.

The only consolation was that Pierce County's trauma patients would at least be flown by helicopter to Harborview, which offers the state's best emergency care for victims of trauma. Harborview is only 12 minutes by air from Tacoma - when skies are clear enough to fly.

Starting March 1, however, Pierce County trauma victims can no longer be sent to Madigan or Good Samaritan. Emergency crews must take such patients either to Harborview or - get this -Auburn General.

This set of circumstances can only be called bizarre. Dangerously bizarre, because in some cases the critical minutes saved by transporting patients to Madigan or Good Samaritan rather than Harborview could mean the difference between life and death.

This is a predicament for Auburn General, too. Auburn has neither the desire nor the resources to become the regional Level II trauma care center for all of Pierce, Thurston, Lewis and Grays Harbor counties. All the hospital did was volunteer to serve as a designated trauma center for its surrounding community. Because no other hospital in the region offered to serve in a similar capacity Auburn is the only regional alternative to Harborview.

Legislators wanted to improve the system when they called for regional trauma centers in 1990, not realizing the economic implications, or that Pierce County would be left without a designated trauma center.

Legislators may need to revisit the certification requirement in the original legislation. There also may be ways to provide financial incentives. In any case, a legislative remedy is imperative. The current trauma-care situation here is too absurd to continue. <u>(reprinted from TNT 1/23/96)</u> (Managed Care, from page 4)

Physician Management Companies are very active and are focusing direction to the westcoast market. The impact on communities is incredible when, after all the activity of joining together, the for-profits come in and break away the structure that the medical community had just worked so hard to create. The challenge will continue. He noted there are some good things about these big companies and also some things that might not fit, but they do exist and they are purchasing giants.

Mergers of all shapes and sizes are happening. In the midwest, insurance companies are putting out millions of dollars to buy physician practices and create primary care networks in a market that they then have to partnership contract with the hospitals so they can create their own captive delivery system. There are many Group Health and Kaiser lookalikes made up of individual organizations. Health Care Compare is one company that stands out to Mr. VanValkenburg. With business of about \$250 million year, they set up PPOs, bargain with physicians and hospitals for discounted fee for service and they keep a piece of the difference. They are in the business of providing workers compensation with physicians and doing comparison analysis for health plans on surgical costs, etc. They are collecting data and using it to their benefit in bargaining with the health plan. They just bought an insurance company because part of their corporate strategy is to get into capitation. They are the nations largest PPO company. They have more organized groups of providers than any other health plan does on a national basis. They have started to create their own insurance product. They are going after capitation, point of service, etc. and they will use these existing panels as a way to drive additional business through their organization.

"There is lots of movement in the insurance company arena, too," noted VanValkenburg. A prevalent phenomenon is for hospitals to buy physician practices. "Unfortunately, what we are seeing in other parts of the country is that hospitals are learning that they don't know how to run medical groups," he said. So, they have begun partnering with large, for-profit entities. In some situations, the large corporations come in and acquire the medical group from the hospital that bought it in the first place and the physicians become employees of the large organization in a partnership with the hospital. So, in this environment of change, the decisions that are made to go in one direction, may end up going down another.

Columbia/HCA is becoming dominant in the market they are in because they have a significant percentage of hospital ownership. They are not so interested in owning physician practices as they are being a player when the federal government wants to make changes in Medicare. If they can be a provider service network on a national basis for the federal government, they can take on incredible Medicare and Medicaid risk all across the nation very quickly. It helps to know their corporate strategy when trying to understand what they are doing and why.

In southern California, the health plan premiums and risk pools have dropped because they have squeezed out as much as they can from utilization. The hospitals & physicians contract

separately from the health plan. but are now finding that they need to come together to negotiate contracts jointly because there isn't enough money to spread around. They have been played off against each other and the health plans have been able to maintain a very healthy administrative fee. Physicians and hospitals are coming together to work collectively and contract with the health plans because the utilization in the hospital has gone down low enough that the hospital continues to lose money. The IPA subcapped the hospital for lab and physical therapy, but without provision for monitoring utilization. Hospital utilization rates skyrocketed but they were capitated on a per member per month basis because they had not agreed on numbers. This has been corrected. The physicians did not want the hospital to go out of business because the specialists, in particular, would have lost out to Ventura County. Groupings between hospitals and physicians have happened but we have not seen the resolve of utilization concerns. For example, Kaiser of Southern California has days per thousand of 232, and by the year 2000 projected to be 164. They also believe that about 40% of admissions are not appropriate. It is anticipated that bed days and admits will continue to drop and medical care will continue to be pushed to the outpatient arena. And, this contrasts to physician groups in California that already have bed days per thousand of under 150.

In Oregon, hospitals, physicians and insurance companies are all coming together in various forms. Their purpose is to create an environment for taking on global capitation within a provider community\group. The way they (See Managed Care page 16)

Tar Wars comes to Pierce County

Program developed by physicians seeks to expand to all 50 states

Tar Wars is a tobacco education program directed at fifth graders and delivered by health care practitioners from the community. At the fifth grade level the decision of whether or not to use tobacco has typically not yet been made. The Tar Wars program has been successful in 30 other states and is being introduced in Washington state in 1996 initially in Pierce County. The program also taps the creative talents of the young people with a pro-health poster contest that individual students can volunteer to do after the presentation. These will be judged at progressing levels up to a national competition each June. We will need incentive prizes for each of the student participants and winners as well as travel expenses for them to regional and

The success of this program depends upon physicians in Pierce County being willing to donate an hour of time each year to deliver this message to a fifth grade classroom.

The one hour interactive presentation goes beyond the health consequences of tobacco use and emphasizes other aspects of the problem that the child can personally relate to. This includes an understanding of the addiction and costs of tobacco use, the myths about tobacco use and especially an understanding of what the tobacco industry is attempting to accomplish through targeting young people with mass media advertising and promotions.

The success of this program depends upon physicians in Pierce county being willing to donate an hour of time each year to deliver this message to a fifth grade classroom.

Because the curriculum has been well laid out in a presenters workbook and all arrangements are made for you, the time commitment is kept to a minimum. national contests. For those physicians who would rather not be a presenter, any donation will be very helpful toward meeting these expenses.

If you have questions or are interested in being a presenter please contact our Tar Wars coordinator Susan McAlexander at 851-3668 or Dr. Patrick Hogan at 383-1066.

Donations can be made out to the Tobacco Free Coalition - Tar Wars and sent to the Pierce Co. Medical Society, attn: Sue Asher, 223 Tacoma Ave S, Tacoma 98402 or to the American Cancer Society, attn: Joan Elliott, 1551 Broadway, #200, Tacoma, 98402.

Together, we can make a long term difference in the lives of many young people by influencing their decision to use tobacco and by deglamorizing smoking among teenagers.

Patrick J. Hogan III D.O.

More about Tar Wars:

How was Tar Wars Developed?

In 1988, members of Doctors Ought to Care and the Hall of Life Health Education Center of the Denver Museum of Natural History developed a program that would allow family physicians and community organizations to become involved in youth tobacco education. Together they launched the Tar Wars program to discourage adolescent tobacco use. The program is designed to educate students prior to the age when the decision to smoke or chew tobacco is made.

What is the future of Tar Wars?

In September 1993, Tar Wars became a national non-profit organization. In 1994, Tar Wars received 501(C)3 status. Tar Wars organizers from across the states have pooled resources and ideas to broaden the scope of the Tar Wars program. The goal is to expand the program to all 50 states.

Who gets involved in Tar Wars?

The Tar Wars program offers an opportunity for school personnel, healthcare providers, educators, and community members to join together and address the issue of youth target marketing and youth access to tobacco.

Awards:

World Health Organization American Medical Association United States Secretary of Health American Academy of Family Physicians

For more information call: 1-800-TAR-WARS Susan McAlexander 851-3668 Patrick Hogan, D.O. 383-1066 (Managed care, from page 14) will succeed at this is to keep the handle very narrow. Metropolitan Clinic has specialists, Cascade is all primary care, Mulliken is primary care, and if they can take the global cap and use Legacys hospitals they will probably be very successful. And, this model will probably be repeated around the northwest because Blue Cross in Oregon is also Blue Cross in

Idaho, Washington, etc. In eastern Oregon, (Prineville) the physicians have chosen to get very aggressive with managed care, they are forming a management service organization in anticipation of managed care coming. Their practices are assets to the organization, they will capitalize, and get the group together as primary care physicians so they can deal with the health plans as they break into the marketplace in eastern Oregon. There is rapid movement taking place in the small marketplace.

Merging, affiliating, primary care groups continuing to develop and merge is happening all over the country. There is significant primary care grouping to get critical mass to deal with overhead, contracting, recruitment, staffing, etc. Specialty groups are grouping together as well. Lots of activity, said VanValkenburg. And, for-profits are going after them. Medical Asset Management wants to acquire orthopedic practices. There are a lot of MSOs, but what is happening now is different than one year ago. They are more aggressive in terms of their organizational structure, no loose net affiliations business. One system in Montana merged the clinic and hospital together and there is a lot of this type of activity happening. Physicians are selling practices to physician management companies, hospitals, insurance companies, to each

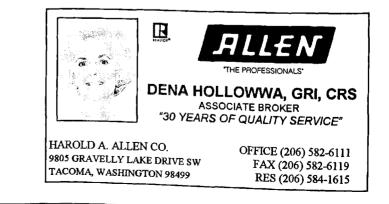
other and specialty groups in the midwest have actually gone out and bought primary care practices to create their own network. Some of the medical schools are setting up primary care training programs for specialists to go back for primary care training. In Long Island, a number of specialists such as pulmonary, g.i., etc. are actually phasing themselves back to primary care because they see the writing on the wall that says I've got a patient population that selected me and I do a lot of primary care already, plus, the health plans hooked them. They said, capitation for your primary care services and you can still be a specialist, year two of the contract, you make a choice.

Relocating is also growing, In San Diego and Sacramento about 100 physicians in those markets moved out. In Portland, many physicians are looking at rural areas. And, of course, many are choosing early retirement to forestall making changes. Most physicians in this area are saying, I've taken the risk. I want the control, I want the ownership and I want to make the decisions. This continues to be a big issue and they want to be at the table. "Continue to hammer on this issue, because it is right, it is important, and you should be at the table," he advised.

The shift in power is happening. Hospitals, focused on specialists. high-end surgery, building centers of excellence, diagnostic imaging. etc.- where all the costs and high reimbursement was. Health plans, media, employers, and everybody else has been pushing for reform and now there is, in every community, issue between the primary care and the specialist providers. And, most of it has to do with compensation. It is an issue that needs to be put on the table, talked about and dealt with as appropriately as possible because the health plans and the hospitals know that physicians have this internal difficulty and it is in their best interest if physicians can't or don't get together. It is vital for physicians to come to a working relationship regarding this issue.

Who is driving the merger? The HMOs are driving it. Employers are demanding better quality, lower cost. Hospitals are driving it out of preservation.

Who is the customer? Hospitals historically saw specialists as their customer because it drove a lot of business to them. Now, hospitals focus on primary care and some specialists even say that their customer is the primary care physician. "Interesting changes within the profession," he said.



Welcome, new PCMS members

Aaro, Kenith, MD Internal Medicine

Practices with Puyallup Valley Health Care Medical school: Albert Einstein, NY Internship: Bronx Municipal Hospital Residency: Bronx Municipal Hospital

Banitt, Peter, MD

Cardiovascular Disease

Practices with Cardiac Study Center Medical school: University of Iowa

Residency: Beth Israel Hospital Fellowship: Brigham & Women's Hospital

Chamberlin, Thomas, MD Endocrinology & Metabolism

Medical school: Oregon Health Sciences University Internship: University of Wisconsin Residency: Oregon Health Sci-

ences University

Cox, Charles, PA-C

Sponsored by Cordell Bahn, MD Cardiovascular & Thoracic Surgery PA Medical school: Duke University

Konicek, Steven, MD Internal Medicine

Practices with Medalia Healthcare Medical school: University of Washington School of Medicine Internship: University of Iowa Residency: University of Iowa

Kubicka, Mariola, MD Allergy/Immunology

Practices with Dr. Arthur Vegh Medical school: Medical University of Lodz (Poland) Residency: Brooklyn Cumberland Medical Center Graduate training: University of Rochester Medical School

Maoud, Raouf, MD Internal Medicine

Practices with Puyallup Valley Healthcare Medical school: Ain Shams Medical College, (Egypt) Internship: St. Lukes Medical Center, OH Residency: St. Lukes Medical Center, OH

Maslow, Arthur, DO Maternal-Fetal Medicine

Practices with Drs. Magelssen & Smith Medical school: Philadelphia College of Osteopathic Medicine Internship: Youngstown Osteo-

pathic Hospital Residency: Madigan Army Medical Center Fellowship: University of North Carolina

Smith, Paul N., MD Ob/Gyn Practices with Drs. Magelssen &

Maslow Medical school: University of S. California School of Medicine Internship: Walter Reed Army Medical Center Residency: Walter Reed Army Medical Center

Medicare Part B offers free provider education program

Aetna Medicare is offering a winter workshop series, statewide. The workshops, offered at no charge, is for providers of all specialties. Topics discussed will include:

Correct Coding Initiative (Effective 1/1/96)

Standardization of Paper Remittance Notices (Effective 3/1/96)

Unprocessable Claims (Effective 4/ 1/96)

1996 Program Changes (Effective 1/1/96)

The workshops will be held in Tacoma on **Thursday, February 15**, at Jackson Hall, 314 ML King Jr Way. There will be two sessions, one from 9:90 am - 12:00 pm, and the second 1:00 pm - 4:00 pm.

Reservations are required, and due to space considerations, they ask that only two representatives from each office attend.

For registration information you may call Medicare at 621-0070 or PCMS at 572-3667.■

25 Years Ago: 1/3/71

A professional octopus is what St. Joseph, Tacoma General and Puget Sound hospitals have in a new approach to emergency room medicine - 12 doctors who are capable of meeting emergencies in almost every field.

Twelve doctors are contracted through Washington Emergency Physicians Inc. These doctors' sole job is staffing the three emergency rooms on a 24-hour basis.

(Trauma, from page 12)

slightly less, had severe injuries. They were people who were severely or significantly injured who needed multiple team approach at a single time. In July of 1995 an interesting thing happened, they began to think about referring some of the patients that would have stayed in a particular region of Seattle. For the first six months of this particular year they have seen 162 people come in to Seattle from the Pierce County region, annualized to 324. This is 90 some odd people more than the year before. And, patient profiles on injuries are very similar. What this really represents is an influx of 100 patients over the year, one every third day. Interestingly enough, the majority of these injuries are motor vehicle accidents. And, this is exactly the way it was before. A very small percentage, 16% are penetrating injuries, be they stab wounds which are significantly less than the gun shot wounds. The gun shot wounds, most of the time, are usually fatal. So, these are individuals who have been resuscitated in their own community and have been moved to another level of care which is an appropriate standard of care.

Of these patients, the payer sponsorship is interesting as 36% of the people who are unsponsored are seen at Harborview. One out of every three. With Medicare and Medicaid having a discount problem and because Harborview has costs, they do not enjoy freedom from financial stress. However, they do receive a payment of 14 million dollars from the state to provide patient care. This is paid to the University and Harborview together. There is approximately a 9 - 11 million dollar contribution made to Harborview to take care of the

46-53% discount for Medicaid. In order to qualify they have to demonstrate to the legislature that they are efficient. They are inspected by the legislature on a regular basis. This requires comparisons to peer or sister institutions. These are Denver General, San Francisco General, New Orleans, Dallas and Milwaukee. If you look at a gun shot wound brought to Harborview, a stab wound brought to Harborview, pneumonia brought to Harborview, they are a day faster than peer institutions and 1.5 faster for such things as stab and gun shot wounds. So, the legislature is relatively satisfied, because they are as efficient as they can be. He noted this because the efficiencies are generated by individuals who are the greenest in the profession, literally the residents and interns that are the next generation of physician doing the job. The ambition is to stay efficient. Pierce County's contribution of 100 patients per year to Harborviews medical education pool gets the same efficiencies as King County and the state. Dr. Copass suggests that the contribution has not impaired them and that they have capacity both from the transportation view and from a hospital point of view to accommodate these 100 patients. As Pierce County contributes to Harborviews education, Harborview hopes to contribute back.

When asked the question of patient risk in transport delay time Dr. Copass responded "garbage." The only patient that got into trouble was sustained in the field. And, a 92 year old man shot in the head that did not make it would have died anyway. "The issue that transporting these people is contributing to their <u>demise is garbage.</u> Pure, unadulterated garbage. We have a very sophisticated system. The EMT training in this state is excellent and consistent, Medic training also is excellent, so the quality of care and delivery of care is as good as it exists in the world," responded Copass. The patient arrives, frequently not expected to survive, gets seen by an excellent collection of physicians in the emergency room. Harborview's ambition is to be a receiver of any "gift" Pierce County or anyone in the region wants to give them, but the quality of care of the patient that arrives in this facility is literally beyond comment. "There is no reason for us to criticize any gifts we receive. Our job is to make sure they survive," added Copass. The issue that Pierce County is selecting patients and dumping them on Harborview is not true. His feeling is the system works well.

When asked the danger/cost to transport, Copass responded that the aircraft are well serviced and well flown. In 28,000 flights they have had one fatality. From the point of view of cost effectiveness, he responded "when you put somebody in an ambulance at greater than 40 miles you cost more than you do in that helicopter. A helicopter is a reduction in time from point A therapeutic zone to point B therapeutic zone. It reduces the risk to the patient by keeping them in the envelope of care for them to get there in the shortest amount of time. So, the helicopter enhances outcome. Moving the patient does not change outcome. Transporting the patient there is a function of the transportation device, and helicopters don't get into much trouble. It moves the right kind of patient to the right level of care in the least amount of time. From a cost analysis point of view it contributes to outcome."

(1996, from page 4)

in and set up the HMO business and drove the rates down. He said most of the HMO's are holding steady around 30, 60, to 70 thousand members but expects a major push will happen soon. Outsiders such as Pacific Care. OualMed, etc. will come in and reduce the price to get the market to grow which will cause the rates to drop significantly. For example, PCMB, can't go less than \$130 because their overhead is too high. QualMed is at about \$90. But others will drop rates as low as they can, even if subsidized or taking a loss, to get patients. He has seen this in several markets and expects it will happen even more so in 1996.

Providers are at the bottom end of the funnel, which means that they have to start practicing smarter. Managing of care and managing of costs becomes very important. They must know what it costs for them to do business, otherwise they can lose a lot of money very quickly.

Dr. Semerdjian believes that capitation will pass us by. He thinks that this community will not see the major pressure for capitation but will see some form of hybrid. His reasoning: "The health plans are very organized and have become very aware of costs and why would they want to give a provider \$50 for patient care when the cost to the provider is only \$30. They will want to keep a piece of the extra \$20."

This year there will be resistance from the health plans for capitation. And, most imporant, quality of care will win out. "Whoever provides the quality care will win the membership, no question," said Semerdjian. And, healthy communities are important because only 20% of what physicians do affect the health of the patient and the community. In summary, he believes, "physicians need to work on smoking, drugs, and other such behavior changes to benefit the health of the population. Physicians need to be more active in the community and work toward more preventive care."

"MultiCare Medical Center," said Dr. Richard Stubbs, "wants to continue to work with Pierce County physicians and nurses to improve outcomes that will increase quality standards. Quality as perceived by patients as well as quality as perceived by physicians." They also want to continue involvement in seeking a community solution to the trauma issue. They believe that Mary Bridge Children's Hospital and Health Care Center is a community resource and they want to keep it that way. They want to preserve it as the hospital for pediatric admissions in this geographic area and they also want to maintain the Level II trauma designation.

Several major goals for 1996 have to do with customer satisfaction. "Customers to MultiCare are patients and physicians," said Dr. Stubbs.

In the patient area, MultiCare will keep all post partum patients up to 48 hours, whether the insurance company pays or not. Last year, MultiCare backed Pierce County surgeons from day one on the trauma issue. They have also worked with sub-specialists in writing a sub-specialty managed care plan contract. They continue to consult this group of subspecialists regarding this plan. MultiCare includes all physicians in all of their plans. If any physician wants to participate with MultiCare, they can, they do not have to be a MultiCare employee. MultiCare is not becoming a staff

model.

"MultiCare does wants to continue strengthening relationships with physicians. They want to be the customers choice for quality and caring by both patients and physicians" said Dr. Stubbs.

Panelist were asked to respond to questions and comments. One was about providing indigent care.

Dr. Semerdjian said that the Franciscans allot a percentage of gross income that goes directly toward uncompensated care. For this year, it is about 4%. A lot of money and effort goes to this. In addition, the Franciscan hospitals will take care of anyone who comes through the door, regardless of ability to pay. This is the main reason the system was established in the first place and it continues to be a vital part of their mission. He does not see this diminishing, if anything, he expects it will increase.

Dr. Stubbs noted that MultiCare does not have plans to discontinue their indigent care.

When asked if physicians will be able to continue it they don't want to be part of a large group?

Tough question, certainly there are some that are not going to be in existence, however, that doesn't mean that everyone will be left out, according to Dr. Semerdjian. There will be alternatives. The health plans are looking to get away from individual contracting and move to group contracting so it puts a lot of pressure on providers of care. What do you do with people that have supported you for years and they don't want to be part of a group or it is not in their nature to be part of a group and they provide quality care in their individual office. This will have to be worked out, but

(see 1996, page 29)

Personal Problems of Physicians

For impaired physicians

Your colleagues want to help

Domestic Violence Services updates for Pierce County

"No One Deserves to be Hit", the brochure printed and distributed by the PCMS and PCMSA needs to be updated on the back page as follows: Emergency housing-counseling: Add: Consejo, Tacoma: Phone #474-4077 Delete the Safe Place-Teen Crisis Line (24 hour) 279-8333 Change the Pierce Co. Victim Witness Assistance phone to: 596-6875

Please note the following state certified counselors for abusive men: Action Association Counseling Services 923 MLK Jr Wy, Tacoma 572-8170 Advantages Plus Counseling, Inc. 7025 27th St W, #4, Tacoma 565-1019 Allenmore Psychological Associates/Alternatives to Domestic Violence 1530 S Union Ave, #16, Tacoma 752-7320 American Lake VAMC DV Program American Lake VAMC, Tacoma 582-8440, ext. 6819 Anthony Dearinger & Associates Tacoma Mall, 4301 S Pine, #112, Tacoma 588-7245 or 471-0890 Center for Anger Management, Domestic Violence Treatment Program 11300 Bridgeport Wy SW, Tacoma 581-0699 **EVENTIDE at Gibbs & Associates, Inc.** 1910 64th Ave W. Tacoma 565-8022 **Family Counseling Services** 6424 N 9th. Tacoma 565-4484 **Ionas & Associates** 7406 27th St, #12, Tacoma 566-4263 Lakewood Professional Counseling Center (Bill Notarfrancisco) 9125 Bridgeport Wy SW, Tacoma 581-1086 **Peaceful Solutions & Associates** P.O. Box 45587, Tacoma 535-9848 Puget Sound Hospital Domestic Violence Program 756-9548 215 S. 36th St, Tacoma **R.S.M. & Associates** 9124 Gravelly Lk Dr SW, #102, Tacoma 582-8842 The Skilled Helper 3516 S 47th St, #206, Tacoma 472-8747 Sunrise Counseling & Associates 584-3447 P.O. Box 39453, Tacoma Western Washington Alcohol Center 536-5549 504-112th St S. Tacoma (See DV Services next column)

Confidentiality Assured

(DV Services, cont.)

Macy's & Associates 33305 First Way S, #206, Federal Way 838-8070

Response, Domestic Violence Intervention Program 405 S 333rd, #103, Federal Way 874-6811

A.F.T. Transitions Domestic Violence Program 13814-55th Ave NW, Gig Harbor 857-2554 ■

How to contact state, national lawmakers

President Clinton may be reached by writing to him at the White House, 1600 Pennsylvania Ave NW, 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: Senator Slade Gorton (R), 730 Hart Senate Building, Washington, D.C. 20510. Phone: 202-224-3441 (D.C.) or 553-0350 (Seattle). Fax: 202-224-9393.

Senator Patty Murray (D), 302 Hart Senate Building, Washington D.C. 20510. Phone: 202-224-2621 (D.C.) or 553-5545 (Seattle). Fax: 202-224-0238.

U.S. Representatives: Rep. Norm Dicks (D-6th District), 2467 Rayburn House Building, Washington D.C. 20515. Phone: 202-225-5916 (D.C.) or 593-6536 (Tacoma). Fax: 202-226-1176.

Rep. Randy Tate (R-9th District), 1118 Longworth Office Building, Washington D.C. 20515. Phone: 202-225-8901 (D.C.) or 839-8308 (Puyallup). Fax: 202-225-3484.

State offices: The telephone number of Governor Mike Lowry's office is 360-753-6780, Olympia. Write to him at the Legislative Building, PO Box 40001, Olympia, 98504-0001. His Fax number is 360-753-4110 Write to state representatives in care of the Washington House of Representatives, PO Box 40600, Olympia 98504-0600. Write to state senators in care of the Washington State Senate, PO Box 40482, Olympia 98504-0482. The central Senate Fax number is 360-786-1999.

The status of legislation can be obtained by calling the **Legislature's toll-free hotline (800) 562-6000**. The hearing impaired may call (800) 635-9993.

Internet users may access the Legislature's home page at http://leginfo.leg.wa.gov/

Legislators, by district and Olympia phone numbers:

2nd District

Sen. Marilyn Rasmussen (D), 786-7602 Rep. Tom Campbell (D), 786-7824 Rep. Scott Smith (R), 786-7912

25th District

Sen. Calvin Goings (D), 786-7648 Rep. Grant Owen Pelesky (R), 786-7968 Rep. Sarah Casada (R), 786-7948

26th District

Sen. Bob Oke (R), 786-7650 Rep. Lois McMahan (R), 786-7964 Rep. Tom Huff (R), 786-7802

27th District

Sen. Lorraine Wojahn (D), 786-7652 Rep. Ruth Fisher (D), 786-7930 Rep. Debbie Regala (D), 786-7974

28th District

Sen. Shirley Winsley (R), 786-7654 Rep. Mike Carrell (R), 786-7958 Rep. Gigi Talcott (R), 786-7890

29th District

Sen. Rosa Franklin (D), 786-7656 Rep. Carl Scheuerman (D), 786-7996 Rep. Steve Conway (D), 786-7906

30th District

Sen. Ray Schow (R), 786-7658 Rep. Maryanne Mitchell (R), 786-7830 Rep. Tim Hickel (R), 786-7898

For additional information about contacting legislators, please contact the Medical Society office. We will be happy to help you draft letters or make direct contact to legislative leaders regarding issues of concern. Please call Doug Jackman, Executive Director, 572-3667. ■

the Pulse

Pierce County Medical Society Alliance

Alliance Meetings: Mark your calendar!

All board meetings will be held from 9:30-11:30am Monday, February 5, 1996 - Mary Bridge, Large Board Room Monday, March 4, 1996 - Mary Bridge, Large Board Room Monday, April 8, 1996 - Mary Bridge, Large Board Room

Tuesday, May 7, 1996 - Combined Board meeting at the Tacoma Country & Golf Club. A no-host luncheon will be served.

General Meeting, February 23, 1996 at the home of Toni Loomis, 701 N. "D" Street, Tacoma, 627-4115 Program: Women's Issues: Dr. Laureen Roter, clinical psychologist, who specializes in women's issues will discuss the stresses that are unique to women in today's society. We will discuss the gamut of issues that encircle our lives as women and share some realistic and humorous alternatives to solving and understanding the passages of our lives. So shake off those winter doldrums and join us for a lively session!

11:00am Social 11:30am Meeting 12:00pm Progam and Lunch Pot luck will be provided by Board members. Reservations or cancellations: Toni Loomis, 627-4115. RSVP by February 16.

Directions to the home of: Toni Loomis, 701 N "D" Street Tacoma 98403 From: Puyallup, Federal Way, Lakewood alternate

From I-5 take City Center exit. Take Schuster Parkway exit. Get in the right lane and take Stadium Way exit. At stop sign, turn right onto Stadium Way. Follow Stadium Way - road curves to the left at Stadium High School. Turn right at traffic light (Rankos Pharmacy) onto Tacoma Ave North. Follow for 6 blocks and turn right on N. 6th St, go 2 blocks and turn left on North "D" St. The Loomis home is on the NW corner of 7th & "D" Streets

From: Lakewood, University Place

Drive north on Bridgeport/Jackson. Cross over Hwy 16. Turn right on N. 17th. 17th changes names and becomes Westgate Blvd, N. 21st and then N. "I" St. Turn left on N. 6th St. Cross Tacoma Avenue North. Drive 2 blocks and turn left on North "D" St. The Loomis home is on the NW corner of 7th and "D" Streets

From: <u>Gig Harbor</u>

Cross Narrows Bridge & take Jackson/6th Ave. exit. Turn left onto Jackson at traffic light. Drive north on Jackson. Cross over Hwy 16. Turn right on N. 17th. 17th changes names and becomes Westgate Blvd, N. 21st and then N. "I" St. Turn left on N. 6th St. Cross Tacoma Avenue North. Drive 2 blocks and turn left on North "D" St. The Loomis home is on the NW corner of 7th and "D" Streets. ■

PCMSA needs your help

Please help support PCMSA and our efforts to improve the health and quality of life in Pierce County. Your membership indirectly supports your spouse and their profession.

Your dues show that the medical community cares about what happens here.

We hope that you will continue that support by sending your check made out to PCMSA and mailing it directly to:

Janet Fry, 13001 53rd Ave NW, Gig Harbor, WA 98335 Dues: \$75.00 Widow/Retired: \$56.00 New Member: \$55.00 Student: \$25.00

Alliance awarded PACE grant

Through the efforts of Kris White, a Pace grant for the amount of \$2,000 was awarded to the Pierce County Medical Society Alliance by WSMA. The money will be used to print bookmarks with the title "Unplug the Violence." It will include a list of do's and don'ts of television viewing for children. The bookmarks will be distributed through Pierce County Libraries. If you are willing or interested in working on this very worthwhile projects, please call Kris White or Toni Loomis. 🗉



the **Pulse**

Pierce County Medical Society Alliance

President's Message

It is exciting for me to remember my first board meeting and how scared I was. Jumping into this position with not a firm idea where I was going didn't make it any easier. But together we have accomplished much, yet there still is more to be done. I feel I have grown since taking this job and I no longer shake when I think about speaking in front of a group. This has been a most enjoyable experience.

With spring around the corner we can look forward to more projects and long range planning. If you have any ideas let me know.

Toni Loomis

Holiday Sharing Card Final Report

Thank you to all who generously donated to our annual holiday fundraiser. The total amount collected was \$14,100.

Physicians who missed the deadline for printing the card are listed below - we thank you for your donations:

Mark and Nancy Grubb Martin Goldsmith Melvin and Penny Henry Andrew and Stephanie Levine Patrick Murto and Eileen Toth James and Barbara Patterson Jerome Rao Dr. and Mrs. Charles Souliere, Jr.

Barry and June Weled

Jody Zaricor

Sincere apologies to **Dr. and Mrs. Gilbert Roller** who kindly donated early in the fundraiser and unfortunately were not listed in the sharing card and to **Dr. Robert Fortiner** for not spelling his name correctly. We apologize for the distress this may have caused.

Well done! To a very concerned and generous medical community, thank you.

Mona Baghdadi

Thanks for holiday contributions

The holiday joint dinner was a great success despite the wind storm that hit the Northwest.

Thanks to everyone who braved the storm bringing gifts to be donated to the YWCA women's shelter. It was much appreciated by the staff.

The raffle for the gourmet basket raised \$429.00 for the general operating account.

Most encouraging was the widespread support of our holiday sharing card that raised \$14,100 with the proceeds to benefit our local community.

Our endeavors do make a difference in people's lives and we thank everyone who cared enough to contribute. \blacksquare



On December 6th the Alliance met at Nikki Crowley's home to prepare and mail the Holiday Sharing Card. Members present were (from left, clockwise) **Helen Whitney**, **Janet Fry**, Beverly Corliss, **Nikki Crowley**, Margaret Greydanus and **Jim Crowley**. Other members came and went and the day was very enjoyable. A lot of work was accomplished and the mailing solicitation gathered a total of \$14,100 for philanthropic. ■



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TO WORRY

ABOUT MEDICAL

MALPRACTICE

INSURANCE

THE DOCTORS COMPAN

Other professional liability insurers sell policies. The Doctors' Company sells peace of mind. We are the nation's largest doctor-owned medical malpractice carrier. We are also one of only six doctor-owned companies in the United States to receive A.M. Best's A+ (Superior) rating. With protection from TDC — The Doctors' Company — Washington doctors and health care facilities can rely on:

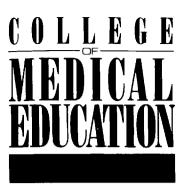
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> TDC World Wide Web Address: http://www.TheDoctors.Com







Maui CME registration remains open

Space is still available to join your colleagues and their families for spring vacation in beautiful Maui, during the College of Medical Education's "resort" conference April 1-5, 1996.

Maui's lovely Ritz-Carlton has been selected as the site for the College's CME at Maui program. Rooms have been set aside for conference registrants starting at \$185 per night.

THE COLLEGE'S RESERVED BLOCK OF ROOMS WILL BE RELEASED AFTER FEBRUARY 28, 1996. Reservations can be made by calling the Ritz-Carlton Kapalua directly at 1-800-262-8440 or 1-808-669-6200. You must identify yourself as part of the College of Medical Education group.

For help with airline reservations to Maui, please call Marilyn at Olympus Travel, 565-1213. Hours are 8:30 am to 5:30 pm weekdays; 9:00 am to 4:00 pm on Saturdays. For additional information or a program brochure, call 627-7137.

Timely topics featured in HIV Infections CME

The eighth annual CME program dealing with HIV infections and AIDS is scheduled for February 23.

The program, developed by local HIV expert Alan Tice, MD will be held at St. Jospeh Hospital, South Pavilion, Rooms 3A & B.

The conference, designed for all physicians, 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 include presentations on local HIV developments and will focus on elements of HIV management and treatment. The following addresses are planned:

*Local Developments in HIV

*Treatment of Opportunistic Infections

*Using the Laboratory in HIV Treatment

*Treating the HIV Virus

*Preventative Medicine in HIV Infections: A California Perspective

*Case Examples

For a conference brochure or additional registration information, please call the College at 627-7137.

DATES	PROGRAM	DIRECTOR(S)
Friday February 23	Review of HIV Infections	Alan Tice, MD
Thurs. & Friday March 14-15	Internal Medicine Review, 1996	Greg Schlepp, MD
Monday-Friday April 1-5	CME at Maui	Mark Craddock, MD James Foss, MD
Friday & Sat. April 19-20	Surgical Update 1996	James Buttorff, MD
Friday April 26	Cardiology for Primary Care	Marilyn Pattison, MD
Friday June 7	G. I. Update	Gary Taubman, MD Richard Tobin, MD
Friday & Sat. June 20 - 21	Advanced Cardiac Life Support	College of Medical Education

(medicine, from page 5)

about their choices and tradeoffs inherent with the changes taking place. And, the public media is beginning to express some of the concerns the WSMA has been talking about. This will help focus the attention on the choice between physician patient relationship and related issues. Many think it is good that health care is being consigned to market dynamics. The concept of free markets, after all is the backbone of our entire economy and society. But, for many of our colleagues this is not a free market. There is legitimate fear that they will not have access. This very fear is what drives the behavior now seen. For example: some physicians support Representative Tom Campbell's bill that would guarantee any willing providers direct patient access. This bill is really a way for chiropractors and other alternative providers to gain access to the limited premium dollar. But some physicians are afraid and saying "just let us in and it is ok if the chiropractors get in as long as I do to." We see the same argument over the insurance commissioners recent pronouncement of how plans must comply with her interpretation of HB1046. "If we are going to preserve the private practice of medicine we have got to organize together" stressed Dr. Rice. "To work cooperatively and without sacrificing our commitment to the patient- physician relationship. This is compatible with managed care. We need to support physician directed delivery responses. And, promote the proper balance between the need to control costs and the needs of the consumer. These competing interests are best served when physicians control the dollar." We need to acknowledge that incentives drive behavior. We should be leery of capitation applied to individual provider level. We must support the concept of shared risk, shared governance, and shared reward. Most physicians will end up in a group setting of some sort be it a formal group, an IPA, a hospital or in some sort of default group. The WSMA continues to promote physician and consumer interest by our Consumer Health Information Act, supporting the ability of physicians to aggregate and participate in the market such as the creation of UPW, repeal of the certificate of need, the current debate with Healthy Options Plan over who owns the patient and endorsing the concept of medical savings accounts.

No longer can groups look to the government to solve huge social problems. But the disenfranchised, physicians included, see the legislature as having an important role in brokering the tensions between patients, health plans, and physicians and, in setting ground rules that provide a level playing field. You will see this reflected in the WSMA legislative agenda. Their top priorities are

1) passage of the Consumer Healthcare Information Act, and 2) Repeal of the Certificate of Need as it applies to hospitals, psychiatric hospitals, home health and hospice, and ambulatory surgery centers.

The Consumer Healthcare Information Act would 1) require plans to fully disclose the terms and conditions of their coverage in plain language including when there is not a point of service plan, 2) prohibit plans from employing Wickline clauses and other such contract clauses that transfer the liability from the plan to the physician for harm caused by the plans payment decision, 3) prohibit plans from censuring provider information to patients such as care the patient needs or whether the care covered by the plan is consistent with medical necessity and 4) preserving a degree of physician clinical decision making by placing certain utilization review standards on plans, such as disclosure of criteria and timely appeals for denial.

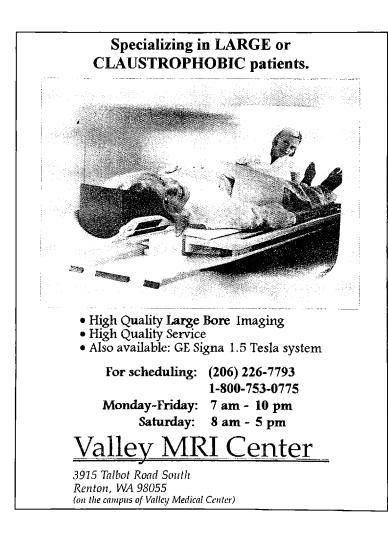
WSMA will continue to work with the Liability Reform Coalition to seek tort reform to prevent further erosion of liability. WSMA will push an aggressive tobacco legislation agenda aimed at protecting minors. A looming issue is how will the state respond to Medicaid reform. The WSMA response is that the priorities should be, 1) focus on the needs of children, mothers and the frail, and 2) maintain the broadest passable eligibility standards.

Data/technology is a huge trend coming our way. And, how will physicians, as a profession deal with the explosion of technology. Dr. Rice believes "we need to embrace it, use it to the advantage of our patients and guard against its mis-use." We believe it is time for physicians and the provider community to take a more assertive role to see that our information needs are met. We are investing time and money in a focused effort to spell out a provider vision of an optimal system and to explore how we might bring that vision to reality. This is our new data project. So far 65 physicians, specialties and county societies have joined forces. We continue to meet with payers through the foundation for healthcare quality to see if we can rationalize the various networks the carriers are pushing. We are establishing a WSMA Web Site or home page on the internet. We are working to educate physicians (See medicine, page 27)

(medicine, from page 26) on the use of technology, such as Health Information Touches the Ground, with over 100 physicians in attendance. Health data, outcome measurements, quality, standards, communications, dissemination were all discussed. A professional obligation is to promote the best, wisest use of data to promote quality, and to see that the data is used to support the most efficient delivery of our services. This work creates opportunities. Our country is on a course that may last for some time, regardless of which party controls Congress, the White House, or our State government. We have a job to do here and now. And part of it is defining how we measure quality. A task force was created by the House of Delegates to define quality and the process by which it may be measured. Can we do it? "Yes, I think so", says Dr. Rice. Should we do it? "Absolutely."

Dr. Rice is enthused about the future. There are opportunities out there for physicians to reassert their professionalism in ways that benefit patients immensely. Too often we hear complaints about managed care, HMOs, declining incomes, fewer jobs for specialists, etc. But, many physicians rate some of the changes as good. Let us focus on what makes medicine the greatest profession of all and think of why so many of our best and brightest people want to be part of it.

"The policies and programs of the WSMA are geared to address the realities of the market place," said Dr. Rice. "The WSMA is neither pro or anti managed care. Its growth is something we must deal with." As one fellow said recently, "you can't stop the sun from coming up, but you can build some shade." "The WMSA educates, it forges consensus and mediates conflicts within the profession. It brings together physicians from a wide variety of practice settings, supports an environment from hospital to physician led delivery systems. Supporting health care issues such as adequate funding for the poor and universal insurance coverage has been with us for a long time. It acts on public health issues such as violence, tobacco and AIDS. It works with community groups, business, labor, health professionals and others to further these goals. Purchasers are beginning to see that physicians hold the key to effective management of the finite premium dollar. The ultimate, determinate of success will be quality health care with value. There are significant opportunities for us to shape a better and more effective health care system." ■



(opinions, from page 12) system patient is Harborview, no doubt."

Alan White, MD, general surgeon, told of the history to the trauma issue in Pierce County. "I came to this community in 1981, and at that time emergency room call was not a mandatory item. In 1983 it became an issue to both hospitals of who would take call, which gives this a twelve-year history." At that time, there was a mandated roster of physicians, lots of in-fighting and turmoil, etc. In 1986 the hospitals competed for Level II designation. Today, the state is mandating trauma care for the area and yet, both hospitals, last year, when approached twice, turned down trauma care. They did this without communicating with the surgeons on the roster, which Dr. White believes created a divisiveness in the community. By last year the trauma surgeons believed that quality of care and safety had become the major concerns. "No other physicians in this community have been made, by either hospital, to provide care in a less than quality situation," said Dr. White. "And yet, that is what they felt was happening to them as trauma care providers." The surgeons didn't refuse, but they were put in a situation to provide less than standard care. At this point they became uncomfortable and decided to terminate care.

Dr. White believes that Tacoma and Pierce County have the patient population to be served by a Level II trauma facility, but he doesn't know how it will be paid for. This has led to divisiveness in the medical community among surgeons, among hospitals, and among providers.

In closing, Dr. White noted that there has been a change in pen-

etrating trauma. It used to be a daily event but it has diminished with people moving from the hilltop.

James Rifenbery, MD, general surgeon said "trauma has not gone away. It is happening on our doorstop everyday." He is concerned because he believes that physicians and this community have a responsibility to patients and they should not be sent to Harborview. He believes most are going to Madigan, about 35-40 patients per month. "Patients taken care of here are more efficiently taken care of at lower cost," noted Rifenbery.

"We need someone to step forward and help with financing. Harborview has mechanisms for funding, we do not. We are a sophisticated medical community, we have everything Seattle does and we should be able to have a Level II trauma center," he said. (Estimated cost 4-7 million) "Harborview does not share designation. They see trauma everyday, they are good at it and they are efficient" concluded Rifenbery.

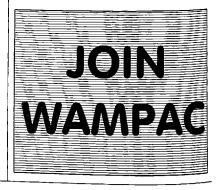
Matt Rice, MD gave the Madigan perspective of trauma in Pierce County. "Since September 1, 1995, Madigan has seen about 40 Step I and II patients per month," he said. "There is no doubt that they need intensive evaluation and intensive care," he added. He predicts about a dozen people will die in 1996 because of the type of injury, where the injury occurs geographically and the distance between that injury and the closest care provider facility.

Harborview has done a wonderful job of transporting complicated patients. The Pierce County medical community, the county, and the state all need to make difficult decisions. Where does

the responsibility rest? he asked. "If you talk to a surgeon the hospitals are the problem, if you talk to the hospitals the surgeons have a problem, talk to the state the county has a problem, talk to the ambulance companies the medical groups have a problem." he said. He believes that very few people are ready to come forward honestly and that there are too many political factors involved. Such as, two major hospitals in downtown Tacoma, both fighting for survival. In the next five years, he imagines, one will probably not exist in its current form. Each wants to survive and is afraid of taking on the huge financial commitment that accompanies trauma. A lot of economic forces are driving this.

"The real burden is to seek a solution without pointing fingers and try to solve this very difficult issue. It will take creativity," he said. Madigan is willing to help for the short term but cannot bear the sole responsibility for the long term. Madigan has fiscal constraints and will probably not tolerate this situation long term. They are willing to help out short term and help in emergencies.

In closing he said "The command has made it very clear that Madigan is not the solution to this problem. To think that Harborview or Madigan will bail Pierce County out of this crisis is very short sighted."



(1996, from page 19)

providers are being pushed in every direction. The short answer is yes, there are some groups that aren't going to be in existence, however, there are going to be enough that you can participate in others if you want to.

Consultants are telling us that eventually there will be three or four large players in the market here in the next year, said Dr. Vidrine. Demonstrating the quality of outcomes is going to be the thing that will enable people to succeed, but that will be more and more difficult for small groups because of the task of managing information. Larger organizations are able to manage information very well, and demonstrate to buyers and payers how well they are doing. The prices will bottom out and everybody will be in the same price range so price will become insignificant.

When asked, Dr. Semerdjian responded that the Franciscans have no plans to go to a closed staff model. As far as acquisitions by for-profit corporations, he believes it causes a lot of havoc in the physician community. It almost becomes the haves and the have-nots. Competition increases and the model that has a strong fincancial foundation can compete for the business at levels that others can't. You can do quality work but you need the data systems that prove you do quality work. Just because a large forprofit comes in doesn't necessarily mean that the quality of care provided under their leadership will be lower. The group that demonstrates quality of care will succeed. And, the for-profits do make major competition for the IPAs and PHOs in communities because they come in with a very strong financial backing and experience in the business.

When asked about Group Health's lack of participation in organized medicine, Dr. Vidrine responded that it would be his hope that Group Health will move toward more involvement in the Medical Society and the community.

When asked about the rumors of MultiCare being purchased by Columbia/HCA, Dr. Stubbs responded that MultiCare is currently not talking with Columbia/HCA and has not talked to them. He said that MultiCare is part of the Health Washington Alliance. Health Washington is talking to Columbia on a verv limited basis. Columbia asked to talk to Health Washington, and Health Washington didn't say no to that. The MultiCare Board has taken a very serious look at this and the board has formed a study group to look at everything that has happened. Everyone keeps saying you need to be big, be integrated, provide all services. etc. so MultiCare is going to take a critical look at all of this.

Stubbs personal observation is that the Board of Directors would very much like to have a local solution that could be worked out.



(Gorilla, from page 6)

one particular plan. "It is easy to think you have the answers but it doesn't take much for one of the plans to go belly-up in a hurry. You cannot be successful in this market and be a small entity. It won't work." **He predicted that in** the next year we will have a major for-profit entity in our state as we are finally becoming interesting to them as other state margins shrink and ours becomes more interesting. "They will be making inroads to our market and then things will really change."

"It is the system that is the frustrating aspect of this chaos, not the person on the other end of the line." The way the system is set up causes frustration and ill will and as we deal with the changing structure we must remain friendly to our colleagues. "At my insistence, the Uniform Medical Plan has a clause that allows for termination due to obnoxious behavior."

His parting words, "Keep the gorilla friendly." ■

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Oncology Conference to focus on Early Detection of GI Cancers

The date has been set and speakers lined up for the Fourth Annual Oncology conference to be held on April 17 at the Tacoma Best Western Executive Inn.

This year's one day offering is entitled "Critical Issues in Early Detection and Treatment of G.I. Malignancies."

Keynoting the day's presentations and discussion will be Bernard Levin, MD, vice-president for cancer prevention at the University of Texas, M.D. Anderson Cancer Center. Dr. Levin will speak on "The Challenge of Early Detection. " and "Premalignant Lower G.I. Condition." Also joining the morning presenters will be Peter Plumeri, DO. LL.M, from New Jersey, who will address the issue of risk management. Kenneth Stevens, MD, from Oregon Health Sciences University, John Macdonald, MD, from Temple University and local experts Gordon Klatt, MD, and Timothy Schubert, MD, will also be presenting.

The planning committee cochaired by **James Wagonfeld**, **MD** and **Irving Pierce**, **MD** has developed an educational agenda of interest to primary care specialists facing the daily challenges of screening for malignant G.I. diseases as well as the surgeon and oncology specialist involved in its treatment.

The event is jointly presented by Multicare's Department of CME, the Multicare Regional Cancer Center and the American Cancer Society. Registration brochures and additional information regarding the conference will be available beginning February 15 by calling the Multicare CME office at 552-1221.

Puyallup, WA: Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 6 to 12 hour shifts. Hours are 12 noon to 12 midnight daily, outpatient only. \$50/hour, benefits available. Send letter of introduction and CV to After Hours Application, Puyallup Valley Healthcare, P.O. Box 1247, Puyallup, WA 98371-0192.



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Physician - Back Health Medical Centers is recruiting for full/part-time physicians for our clinics located in Tacoma, Federal Way, Seattle and Lynnwood. Board Certified physician with demonstrated experience, training and interest in musculoskelatal disorders desired. Must have a current medical license. Back Health Medical Centers of Washington, Inc. is a dynamic organization committed to providing high quality health care in a creative team-oriented environment. Compensation package includes: Top salary and flexible scheduling. Hours are regular business and some early evenings. No holidays, call or hospital coverage. For more information or to arrange an interview, contact Dr. Ron Merchant at 206-621-2225. Back Health Medical Centers, 600 Broadway Medical Center, Suite 200, Seattle, WA 98122.

FP Locum: Tacoma. \$50/hr. Light call. Ob a plus. 1-800-926-5773.

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March, 1996

And the award goes to Gordon Klatt, MD



PCMS President John H. Rowlands, MD presents the 1995 Community Service Award to Gordon Klatt, MD at the February General Membership Meeting.....see page 10

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	"Summer Camp Clout": A Board profile of Lawrence A. Larson, D.O.	
	Physicians meet with Representative Randy Tate (R-9th)	
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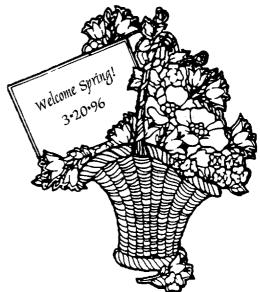
Committee Chairs:

Aging, Richard Waltman; AIDS, John Van Buskirk; Bylaws, Stanley Tuell; Budget/Finance, Lawrence A. Larson; CHCDS, Charles M. Weatherby; College of Medical Education, Susan Salo; Credentials, Roger Lee; Emergency Medical Standards, Anthony Haftel; Ethics/ Standards Of Practice, David Lukens; Grlevance, David Law; Legislative, William G. Marsh; Medical-Legal, Nicholas Rajacich; Membership Benefits, Inc., Keith Demirjian; Personal Problems Of Physicians, John McDonough; Program, James M. Wilson, Jr.; Public Health/School Health, Lawrence Schwartz; Medicine, John Jiganti.

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. October 15 for the November 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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Don't Touch It

Monday morning quarterbacking often proves hindsight better than foresight. That's great in football when no money rides on the postmortems. But, in finances, looking back can be downright dangerous. Sure, Uncle George hit the million mark in gold. Grandma's sitting pretty from IBM. And Joe cracked the jackpot on Starbucks. All luck.

In reality, investment returns in specific areas are as sure as the weather forecast. Making choices on yesterday's news is like bicycling because the sun shone brilliantly last week. Investments resemble a fluctuating river; cresting in a deluge, drying up in a drought, and returning to center with regularity.

"Most portfolios I examine," said financial consultant John Vance at February's PCMS meeting, "are like a seashell collection." "Instead of seriously preparing for retirement and avoiding risky investments," he adds, "folks wander the shore picking up bits of this and that." As an Assistant Vice President at Dean Witter, Vance guides people toward secure retirement investments; packages that won't hit the front page but will pay the bills.

"People view retirement planning as a complex puzzle," said Vance, adding "If we can't do it all we typically don't do it at all." He recommends attacking one puzzle piece at a time. This doesn't mean pulling stocks out of a hat. It means analyzing current assets and setting goals. "Before you meet with a financial advisor," he suggests, "sit down with a good bottle of wine and your spouse. Get an intuitive feel of your needs." by Judy Wagonfeld

Figuring out how to live during retirement should not be an offthe-cuff assessment. It's not a test - there's no absolute correct answer. As a rule of thumb, most people need 60 to 100% of their current income. Variability depends on lifestyle: Do you plan to hit Europe yearly? Where will you live? Do you want a boat? become easier when usurping expert knowledge. At academic Meccas, such as the University of Chicago and Wharton School of Business, economists garner fame from tricky formulas - all for you. Departing from older, risky, historic based strategies, experts now use a forecasting building block model. This three-step plan

"People view retirement planning as a complex puzzle. If we can't do it all we typically don't do it at all." Vance recommends attacking one puzzle piece at a time. "It means analyzing current assets and setting goals."

Do you like four-star restaurants? Do you attend cultural and sports events, or is Cable your life? And, how many years do you expect to live on the returns? If that sounds silly, consider Vance's comments on life expectancy, "If you retire in 1995 at age 65 your life expectancy averages 22 years. Odds are if a couple is healthy there is a 40% chance one will live to age 100." That refocuses the picture.

After getting the kids through college, you might have the bumper sticker philosophy of, "We're spending our children's inheritance." Vance puts it as "Do you want to bounce the check to the undertaker?" Perhaps you expect your children's support, but will they help? In realistic terms you cut it to the wire or leave an estate for heirs or charity. And don't forget to compute in that nasty inflation factor - a doubling or tripling of the cost of living.

Such walloping decisions

minimizes risk by a "best-estimate of returns" approach; a far better method than, "the hottest tip at the cocktail party" said Vance.

Okay, you want to retire in ten years with an income goal of \$100,000 per year. Right now \$300,000 sits in a retirement plan. Despite a financial squeeze, you're committed to dumping \$20,000 a year in a conservative, relatively riskless 10% return portfolio. It doesn't compute. To generate a \$100,000 income without touching the principal you'd actually have to contribute another \$32,000 a year - for a yield of 2 million. Altering a portfolio to earnings of 12%, which is reasonable to expect in the capital markets, vastly increases compounded interest, decreasing input while jolting growth.

When plugging in numbers, Vance suggests using your current tax rate and 3% for inflation. Intuit's Quicken, Microsoft's (Please see "Touch", page 4)

Feature

"Touch," continued

Money and the Dean Witter Asset Planner formulate quickie overview plans or consult a financial advisor for a simple overview. "If you're getting less than a 10% return now," said Vance, "there's something wrong with your planning process." Sticking to low-risk, low-return investments such as treasury bills provides no balance.

"Risk," explains Vance, "is a subjective term. We all heard about the depression around the dinner table." Those stories of complete loss and bankers jumping out of windows cause people to view risk as "someone is going to take all our money." Objectively, that's just not true. Quality investments (combination of S&P 500. Russell 2000 Index's smaller stocks, international stocks and Tbills) in a *diversified* portfolio temper the effects of volatility. Returns have a normal distribution measured by standard deviation; 68% of returns yield within one standard deviation from 12% over time. There lies the key point: "If you have any inclination to bail out," said Vance, "remember, volatility decreases over time." Sit tight.

Hard assets such as gold and real estate generally fail to keep

up with inflation. "Get the beach property," said Vance, "and enjoy it, but don't invest in raw land." Instead, follow a *financial* based assets allocation model. It affords the highest security and "is a far better place to be," said Vance. "We can never get away from any risk but with knowledge we can tolerate it." Go for efficiency in investments. Consulting a financial manager who uses "risk versus return" scatter diagrams, helps answer, "What is the least risk I can take to achieve my targeted return?" Financial management fees of about 2.5%, similar to mutual fund fees, are worth the peace of mind.

When investing, forget, "Buy high, sell low." "Most folks," Vance said, "buy when the market is high - trying to make a quick buck. Then, they lose when it falls." According to one of Murphy's Laws, "Only God can make a random selection." Don't treat your retirement like a Las Vegas toss of the dice. Consider Vance's key concepts:

•A return of 12% is better than 10%

•Be careful but not too conservative

Set high but realistic goals

• Maximize compound interest

•Be long term. Risk decreases over time.

•Don't fear volatility. *Risk* decreases over time.

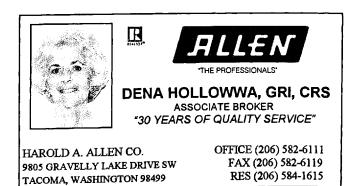
•Manage risk. It decreases over time.

In *The Graduate*, an older gent whispered, "Plastics" as the future - a winning place to invest. In an opposite world, a reporter asked Albert Einstein, "What is the greatest mathematical concept in the world?" He answered without hesitation, "Compound interest."

Vance recommends skipping Hollywood, saying "Make the money you have work harder." Go with Albert's advice - compound interest is the surest bet.

The Dean Witter Asset Planner disk can be mailed to you at no charge. Call John Vance at 593-5000.

A copy of Mr. Vance's handout from the meeting is available by calling the Medical Society office, 572-3667.



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Summer Camp Clout

🗄 by Judy Wagonfeld

In *Harry Met Sally*, a graying patron gapes at Sally's rhapsodic reaction to the deli's food. She tells the waitress, "I'll have what she's having!"

Real life's corollary to such potent movie images is the "summer camp" phenomena; those knock-out memories "you're still thinking about at forty-five." Crystallized fragments, they carry the clout to change a life - in camp or elsewhere. For instance, Larson explained, "I step on the scale and know I'm too heavy." But, "When my doctor said, 'You know, Larson, you're fat,' I had to do something."

Even such a brief encounter can pack a wallop. That's Larson's pediatric philosophy in a nutshell; simply put, "Children want to believe they can do well." If a kid's "doing poorly in school and with friends," he said, "we figure out what's wrong and find answers to get them on the right road." Larry finds kids' uni-focus diseases easy to treat, unlike adult multi-system illness. It's in the pyscho-social realm that complexity rears its ugly head.

Dr. Larson's specialization in immunology, allergies, and pulmonary disease requires investigating environmental issues. Medical schools don't teach about daylight basements; those "mold and dust-mite sewers where kids play and sleep." Nor do they detail recirculating air quality in energy efficient, carpeted buildings with non-opening windows. Lung problems skyrocket in those spaces, dwarfing percentages found in residents of "the good old leaky, ventilated homes."

Putting the sick to bed and away from fresh air seems a universal (but not scientific) notion, derived from varying protective beliefs. Working at an Ethiopian clinic when visiting his doctor/MPH brother, Larry found the locals felt opening windows at night let evil in. The hospital, securely shut against danger, smelled foul. Nothing like the antiseptic U.S. Challenged by the experience, he's set to sample North Viet Nam where his brother plans to set up self-help programs - at twenty-five cents per capita.

As an inquisitive teen, Larry joined the Boy Scouts' Medical Explorers, a group led by **George Tanbara**, **MD**. He "got to watch Tanbara run the heart-lung machine while **Tom Murphy**, **MD**, operated." Fascinated, he and others in the Explorer group traipsed after Tanbara eager to learn all they could about medicine. His Boy Scout buddies included Pierce County physicians John Rowlands and John Hurst.

For Dr. Larson, who started helping with autopsies in the ninth grade, Explorers opened a window. "That experience," he said. "was instrumental in getting me out of pathology." With Charles P. Larson, founder of Forensic Medicine, as a father, he and his six siblings lived medicine. The elder Larson, busy testifying at the Nuremberg Trials or reviewing the data and remains of President Kennedy, wasn't around much. However, his impact was. Larry speaks with fondness bordering on reverence,



Larry Larson, D.O. PCMS Secretary/Treasurer

"Everyone has a story about him." After C.P.'s death, Larson realized his father's prominence, "when I almost threw out a pile of papers containing the original transcript from his Nuremberg testimony."

Dr. Larson joined his mentor at Pediatrics Northwest after training at the Mayo Clinic. In the Baker Center, the expanding group is short on space. Larson's spot, with files stacked on floors. pictures leaning against walls, and boxes spread haphazardly, is like Seahawk headquarters; impossible to know whether he is moving in or out. Amid the chaos of moving. he maintains a serene, calm presence in a royal blue, long lab coat and Save the Children daddy tie. Whether seeing regular folks or big shot "gangster" kids, Larson said, "When they undress, they're just kids." They all bear worries and insecurities.

Looking at photos of his own three children, he is thankful his wife Mary has chosen to be available to them. His youngest son is a "happy middle-schooler." His daughter attends college on a swimming scholarship and his college son is a pre-med major aiming for medical school. That makes Larson happy, despite the changes in medicine because, "The true essence of medicine hasn't changed. It's an obligation

(see "Camp" page 6)

Physicians meet with Rep. Tate for discussions about health care

Congressman Randy Tate (R-9th) asked for a small group meeting of Pierce County Medical Society and Washington State Medical Association leadership to discuss Medicare legislation. Due to the deadlock in Washington, DC regarding the Medicare bill and the budget debates, Tate asked for comments and views of Medicare and the direction it may be going.

Others invited to the meeting were representatives of the American Associated of Retired Persons (AARP), Virginia Mason-

"Camp" from page 5

to the health of a community." Currently, he said, doctors can get sidetracked by monetary issues, caught in, "a political agenda... often what is best for the future of some political career." It's the patients we must speak for. That effort, however, must balance time to prevent their own families from losing out.

To be a pediatrician, "You've got to be an optimist," he believes. "Most days are really good" he adds, explaining he's privileged to have a chance to change lives. Parents' appreciation of his upbeat attitude abounds in charming sketches, knickknacks, and a painted plaque stating, "A hook on one end, an optimist on the other." For Larry, who played championship tennis in college, that could also describe his recreational passion; a racket in one hand, and a ball in the other. ■ Group Health, Hillhaven, and King County Blue Shield.

Representative Tate asked those present to discuss their major concerns as Medicare legislation was shaping up to come out of Congress in 1996. Mr. Redmeyer, representative for AARP, expressed concern for the increased out-of-pocket costs that the Medicare recipients will face. He also expressed concern for the medical savings account proposals, stating that they have the potential to increase adverse selection. The Hillhaven representative was concerned that there is a current incentive to reduce care. Joel Wakefield, an attorney representing Virginia Mason-Group Healt questioned the disparity of reimbursement scheduled for states based on past expenses. They would penalize states, such as Washington, that have been more efficient in their care.

Dr. Peter Marsh and Dr. John Rowlands, representing WSMA and PCMS, respectively, stated their concerns about some of the abuses that are being carried out under managed care. The "gag orders" that plan contracts are imposing upon physicians get in the way of the physician/patient relationship and the need for regulatory relief from Stark legislation CLIA.

The King County Blue Shield representative also raised concerns about the medical savings accounts. There was consensus in the group that the savings targets established by Congress were much too optimistic. The group told Tate they didn't feel the targets are realistic. The group also agreed that fewer, not more. Medigap policies would be required by the Medicare population as more and more plans are offering more comprehensive offerings. The group was unanimous in stating to Congressman Tate that paperwork requirements under managed care are far and above what was previously required. Dr. Marsh stated that he spends at least an hour a day on paperwork and the level is increasing with managed care. Dr. Marsh emphasized that the complexities created by Stark legislation has created a nightmare for many offices.

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Physicians descend on Olympia for legislative summit

Pierce County physicians joined nearly 300 of their colleagues from around the state on January 23 and descended upon Olympia and their legislators to talk about health care issues currently before the legislature.

PCMS members that attended the WSMA Legislative Summit were provided an opportunity to sit down with their representatives and discuss issues that concern them such as the Consumer Health Information Act, (HB 2486 that WSMA has had introduced by Dr. Backlund, R-45), liability reform legislation, trauma and Certificate of Need issues. The Consumer Health Information Act (CHIA) would prohibit "Wickline" clauses (these seek to transfer liability from the plan to the physician, or enrollee, for harm caused by a plan's payment decision) and prohibit the censuring of medical information from physicians to their patients. The bill would also provide for timely appeals and require plans to have a Washington state licensed MD/ DO responsible for all medical decisions.

The Certificate of Merit bill (HB 2840) would require an expert in the same profession to review the facts of a case and certify that the claim is not frivolous. It would

also allow equal access to medical witnesses, such as defense attorneys access to witnesses--without the expense and delay of a formal deposition.

HB2622-- Limiting Public Disclosure of Complaints is another pierce of proposed legislation. Under present law, when a complaint is filed with Medical Quality Assurance Commission (or any other health commission) that complaint is <u>public record</u>, regardless of how frivolous. HB2622 seeks to limit public disclosure until **after** a commission files formal charges against a physician or other health professional.

(see Legislative Summit, page 7)



Drs. Carl Wulfestieg and David Law share a good laugh with Senator Lorraine Wojahn (D-27) at the WSMA legislative reception



WSMA President Dr. George Rice and WSMA's Carl Nelson (governmental affairs) testify before the House Health Committee on behalf of the Consumer Health Information Act



Dr. John Rowlands, PCMS President, Representative Steve Conway (D-29) and Senator Rosa Franklin (D-29) following a thorough discussion on the trauma situation in Pierce Co.



Left to Right: Dr. Scott Carleton, Senator Shirley Winsley (R-28), Dr. Leonard Alenick, and Dr. David Law listen while Senator Winsley explains the legislative process

Legislative Summit, cont. from page 7

HB 2626 is a bill requested by Governor Lowry that is supported by WSMA. It would restrict mail order sales of tobacco products, ban tobacco sampling and sales of single cigarettes, and increase financial penalties for noncompliance.

WSMA is opposing HB 2258 which would eliminate taxes on beer, liquor and cigarettes. The taxes were enacted in 1993 to help fund the expansion of the Medicaid program for children and the Basic Health Plan. The tobacco interests are expected to make a major effort to have the taxes repealed late in the session.

Some of the Pierce County physicians attending the Summit were: Drs. Leonard Alenick, Lee Dorey, Richard Hawkins, Pat Hogan, David Law, Peter Marsh, Ron Morris, Marilyn Pattison, Scott Carleton Nick Rajacich, John Rowlands, George Tanbara, Art Vegh, Charles Weatherby, and Carl Wulfestieg. Alliance members in attendance were: Patty Kesling, Kris White and Helen Whitney.

The Society thanks those who took the time to go to Olympia to meet with their legislators. Every little contact with them helps to get medicine's message to them. They need to hear it often.

If you have any questions about any facet of legislation, or if you want a copy of a particular bill or a WSMA tracking sheet to follow the 170 pieces of legislation, call the Society office at 572-3667 or the WSMA Olympia office at 1-800-562-4546.

If you want to access the legislature via e-mail, the address is http://leginfo.leg.wa.gov/

At this address you can pull up the history of a bill, its sponsors, the content, etc. You can also access RCWs, as well as daily and weekly schedules of the legislature.



Left to Right: Senator Calvin Goings (D-25) and radiologist Scott Carleton become acquainted at the reception



Dr. Nick Rajacich, Tacoma Orthopedist, studies the WSMA legislative agenda before a meeting in Olympia with his representatives from the 2nd District



Representative Lois McMahon (R-26) and Neurologist Dr. Pat Hogan at legislative reception



WSMA Vice President, Dr. Peter Marsh and WSMA colleague meet with Senator Dan McDonald, Senate Minority Leader



Dr. John Rowlands, PCMS President, explains medicine's point of view on current health care legislative issues to Rep. Steve Conway (D-29) and Sen. Rosa Franklin (D-29)

Gordon R. Klatt, MD receives 1995 Community Service Award

Newspaper articles and pictures telling of numerous awards. accomplishments and volunteer activities from a host of organizations make the PCMS file of Dr. Gordon Klatt several inches thick. No wonder he was selected to receive the 1995 PCMS Community Service Award. The award is presented each year to a physician chosen by the Board of Trustees, whose contributions to the community are above and beyond professional expectation. They volunteer their time and resources unselfishly for the betterment of our community. Previous award winners are Drs. George Tanbara, 1992; Charles Weatherby, 1993; and Terry Torgenrud, 1994.

With 250 people registered for the Annual Meeting, including Dr. and Mrs. Klatt, all was set for the award presentation. Due to the sizable windstorm that presented itself the same evening, about one-third of the registrants were not able to attend, many from Gig Harbor. Unfortunately, this group included the Klatts.

At the Tuesday, February 13 General Membership Meeting, after absolute insistence from his wife that he attend the meeting, Dr. Klatt was presented the PCMS Community Service Award for 1995 by President John H. Rowlands, MD.

As Dr. Rowlands said, "the recipient of this award is a colleague most of you know and admire. In 1985 our award winner ran and walked the University of Puget Sound track for 24 consecutive hours as a fund raiser for the Pierce County chapter of the American Cancer Society. **Dr. Gordon Klatt** raised \$27,000 in 1985 and last May, as 80 teams ran for 24 hours (and 80



miles) around Stadium Bowl, over \$225,000 was raised." Wow.

Dr. Klatt has chaired each Pierce County run since his first. He has traveled the nation for the American Cancer Society showing cities and states how to organize fund raising events. He also serves on the National Board of Directors of the American Cancer Society and now chairs their Fund Raising Committee (first physician to do so).

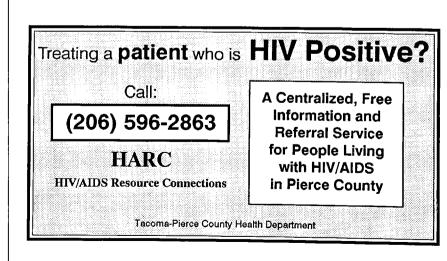
Due to Dr. Klatt's leadership and ability to organize, Pierce County

hospitals agreed to implement nosmoking policies, which up to that point would not consider doing so for fear of losing business to other hospitals. He has been a longtime advocate for no smoking policies in public places and the workplace. He chaired the initial PCMS Tobacco Committee which later became the Tobacco-Free Coalition of Pierce County, a very active group now led by **Dr. Pat Hogan.**

Dr. Klatt served as President of PCMS in 1990. He was very active in tobacco issues during his presidency and did a superb job of recruiting hospital based and other non-member physicians to become members.

Upon receipt of his award, Dr. Klatt urged physicians to be more involved in community activities. He noted that he has truly enjoyed working closely with the Pierce County community and has found community work to be very rewarding.

Congratulations, Dr. Klatt!



Dr. & Mrs. Hellyer receive Community Service Award from Tacoma Rotary Club

David Hellyer, MD retired pediatrician and PCMS member, and his wife Connie, received the Downtown Rotary 8 Community Service Award on February 22, 1996. "Their service to the community will serve people worldwide for generations to come," noted *the gear shift*, Rotary's weekly publication.

The Hellyers donated 500 acres to the Park District of Tacoma to establish Northwest Trek Wildlife Park, probably their most noted accomplishment. **Dr. Hellyer** served as Clinical Director of the Southwest Washington Muscular Dystrophy Clinic at Mary Bridge Hospital for five years. He served as president of Mary Bridge Hospital, North Pacific Pediatric Society, and two terms of the Tacoma Zoological Society.

Mrs. Hellyer is an accomplished pianist, and has served as a board member of the Tacoma Philharmonic, Seattle Symphony and Allied Art of Tacoma. She is past president of the Aloha Club and the Women's Philharmonic. She belongs to many local clubs and organizations and has received many awards.

Dr. and Mrs. Hellyer both remain active at the park. **Dr.** Hellyer is a member of the animal management team and a life member of both the Foundation Board of Directors and Citizens Advisory Council.

Congratulations are extended!

Lawrence Smith, MD dies vacationing

J. Lawrence Smith, MD, longtime Tacoma surgeon died February 15, 1996 while vacationing in California. He was 71 years old.

He graduated from the University of Rochester School of Medicine in New York, followed by an internship in surgery at the University of Minnesota. He served as a surgeon in the Navy Medical Corps and completed a residency in surgery at the Mayo Clinic in Rochester, MN.

He was an active member in organized medicine and the medical community will miss him.

Condolences are offered to his family, particularly his daughter, PCMS member, Leslie Malo, MD.





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Community Advisory Task Force established for trauma issue

MultiCare Health Foundation, Franciscan Health System West and Pierce County Medical Society will fund a Community Advisory Task Force that will conduct a six-month study aimed at finding a workable solution to the Pierce County adult trauma care crisis. The \$60,000 project will receive in-kind support from Pierce County and the Tacoma-Pierce County Health Department.

As of March 1, the statewide EMS and Trauma Care System requires Emergency Medical Services (EMS) personnel to deliver trauma victims to the highest level designated trauma center within 30 minutes. With Tacoma Pierce/County not having an adult trauma center, patients will be transported to Auburn General Hospital or Harborview in Seattle.

Under Level II, a full staff of emergency physicians and nurses is available 24 hours a day. This staff directs patient care and initiates resuscitation and stabilization of unstable trauma patients within five minutes and has a surgeon available within 20 minutes. This is similar to Level I trauma service, which is available only at Harborview Medical Center in Seattle. Level III designation, with surgeons available in 30 minutes, allows for evaluation. stabilization and, in the case of an unstable trauma patient, transfer to a higher level trauma center.

Tacoma surgeons strongly support one hospital be designated, but have indicated a willingness to work with a shared designation. Hospitals prefer sharing the designation.

The task force members will be appointed by Pierce County Executive Doug Sutherland and confirmed by the Tacoma-Pierce County Board of Health. Members will represent business, government, education, labor, health care, and neighborhood and ethnic constituencies. The task force will be staffed by a halftime coordinator. According to Mr. Sutherland, "public discussion and understanding are imperative if a workable solution is to be found. The task force will represent a cross section of our community and will play a large role in bringing about discussion and understanding of the emergency adult trauma care issue." Funding sources will be a major issue for the Advisory Task Force to study, whether it be sales or property tax

increases, a special levy for trauma, etc., Any and all possibilities will need to be analyzed.

The task force project was discussed at a meeting arranged by the County Executive's office and included MultiCare, Franciscan Health System-West, Pierce County Medical Society, Good Samaritan Hospital and the Tacoma-Pierce County Health Department. The meeting was a continuation of work spearheaded by Senator Rosa Franklin before and during the current legislative session, and participants credited Senator Franklin for bringing them together.

WSMA requests nominations for officers, trustees; committee and council members

The Washington State Medical Association is requesting nominations from the county medical societies, state medical specialty societies and hospital medical staffs for officers, trustees and AMA delegate/alternate delegate positions for 1997.

The WSMA Nominating Committee will meet this spring to prepare a slate of nominees for presentation to the House of Delegates during its 1995 annual session. The meeting will be held in Tacoma, September 26-29.

Representing Pierce County on the Nominating Committee are **Drs. David Law** and **Rebecca Sullivan**. Dr. Law is an internist in Tacoma and Dr. Sullivan a family practice physician in Puyallup who works for the Puyallup Valley Healthcare MSO.

If you have an interest in serving

on a WSMA council or committee, please call the Medical Society office at 572-3667. The office can provide you with the particulars for each committe, such as, time commitments, charge, etc. Some of the councils/committees are: Council on Professional Affairs, Judicial Council; Emergency Medical Services Standards Committee, Grievance Committee, Industrial Insurance & Rehabilitation Committee, Medicaid Liaison Committee, Medical Education, etc.

Openings are not always available on the councils/committees, but WSMA does like to build a listing of potential members. It should be noted that the Nominating Committee must choose from a number of highly qualified nominees, not all can be nominated.

PCMS welcomes new members

Hammen, Michael J., MD Anesthesiology

Rainier Anesthesia Associates Medical school: University of California, San Diego Internship: Mercy Hospital & Medical Center Residency: University of Wash. Lee, Melissa W., MD Internal Medicine

Medalia Healthcare

Medical school: University of Maryland Internship: Medical College of Virginia Residency: Medical College of Virginia

Marlowe, Sarah S., MD Family Practice

South Hill Family Medicine Medical school: Medical College of Pennsylvania Residency: Thomas Jefferson University Hospital

Naon, Hillel, MD Pediatric Gastroenterology

5900 100th SW #7, Tacoma 98499 Medical Education: Technion-Israel Institute of Technology Internship: University of California, Irvine Residency: University of California, Irvine

Applicants for membership

Allchin, Carol L., MD Internal Medicine

Lakewood Clinic Medical school: George Washington University Internship: Georgetown-VA Hosp. Residency: Georgetown-VA Hosp. Graduate Training: George Washington University

Mebust, Kimberly A., MD

Neurology Neurology & Neurosurgery Assoc. of Tacoma Medical school: University of Connecticut Internship: University of Connecticut Residency: Duke University Graduate Training: Duke Univ.

Siler, Thomas T., MD Internal Medicine

Multicare Internal Medicine Medical school: University of Tennessee Internship: University of Alabama Residency: University of Alabama

Stringfellow, Steve C., MD Internal Medicine Lakewood Clinic Medical Education: University of Alabama Internship: University of Washington Residency: University of Washington Graduate Training: National Institute of Health



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(Chair)	
Bill Dean	272-4 013
Ronald Johnson	841-4241
Mrs. Jo Roller	566-5915
Robert Sands	752-6056
F. Dennis Waldron	272-5127

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Puyallup, WA: Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 6 to 12 hour shifts. Hours are 12 noon to 12 midnight daily, outpatient only. \$50/hour, benefits available. Send letter of introduction and CV to After Hours Application, Puyallup Valley Healthcare, P.O. Box 1247, Puyallup, WA 98371-0192.

Physician, scholar and gentleman: goodbye Dr. Cordova

by S. J. Insalaco, MD

On December 16, 1995 Pierce County lost a most beloved physician, friend, and devoted family man when **Juan F**. **Cordova, MD** died unexpectedly.

Juan was born on June 16, 1924 in Peru. He attended the University of California at Berkeley and pursued his medical degree at the University of Mexico. He obtained his United States citizenship in 1960. Following an internship and residency at Virginia Mason Hospital he began a long and accomplished career at St. Joseph's Hospital, where his contributions to patient care were enormous. In 1989 he joined Pathology Associates of Tacoma and distinguished himself as an exceptionally dedicated pathologist, unfailing colleague, indefatigable educator and major contributor to both Allenmore and Tacoma General Hospitals.

Dr. Cordova was a physician and scholar and foremost a gentleman who loved his profession and became proficient in many areas of pathology. His gentle radiance and genuine enthusiasm and ebullience for life touched all of us that were fortu-

Juan F. Cordova, MD

nate to have known him. Juan had a far reaching reputation as a physician, educator and lover of opera and music. Juan regularly played the classical guitar and accordian, but his devotion to music was customarily suspended when it became time for his true passion - the World Cup of Soccer. Juan loved Mexico, where he lived and studied for seven years, and where he frequently returned with his wife to visit. Despite semi-retirement, his thirst for knowledge was unabated; during the last several years he committed himself to: teaching, developing expertise in subspecialty areas of pathology and in providing funds to ensure

the continuing education of Peruvian physicians.

In addition to his outstanding ability as an educator and pathologist, Juan was a warm, compassionate, kind and thoughtful family man. He was never preoccupied by accomplishments, material possessions or positions in organizations. He is remembered by his colleagues as a man of character, who loved life, medicine and was an exceptional associate and friend. He will be sorely missed by the many doctors, hospital personnel, friends and family who were fortunate to have known him. His virtures will always be with us and commemorate his luminous life here on earth.

Juan is survived by his wife Mary and their three children: Ceci, a midwife in Seattle; Marisa, a nurse in Bloomington, Illinois; and John, a physician in Omaha. Nebraska. Juan's family was global and included all those that worked with him for over 35 years in our community. We shall all profoundly miss this consummate gentleman, physician and family man.

PCMS helps fund Teen Health Forum

The PCMS Board of Trustees, at their February 6 meeting approved a donation of \$500 to support the very popular Teen Health Forum co-sponsored by the PCMS Alliance.

The forum is held annually and features health education for junior high students from around the state. Pierce County Alliance founded the Teen Health Forum approximately seven years ago.

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cian Should Know" to help

physicians understand the com-

valuation procedures and many other issues and considerations that comprise sales/employment contracts.

For your free copy of this publication, please call PCMS at 572-3667.■

Tax Planning Considerations for IPAs Accepting Risk Pool Distributions (RPDs)

by Brad Willcockson, CPA

Mr. Wilcockson provides financial services exclusively for physicians and other health care providers including several IPA and large physician groups in the Puget Sound area. He formerly served as the Chief Financial Officer for a large physician-owned managed care plan, Accounting Manager for Franciscan Family Care and as a Health Care Policy Analyst with the Washington State Health Care Policy Board.

Tax planning is an important consideration for Independent Practice Associations (IPAs) which accept risk pool distributions (RPDs) in conjunction with managed care contracts. Although there are a host of variations within the categories, most IPAs may choose between three basic methods for accepting these payments: 1) the full absorption method, 2) the collection agent method, and 3) the pass through method. The choice of method, which also involves a choice of organizational structure, will determine how these moneys are treated for tax purposes. There are also non-tax issues, such as how reserves might be accumulated within the IPA, which warrant consideration.

Following below and on the next four pages is a table which compares certain attributes of these three risk pool distribution methods:

Issue	Absorption Method	Collection Agent Method	Pass-through Method
1. Basic description.	Members sign over ownership of RPDs to IPA by modifying articles of incorporation. IPA records RPDs as revenue.	IPA collects RPDs on behalf of physician owners, holding money in escrow until it is distributed to the members.	RPDs deposited into LLC, partnership, or trust on behalf of physician owners. Money is invested until distributed. Members report income annually, and own their share of the LLC's assets.
2. How/when do members receive/record income from the RPDs?	Members never receive or record RPD income, per se; however they could receive surplus funds (above those needed for reserves) from IPA via shareholder dividends, which would be subject to double tax. Corporate redemption of stock at excess sales price as a means of member compensation would trigger dividend recognition of gain under IRC 301.	Members would receive income when they receive cash payments from the escrow account. Per IRC Section 408, in the event that money received prior to year end is not distributed within 2 1/2 months, double taxation would result from IPA's inability to take a timely tax deduction for collection agent distributions; however, this would ''turn around'' in the next year. Undistributed distributable money would be subject to constructive receipt rules.	Members would record income in the tax year within which the pass-through entity ends. Cash/accrual timing issues are relevant only at the entity level.
3. How/when is tax paid on the RPDs?	RPDs would be revenue to IPA and would contribute to net income. Tax would be paid quarterly at standard tax rates. If dividends were declared, members would again pay tax at the shareholder level.	Tax would be paid when cash was received, whether actually or constructively.	See above.
4. How/when may the RPD be used to establish a reserve account?	The RPDs would contribute to net income which, after taxes, would contribute to surplus funds. The surplus funds would form eventually form a reserve.	This structure would not and could not retain funds, and thus could not accommodate reserve formation.	Per below, all or most of the assets of the partnership could be used as IPA's reserve account.

Issue	Absorption Method	<u>Collection Agent Method</u>	Pass-through Method
5. What are the B&O tax implications of the various structures?	Title 82 of the RCW and Title 458 of the WAC requires that B&O tax be paid on all non-exempt revenue; however, ETB 505 grants an exemption from B&O tax for non- business related dividends & interest, i.e., there would be no B&O tax paid at the member level on dividends and/or interest paid.	Under WAC 458-20-233 B&O tax would be exempt from double taxation, and would be paid only once at the member level when income was recognized. The 2 1/2 month rule does not apply to B&O tax distributions.	Per below, through a pending revenue ruling, revenue would be exempt from double tax, and would be paid only once at either the partnership or member level. If money is to remain undistributed for a long period of time, the Dpt of Revenue may require that B&O tax be paid "up front", i.e., at the partnership level. Subsequent distributions would then be free from B&O tax at the member level. Although the Dept of Revenue does not hold to a strict 2 1/2 rule like the IRS does, B&O taxes may not be deferred indefinitely, either. The exact allowable deferral period is an indeterminate "gray area", however, our pending revenue ruling will provide us with a known safe harbor.
6. What are the costs to set up and maintain these various structures?	Additional legal fees as necessary to amend existing contracts; additional accounting fees only to the extent that the tax return would be slightly more complex.	Minimal costs to set up; accounting fees as necessary to track allocation of funds, and create & distribute 1099's at year end. Would depend somewhat on lag periods between receipt and distribution, number of distributions per year, the investment status of the money in deferred distribution, and whether (additional) 1099-ints were required to report interest income.	Significant legal fees and accounting fees to set up (\$3,000 to \$5,000), the cost of monthly financial statements, and \$1,000 to \$1,500 annually for a partnership tax return (medium sized IPA).
7. Who would receive the tax benefit (the deductions) from the accounting and legal fees incurred by RPD activities?	IPA corporation.	IPA corporation	IPA members.
8. Will this structure maximize the net worth of the individual members?	Clearly, no. The burden of double income tax would more than negate the slight savings in set up costs.	No. Greater net worth than alternative A, but less than alternative B. Decreased by lack of passed-through accounting & legal deductions and impracticability of investing in high-return assets (reporting). Also a potential for partial double tax on "straddled" undistributed RPDs. Other problems are inability to establish a reserve, and inability to initiate a risk adjustment.	Maximizes net worth by absolute avoidance of double tax, both FIT & B&O, passing through deductions to physicians, allowing high- return investment, and deferring income to cash basis members. Has the added advantages of forming a reserve account, creating a mechanism for risk adjustments, easy transfer/cash out of capital accounts, and elimination of multi-priced stock in IPA (which would be and will be necessary within IPA without a parallel partnership).

Issue	Absorption Method	Collection Agent Method	Pass-through Method
9. How will interest earnings on undistributed RPDs be distributed to and reported to the physician owners?	Since the RPDs would be assets of IPA, IPA would receive the associated interest income. After tax, this income would increase the book value of the company, thus increasing the book value of the shareholders' investments. In order to receive cash for this increase in investment share value, a dividend or a stock sale would need to take place. Both would be subject to double tax.	1099-ints	Interest income will be reported to members on K-1's, and will be taken into account in determining amounts to be distributed versus surplus retainage.
10. What are the implications for transfer of ownership, and new shareholders?	Sales of existing shares: The RPDs would contribute, on an after tax basis, to increased share value. Theoretically, this would result in a higher sales price for those shares. Sales of new shares: Presumably, the future sales price of shares would be tied to future value, thus a premium (or a discount) for future sales would be required to ensure fairness to both future and current investors.	Transfer is easy, liquid, and exact. The capital account balance is the value of the investment, and may be sold or traded without need for additional valuation.	Transferability through sale to non-members limited may be limited by terms of LLC agreement; however, such agreement may provide for buy-back of member shares subject to adequate liquidity considerations.
11. How will RPD proceeds be allocated among physician owners?	here will be no allocation of RPD proceeds to specific members; rather, they will contribute to the assets of IPA and, indirectly, to the share value of IPA shareholders.	According to the method determined by IPA; specifically, IPA's compensation committee.	Allocation of retainage (capital accounts) will be proportionate to each member's ownership interest, based on IPA allocation formula.
12. What will happen in the event of a risk adjustment(pay in)?	This structure is not designed to account for a risk adjustment from members. To create one could be difficult both legally and practically.	This structure is not designed to account for a risk adjustment from members. To create one could be difficult both legally and practically.	Payment would be made by the LLC out of retainage, and be passed through as tax deduction to its members.
13. How will the retirement plans of physician owners be affected?	If a member is accounting for IPA investment outside of a retirement plan, as an investment on the cost method, it will not affect the retirement plan. If a member is accounting for IPA investment inside a retirement plan, it will affect the plan to the extent that changes in the value of the investment affect the plan.	Income received would be treated as ordinary trade or business income for purposes of members' retirement plans (and for other purposes as well).	Members will receive a K-1 each year indicating respective share of accrual method income/loss. The effect of this upon each member will depend on that member 's accounting method and retirement account.
14. If for any reason IPA discontinues operation, what will happen to my investment in IPA and/or the trust?	Providing that the holding period is met, losses on IPA stock would receive favorable tax treatment under IRC 1244 (small businesscorporation stock).	N/A	Your capital account in the trust/partnership will have a definite cash value. Upon retirement or liquidation, any remaining proceeds will be returned to you.
15. If the IRS should adapt a "flat-tax" method, what will be the affect?	Difficult to say, but in its current draft form, proposed "flat-tax" reform would affect mostly tax rates and tax deductions, neither of which are integral items in this analysis. The primary issues driving this analysis - double tax, maximizing net worth, and building a reserve - would not be affected. If capital gains, dividend, and investment income are excluded from taxation the corporate structure could possible be exempt from double tax.	See left.	See left.

Issue	Absorption Method	Collection Agent Method	Pass-through Method
16. How do we know that the proposed trust will be able to capitalize the IPA with reserve capital under the projected regulatory environment?	N/A	N/A	The "proposed regulatory environment" is nebulous, at best, and no one knows to what extent, or exactly how, Risk Bearing Organizations (RBOs) will be regulated. The NAIC has a working group (CLEAR) assigned to study the issue. In the mean time, the highest standard to which any organization is currently held is the standard for fully regulated insurance companies. It's reasonable to assume that we will be safe if we meet this standard. Therefore, our assumptions are conservatively based, in that we are prepared to conform to the strictest possible regulatory environment. The regulatory environment. The regulating agency will be the Company Supervision Division of the Office of the Insurance Commissioner (OIC). We are currently in receipt of the most recent pronouncements from the OIC (TB 94-01-CS), with which the accompanying proposals are in conformity.
17. What type of tax reporting will – occur?	IPA is not entitled to tax exempt status under IRC 501, and will therefore file an 1120-C, standard corporate tax return, and pay tax on any income. Irrespective of IPA's organization under RCW 24.06 (a state regulation), it does not qualify for federal tax-exempt status because if its business purposes. No reporting of income will occur at the shareholder level.	Members will receive 1099's annually which will report cash disbursements.	Members will receive K-1's annually which will report their income, expenses, and capital account balance.
18. If the IPA elects to form a partnership or trust to receive income, what tax reporting will occur to the partners?	The most important issue in this analysis is avoidance of double taxation. The corporate structure, even if well run, will not avoid double tax. Additionally, it provides the highest potential for taxes paid due to "mistakes" - i.e., distributions not made on time, incorrect estimates, etc. Also, there exists a potential accumulated earnings tax, and possible recharacterization problems with medical payments to shareholders. If income and capital is placed into the "safe" environment of a pass-through entity, none of these problems are possible.	N/A	The partners will receive form K-1, indicating their respective share of income and expenses from the partnership. The partners will need to report income, even though they may or may not receive cash. The K-1 will also indicate the partner's capital account.
19. If the IPA creates a partnership, members will own a capital account. What is a capital account?	N/A	N/A	A capital account is an asset, i.e., an investment. Your capital account will be your share of the partnership's total net worth.

Issue 20. How may an interest in the partnership be converted to cash?	<u>Absorption Method</u> N/A	Collection Agent Method N/A	Pass-through Method At the discretion of IPA's board, cash distributions may be made from the partnership, as appropriate. Upon liquidation or withdrawal, the value of your capital account will be paid to you in cash. This will be a tax free distribution under IRC Section 731.
21. If the IPA creates a partnership, how will members' capital accounts, which are in the partnership, be used to create a reserve, which must be in IPA?	N/A	N/A	Most or all of the unencumbered assets (those designated for distribution) of the partnership will be pledged to IPA in the form of subordinated debt, as per RCW 48.43.070(2), 48.44.037 (3), and 48.46.235(3)(c).
22. What is subordinated debt, and what should members know about it?	N/A	N/A	Subordinated debt is "'quasi-deht'', which can be ''deemed'' (and reported) as capital for statutory accounting purposes, and can therefore be used to establish a reserve account. Therefore your assets (your capital accounts) will be pledged to IPA. Individuals or organizations which are able to establish legitimate legal claims against IPA will have a higher right to receive payment from the subordinated debt than you will to receive return of your asset. This is called being in the "second position" behind creditors. However, upon liquidation, you will be in a higher position than common and preferred shareholders. Any money you loose through forfeiture will be an expense to your business. If we structure the partnership as an LLC, your investment in the LLC will not involve liability greater than your capital account.
23. How will new member establish capital accounts?	N/A	N/A	New partners will be required to establish a capital account equal to what their balance would have been if they had been members from the beginning.
24. What will happen when members leave the IPA?	If your IPA does not have a buy/sell agreement, you will need to find a buyer for your shares of IPA stock.	If your IPA does not have a buy/sell agreement, you will need to find a buyer for your shares of IPA stock.	Your partnership capital account can be given to you in cash in a tax free transaction.



the Pulse

Pierce County Medical Society Alliance

Alliance Meetings: Mark your calendar!

All board meetings will be held from 9:30-11:30am Monday, March 4, 1996 - Mary Bridge, Large Board Room Monday, April 8, 1996 - Mary Bridge, Large Board Room Tuesday, May 7, 1996 - Combined Board meeting at the Tacoma Country & Golf Club. A no-host luncheon will be served.

General Meeting, Friday, March 22, 1996 at Oakbrook Golf & Country Club, 8102 Zircon Dr SW, Tacoma 98498; 584-8888. Program: "Party Tables" presented by Blitz & Company, 1993 Small Business of the Year. Please join us for a very exciting floral demonstration on how to create beautiful tables for special occasions. Marilyn, owner of Blitz & Co., who trained under master Dutch designer Rene Van Reims, will show you many tricks of the trade. Along with her very talented designer Carrie, who trained under the famous German designer Gregor Lersch, Marilyn will present many innovative ideas on floral design. This will be a golden opportunity to learn from the experts themselves.

11:00am Social 11:30am Meeting 12:00pm Progam and Lunch

Cost: \$10. Your check is your reservation.

Send your check payable to PCMSA to:

Mona Baghdadi, 5311 Canterwood Dr NW, Gig Harbor, WA 98332.

Cancellations: Mona Baghdadi, evenings, 581-6306.

RSVP by March 15.

Directions to Oakbrook Golf & Country Club, 8102 Zircon Drive SW

From: Tacoma, Puyallup, Federal Way: Take I5 Exit #125 (Lakewood/ McChord). Turn right at the end of the exit on to Bridgeport Way. Stay on Bridgeport to Steilacoom Blvd. Turn left. Follow general directions.

From: Gig Harbor: Cross Narrows Bridge, exit at Jackson, 6th Avenue. Turn right at end of exit on to Jackson. Stay on Jackson, continue south (Jackson will turn into Bridgeport Way) go about 11 miles to Steilacoom Blvd. Turn right on Steilacoom Blvd. Follow general directions.

General Directions: Follow Steilacoom Blvd. As you cross the Bridge over Steilacoom Lake, immediately turn right onto Phillips Road. Drive 3/4 mile and turn directly on to Onyx Drive SW. Do NOT take the cutback which is also on Onyx Drive. Follow Onyx Drive SW to a 4 way stop sign. Continue straight ahead. After this intersection, Onyx Dr SW becomes Zircon Dr SW. Follow Zircon Dr SW to Oakbrook Clubhouse (on left, 3/4 mile from turn-off of Onyx Drive SW).

Additions for Membership Book

Please make the following additions/corrections to your PCMSA Membership Directory:

Corliss, Beverly (Robert)

1920 Chanel Road E

Sumner, 98390 863-9881

Larson, Mary (Larry)

704 North G Street Tacoma, 98403

, 98403 752-5132 Terri (lack)

Stewart, Terri (Jack)

2715 39th Street NW Gig Harbor 98335 851-2578

Correction: Hoyd, Norma should read: Lloyd, Norma

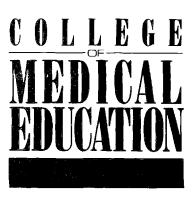
PCMSA needs your help

Please help support PCMSA and our efforts to improve the health and quality of life in Pierce County. Your membership indirectly supports your spouse and their profession.

Your dues show that the medical community cares about what happens here.

We hope that you will continue that support by sending your check made out to PCMSA and mailing it directly to:

Janet Fry, 13001 53rd Ave NW, Gig Harbor, WA 98335 Dues: \$75.00 Widow/Retired: \$56.00 New Member: \$55.00 Student: \$25.00





Maui CME registration remains open

Space is still available to join your colleagues and their families for spring vacation in beautiful Maui, during the College of Medical Education's "resort" conference April 1-5, 1996.

Maui's lovely Ritz-Carlton has been selected as the site for the College's CME at Maui program.

Participating physicians will receive updates in a variety of subjects in the areas of Infectious Diseases, Pulmonology, Dermatology, Endocrinology, Gynecology, Neurology, Gastroenterology and Surgery.

Reservations can be made by calling the Ritz-Carlton Kapalua directly at 1-800-262-8440 or 1-808-669-6200.

For help with airline reservations to Maui, please call Marilyn at Olympus Travel, 565-1213. Hours are 8:30am to 5:30pm weekdays; 9:00am to 4:00pm on Saturdays.

For information or a program brochure, call 627-7137. ■

Internal Medicine Review 1996 Scheduled for March 14 & 15

The Tacoma Academy of Internal Medicine's annual twoday CME program is open for registration. The program offers a variety of timely internal medicine topics. The review was organized this year by **Greg Schlepp, 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.

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 presentations on the following:

Antifungal Therapy Hypertension in Special Populations Epilepsy - Differential Diagnosis Management of Headache - Focus on Prevention SSRI's in the Treatment of Psychiatric Disorders Current Strategies in Treatment of GERD Advancements in the Treatment of Panic Disorder Ethical Issues in Critical Care Update on Antibiotic Therapy Evaluation and Management of Nephrolithiasis Management of the Diabetic Foot Hormone Replacement Therapy Management of Osteoporosis

Pathogenesis of Hyperglycemia in NIDDAM

DATES	PROGRAM	DIRECTOR(S)
Thurs. & Friday March 14-15	Internal Medicine Review, 1996	Greg Schlepp, MD
Monday-Friday April 1-5	CME at Maui	Mark Craddock, MD James Foss, MD
Friday & Sat. April 19-20	Surgical Update 1996	James Buttorff, MD
Friday April 26	Cardiology for Primary Care	Marilyn Pattison, MD
Friday June 7	G. I. Update	Gary Taubman, MD Richard Tobin, MD
Friday & Sat. June 20 - 21	Advanced Cardiac Life Support	College of Medical Education

Great sun, skiing blesses CME at Whistler



Hank Zielinski, MD, former Tacoma surgeon now practicing in Georgia, warms up the crowd before presenting on the latest advances in laproscopic surgery

The CME at Whistler, the College of Medical Education's winter resort program, was a huge success with fantastic sunny weather. The program brought together a number of Pierce County physicians to British Columbia for family vacations and quality CME. A number of 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 program was directed by **Rick Tobin**, **MD**.

The College plans to offer an annual ski CME program next year and will likely return to the Whistler area. ■



Phil Craven, MD fields a question from Alan Rosenthal, MD, Joseph Regimbal, MD and Mark Craddock, MD



Bill Martin, MD and wife Karyl are all smiles during the Wednesday evening wine and cheese reception



Left to right: Kristopher Samms, Kate Craddock and Brittany Samms pose with Mark Craddock, MD on way to get pizza



Alex Mihali, MD and wife Debbie enjoy the fun with their associates at the reception prior to the CME program

Who are the trend setters OR what are you missing?

Twenty-one healthcare providers in Pierce County have increased the continuation of care to women by participating in the Breast and Cervical Health Program. The window of opportunity is still open. Approximately 20,000 women need your help.

The Tacoma-Pierce County Health Department (TPCHD) in cooperation with the Washington State Department of Health has implemented a Breast and Cervical Health Program in Pierce County. The plan provides early detection and screening services to low income women age **40** and over. Services to this population started on December **1**, **1995**.

The Screening Goals of the Public Health Improvement Plan for Breast & Cervical Cancers are:

to increase the survival rate substantially through increase use of mammography and pap smear screening, particularly among women of color and to reduce the mortality rate in Pierce County to 23.1 per 100,000 from 27.6 per 100,000.

Public Health Service (PHS) efforts have included the development of a National Strategic Plan for the Early Detection and Control of Breast and Cervical Cancers to ensure that every woman for whom it is deemed appropriate receives regular screening for breast and cervical cancers, prompt follow-up if necessary, and certainty that the tests are performed in accordance with current recommendations for quality assurance.

In Pierce County the age adjusted mortality rates for both breast and cervical cancers are higher than those at the state level by approximately one percent, an average of 37 women die from breast or cervical cancer in Pierce County yearly, and many of these deaths occurred because the cancers were detected too late for treatment. Congress recognized the life saving potential offered through early detection when it passed the Breast and Cervical Cancer Mortality Prevention Act. Enacted in 1990, this law forms the foundation for a long-term, comprehensive national public health approach.

In Washington State approximately 3,800 women are diagnosed with breast cancer each year and 2,030 are diagnosed with cervical cancer. Approximately 86,000 women age 50 and older have never had a mammogram and approximately 780 women die from breast cancer and 50 die from cervical cancer each year.

In September 1993, the Washington State Department of Health received a five-year \$15-20 million federal grant from CDC to implement a Breast and Cervical Cancer Early Detection Program The target population is women 40 years of age and older who are low income, uninsured or underinsured. Particular emphasis will be placed on high risk populations including racial/ethnic minorities and lesbians.

The State Department of Health (DOH) requested the TPCHD to develop a county-specific plan for the implementation of a breast and cervical cancer health program in Pierce County. A major barrier to screening is lack of physician recommendation or referral. Women of low income are hindered by limited access to health care, screening costs and the fear of finding cancer.

County statistics estimate that 14% of Pierce County women age 40 and over have no health insurance compared to 13% state wide. This equals approximately 20,000 women in Pierce County needing these services

Pierce County's Breast and Cervical Health Program (BCHP) was launched in December 1995.

Services provided by contracted clinics and local providers include clinical and diagnostic screening and follow-up services. The program includes public education, professional education, quality assurance, tracking/ surveillance and service delivery components.

Reimbursement for services to the target population is paid directly to the healthcare provider by the State DOH. TPCHD provides coordination of services and outreach activities.

Support from the community has been great. As of December 1995, a mammography facility, eleven physicians, three hospitals and six clinics have contracted to provide services.

The program's legislative mandate only permits payment for screening and detection services. However, the TPCHD can assist with finding coverage such as enrollment in the Washington State Basic Health Plan.

Those interested in a woman's health exam or desiring more information about the program should contact the Health Department's Resource Center at (206) 596-2987. ■

Editor's note: This article was submitted by the Tacoma Pierce County Health Department

POSITIONS AVAILABLE

Tacoma/Pierce County, Outpatient general medical care at it's best. Full and part time positions available in Tacoma and vicinity. Very flexible schedule, well suited for career redefinition for GP, FP, IM. Contact Andy Tsoi, MD (206) 381-0153.

Internal Medicine Opportunity -

Enjoy the active lifestyle and natural beauty of the Puget Sound in a position with two Internists/ Geriatricians in private practice. Competitive salary and benefit package. Full or part-time position available for BC/BE practitioner. Contact Jan Brame at (206) 272-5076 or send CV to Internal Medicine Northwest, 1112 South 5th Street, Suite B, Tacoma, WA 98405 or fax to (206) 272-5643.

Family Practice Physician -

Interested in living and practicing medicine on an island? Experience in providing full spectrum primary care; ACLS required, ATLS preferred. For more information, call or send CV to: David Gimlett, MD, Inter Island Medical Center, PO Box 370, Friday Harbor, WA 98250, (360) 378-2141.

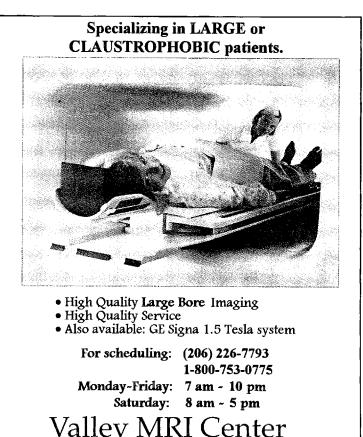
Puget Sound Area, WA: You know how you want to set up your practice. We can help you do it. Dynamic physician-hospital organization seeks BC/BE Family Practitioners and Pediatricians. Willingness to provide obstetrical care a plus for FPs. Flexible financial packages and practice positions available from independent to group settings, practice management to full employment. Convenience, quality 225-bed hospital and excellent location in fast-growing, primary care underserved, family community. Close to Seattle with year-round recreational opportunities. Contact Rebecca Sullivan MD, Medical Director, Puyallup Valley Healthcare, 407 - 14th Avenue SE. Puyallup, WA 98371, (206) 848-6661, Ext. 2812.

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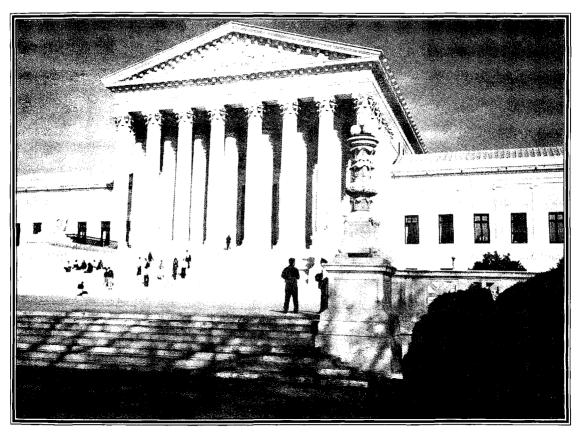
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April, 1996



The Supreme Court Building, Washington D.C.

Where the physician assisted suicide decision will ultimately be made

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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. October 15 for the November 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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Legislative session offers gains/losses for health care issues

The 60-day 1996 state legislative session ended as scheduled on March 7. As always, politics and complex health policy collide and many issues quickly get out of control. Following is a summary of the final disposition of a few of the health care issues brought to the legislature in 1996:

• Key elements of the WSMA's Consumer Health Information Act (CHIA) passed in the form of ESSB 6932. The bill was signed by the governor. The bill bans managed care contract gag clauses and requires disclosure of important provisions (if the enrollee asks) and allows private contracting. Not included was a ban on contract "Wickline" provisions. This fight will be continued in future legislative sessions.

• Post delivery care of mothers and infants passed and places the clinical decision making where it belongs - in the hands of the attending physician. WSMA worked collaboratively with the Academy of Pediatrics and physician at-risk groups on this legislation, and supported the bill.

• Business and Occupational Tax Decrease was reduced 1/4 of 1% for physician services.

• The supplemental budget keeps the Medically Indigent Program alive for another year with \$11.4 million from the Health Services Trust Account. The program was set for termination in its present form on July 1, 1996. WSMA has lobbied hard the past two years to keep this program properly funded. It provides coverage to indigent patients for emergent services that are provided on an inpatient basis.

• Trauma funding was included in the supplemental budget which

contains \$4.6 million to compensate designated trauma centers for trauma services provided to medically indigent and general assistance clients. This was supported by WSMA.

• Vaccines - \$2.5 million was appropriated for the purchase of vaccines for diseases not currently included in Washington's childhood vaccination program. Diseases included are hepatitis B, hepatitis A, influenza, varicella and pneumococcal.

• Two bills that would have allowed optometrists to use and prescribe approved drugs for therapeutic purposes without limitation upon the methods of delivery in the practice of optometry died. The WSMA actively opposed this legislation. The issue will go to the Department of Health for Sunrise Review before the **1997** session.

• Any Willing Provider and Any Willing Pharmacy measures died. These bills were opposed by the WSMA.

• Repeal or roll back of cigarette taxes to fund the health Services Trust Account which, among other things, funds the expansion of the Basic Health Plan and Medicaid were defeated by the WSMA and other members of a coalition.

• Single Name Identifier for Controlled Substances, sponsored by Representative Phil Dyer (R-Issaquah) and supported by the WSMA makes it a felony to use more than one name (no need to prove fraud) to secure controlled substances passed and is on the governor's desk.

• The WSMA succeeded in having the agenda of the Liability Reform Coalition (LRC) include three priorities: 1) requiring a Certificate of Merit, 2) allowing defense attorneys equal access to medical witnesses, and 3) rectifying the statute of limitations issue in the Supreme Court decision in Gilbert v. Sacred Heart.

• Vouchers for the Basic Health Plan - WSMA supported proposals for pilot programs for the Basic Health Plan to essentially "field test" the medical savings account concept. Both House and Senate bills on this died.

• WSMA joined with the Association of Washington Business and insurance plans to lobby an amendment to HB2097 (a bill including chiropractic and restorative services in the BHP) that would have clarified that the broad inclusionary language promulgated by the Insurance Commissioner in late December would apply only to the Basic Health Plan model plans. Maneuvering in the Senate in the final hours prevented a vote on this. (the "Moyer amendment.")

• Anti-tobacco legislation that proposed to restrict mail order sales, prohibit ads by a state owned or funded location, and ban tobacco sampling and sales of single cigarettes died.

• Also died - WSMA sponsored legislation that would have limited public disclosure of complaints against physicians until the filing of a formal charge by the Medical Quality Assurance Commission, and a bill that would have required the Department of Labor and Industries to pay interest from the date a claim is received rather than for those outstanding for 60 days or more.

Reprinted from WSMA Membership Memo, March 15, 1996

PCMS leaders attend national leadership conference

Antitrust legislation, Clinical Laboratory Improvement Act (CLIA) and physician assisted suicide major topics of national conference

Antitrust legislation and CLIA (Clinical Laboratory Improvement Act) captured most of the conversation of PCMS President John **Rowlands, MD** and President Elect **Stan Harris, MD** when they met with the Washington Congressional Delegation while attending the AMA National Leadership Conference in Washington, D.C.

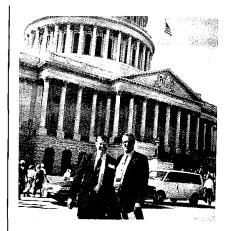
Senator Slade Gorton and Representatives Dicks (D-6th) and Tate (R-9th) said they were cosponsors or supporters of the Hyde-Archer Bill (H.R. 2925) Antitrust Health Care Advancement Act. This legislation would clarify the parameters under which existing physician networks would be able to operate. It would require networks to be judged by using the "rule of reason" instead of being automatically subjected to the per se rule of illegality. Prohibitions regarding anti-competitive conduct would remain intact. The legislation seeks to "de-regulate" the health care market to stimulate competitiveness while lowering costs. Senator Patty Murray had not yet signed on to the bill, but was considering doing so. Passage of this bill looks favorable.

The CLIA legislation would exempt physician office laboratories from compliance with CLIA except for those offices that take Papanicolaous (Pap) smears. The onerous administrative requirements of this legislation stands a good chance of being overturned. However, tort reform legislation appears to be an endless struggle. Senator Gorton told the group that the product liability bill would be going to the President for his signature, but, the President says he will veto the bill. Gorton said perhaps next year something on tort reform could be moved through Congress.

The National Leadership Conference brings together the leadership of all county, state and national medical societies and associations. Emily Friedman. author and lecturer on health policy opined that physician assisted suicide will become legal in most states within the next few years. She does not support it and noted that one-half of the patients dying in Holland where it is accepted, did not ask their physician to assist them in their death. Friedman asked that not all HMOs and other managed care organizations be tarred with the same brush as the for-profit HMOs. She stated that the explosion we are seeing in alternative care reflects a lack of faith in medicine and distrust of medical practitioners.

Charles J. Ogletree, JD, Professor, Harvard Law School, facilitated a very lively panel discussion with Arnold Relman, MD. Editor-in-Chief Emeritus, New England Journal of Medicine, and several others, particularly executives of for-profit HMOs. Thomas Scully, Executive Director, Federation of American Health Systems (for-profit HMOs) predicted that, "it is going to get a lot, lot tougher on providers as managed care sets in." Dr. Relman was particularly critical of the forprofit HMOs who are making huge profits on the system. The term "profiteers" was used frequently in the discussion.

The Medical Society has several



Drs. John Rowlands and Stan Harris on their way to another meeting in Washington, D.C. at the AMA National Leadership Conference

audio tapes from the meeting. The following are available on a loan basis. Please call the Society at 572-3667 and they will be sent to you.

- •Leadership: His Way, Her Way---Is There a Right Way?
- Ethics and Quality in a Changing Environment.
- Ethics -- The Interface of Medicine and Society.
- Ethical Staandards in Managed Care
- •Turning from Science and Reason.



From Sloth to First Place

by Judy Wagonfeld

Visiting Paris four years ago, **Ron Taylor** added one sight not on the usual tourist list. At The American Church, he told wife Ann, "That's it - the church where I lost two fingers."

There, in the church basement's depths, eleven year old Taylor had hung out with mischiefmaker, military brat friends. Like bait, an ancient, abandoned etching press beckoned; perfect for "grinding up chalk and stuff." But not so good for fingers. Or for the spirit. Taylor has, "not, been much inclined toward church since."

His loss hindered nothing else, particularly his competitive spirit. Even when growing rhododendrons. he vied for and won a Rhododendron Society's first place award. Showing off the blue and gold ribbon dangling on his cluttered bookshelves, he beams as if at a grandchild's photo. Hanging like his neatly knotted runner's tie, first place national and local marathon ribbons denote wins in increasing age categories. Now past the mid-life crisis era, that part of aging amuses Taylor who feels content, unsettled only by change. People, he laughs, "say I'm more mellow. Maybe it's just failing testosterone."

More likely, it's the endorphins generated from 50-60 miles a week of pounding the pavement. That is, since he converted from a sloth ten years ago. "I chainsmoked a pipe for twenty years, always carrying two," he said. "One stayed lighted while the second cooled because packing and lighting a hot pipe cracks it." One night, sitting at his desk, he ran out of tobacco. Irritated, he stood to rush out seeking more. "Suddenly," he said, "I thought, 'this is stupid,' and I put down the pipe. I never smoked again."

Shifting from neutral to fourth gear, he slipped into running, "an addiction too, but a healthier one." Past the trauma of divorce, the changes felt welcome. Grabbing junk food on hospital wards ceased. His weight plunged from 185 to a svelte 147. In a wall photo of his first big run, inspired by **Jim Komorous**, he is barely recognizable.

While studying at Bowman Gray School of Medicine in North Carolina, Taylor aimed to be a family doc in the Blue Ridge Mountains and, "own a big chunk of the woods." However, surgery lured him. He entered the military for specialization, training in Hawaii and at Madigan. As an officer, he served in Korea; Arizona; and California until 1978. Disenchanted with military medicine, he opted for private practice in Tacoma.

People's trust and faith in doctors attracted Taylor to medicine. When he or a sibling was sick, he said, his mother waited for his West Point trained father to arrive home. Only he "decided whether you would 'bother' the doctor or not." Doctors were venerated; people valued their time. His father stood as a "gatekeeper," a role now monopolized by insurance and government, but for less altruistic reasons.

The Medical Society's role, Taylor said, "is informing the public about what we're about;" the training, hours worked,



Ron Taylor, M.D. PCMS Trustee

sacrifices, specialties. "We've been too complacent for too long," he said, "allowing the public to form negative opinions." Esteem is, "dwindling rapidly," he said. Without choice, people lose the idea of "my doctor" and physicians lack motivation to achieve a top reputation. "It may not matter in managed care."

When his group, Cedar Surgical, moves next month, Taylor will miss the open green of the golf course. However, he'll drag his office plant jungle along. Animals, which he loves, fill his home and office; two parrots, two cats, fighting fish at home; a carved and sculpted zoo in the office - predominated by dolphins, fish, and frogs nesting amid photos, journals and books.

Outside work, Taylor has grown orchids, been on NW Trek's board, done fundraising there and for Charles Wright, attended TAG since its first "Guys and Dolls" performance, subscribes to NW Ballet, raised three children, married Ann (who came with a teen), and become a grandfather times three.

Ann's nursing profession, he feels, enhances their communication and relationship; a generalized sharing. She supports his marathons, he helps tend her beloved roses (despite his

(see "Sloth" page 6)

by John H. Lindberg, MD

Many services available to patients today may be appropriate under limited indications, but can easily be expanded to the point of absurdity and with costly abuse to the Medicare program. Examples of this are the increase in the outpatient, skilled nursing facilities (SNF) and home settings.

Physicians, as well as beneficiaries, have called in dismay and amazement on discovery of bills for thousands of dollars per month for services with limited or no benefit. These are frequently performed by a therapist in the areas of physical, occupational, speech and mental health, and are usually ordered by a physician. Often it was not known that the therapy services would continue for weeks, months, and even years. Such services represent an unjustified expense to the Medicare program and to the beneficiary in terms of coinsurance liability.

Robert E. Wren, Director, Office

of Coverage and Eligibility Policy at HCFA, has emphasized that physicians are under no obligation to approve services that are not medically indicated. SNFs are required to conduct periodic assessment of each resident and provide or arrange for nursing and specialized rehabilitative services. However, this does not mean that every resident requires a physical, occupational, speech, and/or psychological assessment, or services furnished by skilled therapists. The SNF has no obligation to provide a therapy evaluation or other therapy services in situations where it can establish, through appropriate medical documentation, that they are medically contraindicated.

Some physicians report feeling coerced into ordering therapy evaluations for all SNF residents as well as to signing orders and Medicare certifications for all therapy services recommended by therapists following the assessments. If such coercion exists, it is certainly not appropriate and is not good medical care. Physicians are strongly encouraged to refuse to order therapy evaluations, or therapy services unless they are:

1) modically indicated; and

2) require the skills of a therapist (e.g., could not be furnished by nursing staff because this would endanger the resident or would not have the desired effect.)

Please let us know if you have concerns regarding coercion or inappropriate and unnecessary evaluation of therapy services. We are all committed to reimbursing for care that is necessary and beneficial to the diagnosis and treatment of a disease or injury.

Dr. Lindberg is Medical Director, Washington State Medicare Part B. His phone number is 1-206-442-4811 and he welcomes yor calls.

This article appeared in the King County Medical Society March Bulletin.

"Sloth", from page 5

rhododendron preference). Together, they travel, sample Seattle restaurants, and plan a vegetable garden. They understand each other's jobs; the hours, the toll of informing a family of death, the stress of tough cases. And when, exhausted from a bad night, Taylor falls asleep at dinner, it's no big deal. Just a temporary lapse. After sleep, revitalized like a mischievious boy, the personality returns - as vigorous as Spring's rhodies and roses.■

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1996 Pictorial Directory Photo opportunity

Mark your calendar to have your picture taken

Production of the PCMS 1996 Pictorial Directory is underway. The Pictorial Directory is published every three years and is scheduled for distribution in August of this year.

Each PCMS member will soon receive a listing form asking to verify information that will be printed in the Directory. The information listed in this book includes name, specialty, one office address, phone and fax number only.

The Medical Society will have a copy of your picture for you to use in other publications or professional applications as you request

A professional photographer has been hired to take pictures. Pictures of members will be taken at no charge for inclusion in the book. In addition, the Medical Society will keep a copy of your picture on file for use in other publications or situations as requested. The Medical Society receives many requests from hospitals and physician offices for pictures of members to use in other publications, to accompany professional applications, etc.

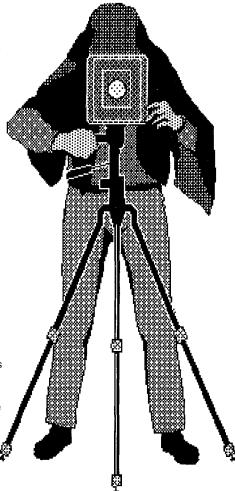
Having your picture taken will only require a few minutes. Please note the schedule below and feel free to attend any of the sessions that is most convenient for you. Several convenient options are available and appointments or reservations are not necessary.

For uniformity, men should wear a jacket and tie and women a jacket/blouse/dress.

For additional information or questions about the Pictorial Directory or having your photo taken, please call Sue Asher at the Society office, 572-3667.

(Clip and Post)

Friday, April 12	Retired Luncheon	11:30 - 12:30 pm	Fircrest Golf Club
Tuesday, April 16	Tacoma General Hospital	7:00 - 9:00 am	Doctors Lounge
Tuesday, April 30	Good Samaritan Hospital	7:00 - 9:00 am	Olympic Room
Thursday, May 2	Allenmore Hospital	7:00 - 9:00 am	Board room
Tuesday, May 14	General Membership Mtg.	6:00 - 7:00 pm	Shenanigans Rest.
	St. Clare Hospital	7:00 - 9:00 am	Auditorium C
Thursday, May 23	St. Joseph Hospital	7:00 - 9:00 am	Doctors Lounge





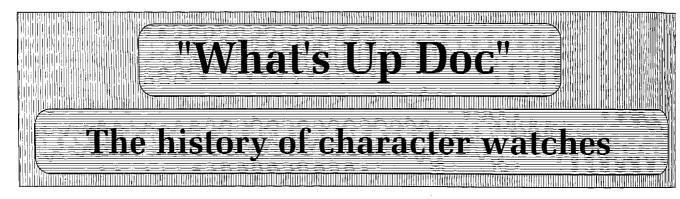
PierceCounty Medical N

223 Tacoma Ave. South • Tacoma, WA 98402 • Telephone (206) 572-3666 • FAX (206) 572-2470

Retired Physician Luncheon

featuring

Julia Mueller



PLEASE NOTE:

Pictorial Directory Photo Session 11:30 - 12:30 Come early, and have your picture taken by a professional photographer, at no charge, for inclusion in the 1996 Pictorial Directory (See attached page for details) Friday, April 12, 1996 12:00 (noon) Fircrest Golf Club \$11.00 per person Buffet lunch

Yes, I have reserved Friday, April 12, to join retired members, (including spouses, guests, and widows) of the Medical Society for lunch. Please reserve _____ lunch(es) for me at \$11.00 per person (includes tax and tip). Enclosed is my check for \$_____ **Thank you!**

Your name: _____ Name of guest:

(Please return to PCMS, at above address, no later than Monday, April 8 or call 572-3667 to confirm your attendance)

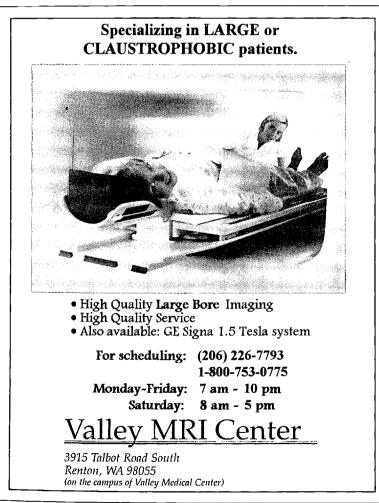
J. Lawrence Smith, MD, 1924-1996, skilled surgeon and friend by Stan Mueller, MD

On February 15, 1996, Pierce County lost a skilled surgeon and friend. He died at Solano Beach, CA, where he and his wife, Mercedes, were on a golfing vacation.

Larry was born January 19, 1924 in Eldorado, Arkansas. He also lived in Minnesota, Louisana and California while growing up. He attended DePauw University and graduated from the University of Rochester School of Medicine. Internship at the University of Minnesota was followed by a call from Uncle Sam. He was separated from his young family and sent to Korea and later to Japan. He completed his surgical residency at the Mayo Clinic and started surgical practice in Iowa.

In 1966, he moved his now larger family to Pierce County and continued his practice of surgery with enthusiasm.

Throughout his career he treated his patients with respect and made sure he did not "talk down" to them. Old patients remembered not only the surgical skill





J. Lawrence Smith, MD

but also, the kindness and compassion received while under his care. He had always encouraged the young. I know of one fine orthopaedic surgeon who still remembers the help and encouragement received as a student back in Iowa.

Larry lost his first wife, Norma, in 1993, after a long bout with aplastic anemia. In 1994, Larry and Mercedes Hayward were married. They were looking forward to a much longer life together. They enjoyed golfing and Larry was beginning to learn some gardening.

He enjoyed talking to people and was a very good listener. After serious heart surgery, he summed up his philosophy on life. "When your life expectancy is zero, you might as well play eighteen holes as nine." Larry is survived by his wife, Mercedes, and his children and their spouses, Scott and Toni Smith, Curtis and Barbara Smith, Leslie and Doug Malo, Lora and Tim Ryan, Lisa and Doug Newman, Lee and Darren Muir, and Harry and Jane Hayward. Further celebrating and enlightening his life are his fourteen grandchildren.

J. Lawrence Smith, husband, father, grandfather, surgeon and golfer will be missed by all.

Surfers' top 25 most popular destination

World Wide Web sites that get people on line and provide research services are the most popular destinations on the fastgrowing multimedia area of the Internet.

That's the finding of the NPD Group's PC-Meter, a service that the Port Washington, NY firm says reveals the first demographics on Web Site visitors. The PC-Meter is based on surfing behaviors of 1,000 PC-equipped households. PC-Meter's top 25 sites in January: 1 America Online (on-line service)

http://www.aol.com

2 WebCrawler (search service)

http://www.webcrawler.com

3 Netscape (Web software company)
http://home.netscape.com
4 Yahoo! (search service)
http://www.yahoo.com

5 InfoSeek (search service)

Puget Sound Area, WA: You know how you want to set up your practice. We can help you do it. Dynamic physician-hospital organization seeks BC/BE Family Practitioners and Pediatricians. Willingness to provide obstetrical care a plus for FPs. Flexible financial packages and practice positions available from independent to group settings, practice management to full employment. Convenience, guality 225-bed hospital and excellent location in fast-growing, primary care underserved, family community. Close to Seattle with year-round recreational opportunities. Contact Rebecca Sullivan MD, Medical Director, Puyallup Valley Healthcare, 407 - 14th Avenue SE, Puyallup, WA 98371, (206) 848-6661, Ext. 2812.

http://guide.infoseek.com 6 Prodigy (on-line service) http://www.prodigy.com 7 CompuServe (on-line service) http://www.compuserve.com 8 University of Michigan http://www.umich.edu 9 PrimeNet (access provider) http://www.primenet.com 10 The Well (access provider) http://www.well.com 11 Carnegie Mellon U. http://www.cmu.edu 12 GNN (access provider) http://www.gnn.com 13 MCOM (Netscape site) http://www.mcom.com 14 M.I.T. (university) http://web.mit.edu 15 Teleport (access provider) http://www.listen.com

16 Geocities (access provider) http://www.geocities.com **17 WebCom** (access provider) http://www.webcom.com 18 Penthouse magazine http://www.penthousemag.com 19 Excite.com (search service) http://www.excite.com **20 University of Illinois** Champaign-Urbana http://www.uiuc.edu 21 University of Chicago http://www.uchicago.edu 22 Cris.com (access provider) http://www.cris.com 23 Playboy magazine http://www.playboy.com 24 Lycos (search service) http://www.lycos.com 25 Best (access provider) http://www.best.com

Reprinted from USA Today 3/13/96

Computer User Group will meet in April

The Computer User Group, chaired by **Sid Whaley**, **MD** will meet on Thursday, April **25** at Jackson Hall Auditorium. The group meets to learn more about computers and appeals to beginners as well as advanced users. This meeting the guest speaker will be **Robert Stuart**, **MD**.

Dr. Stuart will tell about how he designed and developed his own home page. He has become very well known, nationally, for his home page. He was noted in the March 18 issue of *AMNews* for his home page which is "heavy on reviews of medical CD ROMSs." His internet address is http:// www.harbornet.com/folds/ superdoc.

The meeting will begin at 7:00 p.m. and cookies and drinks will be served. Jackson Hall is located at 314 ML King Jr Way, Tacoma.

If you have any ideas or suggestions for the computer user group for speakers or program topics please call Doug Jackman at the Society office, 572-3667. Your ideas and suggestions are welcomed.

To be put on the Computer User Group list to receive meeting notices and information, please call Tanya Miller at the Society office, 572-3667 and give her your fax number.

Board approves PCMS Home Page

The PCMS Board of Trustees, at their February meeting approved funding for a PCMS Home Page on the Internet.

It was reported that the costs would be from \$300-\$1,000 for design and format depending upon the quality and sophistication of the layout and time involved to set it up. Monthly expense will be \$70 plus additional upgrading expenses which should be minimal. The motion to fund the Home Page passed unanimously.

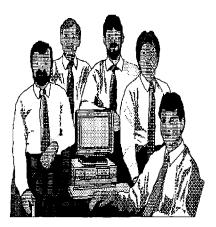
Other Medical Societies have featured many information categories on their home page including Bylaws, membership rosters, monthly publications, CME activities, etc. Ideas for PCMS have included meeting schedules, services, board and committee member listings, legislative addresses, physician referral, practice manaement) information, community agency information, hospital information. clinical practice guidelines, clinical outcomes, grievance process, staff positions and responsibilities, etc. Currently, only about ten county medical

Puyallup, WA: Hospital

affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 6 to 12 hour shifts. Hours are 12 noon to 12 midnight daily, outpatient only. \$50/hour, benefits available. Send letter of introduction and CV to After Hours Application, Puyallup Valley Healthcare, P.O. Box 1247, Puyallup, WA 98371-0192. societies are on a web site.

If you have suggestions for the PCMS Home Page please call Doug Jackman at the Society office, 572-3667.

Hot Spots



Reprinted from AMNews, 3/18/96

Robert E. Stuart, MD: Heavy on reviews of medical CD-ROMs. http://www.harbornet.com/folks/superdoc **Rx writer for windows.** Download the trial version. http://www.rust.net/~skindell/medscrip.html **Electronic Journal of Surgery and Specialty Medicine** http://www.galactica.it/ejs Don't know the author, publisher or ISBN? Guide for inprint medical information, with software and CD-ROM. http://www.lo.com/medsmart Oaths, codes, ethics, patient rights. This is an extensive site. http://ccme-mac4.bsd.uchicago.edu/CCMEPolicies/index Physician search services. Merritt, Hawkins & Assoc. http://www.practice-net.com/practicenet.html Health policy page. Articles, reports and information on health care policy in America. http://epn.orgn/idea/health.html RSNA '95 meeting notes. Text only, no graphics. Follow the links. http://www.rsna.org/ Searchable drugs, jobs, CME. http://www.medical-web.com/ Health statistics groups. gopher://nisp.ncl.ac.uk/00/lists-k-o/minitab/files/list-of-lists Convention sampler, links. http://www.meded-ciba.com/netter/library.html#convention Tax time. Income-tax lifesaver. http://www2.best.com/~ftmexpat/html Personal physics. Make an unusually fine paper glider. Instructions under "Bored?" http://www.caprica.com/~pacsoft/PPLANE.TXT The Guide moved. Internet Guide for the Health Professional. http://NewWindPub.com/medguide/

Member Matters briefly.....

🖗 Cecil Snodgrass, MD,

Medical Director for the Puyallup Fire Department, has been reappointed by Governor Lowry to the state Trauma Advisory Committee. This will be his third term with the EMS and Trauma Advisory Committee. Dr. Snodgrass also received a certificate of recognition from the Department of Health for his work in injury prevention. As Chair of the Trauma Advisory Sub-

New Members

Naon, Hillel, MD

Pediatric Gastroenterology

5900 100th SW #7, Tacoma 98499 Medical Education: Technion-Israel Institute of Technology Internship: University of California, Irvine Residency (Pediatric): University of California, Irvine

Residency (Neurology): Rambam Medical Center, Haifa, Israel

Fellowship in Pediatric Gastroenterology: Children's Hospital Los Angeles, Los Angeles, CA ■ committee on Injury Prevention, he has been instrumental in developing a nationally recognized prevention program unique to the State of Washington.

William Martin, MD, General Surgeon, has been selected by the PCMS Board of Trustees to serve on the Trauma Advisory Panel that is being organized by County Executive Sutherland and funded by MultiCare Health Foundation, Franciscan Health System and PCMS. Dr. Martin will serve as a representative of PCMS.

G Peter Marsh, MD, has been elected to Fellowship in the American College of Physicians. Fellowship in ACP signifies high achievement in internal medicine, the specialty of adult medical care. Dr. Marsh received his medical education from Jefferson Medical College, PA. He completed an infectious diseases fellowship in 1981 at Tufts New England Medical Center, Dr. Marsh served as PCMS President in 1993 and currently serves as Vice President of WSMA. He has belonged to PCMS, WSMA and AMA since 1981.

Personal Problems of Physicians

For impaired physicians Your colleagues want to help

Medical problems, drugs alcohol, retirement, emotional problems, etc.

Committee Members

걸렸다면서

John R. McDonough	572-6840
(Chair)	
Bill Dean	272-4013
Ronald Johnson	841-4241
Mrs. Jo Roller	566-5915
Robert Sands	752-6056
F. Dennis Waldron	272-5127

Confidentiality Assured

Applicants for PCMS membership

Dorman, Cynthia B., MD

Internal Medicine Practices with Diane Combs, MD A226 Allenmore Med Ctr Tacoma, WA 98405 383-8870 Medical school: UCLA School of Medicine Internship: Harbor-UCLA Medical Center Residency: Harbor-UCLA Medical Center

Idea, R. Jay, MD Internal Medicine Practices with Drs. Tejinderpal Singh and Kenith Aaro 1518 Main Street, Sumner, 98390 863-6338 Medical school: University of the Phillipines Internship: Western Pennsylvania Hospital Residency: Western Pennsylvania



Help form a unified voice on political issues that affect the entire medical community and profession.

Call 1-800-562-4546



The Pierce County Medical Society

invites you and your spouse/guest to the

May General Membership Meeting

Tuesday, May 14 , 1996Social Hour:6:00 p.m.Dinner:6:45 p.m.Program:7:45 p.m.

New meeting Location: Shenan 3017 R

Shenanigans Restaurant 3017 Ruston Way, Tacoma

Managed Health Care

Implications for the Physician Workforce

featuring:

John B. Coombs, M.D.

Associate Vice President of Medical Affairs for Clinical System & Networks Associate Dean for Regional Affairs and Rural Health University of Washington

(Registration required by May 10, please mail this form with payment to PCMS, 223 Tacoma Ave South, 98402 or call 572-3667)

Please reserve _____ dinner(s) at \$16 per person (tax and tip included)

I will pay at the door \$_____ or, you can invoice my office \$_____

I will be bringing my spouse _____ or a guest ____

(Please print name of guest for name-tag)

Signed

Thank you!

Pierce County Nurses to meet

The Pierce County Nurses Association will hold their annual banquet, gala and awards event on May 14 at Tacoma's Landmark Convention Center.

The evening of information, education, feast and fun will begin with a social hour and displays at 6:00 p.m., dinner will be at 7:00 p.m. followed by the program. Senator Rosa Franklin, R.N., will be the featured speaker for the evening,

Senator Franklin is a retired nurse with 42 year experience in health care. She will discuss how nursing qualities transcent well into the political arena.

Also featured will be the Pierce County Nurse of the Year, Florence Golda Scholarship Recipients, and newly elected Pierce County Nurses Association officers. Door prizes will be drawn throughout the eventing.

Cost is \$20 for members and students, \$25 for nonmembers. Send checks to PCNA, 223 Tacoma Ave South, Tacoma, WA 98402.

There's Not a single reason to join WAMPAC in 1996......

There are 124 reasons. Every seat in the Washington State House of Representatives, and one half of the State Senate will be on the November 5 ballot. That's <u>124 reasons for physicians to join WAMPAC</u> now! For \$120 (\$150 for sustaining membership of \$300 for the chairman's club) it is a wise investment.

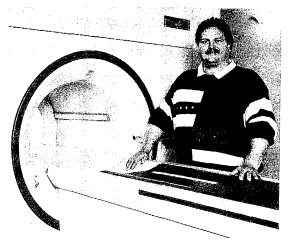
WAMPAC membership is up 45 percent compared to this time last year, and WAMPAC has reorganized to strengthen its grassroots educational activities and decentralize its physician/Alliance involvement process.

For information about the PAC and its activities, call Winnie Cline or Carl Nelson at the Olympia office, 1-800-562-4546 or (360) 352-4848.

Editor's Note: Please see enclosed WAMPAC flyer inserted in this month's issue of the Bulletin.∎

Your patients tell our story best ...

⁴⁴I found my MRI experience at Renton Medical Imaging very unstressful, even though I am large and have extreme claustrophobic tendencies." *Thomas Smith* →



WHETHER AVERAGE, LARGE OR CLAUSTROPHOBIC, THE MESSAGE IS THE SAME:

- You handled my nervousness great. I give you an A+."
- Never before have I found an MRI a relaxing experience and I have had five of them!"
- ... went to great lengths to calm me. Thanks."

The caring choice for your MRI patients



Bruce A. Porter, M.D. James W. Borrow, M.D. Justin P. Smith, M.D.

Hospice gaining recognition for cost effectiveness

by Mark Rake-Marona, Director of Regional Hospice Services, Franciscan Health Systems

The hospice industry has been in the news lately with prime time coverage on "60 Minutes", a feature story on CNN's Headline News, and feature articles in the Washington Post and Wall Street. Some of this recent recognition is a result of the debate over physician-assisted suicide, but hospice also is being recognized as a costeffective component of the managed care continuum for the terminally ill and their families.

The majority of advances in clinical pain management for the terminally ill has come from the hospice industry's experience in serving hundreds of thousands of people with terminal illnesses annually. Using therapies ranging from parenteral pain management to aerosolized morphine to massage therapy, hospice professionals work aggressively to reduce patients' physical, as well as spirtual and emotional suffering. Our goal is to enable patients and their loved ones to concentrate on the things that bring the most meaning to their final days together. These are laudable goals, but if hospice is to be an effective and necessary part of the health care continuum, what is the price tag that comes with the service?

A recent study by the national healthcare consulting firm Lewin-VHI offered one of the first comprehensive comparisons between hospice and other types of care for terminally ill patients in the Medicare program. It found that over the last year of life, Medicare beneficiaries enrolled in hospice programs cost Medicare an average \$2,737 less per patient than those who did not use hospice. This information has not been lost on insurance companies, who are establishing comprehensive Medicare-type hospice benefits to encourage the increased use of hospice. Medicare itself recently mandated that all

When the Owl Calls

Editor's Note: This article was written by **David Hopkins, MD** (pictured right) as editor of the WSMA Reports in September, 1984. It remains relevant in light of the adjacent article written by Mark Rake-Marona.



healthcare facilities inform

hospice benefits.

terminally ill people of their

hospice providers have been

practicing risk-based managed

See "Hospice" page 16

Hospice is cost effective because

Last week I was called to comfort the wife

of a patient who had just died. As we sat at his bedside in the late afternoon, she told me how, during the days prior to his death, they had quietly held hands and reminisced about their life together and how at peace with everything he seemed to be. Sitting there I thought, "This is the way it should be," and I felt satisfaction in being there to comfort and support.

At the same time, I realized that the hospice organization was largely responsible for making this type of care possible. Hospice people assisted the family in getting the necessary hospital equipment for the home. Hospice nurses taught the wife to give necessary injections and other nursing care.

When I first learned of the hospice movement beginning in England in the mid-70's I must confess I thought it was probably another quasimedical fringe group with a preoccupation with death. I have since found that hospice is about living as well as dying, for in truth, they are intertwined. No one gets out of this alive, as the old saying goes.

Hospice embodies the message of that beautiful little book *I Heard the Owl Call My Name*, which every physician should read. It's the story of a fatally ill Episcopal priest who is sent to minister to some Alaskan Indians and learns from them to deal with death itself.

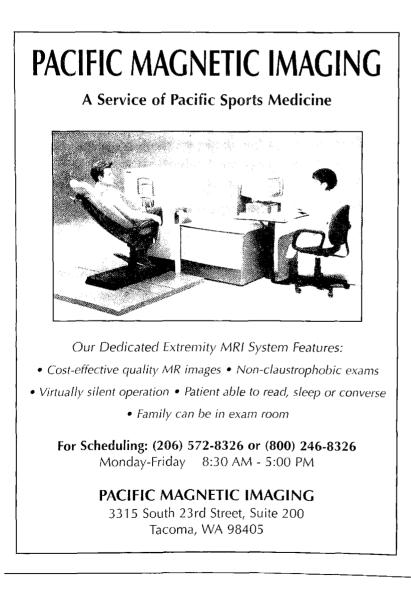
Early in my career, while I was still studying at the University of Minnesota - where they were pioneering in open heart surgery and riding a floodtide of medical advances - we students used to scoff at the painting of the physician at the patient's bedside waiting for the "crisis." We knew he really couldn't do much else and with the advent of antibiotics, this painting was an anachronism. I know now that there is more to medicine than technology and the doctor's very presence is therapeutic. The hospice presence is also therapeutic, and we are fortunate it is there when the owl calls our name.

-David S. Hopkins, MD

Hospice (from page 15)

care for years. In most cases, a hospice receives a lump sum daily payment from insurance companies to cover all the palliative services a patient/family will need, with the cooperation of physician services, which are paid directly to the provider. This reimbursement methodology has forced hospice to educate families to provide as much self-care as possible, to limit services which do not add to a patient's quality of life, and to maximize use of donated services for bereavement and respite support. This focus on cost-control, coupled with patient/family inclusion in decision-making, has created high rates of satisfaction among insurers and the insured.

In the state of Washington, hospice providers have directed their attention to expanding the medical community's awareness of the holistic case management employed by hospice. We also



seek to expand the patient popula. tions which qualify for hospice care, but who haven't been exposed to its benefits. One such population consists of the thousands of persons dying annually in skilled nursing and assisted care living facilities. Many of those people do not receive optimal pain management, are frequently re-admitted to hospitals, and are not prepared adequately for their death. Elsewhere in the nation, people residing in skilled nursing facilities have had access to hospice care for many years.

Here in Pierce County, over 2,000 people die in nursing homes each year. (Hospice is making a concerted effort to provide case management services, companionship and palliative expertise to patients in their final days including those whose "home" is a nursing home.) One of hospices' main contributions in this area has been in assisting nursing home clinicians to identify terminal prognoses, especially in non-cancer diagnoses. After extensive research, the National Hospice Organization has developed guidelines which outline indicators of non-cancer terminal diagnoses so that patients, families, and clinicians can make appropriate treatment decisions. Early identification of terminal illness and subsequent referrals to hospice will improve patient outcomes - in this case, a peaceful death with dignity - and will help the health care industry to achieve the documented cost-savings made possible through hospice care. 🗖

AMA Principles of Medical Ethics set standard

Preamble: The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

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I. A physician shall be dedicated to providing competent medical services with compassion and respect for human dignity.

II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence or who engage in fraud or deception.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interest of the patient.

IV. A physician shall respect the rights of patients, of colleagues and of other health professionals and shall safeguard patient

FOREST MANAGEMENT SERVICES -STATEWIDE-Specializing in logging marketing reforestation 20 Years Experience J.B. Richardson (206)862-9050 confidences within the constraints of the law.

V. A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues and the public, obtain consultation and use the talents of other health professionals when indicated. VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate and the environment in which to provide medical services.

VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

Fundamental Elements of the Patient - Physician Relationship

From ancient times, physicians have recognized that the health and well-being of patients depends upon a collaborative effort between physician and patient. Patients share with physicians the responsibility for their own health care. The patient-physician relationship is of greatest benefit to patients when they bring medical problems to the attention of their physicians in a timely fashion, provide information about their medical condition to the best of their ability, and work with their physicians in a mutually respectful alliance.Physicians can best contribute to this alliance by serving as their patients' advocate and by fostering their rights:

• The patient has the right to receive information from physicians and to discuss the benefits, risks, and costs of appropriate treatment alternatives. Patients should receive guidance from their physicians as to the optimal course of action. Patients are also entitled to obtain copies or summaries of their medical records, to have their questions answered, to be advised of potential conflicts of interest that their physicians might have, and to receive independent professional opinions.

• The patient has the right to make decisions regarding the health care that is recommended by his or her physician. Accordingly, patients may accept or refuse any recommended medical treatment.

• The patient has the right to courtesy, respect, dignity, responsiveness and timely attention to his or her needs.

• The patient has the right to confidentiality. The physician should not reveal confidential communications or information without the consent of the patient, unless provided for by law or by the need to protect the welfare of the individual or the public interest.

• The patient has the right to continuity of health care. The physician has an obligation to cooperate in the coordination of medically indicated care with other health providers treating the patient. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient sufficient opportunity to make alternative arrangements for care.



the Pulse

Pierce County Medical Society Alliance

YWCA Women's Support Shelter Donation Wish List

Clothing:

Deliver to: Y's Buys, 2509 6th Avenue, Tacoma

women's professional clothing, underwear and socks - all sizes, children's clothing to include school clothes, sweatsuits, coats, gloves, shoes, underwear with recommended sizes being birth through 11 years of age, bathrobes, pajamas, slippers, sweaters and sweatshirts - all sizes, women's shoes - professional and casual

Household Items:

Deliver to: Y's Buys, 2509 6th Avenue, Tacoma

bed linens and bed covers - single beds, towels and wash cloths, pots and pans, kitchenware, dish towels, dishes and glassware, silverware and kitchen utensils, paper towels, wastepaper baskets, nightlights and light bulbs

Hygiene Items:

Deliver to: YWCA, 405 Broadway, Tacoma

women's feminine products, diapers - large and disposable, bathroom tissue, kleenex tissues, toilet seat covers, soap, shampoo, toothbrushes and toothpaste, razors - disposable, over the counter medications such as aspirin, cold medicine, tylenol, cough drops and antacid, hairbrushes and combs

Food:

Deliver to: YWCA, 405 Broadway, Tacoma

fresh produce, meat, eggs, fruit juice, coffee, sugar, salt and pepper, spices, children's snacks, pedialite, baby formula

Cleaning Supplies:

Deliver to: YWCA, 405 Broadway, Tacoma

dishwashing detergent, laundry detergent, fabric softener, handsoap, bleach, sponges/dishrags, oven cleaner, window cleaner

Miscellaneous:

Deliver to: YWCA, 405 Broadway, Tacoma

children's school supplies, children's games - all ages

YWCA Shelter donations will be helpful

Thank you for supporting the YWCA and the Women's Support Shelter. All items received and income earned at Y's Buys are utilized to support the programs at the YWCA. Women from the Support Shelter receive vouchers for purchasing clothing, bedding, and household items upon leaving the Women's Support Shelter. Your contributions make a difference and are greatly appreciated.

Y's Buys will accept donations during the following times only: Tuesday, Friday, and Saturday 10 a.m. to 2 p.m. Y's Buys is located at 2509 6th Avenue. All clothing and household item donations will not be accepted at the YWCA on Broadway but must be taken to the Y's Buys store.

In the struggle for peace and justice, freedom and dignity for all people. The Tacoma Pierce County YWCA is a member of the World Wide YWCA and the United Way of Pierce County. the Pulse

Pierce County Medical Society Alliance

Alliance Meetings: Mark your calendar!

Executive Meeting

April 8, 9:30am (second Monday due to spring break), Large Board Room at Mary Bridge

May 7, Tuesday, Joint Board Meeting at the Tacoma Country & Golf Club. A no-host luncheon will be served.

General Meeting

None in April - State Convention

May 17, Friday, 11:00am - 2:30pm Luncheon cruise on the 88 ft. classic yacht The Triton. Grab your spouse and come.

You are invited to attend the WSMA Alliance Spring House of Delegates April 21-24, 1996 in Vancouver, Washington. Vancouver's Red Lion at the Quay is the site of the 1996 State Spring Convention. There will be daytime seminars and activities and evening functions for all of our members. Maureen Faust (Clark County) will be installed as 1996-1997 WSMAA President at the banquet.

All board members need to have four copies of their annual reports. Submit three copies to the president by April 30. You should file the fourth copy in your committee notebook and give it to your successor.

I hope everyone received their zero K Marathon and gave generously for tha AMA/ERF fund raiser this year. It is a good cause and makes a special contribution to the future of medicine. ■

Directions to Oakbrook Golf & Country Club, 8102 Zircon Drive SW For May meeting:

From: Tacoma, Puyallup, Federal Way: Take I5 Exit #125 (Lakewood/ McChord). Turn right at the end of the exit on to Bridgeport Way. Stay on Bridgeport to Steilacoom Blvd. Turn left. Follow general directions.

From: Gig Harbor: Cross Narrows Bridge, exit at Jackson, 6th Avenue. Turn right at end of exit on to Jackson. Stay on Jackson, continue south (Jackson will turn into Bridgeport Way) go about 11 miles to Steilacoom Blvd. Turn right on Steilacoom Blvd. Follow general directions.

General Directions: Follow Steilacoom Blvd. As you cross the Bridge over Steilacoom Lake, immediately turn right onto Phillips Road. Drive 3/4 mile and turn directly on to Onyx Drive SW. Do NOT take the cutback which is also on Onyx Drive. Follow Onyx Drive SW to a 4 way stop sign. Continue straight ahead. After this intersection, Onyx Dr SW becomes Zircon Dr SW. Follow Zircon Dr SW to Oakbrook Clubhouse (on left, 3/4 mile from turn-off of Onyx Drive SW).=

Teen Health Forum "Choice not Chance"

The WSMAA sponsored Teen Health Forum will take place May 2 in Ellensburg at Central Washington University. More than 500 middle school students from all over the state are participating in this year's program. Many Pierce County Alliance members are helping to create this event which is free to all participants. Can you volunteer? If so, please call Mona Baghdadi at 851-6306.

GRADUATING SENIORS WANTED

The Medical Society and Alliance 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 out the form below and return to Colleen Vercio, 21-33rd Ave Ct NW, Gig Harbor WA 98335.

School: Home add				
Parents:				-
	oloma re	eceived	1:	
Future Pla	ns:			
	-			

Questions/answers on kids' records and termination of patient

Kids and parents

What do I do when an angry parent calls up and wants to know if his youngster is pregnant?

You cannot tell parents anything without the daughter's authorization. Remember that only the daughter can authorize a release of information pertaining to pregnancy. Explain to the parent that according to state law and medical ethics, you must respect the confidentiality of all your patients, and his offspring has a legal right of privacy in some areas of medical treatment. The parents of an 11 year-old are divorced and the mother has custody. The father just requested a copy of the child's chart. Is he allowed to have the records?

Yes. According to state law, either biological parent has complete access to the child's medical records, unless there is a court order forbidding access to the records. This applies whether the parents are divorced or separated or were never married.

<u>Terminate a relationship in</u> writing

If I want to end the relationship with a patient in my practice, how should I do it?

Send the patient a letter. Set the date of termination at 30 days from the date of the letter; tell the patient you will give routine and emergency care for the next 30 days; refer the patient to the yellow pages or physician referral service to find another physician: send the letter by certified mail with return receipt requested; and file the letter and delivery receipt in the patient's chart. In some situations, such as one with a violent or threatening patient, you can terminate the therapeutic relationship immediately, without 30 days' notice.

Reprinted from WSMA Reports, February, 1996 ■

Will a disability put you out of commission?



© WSPIA 1995

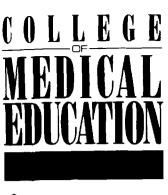
As you know, disability insurance policies for physicians are changing rapidly—and not for the better. High claims have caused many major carriers to limit the most important benefits.

At Physicians Insurance Agency, there's still time to secure the specialtyspecific coverage you need. In addition, we can help you find superior life and long-term-care coverage for you and your family.

To discuss the ways you can best protect your future income, call Physicians Insurance Agency today: (206) 343-7150 or 1-800-962-1399.



Sponsored by the Washington State Medical Association



🚯 Pierce County Medical Society

Surgical Update CME set for Saturday, April 20

The very popular lectures presented annually by the Tacoma Surgical Chub are set for Saturday, April 20. The program will be held in Rooms 3A & B of the South Pavilion at St. Joseph Hospital.

Beginning Saturday morning, several short lectures featuring the latest development in surgery will be presented by local physicians and Army Medical Corps doctors. CME credit is available for the Saturday lectures. The 65th annual program is directed by James Buttorff, MD.

This year's guest lecturer will be Michael McGuire, MD, Professor and Chairman, Department of Surgery, Creighton University School of Medicine.

This CME offering is complimentary. For a program brochure and more information, call the College of Medical Education at 627-7137.

Complimentary Cardiology CME scheduled for April 26

A one-day cardiology update focused for the primary care provider is scheduled for Friday, April 26, 1996. The conference is complimentary.

The program, set for St. Joseph Hospital, South Pavilion, Rooms 3A & B, will include cardiac evaluation and testing in the capitated environment. The conference has been organized by Marilyn Pattison, MD.

Although no registration fee is required, physicians wishing to attend must complete and return the registration form. THE CONFERENCE IS ANTICIPATED TO FILL, so early registration is encouraged!

The course features some outstanding and recognized speakers including Brendan Phibbs, MD from the University of Arizona Medical Center, Vincent Maher, MD from the University of Washington School of Medicine and Wayne Clark, MD, Director of the Oregon Stroke Center at the Oregon Health Sciences University.

Local surgeons **Kenton Bodily**, **MD** and **Gilbert Johnston**, **MD** will join the distinguished faculty.

This annual conference has been developed by the College of Medical Education. The program will include presentations on:

•Advances in Stroke Management

• More Pearls at the Bedside: EKG Interpretation

•Controversy in Calcium Channel Blockers

• Peripheral Vascular Disease

• Risk Modification Versus Myocardial Revascularization in Coronary Artery Disease

• Optimal Treatment for Hypertension: The HOT Study ■

DATES	PROGRAM	DIRECTOR(S)
Monday-Friday April 1-5	CME at Maui	Mark Craddock, MD James Foss, MD
Saturday April 20	Surgical Update 1996	James Buttorff, MD
Friday April 26	Cardiology for Primary Care	Marilyn Pattison, MD
Friday June 7	G. I. Update	Gary Taubman, MD Richard Tobin, MD
Frid ay & Sat. June 20 - 21	Advanced Cardiac Life Support	College of Medical Education

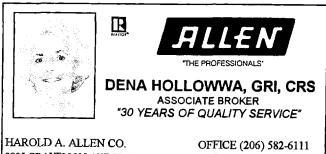
Steilacoom Well Child Clinic seeks supplies to provide health care

The town of Steilacoom is developing a plan to establish a Well Child Clinic which would initially be open one Saturday per month at the Steilacoom Community Center. The purpose is to accommodate some of the health needs of Steilacoom citizens, focusing particularly on children's immunizations, well child and school physicials and low income families.

Plans are in the initial stages but as the planning team looks ahead it is anticipated that basic equipment and supplies will be needed for the clinic to be viable. Essential items needed immediately are listed below. Any donations from doctors with surplus items or closing a practice would be greatly appreciated. Please contact Mary Dodsworth at the Steilacoom Community Center, 581-1076 for more information. Your willingness to help is appreciated.

- » UA containers
- » sharp container
- » bottles of Ipecac
- » lancets
- » clay
- » capillary tubes
- » adult scale

- » infant scale
- » measuring tape
- » otoscopes
- » centrifuge
- » refrigerator
- » rubber gloves
- » audiometer
- » eye charts
- » storage cabinet for supplies
- » blue pads
- » sugar/protein urine sticks 🖬



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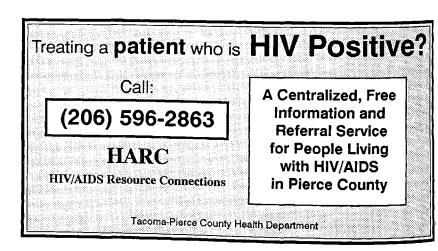
Marcia R. Patrick, RN, MSN, CIC

Phone: (206) 566-6671 Fax: (206) 566-6108

> 9715 56th Street West Tacoma, WA 98467-1123

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ц Щ Tacoma/Pierce County, Outpatient general medical care at it's best. Full and part time positions available in Tacoma and vicinity. Very flexible schedule, well suited for career redefinition for GP, FP, IM. Contact Andy Tsoi, MD (206) 381-0153.

Family Practice Physician - Live on San Juan Island. Physician needed. Full spectrum of primary care. ACLS required. ATLS preferred. Contact David M. Gimlett, MD, Inter Island Medical Center, PO Box 370, Friday Harbor, WA 98250, (360) 378-2141.



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Outpatient General Medical Care at its best. Full and part time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, MD (206) 381-0153

OFFICE SPACE

For Lease: 2500 sq. ft. medical office, fully finished and ready to move into now. Attractive design and only 3 years old; great location on busy South Hill in Puyallup; \$3125/mo. Call Rebecca Sullivan, MD, 848-5951.

For Lease: 1966 sq. ft. of prime medical office space available now at St. Joseph Medical Pavilion, 1802 South Yakima. Skybridge connection to hospital, ownership option, tenant improvement allowance. Call Julie Currier at 552-4125.

For Lease: 2750 sq. ft. medical

office. Attractive brick building. Includes 2 private offices, 6 exam rooms, phlebotomy area. Excellent location in Enumclaw. 206-862-9050.

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PRACTICES AVAILABLE

For Sale: Retiring Doctor-Practice for Ob/Gyn, all equipment. Current office space available for sub-lease. If interested or if you have any questions please call 206-627-0909.

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North Tacoma Apt. 39 unit apt. in Historical Stadium District. \$1,200,000/9.07% cap. rate. Kidder, Mathews & Segner. Daniel Boring 206-219-3700, Ted Sipila 206-383-9712.

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June, 1996

"An incredible experience"



says Olympic Torch carrying pediatrician, Ovidio Penalver, MD

See story, page 3

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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. October 15 for the November 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.

Editor: David S. Hopkins MD Managing Editor: Douglas Jackman Editorial Committee: David S. Hopkins (Chair), Stanley Tuell, W. Ben Blackett, Richard Hawkins Advertising Representative: Tanya Miller Subscriptions: \$25 per year, \$2.50 per issue Make all checks payable to: MBI 223 Tacoma Avenue South, Tacoma WA 98402 (206) 572-3666, Fax 572-2470 E-mail address: pcmswa@nwrain.com



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"I carried the torch for all of us," said local pediatrician

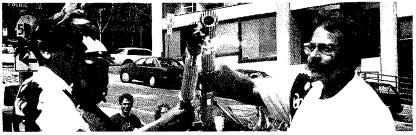
"I couldn't have gone any slower and I couldn't have gone any faster," said **Ovidio Penalver**, **MD**, Puyallup Pediatrician, and carrier of the Olympic Torch. "It felt like slow motion or something else kind of indescribable." Past that, however, he said the experience was "incredible."

When the Express Mail packet arrived, he didn't pay much attention. He sort of put it aside thinking it was of a medical sales nature. Then, he started reading it.... "Congratulations," it said, "you have been selected to be an Olympic Torch carrier.".... His first thoughts were of how he was selected. He was compelled to talk to the person who nominated him because surely "they don't know me very well," he humbly said.

"Initially, I wasn't too excited," he said honestly. Then, as the day got closer he felt more excited. The actual event was numbing. Now looking back, "it was something else." A total transformation over a few months. An experience most of us will never know.

Scheduled for his run in Castle Rock, 85 miles south of Tacoma, his name didn't appear in the Pierce County listing of carriers. As explained to torch carriers prior to commitment, there were no guarantees of being able to run close to home. Many small towns and rural areas needed coverage away from runners' familiar home turf. On the Friday before the Tuesday, May 7 event, Dr. Penalver received a call that he was being reassigned to run in Tacoma. Happily, he accepted the assignment.

With family, friends, co-workers and many supporters to watch him, he completed his half mile run in downtown Tacoma. He described his feelings, "anxious, afraid that I would fall down or drop the torch or something like that," he said. His wife Meg was there, as well as four of his five children, Laura, Andre, Josiah, and Mario; all very excited and proud of their very own torchfolks think of their hero? They are really excited as his wife Meg. a school nurse in the Puyallup School District, proudly shares the torch with each school she visits so the students can touch and feel what was so proudly carried by the Puyallup pediatrician who also is "doctor" for many of the



Above: Dr. Penalver gets a "light" from fellow torch carrier. Below: Dr. Penalver poses with his proud family and he proudly displays the torch he carried for one-half mile.

carrying family member.

A meaningful part of the event for Dr. Penalver was simply the "humbling experience of being included in such a group of individuals." He briefly got to know one man from Shorewood, (north of Seattle) an ultra-marathon runner. "He runs just to raise money for cancer funding," said Penalver. "He doesn't see it as a big deal, he just does it." Just an example of the type of people chosen to represent the United States and the Olympics by carrying the torch across the country. Dr. Penalver seemed most impressed by the event because it was comprised of "people committed to excellence and making the community a better place."

He admitted that he will have more interest in the Olympics this year and will relate in a different way than he normally does. "There is now an emotional involvement," he said.

And what do the hometown



local school children.

The most important person missing from this very special event for **Dr. Penalver** and his family was his 23 year old son Eduardo. A Rhodes scholar, and soon to be graduate (June) of Oxford in England, he will be attending Yale Law School in the fall.

Eduardo wrote the letter nominating his father to carry the Olympic torch.



The Pierce County Medical Society

invites you and your spouse/guest to the

June General Membership Meeting

Mr. Lou Whittaker will share his adventures at our June meeting. International mountain climber, he led the 1984 China/Everest expedition and the first American ascent of ML Kanchenjunga, and still can't get enough adventure. He's helped reach twenty intact burial sites on a 1,000 foot cliff in the Peruvian Andes, and takes executives to the top of Mt. Rainier to raise money for children with asthma. Ironically, when Lou's not climbing, he lives in an underground home.

Tuesday, June 11, 1996Social Hour:6:00 pmDinner:6:45 pmProgram:7:45 pm

HE'S SEEN SUNRISE ON MT. EVEREST AND GLACIERS BIGGER THAN RHODE ISLAND

Meeting Location: *Landmark Convention Center (Temple Theater) 47 St. Helens Avenue, Tacoma

*If you have not had the opportunity to visit the Landmark, this is your chance to do so. Built as the Masonic Temple in 1926, it is now an historic landmark for Tacoma to be proud of.

(Registration required by June 7. Please mail this form with payment to PCMS, 223 Tacoma Ave South, 98402 or call 572-3667)

Please reserve _____ dinner(s) at \$18 per person (tax and tip included)

Enclosed is my check for \$_____ Or, my credit card # is _____

🗌 Visa 🔲 Master Card Expiration date: _____ Signature _____

I will be bringing my spouse ______ or a guest _____

(Please print name of guest for name-tag)

Thank you!

Signed _____

Meet Lou Whittaker: speaker at June Membership Meeting and International Mountaineer

 \mathbf{of}

Lou Whittaker is one of the world's most accomplished mountaineer climbers. And PCMS is fortunate to have him as a guest speaker at the PCMS General Membership Meeting on Tuesday, June 11. (See program flyer at left, page 4)

He is co-owner and chief guide of Rainier Mountaineering Guide Service, the country's oldest, largest and most prestigious international guide service.

In the spring of 1989, he led the first successful ascent by an American team to the top of Mt. Kangchenjunga in Nepal, the world's third-highest mountain. Six team members reached the summit via the North Wall, the mountain's most treacherous route.

In 1984, Lou led the first successful American Everest Expedition on the mountain's northside. after the tragic death of a team member ended the 1982 effort. In 1985, his climbing expertise was used to reach many intact burial sites on a 1,000-foot cliff face on the Rio Abiseo Project in the Peruvian Andes.

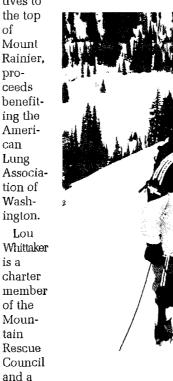
Since 1971, Lou and JanSports' Skip Yowell have guided the annual JanSport/Mount Rainier Dealer climbs, which familiarize dealers and suppliers with JanSport products and allow them to experience mountain climbing first-hand. Lou has been a spokesperson and design consultant for JanSport since 1972. In that capacity, he travels to outdoor specialty stores and colleges nationwide, promoting JanSport and the sport of mountain climbing.

Lou and his twin brother, Jim,

began climbing as teenagers to combat their asthma. Today, Lou is chairman of "The Climb for Clear Air," an annual fund-raising event that takes corporate executives to

mountains keeps his 6-foot-5-inch frame at an impressive 205 pounds of solid muscle.

When he is not climbing or



member of the National Ski Patrol. He is an honorary member of both the Mazama Club in Oregon, and the 10th Mountain Division, an elite mountaineering corps of the U.S. Army.

His biography, Lou Whittaker: Memoirs of a Mountain Guide, is available in hardback. The book was co-written by Andrea Gabbard and was published by the Mountaineers. "The best training for climbing is climbing," says Whittaker, who at 67 says he will continue to climb as long as he is still having fun. Life in the

attending and hearing about true adventure stories directly from the expert. There will be lots of opportunities for questions and answers.

The meeting will be held at the historic Landmark Convention Center, 47 St. Helens Avenue, Tacoma. If you have not had the opportunity to see this facility, it will be a great opportunity to do so. It is the former Masonic Temple and Temple Theatre. For more information about the meeting please call the PCMS office. 572-3667.

traveling for JanSport, Lou is at home in Ashford. Washington, with his wife Ingrid. Lou spends his spare time working on his passive solar underground home and restoring Whittaker's Bunkhouse Motel in Ashford.

Plan on

Editor's Note: This poem was written for the physicians of Infections Limited by their transcriptionist Kathy Dunlap. She wrote it and presented it to them for Physician Appreciation Day.

For a medical transcriptionist who listens to doctors talk all day It's a fantasy that just for once the docs have to type what I say.

For Dr. McEniry - (that's M-c-E-n-i-r-y)
I'd spell those words he might not know. Like "Puyallup" - (that's P-u-y...)
I'd fire off a note to some idiot (that's i-d-i-o-t)
And make sure he knows just how displeased I am with whatever he did to bug me.
I'd speak distinctly, pronounce correctly, never backtrack or mumble.
My thoughts would flow in orderly fashion, not a hectic jumble.
I'd sign off "Sincerely, Kathy Dunlap" (that's D-u-n-l-a-p).
Yes, that's what I'd do if Dr. McEniry typed one day for me.

For **Dr**. **Marsh**, that charming man, my style would have to change. I'd follow a tried and true formula - so easy to arrange -All the history, all the symptoms, all the diagnostic data In the same place, same order, every time, so organized I'd rate a Great big smile, a sigh of relief, he'd type faster and faster, And faster I'd speak, his fingers would fly - Oh Lord, what a disaster! He'd beg me to slow down and give him a break, not run the words together. He'd appreciate my typing speed and accuracy more than ever. I'd carefully read what he'd typed, I'd never be mean or harsh. "As always, I appreciate the opportunity" to work for you, Peter K. Marsh.

I'd greet **Dr. Craven** as he greets me: "Hello! Dunlap here." I'd say. My tone would be pleasant, my mood would be light, and I would proceed just this way: I would attempt to win the world's record or at least attain Guiness's list For the longest sentence ever dictated to a medical transcriptionist. This sentence would hold word after word, phrase after phrase after clause. And just when Phil's sure that I've reached the end, I've just decided to pause; It all makes infinite sense, however, and sounds, I believe, quite right. I'd close with "Regards" (I can just see it now - he's typing with all his might). He's tired and frustrated, his glasses are steamed, he's an absolute mess. He's so glad this letter is done, and then -- I'll say -- "P.S."!

I'd pose a challenge for **Dr. Tice** that he wouldn't soon forget. For starters, as the dictation progressed, I'd get quieter and quieter yet. My voice would dwindle, the volume fading, some of the syllables slurred. He would have to ask me on every page, "Kathy, what's this word?"

See Fantasy, page 16

Board Member Profile: Keith Demirjian, MD

"The journey, not the arrival, matters" T.S. Eliot

by Judy Wagonfeld

She was sixteen-years-old, worldly, daughter of an Air Force father. He was a nineteen year old college student. At a Christmas party in Huntsville, Cupid pitched a fast ball. Or was it merely adolescent hormones at bat?

At any rate, Keith knew it was good and struck a hit. They dated; she finished high school, he college. Keith switched bases to medical school in Mobile; Lynda to nursing school in Birmingham. They dated. Phone lines buzzed. They stole weekends from studies. They dated and dated. Five years worth before stepping up to the plate.

Reflecting, Demirjian marvels at their innocence - and luck at how the melding stuck. Now parents of teens, they shudder envisioning their young'uns playing this game. He realizes, as his parents learned, they're just umpires without much clout.

Growing up in Alabama, as one of ten children, Demirjian felt few constraints. Societal rules triggered self reliance as subtlely as the South's oppressive humidity spurred sweat glands. Sultry days oozed Southern serenity. "Kids went barefoot, not because they couldn't afford shoes, but because that's what everyone did," he explains. In Huntsville life remained simple; no more complicated or risky than a hot baseball game or rowdy "capture the flag."

That was America with a capital A; the dream world of Keith's Armenian immigrant grandparents. Escaping severe hardships, they relished freedoms taken for granted here. Their children spoke English, though Demirjian wishes he'd learned more than rudimentary Armenian. After six children, Demirjian's mother died. Remarrying, his father produced another four. In fact, Demirjian muses, "I have a eighteen-year-old sister I hardly know." A recent family gathering marked "the first time we were all under one roof."

Demirjian's upbringing contrasts sharply with the protected automobile world that delivers his three kids to a revolving door of activities. "This was a big bone of contention with Lynda," Demirjian laughs, recalling how she insisted he help drive. Oddly, she couldn't be in three places at once. One daughter dashed between gymnastics, a dive team, and barrel racing her horse. Their athletic son was whisked to varsity baseball and premier soccer; a chip off the old block who still plays on a fast-pitch softball team, though injuries precluded soccer. The younger daughter balances soccer and piano. All participate in church groups. A schedule so full that skiing fell by the wayside; time disappearing like tickets to the playoffs.

Demirjian's large family background led him to Family Practice. For years he extended the "family," volunteering as a team physician for various sports, until daunted by time constraints. Though fond of delivering babies and watching them grow, he quit obstetrics to focus on the family unit. His greatest reward is, "growing with my patients." Even



his group's waiting room seems like a rec room. Well thumbed magazines are stuffed in racks and flung on tables, a fish tank burbles, scattered toys await a child's touch, patients lounge on chairs or lean against hallway walls. Educational videos languish in their sleeves as the tube blasts soap operas or news. A wall sign suggests, "If you feel you have waited too long, please check with the front desk." It's more like these folks have moved in. They seem quite content.

As is Demirjian. His face lights up as he describes travel and baseball passions. No casual fan, Demirjian visits the Mariner's Arizona pre-season training. In his office, a Steve Largent print belies a football obsession. "I love going to games," he says. "Even Lynda has finally learned the players by name."

But, recently, it's travel that's captured his soul. A history buff, he yearns to explore a world that hasn't become us. Enticed to Kenya by a C.M.E. program, he caught the travel bug. Astounded by what we consider poor antisepsis, he was surprised by their lack of infection. Having "only three antibiotics to use, Kenya and Nairobi have very unsophisticated germs" that get knocked out fast. In Muslim populated Egypt, he found a medical world that

See Demirjian, page 12

Letter to the Editor: Trauma v. baseball, the funding debate

Dear Editor:

As a retired physician I have followed, so to speak as spectator, the fight for a trauma center in Tacoma. Though the funding is clearly a local county issue, I cannot but make some pertinent comments pertaining to the fiscal attitude of some of our politicians. They could easily and without squirming or conscientious scruples squeeze out 320 million dollars from the taxpayer to round a stadium because they are baseball fans or have other interests in such.

The main blame for such fiscal super-irresponsibility rests with his excellency the governor (who called an extra session of the legislature at taxpayer's expense!) and with the honorable senator from the 29th District, Rosa Franklin. In order to avoid the Mariners stadium issue to lose in the state senate she switched her *no* vote to a *yes* vote virtually at the last minute, thus passing the measure for 320 million dollars and probably for much more in the near future when the big bills come due. But this honorable senator, driven by her early baseball reminiscences from New York City, has thus far been unable to find 3-4 million dollars for a trauma center, which would be needed much more urgently than a baseball stadium in Seattle (and soon a new Seahawks stadium and a new Tacoma Dome and a new...).

The main problem of the 29th State District is that it represents one of those voting districts where any democrat whom the democratic party machine selects to run for office can be sure of his/her election or reelection, no matter what his/her qualifications are for such an office. Interest in baseball seems to be one of them and yessir to party orders the other. What about enough interest in a trauma center to find the necessary sum of money?

Ernst W. Baur, MD



Managed Health Care, Implications for the Physician workforce A recap of May General Membership Meeting with speaker John Coombs, MD

For every complex problem there is a solution that is simple, direct and wrong. So said an ending slide in the presentation on Managed Health Care, Implications for the Physician Workforce, presented at the May General Membership Meeting by John Coombs, MD. Dr. Coombs is a PCMS member and serves as the Associate VP of Medical Affairs for Clinical Systems and Networks, and Associate Dean for ists and a major distribution problem. Recommendations included ideas such as reducing GME training slots to no more than 110% of U.S. medical school graduates, close medical schools to effect a 20% reduction in medical students, tighten the visa process of IMG's, etc. "The UW has continued to see a rise in medical school applicants" said Coombs. Last year 4100 applicants applied for 166 slots. Only by managed care and it is expected to grow to 45-50% by the year 2000. There is a large and growing oversupply of specialist physicians and a modest need for generalist physicians. Coombs cited studies that suggest a 165,000 surplus of patient care physicians by the year 2000 with specialist supply outstripping demand by 60%. "This has had a substantial impact on the decision making of medical students" he



Joe Nichols, MD asks questions of speaker John Coombs, MD after his presentation

Regional Affairs and Rural Health at the University of Washington School of Medicine. The UW covers the region known as WAMI. This includes Washington, Alaska, Montana and Idaho. Wyoming has just become part of the consortium and will have students as of September, **1997**. The region, which is very large and very rural is now **27%** of the United States and **3%** of population.

Addressing a topic that is very popular and frequently talked about, he predicted that there is going to be an over-supply of physicians by the year 2000. Three major reports on physician supply reported that there are too many doctors, too many special**1 applicant of every 8 is accepted.** "Health care reform has done nothing to dampen interest in the profession," he added.

And what about the impact of managed health care for the physician workforce and medical education? And, as managed care continues to grow what impact will this have on physician demand and supply? Coombs reported five findings as reported by the Council on Graduate Medical Education (COGME) September, 1995. First, managed care has grown rapidly in both the private and public sectors in most geographic areas and the rate of growth is likely to continue or accelerate in the future. In 1995 20% of the population was served



From left: Drs. Peter Marsh, Dick Bowe, and Randy Lindblad visit with colleagues after the meeting

said. Citing an example, "last year only 37% of the 1,000 possible slots per year in anesthesia filled. This year, only 18% or 170 out of 960 anesthesia slots filled with U.S. trained students." Medical students are hearing there will be excess in this specialty and are avoiding it. This is true of radiology and pathology as well. "The UW has seen very quick employment of anesthesiologists." said Coombs, and his advice to medical students is to continue to make decision based on what they like, as the market is too quirky to predict. He was quick to note however, that the distribution problem still exists. "Between 1982 and 1992 we have not seen See workforce page 10

Workforce from page 9

the reduction in the number of HPSAs (Health Profession Shortage Areas) in the country. There is currently a 5,000 shortage of physicians to fill positions," he added. In 1992 only 14.9% of physicians chose primary care - a bottom low. It has increased to 28% in 1994 and 37% in 1996.

The job market for 1994 graduates showed 1.4% of the 1,766 family practice physicians without full time jobs in early 1995; compared to orthopedics at 5.9%.

General surgery was 5% and all 206 urologists were employed. The average was 5% for all

decreased financial support for medical education at both the undergraduate and graduate levels, which could affect the quality of these endeavors. Dr. Coombs said that in 1961 over 95% of support for medical school was not derived from clinical income. State support, endowments, etc, all contributed. By 1991 only 31% came from clinical income which means medical schools are becoming very dependent upon clinical income for survival. At the UW 39% comes from clinical care, 32% research. and 9% state, 8% VA and 12% other. Federal and state contributions are diminishing. Dr. Coombs was quick to point out that, "it is important to know that

incorporate the new information and changes that are happening. He noted that the shortage of welltrained primary care physicians is a universal problem. Medical education does not prepare physicians for the realities of practice. Burnout is a significant problem for retention and physicians satisfaction. The optimal design of a primary care practice that is effective and exciting is not yet known.

We have a lot to do in terms of how we adjust our medical school curriculum. The UW WAMI region (organized in 1971) has a fortunate experience. They developed a very good working relationship with the community. They can train physicians in the



Dr. Buck Moses (center) meets Gary Park, MD (right) while Don Russell, DO and wife Barbara look on



From left: Drs. Don Shrewsbury, Dennis Drouillard, and Jim M. Wilson, Jr., visit prior to the meeting

medical specialties combined. The hospital based specialties fared worse at 10.8% unemployment for pathology and 6.6 for anesthesiologists. "The pathology number is high, but others are normal as many physicians take time off or do other things after completion of training", noted Coombs.

Another finding was that changes in the health care environment will have major effects on the allopathic and osteopathic medical education systems and their teaching institutions. These changes will likely result in medical schools do more than just train doctors. And, suggesting that we close 20% of them is troubling. "Closing a medical school is akin to closing military base" noted Coombs. "It is a large part of the local economy and health care delivery system."

The growth of managed care will magnify the deficiencies of the currenteducational system, yet will also provide new and essential educational opportunities to improve physicians training for their future role. Changes are rampant and create tension. Training of medical students must community and out of the white, educational tower. Their missions are: address the health needs of the region with special reference to primary care and achieve leadership and excellence in biomedical research.

Currently, there are many barriers and few incentives by which medical schools, residency programs, teaching hospitals and managed care organizations can address problems related to the physician workforce and medical education priorities.Before people begin to think about getting in to

See workforce page 18

Building your own home page

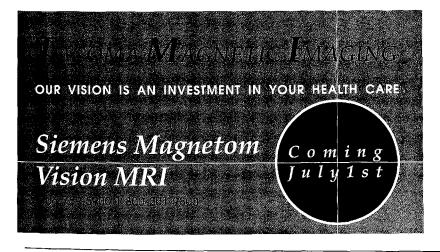
Dr. Bob Stuart, Tacoma Family Physician had the interest of 30 PCMS members when the PCMS Computer User Group met in late April as he described the development of a home page on the World Wide Web. His own page (http:www.harbornet.com:80/ folks/superdoc/) has attracted the interest of physicians around the globe.

He demonstrated the creation of a home page using HTML (HyperText Markup Language) the stuff that World Wide Web

Mediterranean Style Home

Located in Wescliffe in University Place. 3190 sq ft, 4 bdrms, 3 baths. Beautiful sunroom. MLS# 91553 \$295,000 Please call: Deanne O'Connell 566-0766 Windermere RE/Sps, Inc. documents are made of. Dr. Stuart's page was recently mentioned in the American Medical Association News article on websites of interest to physicians. He reviews medically related CD-ROMs and includes his evaluation of the CD. He also has information available to anyone interested in developing their own home page and a good listing of mailing lists to subscribe to (and how). Dr. Stuart's e-mail address is superdoc@harbornet.com.

If you are interested in more information about the PCMS Computer User Group, chaired by Sid Whaley, MD please call the office. The group meets on a continual basis, five or six times per year to discuss various topics of interest about computers and electronic media. The group is designed for beginners as well as advanced computer enthusiasts. Your ideas and suggestions for an interesting meeting or presentation topic are welcomed. Please ask for Doug Jackman when you call.





PCMS Home page and E-mail address recently changed

As we go to press the PCMS home page will be available at **pcmswa@pcmswa.org.** It remains in construction as we complete various sections of it and await domain certification. Please visit the site, give us some feed back on what you like, dislike and would like to see on the page. Staff is attempting to learn the HTML programming language to be able to keep the page updated on a very regular basis.

Also, PCMS e-mail has changed to pcmswa@nwrain.com. Our new Internet server is NWRainet This is a Tacoma firm that PCMS staff has found to be very helpful and informative. When you call for technical support a human being answers the phone and they are willing to walk you through a problem. This is unlike some servers where you get an answering machine and a response two days later. NWRainet has a no busy signal policy on accessing Internet and very competive prices.

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Demirjian from page 7

declares it rarely sees S.T.D.s and does no abortions because, "We don't need to." Sex occurs after marriage. And no birth control is dispensed until the first son is born.

Ticking off his travel wish list, Demirjian beams like a kid handed a signed baseball. Next, he's off to the Mid-East. Discovering his father's desire to revisit his homeland and a fall conference in Turkey created a perfect fatherson sojourn. Demirjian's excitement about this surprise gift refreshes like a waterfall's icy spray; an antidote that briefly quenches his thirst. Travel fever hits, he says, because "I love different cultures. The more I know, the more well rounded I'll be."

Echoes of Marcel Proust who long ago wrote, "The real voyage of discovery consists not in seeing new landscapes, but in having new eyes." The essence of *Bon Voyage!*

Pt. Defiance Zoo seeks relationships with physicians as well as medical equipment

Editor's Note: The following letter was sent to Kenneth Graham, MD, asking for physicians interested in working with veterinarians at the zoo and/or any medical equipment available for purchase or donation. Please call Dr. Ken Graham or Doug Jackman at PCMS for more information

I have put together a list of some of the needs we have as we set up our hospital and attempt to work up our cases as thoroughly as possible. We are extremely grateful for your interest and willingness to help. From past experience I know how mutually exciting and educational physician/veterinarian relationships can be. We will do our best to make it the same for you and your colleagues.

I have worked with numerous human medical specialist in the past. Needs will vary depending upon the individual case. In most cases, the need for a specialty consult is rare, but we like to establish relationships ahead of time so that we can respond effectively in the case of an emergency.

Zoos have been fortunate to work with doctors of many specialties. Many have volunteered to date but our needs at this time are dentistry, reproductive endocrinology and pediatrics.

Equipment needs are great at this time. We are interested in information as to where we might obtain the items listed below, whether from a surplus warehouse, sales from a closed down hospital or donation. We would be happy to do all of the legwork or arrangements needed to purchase/pick up the following equipment:

anesthesia machine with isofurane (fluothane) vaporizer

pulse oximeter

<u>x-ray machine (portable and</u>

standing)

radiographic equipment (lead lined gloves and aprons, calipers. cassettes, x-ray processor) microscope surgery lights (free standing and ceiling mounted) cautery unit endoscopic/laparoscopic equipment ECG machine autoclave (steam and gas) incubators (2-3) suction apparatus surgical/dental instruments surgical supplies stretchers surgical table IV stands/infusion pump mayo stands striker saw scales (small and large - up to 500lbs) gurneys shelves test tube racks We realize that this is quite a

We realize that this is quite a list, but information leading to acquisition of any of these items would be most appreciated. Thank you, too, for giving me the opportunity to share our needs with your colleagues at the Pierce County Medical Society meeting. We look forward to working with them!

Holly Reed, DVM Point Defiance Zoo & Aquarium

Health Department sends measles alert to health workers

The Tacoma Pierce County Health Department sent a measles advisory to PCMS members on May 20, 1996. It stated:

The Southwest Washington Health District has reported 17 cases of measles (rubeola), with 8 of the 17 occurring in health care workers. Several of the infected health care workers were born before 1957.

It is strongly recommended that Pierce County health care workers born in or after **1957** be required to show documentation of one of the following: (1) proof of two live measles vaccinations, given on or after their first birthday; (2) documentation of physiciandiagnosed measles disease; or (3) laboratory evidence of measles immunity.

It is further recommended that health care workers born before 1957 show either laboratory documentation of measles immunity, or have evidence of one dose of live measles vaccine.

If there are suspect or confirmed cases of measles in a medical facility, the above recommendations will be required and individuals that are susceptible will be excluded from work.

Please call the Communicable Disease Control section at 591-6410 between 8:00 a.m. and 5:00 p.m. or the 24 hour reporting line at 591-6534, if you have suspect measles cases.

PublicHealth/School Health Committee endorses policy for prescribing bee sting kits administered at school

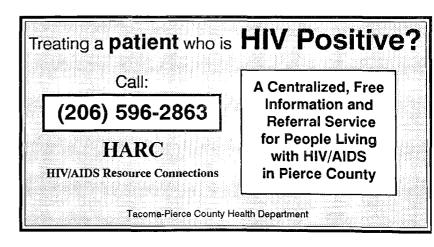
The Pierce County Medical Society's Public Health/School Health Committee, chaired by Larry Schwartz, MD, recently endorsed a policy that would urge the use of Epi-Pens rather than Ana-Kits when prescribing bee sting therapy kits for use at school. The committee is comprised of school nurses and pediatricians in Pierce County.

The kits are available in schools for use on patients at risk for anaphylactic reaction from bee stings or other similar problems.

The Ana-Kit does have the advantage of inclusion of an antihistamine agent, but it requires additional technical expertise on the part of the person administering the injection. In the Ana-Kit the epinephrine syrings has to actually have air expelled and then the injection has to be administered subcutaneously, with the provider pressing down on the plunger just as with any normal injection. The Epi-Pen, however, is spring loaded and simply requires a twist of the device and then subsequent pressure in the area to administer the shot.

In many school settings, a school nurse is not available and teachers and administrators are typically quite uncomfortable providing these injections. Over the counter Benadryl or a similar antihistamine-type agent could certainly be sent along with the child to include with the Epi-Pen so that a complete kit is present. The recommended policy will be sent to school nurses and pediatricians in the county.

The Public Health/School Health Committee meets the third Wednesday of each month at Mary Bridge Childrens Health Care Center to discuss issues relating to the health of school children. If you are interested in the committee and would like more information, please call the Society office, •



Welcome to the following New Members

Allchin, Carol L., MD

Internal Medicine Practices with The Lakewood Clinic 11311 Bridgeport Way SW Tacoma, 98499, 581-6688 Med School: George Washington U. Internship: Georgetown VA Hosp. Residency: Georgetown VA Hosp. Graduate Training: George Wash. U.

Dorman, Cynthia B., MD Internal Medicine Practices with Diane Combs, MD A-226 Allenmore Med Ctr, Tacoma 98405, 383-8870 Med School: UCLA School of Med Internship: Harbor-UCLA Med Ctr Residency: Harbor-UCLA Med Ctr Fellowship: Harbor-UCLA MedCtr

Mebust, Kimberly A., MD Neurology Practices with Neurology & Neurosurgery Assoc. of Tacoma 915 6th Ave, Tacoma, 98405 383-5056 Med School: Univ. of Connecticut Internship: Univ. of Connecticut Residency: Duke University Graduate Training: Duke Univ.

Applicants for Membership

Lazarus, Marlene L., MD

Cardiology Practices with Dennis Koukol, MD 1802 South Yakima #302 Tacoma 98405 383-2745 Med school: Rush Medical College Internship: LA Co. - USC Med Ctr Residency: LA Co. - USC Med Ctr Graduate Training: University of California - Irvine

May, Eugene F., MD Neurology Practices with the U.S. Army MAMC, Tacoma 98431, 968-1760

Siler, Thomas T., MD

Internal Medicine Practices with Multicare Internal Medicine, 521 ML King Jr Way, Tacoma 98405, 552-1590 Medical School: University of Tennessee Internship: Univ. of Alabama Residency: Univ. of Alabama

Stringfellow, Steve C., MD Internal Medicine Practices with The Lakewood Clinic 11311 Bridgeport Way SW, Tacoma 98499, 581-6688 Med School: Univ. of Alabama Internship: Univ. of Washington Residency: Univ. of Washington Graduate Training: National Institute of Health

Vidrine, Lawrence R., MD Urology

Practices with Group Health Cooperative, 209 ML King Jr Way, Tacoma 98405 Med School: Univ. of Texas Internship: Univ. of Oklahoma, Health Sciences Center Residency: Univ. of Oklahoma

Medical school: Univ. of Chicago Internship: Walter Reed AMC Residency: Walter Reed AMC Grad Training:Walter Reed AMC

Portman, Michael A., MD

Pediatric Cardiology Practices with Children's University Medical Group 311 South L Street Tacoma 98405, 552-1416 Medical School:Univ of Cincinnati Residency: Children's Memorial Hospital/Northwestern University Graduate Training: Rainbow Babies & Children's Hospital

Personal Problems of Physicians

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Medical problems, drugs alcohol, retirement, emotional problems, etc.

Committee Members

John R. McDonough.	. 572 - 6840
(Chair)	
Bill Dean	. 272-4013
Ronald Johnson	. 841-4241
Mrs. Jo Roller	. 566-5915
Robert Sands	. 752-6056
F. Dennis Waldron	. 272-5127
~ ^ · · · ·	1. 191 1 - 1
Confidenti	ality

Assured

Sinden, Donald L., DO Family Practice Practices with South Hill Family Medicine 3908 South 10th Street SE #200 Puyallup 98374, 848-5951 Medical School: University of Osteopathic Medicine & Health Sciences Internship: Womack Army Community Hospital

Residency: Womack Army Community Hospital

Remembering Kenneth Gross, MD; business partner and friend

by Vernon O. Larson, MD

Kenneth E. Gross, MD passed away on Tuesday, May 7, 1996 at his home in Tacoma. He was 76 years old and is survived by his wife, Keaty, a son, Fred, of Denver, Colorado, daughter, Karen Sherman of Lake Oswego, Oregon and four grandchildren. His youngest son, Robert, predeceased him in a tragic skiing accident. Ken died of metastatic cancer a relatively short time after its discovery.

Ken was born in Newark. New lersev and reared in Union, New Jersey. He went to undergraduate school and medical school at Dartmouth and graduated from the University of Pennsylvania Medical School in 1943. His radiology residency was in Boston at Peter Bent Brigham and New England Deaconess Hospitals, as well as Boston's Children's Medical Center. His career included service in the United States Army Pacific Theater in World War II prior to his radiology residency.

Following his radiology training, he moved to Spokane to practice radiology. This was followed by a move to Tacoma in 1949. Eventually he formed a partnership with Steve Sanderson, MD. They had offices in the Medical Arts Building and the Tacoma Medical Center. They also practiced at Mary Bridge Children's Hospital and the Miner's Hospital in the Medical Arts Building. The Miner's Hospital was the precursor of Allenmore Hospital. The fledging Lakewood General Hospital then became one of "their" hospitals when it opened its doors in 1961.

Due to the untimely and sudden demise of Dr. Sanderson in March 1962, there was an opening for a radiologist in Tacoma and I joined Ken in July of 1962. A great many new and wonderful things happened in radiology in the years that followed. Ken was also keenly interested in being at the forefront of technological advancement as well as wanting medicine to be practiced as perfectly as possible. Ken was instrumental in seeing that radiologic technologists were skillfully trained in Tacoma. In the early years, technologists were trained in our offices and later in the area hospitals. Many new modalities for diagnosis of disease were developed during Ken's practicing career and it was necessary of course to learn all of the new procedures and techniques. Ken was never content to rest on his laurels. He wrote papers, gave lectures and taught the residents at the University of Washington Medical School where he was a Clinical Professor. He served on innumerable committees at hospitals and with organizations with which he was associated. Radiology underwent massive changes during his career. Angiography, including coronary angiography, was being refined. Nuclear medicine blossomed. Ultrasound moved from nothing to a highly sophisticated and important modality. Computerized axial tomography seemingly came out of nowhere as a wedding of computers and x-<u>ray. It was clearly a quantum</u>



leap forward. Mammography became commonplace during this time, with incredible improvement. Just when it seemed there was nothing new to develop or invent in radiology, along came nuclear magnetic resonance. later named magnetic resonance imaging, with its nearly incomprehensible physics and magnificent images. Teleradiology became commonplace. Great strides in radiation therapy were being made, with high energy linear accelerators replacing orthovoltage x-ray, cesium and cobalt. Cesium and various isotopes replaced radium. Continuing medical education was constant. With all the changes going on, the workload in radiology became heavier, special procedures took longer and therefore many new faces joined Gross and Larson. After Dr. Whitney joined and then one more, the group of names became unwieldy and the group name became Drs. Gross, Larson, Whitney and Associates. (Dr. Pliskow referred to himself as Dr. Associates.) At the time of Ken's retirement in 1987, at the age of 68, the group had expanded to 13 radiologists covering five hospitals and five offices. At that time the name was changed to a more generic nomenclature - Diagnostic See Dr. Gross, page 18

Fantasy

from page 6

I'd say, "Here's a letter to-o-o whoever the cardiologist is For Mr. Johnson. (He can look up the first name - that problem will be his.) Or better yet: "Here's a letter regarding that patient with the infected heart. I forgot his name -- Sorry, Al -- maybe you can find the chart." Now, as he types this letter I just know he'll start to laugh Because at the end of every sentence I'm gonna say "New paragraph." Then I'd say, "Oh, Al what did I ever do without you? I really appreciate you." And you know, in spite of it all, that last part is actually true.

For some reason I always seem to leave **Dr. Schwartz** for last. If he typed for me for just one day, I'd have such a blast. I'd never give the date of dictation or spell anybody's name. He'd have to look up every one to play my little game. I'd make sure he appreciates my intelligence and my wit. I'd tell him jokes and sing corny songs to cheer him up a little bit. And then when I have him in an optimistic mood I'd save up dictation for about a month and give it to him good. Both sides of every tape - letters and consults galor. I'll be brilliant - he'll be surprised at what each consult has in store. Page after page of scholarly stuff - I know he'd be impressed. It'll take a whole page just to type the differential diagnosis. And only when he's heard me say, "Best regards, Kathy Dunlap" Will he know he's reached the end of this encylopedic crap.

Yes, this is a transcriptionist's fantasy which never will come true, But the reality is that there never could be nicer bosses than you.



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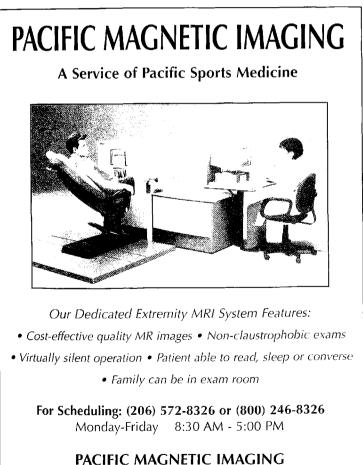
The Tacoma Pierce County Health Department Tobacco Free Summer

Move over Joe Camel. There's a new adventurer in town Enough Said Fred, the camel whose mission is to stop R.J. Reynolds Joe from hooking hundreds of Pierce County kids on tobacco.

Fred, the Tacoma-Pierce County Health Department newest emissary for tobacco control, will be visiting kids throughout Pierce County as part of Tobacco Free Summer, a highly-interactive series of events and activities to teach kids the dangers of tobacco and encourage them to tell other kids why tobacco isn't cool.

Pediatricians and other medical professionals who work with kids can help get the message out about Tobacco Free Summer. Call the Tacoma-Pierce County Health Department at 596-2987 to request Tobacco Free Summer posters, sign-up forms and pledge cards, and a list of events and activities that make up Tobacco Free Summer.

Kids you encourage to sign up



3315 South 23rd Street, Suite 200 Tacoma, WA 98405



for Tobacco Free Summer can earn Tobacco Free Star Cards (featuring Enough Said Fred) for each event or activity they complete. The first activity is to sign a pledge promising to be tobaccofree this summer. Kids who earn at least 10 Star Card points by summers end will qualify for a number of prizes and a chance to win the grand prize trip to Disneyland for a family of four.

Tobacco Free Summer will kick off on June 1 at Heidelberg Park in Tacoma, and will run through the end of August. For the kick-off event, in honor of World No Tobacco Day (which is May 31), Enough Said Fred and county health educators will talk to kids about why tobacco has no place in baseball.

Tobacco Free Summer is part of Vital Focus 2000, the Tacoma-Pierce County Health Department campaign to improve the health and well-being of the citizens of Pierce County, by addressing the root causes of preventable diseases. ■

Workforce from page10

medical school you have to work with them in high school and college to enrich the applicant pool, and add diversity and geographic distribution. And, when people get out into practice it is important to create programs that create greater attraction to the underserved communities for physicians to settle there and be professionally happy.

A very successful program is the Rural Underserved Opportunities program. This is an opportunity at the end of the first year of medical school for students to spend 6 weeks with physicians in underserved areas. It is a voluntary program and 98 out of 166 students participated the past year. This has a substantial impact in decision making by medical students in terms of what type of life they can live in rural or medically underserved areas, what kind of professional rewards they can expect and impacts on their personal lives.

Dr. Coombs spoke highly of Pierce County. He noted that "Tacoma has been a very popular rotation sight for pediatrics, ob/ gyn and family medicine." He believes we will start to see changes in terms of how medical education is directed to the future in 1997.

As Dr. Coombs closed his presentation he said we have many questions that need answers. Are we training too many physicians? "On a national basis it appears that we are," he said. What are we going to do about that? What changes can you make? Should we reduce medical schools, pick on international graduates, or other ways? How will the system right-size? Will the market right-size it, or will federal public policy be neces-

sary? There has not been a dropoff in terms of interest in medical school across the country. Nationally, applicants rate 2.8 to each slot. Today 35-40% of medical school students are women. The UW's next medical class will have 84 women and 82 men according to Coombs. This is a healthy inroad. If we think we have too many physicians how will the system right-size? Limit residency programs, if so, how? How do we affect better distribution by geography and by specialty? We will have to study this and plan to make the system work properly.

Which brings us back to "for every complex problem there is a solution that is simple, direct and wrong. "Over the years our ability to predict and doctor-size has been wrong," said Coombs. So, maybe his last slide said it best, "The secret to success is to set low expectations." To which Coombs responded, "sometimes, in a cynical way, this is best."

If you would like a copy of Dr. Coombs 16 page handout, which includes copies of his slides, please call the Society office, 572-3667 and a copy will be mailed to you. ■

Puyallup, WA: Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 6 to 12 hour shifts. Hours are 12 noon to 10:00 pm daily, outpatient only. \$50/hr, benefits available. Send letter of introduction and CV to After Hours Application, Puyallup Valley Healthcare, PO Box 1247, Puyallup, WA 98371-0192.

Dr. Gross from page 15

Imaging Northwest - the name it keeps to this day.

Ken had many interests outside radiology. He enjoyed duck hunting, fishing, photography. painting and especially travel. with the team and its management. He enjoyed tennis and skiiing until the untimely development of cataracts at about age 55. Intraocular lens implants were in their early development and he was not a beneficiary of that medical miracle. He was, however, able to return to the practice of diagnostic radiology. Ken was very serious about the practice of medicine. He worked extremely hard and was very bright. On social occasions he was a lot of fun.

Ken was a member of the Pierce County Medical Society, the Washington State Medical Association, the Washington State Radiologic Society, the Pacific Coast Society in Radiology, the Radiologic Society of North America, the American Roentgen Ray Society, the American College of Nuclear Medicine, and the American College of Radiology, where he received the Degree of Fellowship. He also belonged to the Association of Pediatric Radiologists, the Pacific Northwest Society for Pediatric Radiology, the Tacoma Surgical Club, and the Pacific Northwest Radiological Society. He was a longtime member of the Lion's Club, where he served as President. He also served as President of the Pacific Northwest Ski Association. He was a Clinical Professor of Radiology at the University of Washington.

I learned alot from Ken. I will miss him very much. He will also be greated missed by his family and many friends. the Pulse

Pierce County Medical Society Alliance

Choice, Not Chance '96 stresses choices have consequences

Educators and health care providers teamed up to motivate more than 500 middle school students and staff to take personal responsibility for their lives at the statewide teen health forum, *Choice, Not Chance.* The eighth annual forum was held May 2, 1996, at Central Washington University in Ellensburg.

Forty-two (42) teens and staff from eight (8) Pierce County schools attended the forum to learn from experts how their own choices impact their lives. The Pierce County Junior High Schools represented at the forum included: Aylen, Edgemont, Peninsula, Pioneer, Lakeridge, Curtis, Mason and Woodbrook.

Curtis Junior High, University Place, received \$100 for their school by being the first school to return their correctly completed registration forms. Congratulations to Steven Collins. Erin Johnson, David Walker and their teacher Bess Naccarato. Steven Collins was the lucky winner of one of the five bicycle helmets that were raffled during lunch. In his address "Choices and Consequences - A Personal Journey" keynote speaker Seattle Municpal Court Judge Michael Hurtado helped teens see how their experiences can be used to focus their energies to excel. Judge Hurtado stressed the importance of respecting self and others, the significance of choices and consequences, and the value of education.

Each student was able to attend four of seventeen workshops offered. Some of the topics discussed by health experts and their peers.

It is even more rewarding to know that at least one of the 500 students who attended the forum



Left: Sandra Green, Immediate Past President, WSMAA, Right: George Rice, President WSMA, Melinda Dyer, OSPI representative, and teacher Bess Naccarato pose with students from Curtis Junior High School

educators were teen depression, gangs and violence, HIV/AIDS, date violence, sexual intimidation, stress management, deceptive advertising, steroids, conflict resolution, teen pregnancy and goal setting. Factual information on these topics and lifestyle decisions that directly correlate with good health prepare the students to return to their respective schools to share what they learned with other students.

It is always gratifying to read the evaluations. Once again the school staff noted how much they appreciated the highly organized conference and the empowerment it gives their students. Students expressed their eagerness to go back to their schools and share the information they've learned with will have the opportunity to get some needed assistance to work through problems he is facing. A speaker, volunteers, a physician, and school staff worked together at the forum to respond to comments this student wrote on a workshop evaluation form.

We wish to thank the Pierce County Medical Society and staff for their loyal support of the forum for the past eight years. Pierce County supported *Choice*, *Not Chance '96* by providing financial support and almost half of the on-site volunteers for the all day forum. Volunteers included Mona Baghdadi, Nikki Crowley, Dr. Pat and Susie Duffy, Betsy Finley, Mary Lou Jones, Sharon

See "Choice not Chance," page 20



the Pulse

Pierce County Medical Society Alliance

Choice not Chance

from page 19

Ann Lawson, Toni Loomis, Denise Manos, Kathleen Smith, Fran Thomas, Kris White, Helen Whitney, Alice Wilhyde and her granddaughter Jaimi Porter. Many



Steven Collins, Curtis Jr High, winner of the bicycle helmet raffle and OSPI representative Melinda Dyer

thanks to all of them for their commitment to our youth. We also thank everyone who has volunteered in the past. You have truly made a difference.

We are pleased to have had the opportunity to provide the leadership for *Choice*, *Not Chance* the past eight years. Since the WSMA Alliance Board of Directors voted to suspend the statewide forum in order to investigate the possibility of holding either regional or county health forums in future years, there are no plans for a statewide forum in **1997**.

The forum, which stresses healthy lifestyles and promotes ways to build self-esteem, has been a positive force in reducing anti-social behavior among teens See Choice Not Chance, page 24

Congratulations, 1996 Graduates!!!

Michael Graham, Graduate: Curtis High School Martin & Karen Graham, Pacific Lutheran Univ., Music

Ronald Granquist, Graduate: Puyallup High School, Carl & Margaret Granquist, Highline or Pierce Community College, then a University

Camille Hall, Graduate: Gig Harbor High School, John & Karen Dimant,

London this summer, Americorps for a year and then college

Jessica Lee, Bellarine Preparatory School - Valedictorian, David & Mary Ann Lee, Stanford U., Chemistry, Pre-Med

Taylor Starr, Graduate:Charles Wright Academy, Kirk & Janie Starr, Univ. of California at Berkeley (National Merit Scholarship)

Kirstin Wanwig, Graduate: Peninsula High School,J. Daniel & Annette Wanwig, Western WA Univ, Biology

Michelle Weis, Graduate: Gig Harbor High School, George & Marie Weis, Univ. of Wash., Honors Program

Brian Wulfestieg, Stadium High School, Honors Graduate, Carl & Sue Wulfestieg, Either Univ. of Chicago or Northwestern, International Business

Hannah Burdge, Graduate: Bryn Mawr College, Gary Burdge & Roseanne Larsen, Bachelor of Arts, Political Science, Complete pre-med at UPS

John Graham, Graduate:Cleveland Inst. of Music, Martin & Karen Graham. Bachelor of Music, Trombone Performance, Juilliard School, Master of Music program in Symphonic Performance

Colleen Lenihan, Univ. of Wash. School of Business, John & Cindy Lenihan. Business, minor in Marketing and Information Systems, Six weeks in Europe, MSI Consulting in Seattle

Tonie Bitseff, UPS-Seattle University Law School, JD, Dr. & Mrs. Edward Bitseff, Jr., Tax Law, Deliotte & Touche, Seattle

David Bowe, Univ. of Wash. School of Medicine, Dick & Sara Bowe,

MD, Residency in Pediatrics at University of Arizona 🔳

"Baby Think It Over" project seeks funds

Our "Baby Think it Over" project is very exciting. We've applied for a \$2,000 Pace grant and have asked PCMS to help us get the program up and running by September 1996.

Each doll costs approximately \$250. We'd like to purchase at least 15 to be used at Mason Middle School in Tacoma. Special fundraisers are planned for the coming year to keep this an ongoing project.



the Pulse

Pierce County Medical Society Alliance

Meet the President

Fran Thomas originally from "Philly" (Philadelphia) and a recent southern California transplant was installed as President for the 1996-1997 Pierce County Medical Society Alliance on May 7, 1996. Her husband Bill retired from the Navy, after 27 years, joined Pediatrics Northwest as a Pediatrician/Pediatric Hematologist in their Tacoma office on May 1, 1993. Three of their four children followed them to the Northwest along with seven cats and two dogs. Their oldest, Suzanne begins Washington State University's veterinary program in August. Bill Jr. just started his own landscaping business and their youngest, Kevin is a sophomore at Gig Harbor High School. Fran plays tennis with her senior citizen friends twice a week and is a member of the Blade N Spade Garden Club in Gig Harbor. She enjoys biking, hiking and skiiing green runs, reading and shopping in her spare time.

Fran joined the Alliance in September 1993 and quickly became an active member. Maybe a little too quickly! Hopes for a full board were looking slim until the installation luncheon May 7. A miracle happened and we filled three very important positions. Thank you Mona, Karen and Patty. There are still positions available. Please be ready with a "yes" when called to volunteer.

Board Meeting will be Monday, June 3

Our first Board meeting will be June 3, 1996 at Mona Baghdadi's at 9:30 am. It will be a potluck. We'll eat when business is completed. This is a very important planning meeting. Please try to attend.

Our 1996-1997 Slate of Officers President: Fran Thomas President Elect: Mona Baghdadi 1st V.P. Program: Kathleen Smith 2nd V.P. Membership: 3rd V.P. Bylaws/Historian: Kathleen Forte 4th V.P. Arrangements: Karen Dimant Recording Secretary: Beverly Corliss (a newcomer in 1996) Corresponding Secretary: Patty Kesling Treasurer: Sue Wulfestieg Dues Treasurer: Janet Fry

Dues Treasurer: Janet Fry Immediate Past President: Toni Loomis

Board positions remain open for this year

If interested in any of the following jobs for September 1996 through May 1997, please contact Fran Thomas at 265-2774. No experience is necessary and job sharing is always a possibility.

<u>AMA-ERF Fundraiser</u> includes sale of Entertainment Books (Sept.-Dec.) and Sally Foster Gift Wrap (Sept.).

<u>2nd V.P. Membership</u> plans recruitment and retention efforts.

<u>Mailing</u> person labels, sorts, and mails all bulk mailings at the Tacoma post office.

<u>Philanthropy & Finance</u> includes evaluating the philanthropic needs of Pierce County and reviews the applications and makes recommendations to the Board for dispersal of funds.

Legislation keeps the Alliance in touch with legislative issues as directed by WSMAA.

PCMSA receives membership award

The PCMSA received a membership award for the greatest percentage increase of members for the 1995-1996 year from the Washington State Medical Association Alliance House of Delegates during the Spring Convention on April 22. The meeting was held in Vancouver, Washington.

Toni Loomis believed Sue

Wulfestieg, Membership Chairperson, should have the crystal bowl filled with M&M's for her hard work improving our membership for 1995-1996.

Membership increased from 145 to 170 members. Unfortunately, this is still below our past high of 220.

Please rejoin in September.

Please note: 1996 Directory changes

Arther, Walter, MD Change status to: Retired (6/96)

Bitseff, Edward, MD (Retired) Change address to: 9800 Misery Point Rd NW Seabeck, WA 98380

Chambers, Robert, MD

Change fax to: 475-5921

Davidson, H. James, MD Change status to: Retired **Kulpa, Patty, MD** Change physician's only line to: 851-9350

Larson, Wayne MD Change address to: 7514 66th Ave W, Lakewood, WA 98467

Oh, Ki, MD Change Federal Way office address to: Capital Square, Bldg. 3, 700 S 320th St, #B

Wilhelmi, Margaret, ARNP Change phone # to 564-0170

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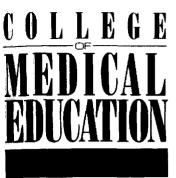
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Registration for June ACLS still available

Registration for the College of Medical Education's Advanced Cardiac Life Support (ACLS) course on Thursday and Friday, June 20 & 21 is still open. The course brochure with registration information was mailed in May.

The course offers 12 hours of Category I CME credit. The twoday certification course, which is offered twice annually for physicians, nurses and paramedics, follows guidelines of the American Heart Association. A prerequisite is certification in Basic Life Support.

The course will be held at Jackson Hall and combines lectures and major hands-on practice opportunities. Provider status involves participation in both days of training. Renewal status candidates attend the first day only.

Early registration is encouraged to facilitate required advanced study of materials, which are forwarded upon receipt of paid registration. The class is anticipated to fill.

For more information, please call the College at 627-7137. ■

G.I. Course designed for Primary Care Physicians

Registration remains open for the complimentary G.I. course set for June 7 at the Sheraton Tacoma Convention Center.

This one-day course is designed for the primary care physician and should also appeal to the specialists and ancillary health professionals with an interest in abdominal and gastrointestinal medicine. The course emphasizes a practical and multi-disciplinary approach.

Specifically called "Nuts, Bolts and Innovation in Gastrointestinal Disease, this is the third offering of this popular course co-presented by the College of Medical Education and the Tacoma Gut Club.

The club members represent a diverse group of expert physicians from Seattle to Olympia, both in academic and private medicine.

Speakers this year include: Robert Carithers, MD, Director of Hepatology, Department of Medicine, at the U of W and Brian Fennerty, MD, an Associate Professor of Medicine at Oregon Health Sciences University in Portland. John D. Potter, MD, PhD, Head of the Cancer Prevention Research Program at Fred Hutchinson Cancer Research Center and Professor of Epidemiology at the U of W and Dr. Steven Medwell, a Clinical Assistant Professor of Medicine at the U of W and in private practice will also address the conference.

Other faculty include Mika Sinanan, MD, Assistant Professor of Surgery and Co-Director for the Center for Video Endoscopic Surgery and Hanh Nghiem, MD, Assistant Professor of Radiology both from the U of W.

Other U of W Faculty include Douglas S. Levine, MD, Associate Professor of Medicine in the Division of Gastroenterology; Scott Helton, MD, Assistant Professor of Gastrointestinal and General Surgery and Scott Schulte, MD, Associate Professor of Radiology. Dr. Schulte is also the Director of Body Imaging at the VA Puget Sound Healthcare System.

Co-directors of the course, **Drs. Gary Taubman** and **Richard Tobin** will also speak. Dr. Tobin is a clinical faculty member for the Department of Radiology at the U. of W.

The following topics will be addressed: Dyspepsia & Gastroesophageal Reflux, Medical and Surgical Approaches; End Stage Liver Disease, A Multi-Disciplinary Approach; Case Presentations, Inflammatory Bowel Disease, A Multi-Disciplinary Approach; State-of-the-Art Imaging of Liver Masses; Colorectal Cancer, Dietary Influences and Genetics.

DATES	PROGRAM	DIRECTOR(S)
Friday June 7	G. I. Update	Gary Taubman, MD Richard Tobin, MD
Friday & Sat. June 20 - 21	Advanced Cardiac Life Support	College of Medical Education

Choice not Chance from page 20

in the state of Washington. It is impossible to assess the actual cost of holding the forum because of the ripple effect that occurs when attending teens return to their school and share the conference information and experiences. We do know the average cost per individual to attend the forum is under \$50. We also know from Judge Hurtado that the basic daily cost of incarceration of an adult offender is \$50.

Choice, Not Chance was made possible by donations from county medical societies and alliances, as well as corporate and private donations to the WSMA Alliance Health Foundation. The forum has been a cooperative effort of the WSMA, WSMAA and the Office of Superintendent of Public Instruction.

Sharon Ann Lawson, Coordinator Alice Wilhyde, Coordinator

WSMA offers beginning computer class in Tacoma

"Physician Computer Literacy 101," an introductory computer class for physicians, will be offered in Tacoma on Saturday, June 15. The class will be held at Tacoma Community College from 9 am to 5 pm.

The curriculum will include how computers work, operating systems, Windows, popular software applications, file management and the Internet.

Space is limited to the number of IBM-compatible computers in the lab, which is 25. Early registration is strongly recommended.

Cost for the class is 125 for members and 175 for non-members.

For more information and registration you may call WSMA toll free at 1-800-552-0612. ■

Physicians serve as examiners

Drs. Surinderjit Singh and Mohammad Saeed served as examiners for the American Board of Electrodiagnostic Medicine in Chicago in April, 1996.

Selected by the Examination Committee and the Board, both physicians served as examiners for the oral portion of the test. ■

David Ricker, MD honored as volunteer of the year

David Ricker, MD, Tacoma pediatric pulmonologist was honored by the American Lung Association of Washington by being selected for their Volunteer of the Year award for his participation in the Association's asthma camps. He has served as Medical Director of Asthma Camp Sealth on Vashon Island since 1992.

Dr. Ricker helps recruit volunteer physicians and staff for the five day camp session for children 6-14 with asthma. He also approves standing medical orders for the 75 children from Western Washington that participate in the camp program. Reviewing applications and calling doctors of potential campers is also part of his volunteer duties.

For many of the children that participate in Asthma Camp Sealth, it is their first time away from home for an overnight experience. Parents can rest assured that their children receive expert care and supervision in spite of their compromised lung health thanks to the volunteer medical staff such as Dr. Ricker.

Dr. Ricker practices with Pediatrics Northwest.



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One way to work smarter is to be assured that your office staff consists of multi-skilled people who are the best trained and the most efficient they can be. This is a description of a qualified medical assistant.

Qualified medical assistants are trained in front desk/administrative skills as well as back office/ clinical skills. A medical assistant helps you with patient examinations and treatments, can answer your phone, perform an ECG, do your billing, run your office and more.

How can you judge the qualifications and training of a medical assistant? One way is to determine if the medical assistant is certified.

The American Association of

Medical Assistants (AAMA) offers a national written examination covering general, administrative, and clinical knowledge and awards Certified Medical Assistant (CMA) status to medical assistants who pass. This credential must be renewed every five years either by documenting continuing education in all three areas or by retaking the test. To verify certification status, simply call the AAMA at (800) 228-2262 with the medical assistant's name and social security number.

The state of Washington does not require medical assistants to have the CME credential in order to work as a medical assistant. If the medical assistant is performing any invasive procedures such as injections and phlebotomy, Washington State law does require a registration process with the Licensing Division of the Department of Health. The Health Care Assistant (HCA) Law regulates invasive procedures not already covered under a professional state license.

If you hire a medical assistant not currently a "CMA", another way to determine the appropriateness of their training is to review the Medical Assisting Program where they received their education. The program should be accredited or be eligible for accreditation. The professional accreditation organization for medical assisting is the Commission on Accreditation of Allied Health Education Programs (CAAHEP) through the AAMA.

In Washington state there are only two CAAHEP Accredited Medical Assisting Programs; Highline Community College and North Seattle Community College. There are two medical assisting programs in the process of accreditation: Everett Community College and South Puget Sound Community College. At least two other medical assisting programs have expressed intent to become CAAHEP accredited: Olympic Community College and Whatcom Community College.

You may wish to encourage your medical assistant to obtain the CMA credential. The certification exam is offered the last Friday in June and January. Applicants must be registered about three months in advance.

see Assistant, page 26

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Assistant from page 25

Local chapters of the AAMA may offer study sessions and review books are also available. Requirements for eligibility have changed: beginning February 1998 a candidate must have graduated from a CAAHEP Accredited Medical Assisting Program. The only exams available to medical assistants who have not graduated from CAAHEP Accredited Medical Assisting Programs are January 1997, June 1997 and January 1998. Recent graduates of programs in the process of accreditation will have an extension.

You may also want to discuss the DACUM with your medical assistant. DACUM is the criteria

TACOMA/PIERCE COUNTY Outpatient General Medical Care at its best. Full and part time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, MD (206) 381-0153

FOREST MANAGEMENT SERVICES -STATEWIDE-Specializing in logging marketing reforestation 20 Years Experience J.B. Richardson (206)862-9050 for Designing A Curriculum and is the basis for analyzing the responsibilities within the medical assisting profession and the levels of competency and skill necessary for the profession of medical assisting. The DACUM chart outlines the complex (and often misunderstood) medical assisting profession and actually describes the scope of practice. A complete chart of the DACUM is available from the AAMA.

The main categories of tasks within the DACUM are: displaying professionalism communicate effectively perform administrative duties perform clinical duties apply legal concepts to practice manage the office provide instructions manage practice finances

The DACUM is currently in the process of being updated and should be completed by this summer.

The CAAHEP/AAMA/AMA holds all accredited programs accountable for assuring that all of the components in the DACUM are covered and measurable in their curricula.

Once you have a well-trained

medical assistant employed, assure that the education continues. Many community and technical colleges and proprietary schools offer additional courses in related administrative and clinical studies.

The AAMA, through its state societies and county chapters offers seminars and speakers approved for Continuing Education Units (CEUs) for medical assistants throughout the year. Other community services offer educational opportunities appropriate for continuing education as well.

Continuing education is a necessity for every professional. Hiring a multi-skilled Certified Medical Assistant who is well trained is the most efficient thing to do and keeping them well trained and current will help your practice survive these changing times.

*Based on an article of the same title by C. Kay Petri, CMA, Wayne Chapter Medical Assistants in Michigan as originally published in the <u>Detroit Medical News</u>, 9/14/ 96. Used by permission and with revisions by Barbara Dahl, CMA and Karel Jahns, CMA-C; Washington State Society of Medical Assistants.

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tient general medical care at it's best. Full and part time positions available in Tacoma and vicinity. Very flexible schedule, well suited for career redefinition for GP, FP, IM. Contact Andy Tsoi, MD (206) 381-0153.

EQUIPMENT

Closing practice on June 27, 1996. Everything goes from exam room fixtures, lab supplies and equipment and office furniture and equipment. Best offer. Call office at 845-6695 to see. Available for pick-up June 28-30. **Walter M. Arthur, MD.** Home phone 845-5542.

PRACTICES AVAILABLE

For Sale!! Retiring doctor practice for Ob/Gyn, all equipment. Current office space available for sub-lease. If interested or if you have any questions, please

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For Lease: 1,966 sq. ft. of prime medical office space available now at St. Joseph Medical Pavilion, 1802 South Yakima. Skybridge connection to hospital, Ownership Option, Tenant Improvement allowance. Call Julie Currier at 552-4125.

Lease renewal soon? Chance to locate in 1200 sq. ft. office, one block from Tacoma General Hospital. Good on-site parking, four exam rooms, consultation office, business office with modern systems. Lease with possible option to own your own office. For information call 383-2309 or call **Dr. Wayne Curl** at 565-1866.

For Lease: 2750 sq. ft. medical office. Attractive brick building. Includes 2 private offices, 6 exam rooms, phlebotomy area. Excellent location in Enumclaw. 206-862-9050.

Share Office Space. 1200 sq ft, furnished, 3 blocks from Good Samaritan Hospital. 1-3 days/ week (M,W,F). Reasonable rates. short term lease. Ideal for medical/ surgical specialist for Puyallup patients. Vernon J. Nessan, MD, 841-4378.

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July, 1996



Dr. George Tanbara Day, June 11, 1996 Declared by the City of Tacoma and Pierce County

See story, page 3

Inside:		
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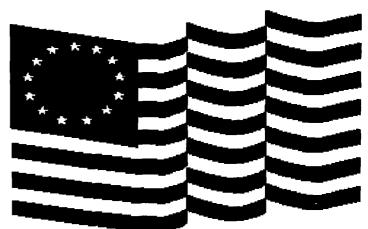
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The Bulletin is published monthly by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in The Bulletin are the 15th of the month preceding publication (i.e. October 15 for the November 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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Independence Day, July 4, 1996

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Dr. George Tanbara Day proclaimed by City of Tacoma & Pierce County

The 1996 Boys and Girls Clubs of Pierce County Annual Breakfast honored pediatrician **Dr. George Tanbara** with its 1996 Naccarato Community Service Award. Dr. Tanbara, who has been practicing in



George Tanbara, MD PCMS President , 1981 PCMS Volunteer of Year, 1993

Pierce county since 1954, has been the recipient of numerous awards in the county including the Tacoma-Pierce County Municipal League, and the Tacoma Urban League. Pierce County Medical Society honored him with its first Community Service Award in 1993.

The breakfast was held on June 11, 1996 at the Sheraton Hotel Convention Center in Tacoma and was sponsored by KCPQ, Boeing, The News Tribune, and the Tacoma/ Pierce County Chamber of Commerce.

Dr. Tanbara thanked his patients and members of the community, but especially thanked his family, particularly his wife Kimi, who has been a pillar of support to him throughout the years. He also acknowledged the tremendous support he has received from his pediatric colleagues at Pediatrics Northwest, which he formed in 1974.

The salute to Dr. Tanbara from the Boys and Girls Club read, "The Boys and Girls Clubs of Pierce County are proud to present its 1996 Naccarato Community Service Award to Dr. George Tanbara, founder of Pediatrics Northwest. This award is presented in gratitude and recognition to Dr. Tanbara for his many contributions to the community of Pierce County through his work on behalf of children. His commitment to community service and to improving the lives of children richly deserves this recognition."

Tacoma Mayor Brian Ebersole took the podium and commented on the many contributions Dr. Tanbara has made to the community and citizens of Tacoma during his years of practice. He proclaimed June 11 as Dr. George Tanbara Day in Tacoma.

County Executive Doug Sutherland also proclaimed it Dr. George Tanbara Day in Pierce County. He, too, acknowledged the many contributions that Dr. Tanbara has made to the welfare of the children in Pierce County.

The mission of the Boys & Girls Clubs is to assist in the enhancement of the quality of life for boys and girls ages 6-18 years. The agency is dedicated to promoting the health, social, educational, vocational and character development of youth. Special concern is given to providing guidance and counseling to the disadvantaged or pre-delinquent youngster.

Congratulations, Dr. Tanbara.



Ken Graham, MD honored by PCMS on his retirement

Ken Graham, MD, was honored at the June General Membership Meeting for his recent retirement. Dr. Graham served as President of PCMS in 1979.

Who better than to publicly wish Dr. Graham well and thank him for his years of service to PCMS and the community, than one of his patients as well as colleague, **Dr. John Rowlands. D**r. Rowlands currently serves as PCMS President.

The meeting was very well attended as over 120 members, spouses and guests came to socialize and hear the renowned guest speaker and mountain climber extraordinairre, Lou Whittaker.

Dr. Graham was recognized for his numerous contributions to the Society and to the community. He served on many medical committees and community projects in addition to his full patient load. He served as a team physician for 25 years for Wilson High School and was active in the sports community.

Dr. Graham opened his Tacoma medical practice in September, 1961. Tacoma and Pierce County thank him for thirty five years of service.

Congratulations to Dr. Graham and his wife, Bev. P. John Seward, MD is taking over the position of Executive Vice President of the American Medical Association from James S. Todd, MD. Todd served as EVP for six years.

The following questions and answers address many of the issues facing medicine and provides some insight with regard to Dr. Seward's plans to address them.

What is your vision for the AMA? To continue to reinforce our role as the primary national advocate for patients and physicians. In the most fundamental way, that is what medicine is all about. And the AMA can act on behalf of millions of patients. We continue in a good position to do this. We are financially secure and programmatically sound. We are strongly positioned as medicine's leader, and I see us continuing in that role.

Some physicians are reluctant to join the AMA because they don't believe it represents their interests. What will you do about that? The AMA currently represents physicians' interests. We have represented physicians in Washington on issues of health system reform, Medicare and professional liability, we have led the charge in public health issues such as domestic violence and tobacco, and we are currently evaluating the Federation and how it can better serve the needs of physicians and their patients. If physicians don't believe we are representing their interests, then we have to look at how we are delivering our message. We need to

articulate and communicate the value of membership in a better way.

More and more women and minorities are becoming physicians. What is their incentive to join the AMA? These are physicians whose talents and dedication will make health care better for all of us. Their incentive to join is representation and a chance to be an active participant in the changes in medicine as we prepare for the 21st century. The AMA has more female physician members than any other medical professional organization. We have a woman chair, Nancy Dickey, MD, for the first time in AMA history. We have Palma Formica, MD, and Regina Benjamin, MD, on the Board. We are seeing an increase in membership among minorities and international medical graduates because the AMA is seen as a solution to the hassles that they are facing.

The Federation study suggests changes in representation from state, county, and specialty societies. Will these changes significantly afffect membership? The AMA is a dynamic organization. We have been changing for years. The Federation study is just part of that change. The purpose of the Federation study is to give practicing physicians input in how their societies make policy so that they do not feel shut out. I believe that membership will increase as a result of the study.

How will the AMA help doctors educate patients about changes in Medicare and Medicaid? We will work with the media-sending our Board members to editorial boards and radio and TV stations across the country to broadcast our message. We will provide members with updates on all our Medicare activities as we implement them. As we have always done, we will listen to physicians input about our policies and work with America's physicians to bring about the best in health care for their patients.

Will the AMA continue public education and awareness programs on tobacco and domestic violence and other public health activities? Definitely. Public education and public health have been major AMA activities since our founding 150 years ago. As a Florida newspaper editorial said, maybe we don't really need a US Surgeon General as long as the AMA is around. The AMA is a recognized voice in public health issues and we take that responsibility very seriously.

How will the AMA help physicians gain more control over their careers during this time of change in physician's practice environments? By continuing to inform physicians about our actions in Washington, about the environment in which they practice and about the best ways in which they can take control of their medical practice.

What are the AMA's 1996 legislative and political goals? We still will be concerned with the issues we pursued in 1995. Last year was very busy, legislatively. We staked out our territory and stuck to it: Medicare, liability reform, doing away with hassles like Start I and Stark II, CLIA, and patient protections. We made tremendous headway. That agenda is still as cogent for 1996 as it was for 1995. If anything, the need to accomplish it is even higher. Just getting close doesn't excite me much. Now we have to say - "we can do it!"

You were the elected county coroner for 23 years. How did

See "AMA Vision" page 14

June General Membership Meeting draws many, entertains well

"Life is either a daring adventure, or nothing." Lou Whittaker's Philosophy: A Quote from Helen Keller

by Judy Wagonfeld

At the Paradise Visitor Center on Mount Rainier, a snowy diorama depicts Lou Whittaker and his twin brother Jim on a climb. Garbed in, what Whittaker calls, "the stuff I wore on Everest in 1963," they portray the spirited determination that drives mountaineering expeditions.

"You can push a button and Jim and I talk," Whittaker laughed at the June PCMS meeting. What you hear is a deep, droning, gravelly voice, "I'm Lou Whittaker." He compares 1963 gear to the high-tech "stuff" used on the 1989 K2 climb. Despite the advances, Whittaker insists he'd rather be roped up with someone in wool than state-of-the-art, slippery Gortex.

At six-foot, five inches, Whittaker has a commanding presence. Despite his accomplishments and fame, he is warm and friendly. He seems humble; a bubbly kid sharing the thrill of spotting an eagle. His muscled frame lacks fat; he looks far younger than his sixty-seven years. His eyes sparkle as he weaves stories into captivating tales filled with humor, wisdom, compassion, and quotes.

Lou's internal compass is set on a positive bearing....His passion for life is infectious. The more you know the real Lou Whittaker, the more you are confronted with the challenge, 'Are you doing what you love?'" writes Andrea Gabbard, co-author of Lou Whittaker: Memoirs of a Mountain Guide.

Though Whittaker embodies the adventurous spirit, he understands and accepts the risks. Learning to



PCMS President John Rowlands, MD and wife Mary (right) visit with speaker Lou Whittaker and his wife, Ingrid

climb with the Boy Scouts at age twelve, he summitted Rainier at sixteen and was guiding there at nineteen.

There's a certain amount of risk involved in life," he's said, "When it comes down to dying, I want to know what it is like to have really lived." Poignantly, he speaks of mountaineering friends who've died. Dick Bass, who climbed the world's seven highest peaks, was killed in a heli-ski crash. Marty Hoey, who guided at his school, Rainier Mountaineering, Inc. (RMI) was lost on a 1982 climb. She slipped away in broad daylight and good weather; her judgment altered by the deleterious effects of altitude. Willie Unsoeld died of frostbite and hypothermia on Mount Rainier. Whittaker describes a ranger pounding on his door in Ashford at 5 a.m. and the sinking feeling of knowing something terrible had happened. His climbing school had just lost eleven climbers in a see "Whittaker" page 6



Mike Kelly, MD and wife Bonnie display their newly purchased Lou Wittaker book, <u>Lou Whittaker: Memoirs of a</u> <u>Mountain Guide</u>



Dr. Stan Tuell and wife Lois, Dr. Tom Miskovsky and wife Marilynn Simpson, and Dr. Dennis Waldron and wife Marlene, enjoy the sunshine and deck prior to the meeting

"Whittaker" from page 5

Rainier avalanche. Like physicians, he knows death is a part of life.

"Everything I learned, I learned from the mountains," he said. His mother dispensed encouragement, saying, "Go ahead and give it a whirl." Growing up in



Drs. Mark and Nancy Grubb, Dr. Charles Souliere and wife Karen on the garden deck of the Landmark Convention Center. Joe Nichols, MD and wife Karen are in the background



Dr. Kari Vitikainen chatted with Dr. Ken Graham who was honored at the meeting on behalf of his recent retirement

West Seattle, they had ready access to mountains through scouting. They learned mountain rescue; so well that when drafted into the military, that was their job.

Whittaker still works with rescue teams. Recently, he jumped from a helicopter and descended into a crevasse to a man with a broken leg. Repeatedly, he assured the victim, "We gotcha. We'll getcha out of here." The man asked, "What's your name?" He answered, "Lou Whittaker," and the man said, "I read your book." Probably just hearing the name relieved the victim's stress. Having Lou Whittaker appear at the rescue must be akin to winning the gold. With over fifty years of climbing under his belt, it's clear he knows how to survive.

In his book, Whittaker repeats a mountaineering saying, "There are old climbers and bold climbers.

There are no old, bold climbers." Whittaker respects nature and our protective senses. "I get butterflies every spring," he says, "and have to overcome them." He asks climbers if they're afraid of heights, saying, "if they say no, I don't want to tie into them." Slides depict rapelling down glaciers and ice towers, dangling from a line, jumping across a crevasse. After "ohs and ahs," he admits they cheat in most shots.



Pediatrician Joe Wearn, MD and his wife Pat came to hear about mountain climbing, even though their new favorite sport is kayaking



Dr. Jim Early visits with retired member Phil Backup, MD and his wife Ruth, while enjoying the beautiful weather and view

They don't climb down and up to string a line; they walk around a small crevasse's end. He jokes, but we know he's done and seen it all.

Back in the 1950s, climbing did not provide a way of life. The Whittakers had wives and children and worked in sporting good stores, hankering to climb for a living. Like a winning Lotto ticket, millionaire John Day appeared, wanting a guide to help him break time records. It then dawned on the Whittakers that millionaires wanted to climb mountains and would pay. The guiding life began.

In 1962 the Whittakers joined the American Everest team. For family reasons, Lou dropped out but Jim summitted, becoming President Kennedy's United States hero. The ensuing friendship with the

See "Whittaker" page 24

In Memoriam

"Thanks, Matt Newman, for all you taught me"

by J.D. Fitz, MD

As many of you are aware, our colleague Matt Newman died last month of disseminated adrenal carcinoma. I have had the privilege of knowing Matt since our arrival in Tacoma 14 years ago and I had the uncomfortable responsibility of diagnosing his tumor initially seven years ago when he asked me why he should be having the development of gynecomastia - the initial symptom leading to the discovery of his cancer. I already miss him deeply.

Matt was truly an incredible person whose "story" I would like to recount to you in this essay. I must say that no piece of writing could convey the essence of anyone's history or personality, so I feel awkward approaching the task, but will press on out of my love and respect for him and his family.

Matthew Steven Newman was born on November 17, 1955. He was a child prodigy who played the piano at age 3, finished high school at 16, college at 19 and LSU Medical School at 23. He began a surgical residency which he was later forced to quit because of a severe latex allergy. While in residency, he met and subsequently married a pretty young nurse named Tammy. They actually met at the bedside of a patient who had set herself on fire at Charity Hospital in New Orleans. Tammy's quick thinking in extinguishing the patient's blazing bedlinens made a memorable impression on Matt. He later offered to send his prospective father-in-law, John, his CV when he asked for Tammy's hand in marriage. (John declined the offer

to review Matt's credentials, trusting his daughter's judgment).

Matt and Tammy moved to Tacoma in 1982 and began a practice in Emergency Medicine at Puget Sound Hospital. He later took and successfully passed his ER Boards, but felt led to begin a practice of primary care, initially near Puget Sound, then on Tacoma Ave, near Annie Wright Seminary. He was a solo practitioner, relishing in the total care of his patients - consulting appropriately and practicing compassionately. He was unafraid to try new and interesting approaches to attempt to relieve the suffering of his patients - utilizing magnets or other "alternative" therapies when they seemed to offer alleviation of symptoms unmanageable by more traditional techniques.

Their family life was marked by both incredible highs and lows. Tammy lost several pregnancies early in their marriage, before giving birth to their three sons, Luke, Evan and Graham (now ages 12, 11 and 8). Later, after Matt's initial diagnosis and discovery that this tumor had invaded the blood vessels, and would thus most probably recur, they lost yet another child at birth due to an umbilical cord catastrophe. In another example of their seemingly singular misfortunes, their house literally collapsed while Matt was putting in a new basement floor. This "low" was followed by the news that the event would be covered by their home insurance which provided them with the funds to complete the initial project Matt was attempting single-handedly. Matt was an avid skier, serving



voluntarily as a physician on the Crystal Mountain Ski Patrol. He knew computers from the inside out and actually wrote the program which his office uses to bill Medicare and other insurances electronically. He served as a personal consultant to myself and others as we suffered through the usual computer glitches - the difference being that he actually enjoyed solving the problems we all cursed. After his illness sidelined him from active practice he started a foundation to rebuild computers for needy churches and missionaries. As recently as one month ago, he was actively planning how to get computers into the missionaries of Liberia.

A most significant event took place after their family's move to Tacoma which focused Matt's perspective on life and his roles as physician, husband, father and friend. He came to grips with his mortality early on by recognizing his spiritual insufficiency apart from a knowledge of God. Matt had grown up studying the Holy Scriptures of the Torah and was well versed in the Judaic view of God. After their marriage, Tammy had a spiritual awakening which Matt investigated in his thorough fashion, coming to the conclusion that lesus was the Messiah he had grown up reading about and See Newman, page 26

Sound to Narrows, 1996.....

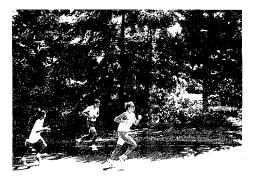
Over 50 PCMS members, spouses, and children rolled out of bed on a bright, sunny Saturday, June 8, to take part in the 24th Annual Sound to Narrows run. The run's 7.46 mile course is not known for it's flat, easy miles. It winds through Point Defiance and includes one monster hill after leaving the park.

John Jiganti, MD, 35 year old

Tacoma orthopedist, once again led physicians across the finish line with a 46:27 time, finishing 97th overall. **Jiganti**, who lives on Fox Island, which is the location for most of his training, would have had a much better time had there not been confusion at the start line. His wife, Suzy, finished with a very good 58:37, and 122nd overall amongst women finishers. Second place for physician finishers was **Tom Herron**, pediatrician in the Medalia Gig Harbor office. **Dr. Herron** did a 46:59, 107th overall, and his wife Verna did a very respectable 56:55, finishing 84th among all women finishers.

And, the remarkable 53 year-old general surgeon, **Dr. Ron Taylor** came in 139th overall with a time







Clockwise from top right: Drs. Maria Mack, anesthesiologist; Sid Whaley, dermatologist; Bill Jackson, radiologist; Steve Hammer, general surgeon; Craig Rone, otolaryngologist; Pat Hogan, neurologist







"It was the best of times, it was the worst of times"

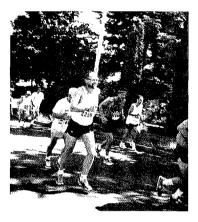
of 48:24 and third in the 50-54 age division.

The following runners finished the course in less than one hour. They are John Bargren, 58:24; Lauren Colman, 49:20; Steven Elder, 54:14; Martin Goldsmith, 58:19; Tom Herron, 46:59; Verna Herron, 56:55; John Jiganti, 46:27; Suzy Jiganti, 58:37, Andy Loomis, 50:30; Daniel Nehls, 57:31; Todd Nelson, 55:56; Craig Rone, 54:18;



Ron Taylor, 48:24; and Steven Teeny, 59:09.

Other finishers included **Ron** Anderson, Cordell Bahn, Tom Baker, Loren Betteridge, Eric Bjarke, Thomas Charbonnel, Lynette Charity, Mark Craddock, Heather Daniels, Shirley Deem, Bob Ettlinger, Ken Graham, Steve Hammer, John Hill, Patrick Hogan, Judy Ip, Stan Ip, Bill Jackson, Maria Mack, Ron



Morris, Kenneth Ost, Michelle Ost, Carl Plonsky, Kay Plonsky, Jim Rooks, James Schopp, Alan Tice, Joanne Williams, Susan Wulfestieg, Hsushi Yeh, and Michael Young.

Congratulations to all participants. And, our apologies to any member that we missed. Please give us a call and we will be happy to make additions/corrections in the August issue.



Clockwise from top left: **Drs. John Bargren**, orthopedist; **Jim Rooks**, otolaryngologist; **Alan Tice**, infectious diseases; **Ron Anderson**, urologist; **Ron Taylor**, general surgeon; and **Tom Herron**, family practice



Mini-Internship Program continues to educate community leaders about realities of the medical profession

Senator Shirley Winsley, attorneys Elizabeth Lee and Mike Welch and Tacoma News Tribune staff Caroline Ullmann and Gary Jasinek all practiced being doctors for two days while participating in the PCMS sponsored Mini-Internship program, May 19-21.

Designed to give community leaders an opportunity to experience the profession of medicine first-hand, the Mini-Internship does just that. Starting with early morning meetings and/or rounds. on through the busy work day of surgeries or seeing patients, then on to evening meetings or call, the intern is by the physician's side. Physicians teaching about their profession for this program included Drs. Phil Craven, Betsy Fine, Tony Haftel, Larry A. Larson, Vita Pliskow, Jim **Rifenbery and Ron Taylor.** PCMS President John Rowlands, MD moderated the get acquainted and debriefing dinners.

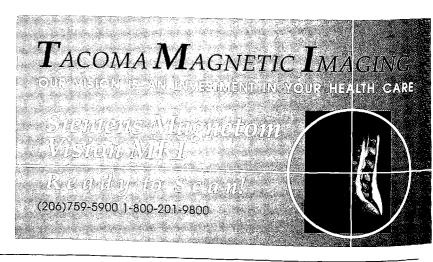
Since the first program in May, 1992, Mini-Internship's have been offered twice yearly. Interns are selected and invited to participate due to their professional affiliations of leadership in the community. Legislators, media, clergy, lawyers, consumer advocates, etc. are just some of the professionals invited to participate. The course is effective because it changes the opinions that most people have about being doctors and introduces them to the realities of the profession. "I was amazed by the writing he had to do," said Gary Jasinek of Dr. Craven, and "I was enthralled with the jet cockpit that Dr. Pliskow operates, which includes hours of boredom punctuated by moments of sheer terror," he continued. Other

Interns and their graduation plaques: front row from left, Caroline Ullmann, Senator Shirley Winsley, Elizabeth Lee; back row, Gary Jasinek, Michael Welch

interns echoed similar amazements. "The paperwork took longer than the procedure," marveled Elizabeth Lee. And, she was very surprised at how time consuming it was for a doctor to transfer a patient from the emergency room. "The clerk on the other end of the phone approves or does not approve care," she commented questioningly.

Senator Winsley noted that she sure had her eyes opened. She started in Dr. Larson's office, and her first comment was, "What a zoo!" But mostly she was shocked at how many surgeries and other medical care is uncompensated. "I really thought we were beyond that," she said.

Caroline Ullmann was very impressed with the work of Tacoma Family Medicine. Patients with two or three children, multiple medical problems, etc. She also had the experience of going to the hospital and hearing residents talk of their week-end admits. "Very impressive," her final comment.





Board Member Profile: Joe Nichols, MD

Lights, Action, Dictionary: An Étude in Medical Lingo

by Judy Wagonfeld

E.R., Chicago Hope. Action, excitement, drama, sex; doctors driven by a main course of surging adrenalin and side-dish of raging hormones.

"Doctors like dramatic fixes," said **Joe Nichols, MD**, former Pierce County orthopedic surgeon. The thought process is, "I've got this disease to treat. I do some intervention. It gets better." Television grasps this quick-fix attitude and the public eats it up. People want two pack-a-day lungs fixed or alcoholic livers traded, like cars, for new models. The doctor feels impotent. The patient feels cast-out by the system's failure to produce instant cures.

Nichols, captivated by issues of prevention, quality and outcomes, has worked on a string of coalitions, caucuses, committees and data projects. Insidiously, commitments crept into forty-plus hours a month. His practice suffered, yet the projects challenged him, "like a writer who must write," to fulfill a lifelong dream. Something (other than sleep) had to go. Last fall, Lynx Medical Systems made an offer he couldn't refuse - V.P to develop a health information system.

"People thought I was semiretiring, that I'd be working 9-5," he said. Though "call" ended (no regrets there), he works more hours because, "I've had a big learning curve about computers and information systems." Not that Nichols fears hard work. To get through medical school he borrowed big and worked as a lab and pulmonary technician, a phlebotomist and as ER staff.

"If you don't have parents who

have money, you find ways to do it," he said. During training, health care systems intrigued him. After a military payback, he joined Dick Hoffmeister in Tacoma; practicing orthopedics and soaking up knowledge on broader health issues.

"Medical communication has never been precisely defined," said Nichols. That creates "disharmony rather than harmony" in data transfer and research. "Computers don't understand opinions or inconsistency. They are what's driving us to arrive at common terms." This study, called Medical Informatics, comprises Nichols' first goal; consensus terminology - a dictionary.

Nichols compares the language of medicine to that of music. "At some point someone decided to have a convention about notes. They developed standards so instruments could harmonize." To play an etude in A minor, a pianist could not insist on four flats and a violinist on three sharps. In medicine, Nichc¹s explains, inconsistency runs rampant. Diabetes may be defined as insulin requiring, blood sugar over certain level, or Type I or II; making it impossible to compare treatment and outcomes; or to agree on what to tell a patient.

"We can have our own opinions," said Nichols, "but when a physician checks yes or no in a box marked diabetes, what is it we're talking about?" It doesn't matter if the definition is "correct" he said, "what matters is that we're consistent for purposes of communicating."

Consistency escaped him as the



child of an army sergeant. Except for six years in Germany (age 3 to 9), Nichols said, "We moved every year until I was through high school. I never finished any one year in school." Thus unable to do kid things like Little League, he studied. In Germany, Nichols lucked into piano lessons taught by out-of-work concert planists for fifty cents. After lessons, he sat entranced as his teacher played. In the states, his parents couldn't afford lessons or a piano. Nichols picked it up again as an adult, adding the guitar and writing "classic free-form" music on a synthesizer.

Amid his hectic life, a St. Joe's matchmaker introduced him to an orthopedic nurse. Intuition triumphed; Karen and Joe just celebrated their "first anniversary," though they married four years ago on February 29. Adapting his prospective view, he figured a four-year honeymoon as ideal. Jointly, they have five children; all in college or on their own.

Between Nichols' schedule and Karen finishing her Bachelor's degree, family fills the calendar; their five and Karen's nine siblings. For vacations they dive; a sport they became passionate about on their honeymoon. Nichols also enjoys cooking,

See Nichols, page 26

WSMA wants your ideas for House of Delegates resolutions

If you have ideas you would like the WSMA House of Delegates to consider during the annual meeting this year, now is the time to submit them. The preliminary deadline is July 15.

The House will review all resolutions submitted in writing by the deadline at the annual meeting in September. The meeting will be held in Tacoma, September 26-28

If you have an idea or thought but are uncomfortable putting it in resolution form, please call Doug Jackman at the Society office for help, 572-3667. Or, fax your resolutions to him at the PCMS office, 572-2470.

H. James Davidson, MD dies after long illness

H. James Davidson, Jr., MD, died June 16, 1996 from cancer. He lived and practiced medicine in Tacoma for 23 years.

Dr. Davidson spent two years as a Medical Officer if the Navy. After that he practiced one year in Port Townsend before moving to Tacoma and practicing emergecny medicine. He was very active in his profession and served as Director of the Emergency Department and served on their Executive Committee for several years.

Dr. Davidson also served the community well. He was a team physician for basketball and track. He was also a civic activist involved in the formation many parks and tracks.

PCMS sends condolescents to his family, wife Madeline and three daughters. ■



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Physicians/MultiCare help equip Pt. Defiance Zoo hospital

Several members of the Medical Society had a close look at the back rooms of the Tacoma Zoo on June 7 on a tour led by Zoo veterinarians Brian Joseph and Holly Reid.

Joseph and Reid invited any member of the Society interested in working with the animals in special cases to tour the facilities. The early morning visit provided that rare opportunity to see the animals being released from their night facilities to the open areas and feeding times. The veterinarians provided running commentaries on the animals' diseases, diagnostic methods, treatment, problems and difficulties and how

hi

physician expertise would be necessary and appreciated.

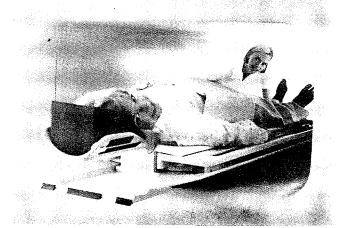
The Zoo hospital, in need of a considerable amount of equipment, received a helping hand from **Dr. John Merrick**, a retired family physician in Puyallup. He provided an abundance of equipment for the Zoo after reading the June *Bulletin* that listed many of its needs. The Zoo would very much like to have a standard x-ray available if anyone in the medical community has one. It would be deeply appreciated. Portable units don't work very well.

Drs. David BeMiller and Jim Rifenbery did some searching at Tacoma General for unused equipment and discovered a gold mine with the help of Linda DeCarlo in surgery. Zoo staff will be working with Linda for delivery of the equipment. Many thanks to Linda and Tacoma General for their generous contribution and thanks to **Drs. BeMiller** and **Rifenbery** for their efforts.

Doctors taking part in the Zoo tour were Ken Graham, family physician; Dave BeMiller, ob/gyn; Cordell Bahn, cardiovascular surgeon; Mason Cobb, pediatric surgeon; Jim Rifenbery, general surgeon; Carroll Simpson, cardiologist; Ron Spangler, ENT; and Dave Wilhyde, pathologist.

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AMA Vision from page 4

that prepare you for AMA leadership? An old friend of mine taught me that good politics is good service, and good service is good politics. You had to earn their trust every day. It humbled me. It taught me to keep an open mind. Any time I jumped to conclusions, I was absolutely wrong. Team work is very important; you can't do it alone. I look at this job the same way. An EVP isn't supposed to be a hero. If anything, I would classify myself as a "designer" of bringing people together, helping inspire our team to do a better job.

How do you see the practice of medicine changing? Medicine in some ways hasn't changed at all. It's still about providing the best care to individual patients. In other ways, it's changing hugely in what we can do for those patients. The cost of health care will continue to be a major issue. Anytime you upgrade, you create new concerns, specifically ethical ones. Will our ethics be able to keep up with how we apply technology to our practices? As professionals, we have to be leaders in this because it's our duty. The AMA has to help our physicians say, yes, we are still on

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course, but we are also advancing. How will your role differ from that of your predecessors? I'm different and the times are different. The information age has brought everybody closer. When somebody sneezes in Seoul, Korea, it affects me in Rockford, Illinois. It's the same medicine. The AMA must continue to be better focused, more receptive, more efficient. We do not have the luxury of contemplation and inaction. We have to be faster on our feet.

What about Medicare reform? The AMA is committed to transforming Medicare. We'll stay the course. The proposals we gave to Congress are still on the agenda. Patient choice. Quality of care. Physician-sponsored networks. Patient protection, medical liability reform, relief from Stark I and Stark II, CLIA.

What about Medicaid Reform?

We want to make sure this vulnerable group receives adequate and appropriate care. They're patients. They're also family. neighbors, and friends. Standards have to be maintained to make sure that they do obtain care. whether it's by "block grants" or some other mechanism. We also have to consider long term care. On this and so many other critical issues, the AMA has to be a watchdog. We have to help define the road the country needs to take if all our patients are to get the care they need.

Willcockson Co., P.S.

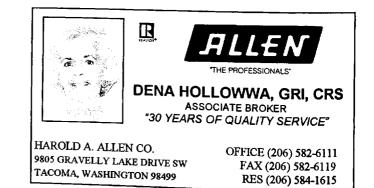
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Group Health/Tacoma Pierce County Health Department collaboration

In ribbon cutting ceremonies on June 20, John Long, Senior Vice President, Group Health Cooperative, South Region presented the keys of the Cooperative's former Tacoma Medical Center (1112 So. Cushman), to **Dr. Federico Cruz-Uribe**, Director, Tacoma-Pierce County Health Department. For \$1 a year, Group Health is leasing

Group Health rates a "very good" mark

Group Health Cooperative received a "very good" rating by Newsweek magazine as a health maintenance organization.

They are "one of the best at monitoring health, risk behaviors and disease outcomes," said Newsweek, who strived to measure quality and give credit to exceptional plans.

Six criteria were used to rate the HMOs: meets industry standards, measures members' satisfaction, tracks members' health, prevention and screening, maternity care, and satisfied customers. Complaints were also considered.

Forty-three plans were surveyed by the magazine with Group Health being the only HMO from Washington State. ■ Reprinted from The News Tribune. the building to the Department.

The building will house Sea Mar Community Health Center. This is Sea Mar's first clinic in Pierce County. The clinic is one of several that Sea Mar operates in King, Snohomish and Whatcom counties. Their focus is to provide comprehensive health and human services to communities, specializing in service to Hispanics.

John Long, Dr. Cruz and Mayor Brian Ebersole all commented on this private/public act of collaboration that will benefit the community and particularly those in an underseved area.

Member matters: congratulations for accomplishments

→Dr. Thomas Griffith has recently been selected for membership in the American Society for Asethetic Plastic Surgery. This organization is concerned with the promotion of excellence in aesthetic plastic surgery. Contratulations, Dr. Griffith.

KMrs. Lavonne Stewart-Campbell, wife of radiologist Dr. Michael Campbell, has won the City of Destiny Adult Leadership Award.

A few of her numerous accomplishments include service on the YMCA Board from 1989-1995. She also helped create Operation SMART, an after-school program for girls to foster interest in science, math and technology.

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Deborah Baker, 572-3709 Drs. Michael Soronen, Thomas K. Jones, Jr., Don Hebard and Dean Mastras are pleased to announce that the three centers run by Tacoma Radiation Oncology have been awarded accreditation for a period of three years. This is a result of a practice survey done by the American College of Radiation Oncology. The Reviewers and the Practice Accreditation Committee found the facilities to be in compliance with accepted standards of practice in radiation oncology.

The objective of the review is to ascertain that facilities, staffing and treatment programs are in accordance to accepted standards of modern day radiation therapy delivered in the U.S.

Congratulations to **Dr. John** Stutterheim on his recent retirement. Dr. Stutterheim practiced with Primary Care Northwest. Soon after completing his residency at Tacoma General Hospital in 1960, he began his family practice career in Tacoma in 1963.

Dr. Stutterheim will be completing a book he is writing recalling his youth and years spent in a Japanese prison camp in Indonesia.

Applicants for Membership

Buckner, Randy L., DO

Family Practice

Practices with Primary Care Northwest, 316 ML King Jr Way, #406 Tacoma 98405 572-9181

Medical School: Oklahoma State University, College of Osteopathic Medicine

Internship: Womack Army Medical Center

Residency: Madigan Army Medical Center

Davidson, Howard, MD

Internal Medicine/Oncology

Practices with The Lakewood Clinic, 11311 Bridgeport Way SW, Lakewood, 98499 581-6688

Medical school: Tulane University School of Medicine

Internship: Letterman Army Medical Center

Residency: Letterman Army Medical Center

Graduate Training: Letterman Army Medical Center

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Kirsch, James L., MD

Pulmonary Disease

Practices with Pulmonary Consultants, 316 ML King Jr Way, #401, Tacoma 98405 572-5140

Medical School: University of Washington

Internship: Univ. of Pittsburgh

Residency: Univ. of Pittsburgh Fellowship: Univ. of California-Irvine

Rawlings, James S., MD

Neonatology

Practices with Neonatal Associates 315 ML King Jr Way, Tacoma 98405 594-1019

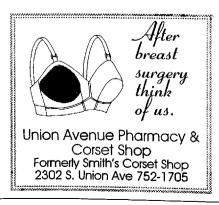
Medical School: Vanderbilt University School of Medicine Internship: Tripler Army Med Ctr Residency: Tripler Army Med Ctr Graduate Training: Tripler Army Medical Center

Semerdjian, Gregory G., MD Administration

VP Medical Director, Franciscan Health Systems, 1717 South J Street, Tacoma 98405 552-4145 Medical School: University

Autonoma De Guadalajara (Mexico)

Internship: The Toledo Hospital Residency: Providence Hospital (Michigan)



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Bill Dean	272-4013
Ronald Johnson	841-4241
Mrs. Jo Roller	566-5915
Robert Sands	752-6056
F. Dennis Waldron	272-5127

Confidentiality Assured

Puyallup, WA: Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 6 to 12 hour shifts. Hours are 12 noon to 10:00 pm daily, outpatient only. \$50/hr, benefits available. Send letter of introduction and CV to After Hours Application, Puyallup Valley Healthcare, PO Box 1247, Puyallup, WA 98371-0192.

Howard Wong, MD; 1931-1996; his contributions will live on

by Roger Lee, MD

Howard Wong, MD, passed away on Tuesday, May 28.

Howard was a fourth generation American of Chinese ancestry born in Minneapolis, Minnesota. He was one of ten children reared to work hard and study hard. As a boy, he worked in the family restaurant business saving his money to someday attend college. Howard was an honor student in high school who went on to earn both his Bachelor of Science and MD degrees from the University of Minnesota. He first specialized in obstetrics and gynecology and practiced this specialty for twelve vears in Toledo, Ohio. Howard returned to academia to do a second residency in radiation oncology.

Howard married his high school sweetheart, Barbara, and together reared five fine sons. Probably one of the only things Howard lacked was an X chromosome!

In 1974, Howard, Barbara and sons came to Tacoma. Here he founded and was director of the Tacoma Radiation Oncology Center. He was a founding fellow of the American College of Radiation Oncology (ACRO) and a past chairman. He was the first Gold Medal Recipient from ACRO in 1995 for his accomplishments in radiation oncology.

Howard was a civic minded member of our community dedicating service to Rotary #8, the Horace Mann Masonic Lodge and the Afifi Shriners. He was also a past president of Tacoma's American Cancer Society.

When Howard had free time, he truly enjoyed the game of golf. One of his dreams was to be able to play golf everyday. So in 1991, when Howard retired from his practice, he and Barbara built a winter home in Sun City West, Arizona. There he became active with the Roving Rotarians and the Sun Cities Museum of Art as well as realizing his dream to play golf whenever he wanted.

However, his self indulgence in daily golf lasted just two years when the University of Colorado's School of Medicine called on



Howard to help reorganize their Department of Radiation Oncology. Never one to turn down a challenge, Howard agreed to one year as their interim chairman. After one year, he agreed to stay on. He and Barbara had just built a new home in the Denver area and it was there that he fatally suffered his first and only massive heart attack. Barbara was at his side.

Howard will be missed. In some way he touched the lives of so many of us. He leaves behind a legacy of great humanity, tireless enthusiasm, dedication, contribution and accomplishment that will live on and on.

PACE Grant awarded for "Tar Wars" project in Pierce County

A Patient Awareness and Community Education (PACE) grant has been awarded to PCMS from the Washington State Medical Association. The grant was submitted by **Dr. Patrick Hogan**, President of the Tobacco Free Coalition of Pierce County.

The \$2,000 grant is to be used to help expand the "Tar Wars" campaign throughout Washington State. The goal of the project is to prevent pre-teen use of tobacco through education. PACE established the grant program to help physicians and Alliance members conduct meaningful community-based activities that will extend the reach of the PACE program.

The goals of the PACE Program are to promote physicians as patient advocates, promote the WSMA as the voice of medicine in Washington state and unify the medical profession. PACE was established by the WSMA House of Delegates in 1983. According to **Dr. Hogan** the monies will be used to develop and pay for incentives, such as prizes for the participants in state wide contests.

"Tar Wars" was formed in 1988 by members of Doctors Ought to Care in Denver. The program is designed to educate students prior to the age when the decision to smoke or chew tobacco is made. In 1993, Tar Wars became a national non-profit organization. Their goal is to expand the program to all 50 states.

Local physician writes book on caring for special children

Editor's Note: This information was submitted by Dr. Josefina Vallarta, Tacoma Neurologist who retired in 1993.

"Caring for our Special Children: Early Intervention Services" is the name of Dr. Josefina Vallarta's soon to be published book. The book will be available in August, 1996.

The book is designed to help and guide millions of parents, families, caregivers and professionals who provide services to children with special needs. The growth and development of the infant's brain and how to develop brain power are included in the text. You can learn about the unique and pervasive disorders of the brain function that imposes special requirements of clinical methods, diagnostic approachs and new methods to treat and prevent brain and behavioral disorders in young children. Included and described in detail are developmental delay, mental retardation, cerebral palsy, language and learning disorders, attention deficit hyperactivity disorder, autism and epilepsy. Legislation, legal issues, case studies and personal accounts are also included.

Dr. Vallarta is a child neurologist, founder and first medical director of the Neurodevelopmetal Program at Mary Bridge Children's Hospital and Health Care Center. She is a diplomate of the American Board of Pediatrics and American Board of Neurology and Psychiatry with special competence in Child Neurology. She is a clinical associate professor emeritus of pediatrics and neurology at the University of Washington and was a consulting neurologist at the Child Development and Mental Retardation in Seattle. She has dedicated her life to the care of special children with developmental neurological disorders.

Dr. Vallarta is a PCMS retired member and lives with her husband on Vashon Island.

To purchase a book you may call the Tacoma Orthopedic Association 552-1427. The cost is \$17.25.

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Bruce A. Porter, M.D. James W. Borrow, M.D. Justin P. Smith, M.D.

Please note : 1996 Directory changes

Aasheim, Glen, MD

Add fax number: 383-1204 Bitseff, Edward, MD, Sr. (Retired) Change address to: 9800 Misery Point Road NW Seabeck, WA 98380

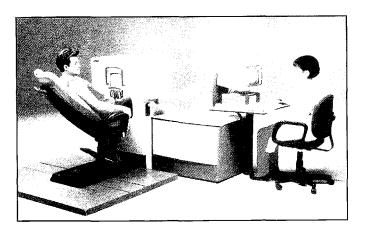
Graham, Ken, MD Change status to: Retired 5/31/96

Hoffmeister, Richard, MD

Change address to: 5605 100th St SW Tacoma, WA 98499-2777 582-1699 phone 582-1874 fax 279-0276 pager Jarvis, Michael, MD Add fax number: 627-5173

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Krick, George, MD Correct fax number: 627-9842 *2

Larson, Wayne, MD

Change address to: 7514 66th Ave W. Tacoma, WA 98467

Stutterheim, John, MD

Change status to: Retired 5/31/96

Yu, Amy, MD

Add 2nd office: 3611 S "D" St, #8 Tacoma, WA 98408 474-0561, ext. 559 phone

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CYBERBABBLE

Browser - A software program that allows you to communicate with servers, retrieve and read web documents, and follow hyperlinks to other documents. Internet service providers usually give this to you and browsers can be downloaded for free on the Internet.

Domain - The name of your web site and followed by an extension designating the type of site (com=commercial, edu=education, gov=government, org=organization).

FAQ - Short for Frequently Asked Questions, a common acronym on the Internet. For example, a medical site might have a heading "FAQs on Cancer."

Home Page - The first page of a web site.

Hot Java - A new browser from Sun Microsystems that many are touting as the next generation browser. It allows you to download and run miniature applications that are written in a language called Java. It could make possible low-cost computers for accessing the Internet.

HTML - HyperText Markup Language. Actually a subset of SGML (Standard Generalized Markup Language), HTML is the language in which web pages are written. It uses functional tags to describe pieces of text (headers, bullet lists, footers, etc.). Individual browsers display.HTML text and graphics differently so the appearance of web pages may vary according to which browser you use. **HTTP** - HyperText Transport Protocol. The protocol for connecting and transporting hypermedia web documents across the Internet. HTTP supports the embedding of hyperlinks in the documents.

Hyperlink (or link) - A word or image in a web document that when selected by clicking on it with your computer's mouse connects you with a new site, page, or even a different location on the same page.

Hypermedia - The integrated text, graphics, audio, video, animation, etc. in web documents is called hypermedia or multimedia.

Hypertext - Like regular text except that it can contain hyperlinks.

Internet - The Internet is the physical connection of computers around the world into a global network.

Mosaic - A graphical web browser and the most popular one until Netscape came along.

Netscape - Currently the most popular web browser.

Page (or Web Page) - A page is a single web document. It is not what fits on your monitor's screen or what fits on an 8.5x11-inch sheet of paper. A web page can be very long, requiring you to scroll through it and may in fact take several pages when printed on paper.

Search Engine - Search engines are software programs employing a variety of strategies to locate web sites. Yahoo is the most wellknown search engine. **Server** - The computer and software that manages the data at a web site. It responds to requests from browsers, keeps track of their activity and reports to the owner.

Site - A group of related interlinked pages located on a specific server and with its own address or URL.

URL - Universal Resource Locator. This is the computer address of a web site or individual page.

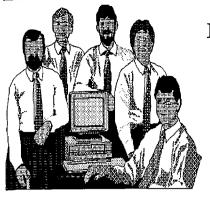
World Wide Web - The World Wide Web consists of the specific documents conforming to specific Web standards, such as HTTP and HTML. These documents reside in computers loaded with special document management software called servers.

Reprinted from LACMA PHYSICIAN, 3/4/96

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New book listing hundreds of medical World Wide Web, Gopher, telnet, ftp and Listserv list sites. To order: http// www.lrpub.com/lrpub or call 800-638-3030.

Physicians' Guide to the Internet Home Page - with links to hundreds of medical resources (http// www.netrep.com/home/pgi).

The Puget Sound ComputerUser monthly news provides a wealth of e-mail addresses for a multitude of areas. It is a freebie and can be found at any computer store.

Pierce County Medical Society Home Page

Now PCMS members can find their medical society on the internet as PCMS has its own web site. The new technology will enhance the Society's ability to communicate with members and the community. Large quantities of information can be sent and received more quickly than other technologies.

Although its development is still in progress, the PCMS web site (http://

www.pcmswa@pcmswa.org) is now officially on-line. Much of the home page is still in the preliminary and draft stage. As it develops, its content will be updated regularly.

Suggestions from members and surveys of the features will require continuous updating.

The site will have a counter to record how many people sign onto it and they will have the opportunity to provide feedback as to what features they like or don't like. Through the internet we can provide information to the public, even if it is just by linking them to other web sites, such as Centers for Disease Control, Tacoma-Pierce County Health Department, State Department of Health, etc.

Entry into cyberspace for PCMS comes at a time when computer usage and traffic on the internet continue to grow at remarkable speeds. Statistics show that physician use of computers and on-line features is no exception.

The Society is making every effort to avoid replicating content and services of either the Washington State Medical Association or American Medical Association, both of which now have web sites. Through the AMA home page, members will have the ability to link to other medical societies throughout the country.

The web sites will come into real, practical use during the legislative session. Access to the actual bills and legislators can be accomplished at a moments notice.

Tobacco Free Washington: Internet Tobacco related resources

Action on Smoking & Health (ASH) http:// www.setinc.com/ash/intro.html Chronology of tobacco control developments and legislation within the U.S.

The militant anti-smokers' homepage http:// www.mbnet.mb.ca/~cmckim/smoke.html A collection of links to other sites.

INFACT http://sunsite.unc.edu/boutell/infact/ infact.html/ Updates on news, PM boycott & legislation.

American Medical Association http://www.amaassn.org Abstract of *JAMA* and full text of articles on the B&W documents.

Canadian Medical Association http://hpbl.hwc.ca:8400/

The Master Anti-Smoking Page http:// www.autonomy.com/smoke.htm A smoking cessation resource.

The Web of Addictions http://www.well.com/user/woa Resources and information about addiction to various substances. Brown and Williamson documents http://www.library.ucsf.edu/tobacco/bw.html

RJ Reynolds documents http://www.gate.net/ ~jcannon/tobacco.html

Tobacco Victims Association http://www.gate.net/ ~jcannon/tva-online.html

Tobacco BBS http://www.dx.com/tobacco/ Comprehensive resources guide; links to "Tobacco Daily," an update on U.S. tobacco control activities.

US EPA and references to reports of the U.S. Surgeon General http://www.epa.gov

Smoking From All Sides http://www.cs.brown.edu/ people/lsh/smoking.html Links to pro and antismoking sites and resources.

Editor's Note: For a more complete list of tobacco related resources, please call the Society office, 572-3667.



the Pulse

Pierce County Medical Society Alliance

On May 7th the Alliance met for their last official board meeting of the 1995-96 fiscal year at the Tacoma Country & Golf Club. This was for the installation of



officers. A no host lunch was served. Members present were: Nikki Crowley, Beverly Corliss, Kathleen Smith, Mona Baghdadi, Fran Thomas, Jerol-Ann Gallucci, Karen Dimant, Toni Loomis, Helen Whitney, Patty Kesling & Ginnie Miller

On May 17th the Alliance had their general board meeting on board the Gig Harbor ship The Triton. An 88 foot classic yacht with Skipper Bob Ellsworth.



Lunch was catered by Snuffins of Gig Harbor. Approximately 20 people attended. It was a day of mixed weather, but everyone had a lovely, relaxing time. Special thanks to Mona Baghdadi & Jerol-Ann Gallucci for all they did this year on programs

1996-1997 PCMSA Officers

Congratulations, 1996 Graduates!!!

Dylan Craven, Graduate: Bellarmine Preparatory School, Philip & Karen Craven, University of Virginia, International Relations

Richard McCowen, Graduate: University of Washington, David & Linda McCowen, Bachelor of Science in Psychology with endorsement for Neurophysiology

Martin Oravetz, Graduate: Gig Harbor High School, Jan and Eva Oravetz, University of Washington, Biology/Environmental Health & Pre-med

Michael Plonsky, Santa Clara University - Phi Beta Kappa Award, Carl & Kay Plonsky, B.S. in Science, B.A. in Spanish

Barbara Przasnyski, Graduate: Seattle University, wife of Ed Przasnyski, MD, Ph.D., in Education

Matthew Torgenrud, Graduate: University of Washington, Terry & Jan Torgenrud, Geographical Informational Systems ■

Our 1996-1997 Slate of Officers President: Fran Thomas President Elect: Mona Baghdadi 1st V.P. Program: Kathleen Smith 2nd V.P. Membership: Kris White 3rd V.P. Bylaws/Historian: Kathleen Forte 4th V.P. Arrangements: Karen Dimant Recording Secretary: Beverly Corliss Corresponding Secretary: Patty Kesling Treasurer: Sue Wulfestieg Dues Treasurer: Janet Fry Immediate Past President: Toni Loomis



PCMSA Officers from left: Toni Loomis, Karen Dimant, Mona Baghdadi, Fran Thomas, Beverly Corliss, Kathleen Smith and Patty Kesling

the Pulse

Pierce County Medical Society Alliance

President's Message......

Our Alliance "Garden" is off to a great start. Mona Baghdadi opened her lovely home to the new board for our first planning meeting. There was a lot of excitement and energy in the '96-'97 Board.

Claude Remy is again planning the fun "Street of Dreams" fundraiser for August or September. There's no specific date at this time. He's hoping to double his numbers. September 9 will be our Newcomer Welcome at the home of Ginnie Miller. I feel that I have come full circle in three years. In September 1993, I attended my first Newcomer meeting at Ginnie's home. There I was introduced to three neighbors I never knew that I had. Please plan to attend and meet new and old friends. A gemology program is planned.

We were very excited to receive

the \$2,000 Pace Grant from Washington State Medical Association to help get our "Baby Think it Over" program underway by September. Have a wonderful summer. Please keep checking the *Bulletin* for Alliance happenings. Remember, it's not too early to renew your '96-'97 membership. This year I'll be getting TWA miles as I renew by Mastercard!

Fran Thomas

Dear Past, Present, & Future Members of PCMSA

As the planting season is upon us, it is time to "re-seed the Alliance Garden." The challenge for this year is to try to find new "annuals" to fill our "Garden." Through fun programs and meaningful projects we hope to attract new members that will add to our "perennial" members. We hope to show that although the times are changing and volunteerism is down that there is still a place for sharing and caring. I believe the Alliance can be that place. If we work hard to "weed" out complacency and complete our tasks we and our community will enjoy the fruits of our labor. Furthermore, we'll have a lot of fun throughout the year.

Please respond today by filling out the bottom of this letter and sending us your dues. We want you to be a part of our Alliance, and thank you in advance for joining our "Garden."

Hope to see you soon.

Sincerely,

Fran Thomas, President PCMSA 96-97

3224 Horsehead Bay Drive NW, Gig Harbor, WA 98335 206-265-2774

Pierce County Medical Society Alliance...Dues Statement

Please circle one:	Regular, \$75	Widow, Retired, \$56	Newcon	1er, \$ 55	Student/Resident, \$25
This year you can	charge your du	ies on your credit card:	Visa	_MC #	
Expiration Date:			Signatu	re	
Name			Address		
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Please make your check payable to PCMSA and mail to Janet Fry, 13001 53rd Ave NW,Gig Harbor WA 98335 Thank you.∎

"Whittaker" from page 6

Kennedy clan resulted in the Rainier climbing concession. Skiing with Ted. they mentioned struggles getting a K2 permit. Kennedy phoned the Prime Minister, a buddy from school. Viola! It was granted. Kennedy secured a permit for Kangchenjunga (K3) from Indira Ghandi. Showing a slide of Senator Robert Kennedy dwarfed between the Whittaker twins. Lou related a visit to an Eatonville school where he asked, "Who's the guy in the middle?" No one knew. Shortly after that photo, Robert Kennedy was assassinated.

Whittaker marvels at the local sherpas (porters) who accompany expeditions, saying, "They're



TACOMA/PIERCE COUNTY

Outpatient General Medical Care at its best. Full and part time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, MD (206) 381-0153 tough dudes." One eighty-five pound woman hauled fifty-five pounds, plus her four-month old baby. One man had such a tough reputation that other sherpas said, "When he takes a deep breath, he sets off rocks down the trail."

Commenting on the recent deaths on Everest, Whittaker said, "There's no such thing as a surprise storm. You see the conditions coming in. It's a judgment call." Climbers, he says, struggle with summitting versus turning back. Whittaker's quick answer is always the same, "It's not worth a life."

Lou Whittaker and his wife Ingrid live in Ashford in an underground, passive shelter home they built. They own Whittaker's Bunkhouse Motel, in Ashford, which has bunks as low as \$18 and motel-type rooms at \$75. For delightful summer reading, pick up his book.



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Testing and talking HIV with patients

June 27th was the second annual *National HIV Testing Day*. In recognition of this day, the Tacoma-Pierce County Health Department would like to encourage all physicians to discuss HIV with their patients and provide testing when appropriate.

Who should be tested?

•Men who have unprotected sex with other men

•Injecting drug users who share injection equipment

• Sex partners of either of the above

• Pregnant women and women considering pregnancy (medical treatment can substantially reduce perinatal transmission)

• Anyone with a recent sexually transmitted disease

• Any other patient who is concerned

Women are of particular concern because they may not know their sex partner has engaged in high risk behavior. For that reason, it is important to offer testing to your female patients.

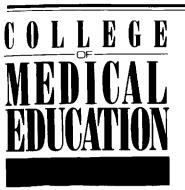
The requirements for HIV counseling are simpler than you might think. The main points to cover are:

• Assess the patient's sexual and drug risks

• Discuss risk behavior particularly in the past six months (window period)

• Provide risk reduction information

If you would like HIV testing for your patients and need assistance, information, pamphlets, or training for your staff, please call Ardythe at 596-2866.■



Direc County Medical Society

I.D. Update scheduled for November 22

The very popular Infectious Diseases Update CME program has been scheduled for November 22, 1996.

Dr. Joseph Dalovisio from the Ochsner Clinic in New Orleans has been confirmed for this year's guest speaker. The program is again directed by **Alan Tice, MD** and features selected topics designed to update the primary care physician on both outpatient and inpatient infections.

The sixth annual program will be held at the Sheraton Hotel and will include presentations by the physicians of Infections Limited, PS of Tacoma. The CME brochure will be available in early October.

Whistler CME dates tentatively set

The dates for the annual CME "resort" ski program in Whistler, B.C. have been tentatively set for Wednesday, January 29 through Sunday, February 2, 1997. The actual accomodations and CME program are in planning. A program brochure will be available in September.

Common Office Problems CME October 4, Schedule Selected

The College's traditional and very popular CME program entitled Common Office Problems is scheduled for Friday, October 4.

This continuing medical education program is designed for the primary care clinician and focuses on practical approaches to the most common dilemmas faced in the daily routine of medical practice. Special emphasis will be placed on quality, cost effectiveness and practice parameters.

The program is once again directed by **Mark Craddock**, **MD** and will offer 6 Category I CME credits. Tentatively planned are addresses on the following subjects:

Pediatric Infectious Diseases Primary Care Management of Anxiety Disorders Advances in Hormone Replacement Therapy Obesity: New Pharmalogic Therapy Management of Type II Diabetes Migraine Headaches, Chronic Daily Headaches Chronic Pain: University of Washington Pain Clinic Chiropractic Therapy: The Basics The Role of Naturopathic Medicine

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"Newman" from page 7

anticipating. He had a "new birth" spiritually which created a new perspective on life and death. Through the remainder of his life, Matt dedicated himself to the study and application of the words of Jesus and his disciples. He found meaning as a person and found responsibility and meaning in his "roles" in life through his "walk" with his Lord. Their turmoils as a family and his long period of suffering were seen to have meaning in the context of eternity - things were "all right" even though they often seemed all wrong. As to his death, he described it as a "great adventure" and his last recognizable words: "Lord Jesus" felt as if Matt were actually seeing him come to take him home. Matt entered the "Valley of the Shadow of Death" fearing no evil and knowing that God's rod and staff offered comfort.

Matt had the unbelievably good fortune of not only being secure in his faith, but of having chosen to surround himself with friends to whom he was committed and who committed themselves to him. A group of six men including Matt made yearly pilgrimages to a Cannon Beach cabin for a weekend of sharing and growth. These same men and their wives met weekly with Matt during his last year at his request to sing and pray with him.

At the outset of his commitment, Matt asked us for our forbearance as he anticipated his future - saying at one time "You've got to understand, I may not do things 'right' - I've never done this (prepare to die) before." These same friends, with which I am also privileged to share my life, were with Matt up to the end, surrounding his bedside at home during his active phase of dying, each of us having the opportunity to help carry him along the way. The loving kindness of his family, friends, hospice nurse and the medical community has been felt in many tangible ways over the last several years - dinners, presents for the kids, days out for the family. I know I speak for Tammy and her boys in expressing a huge debt of gratitude for those of you who were able to share their burden.

In the words of Dostoevski, Matt was truly "worthy" of his suffering, drawing courage and meaning from his spiritual understanding and his relationships. What more could any of us desire for ourselves as we face our own mortality? Thanks again Matt for all you've taught me.

"There is a memorial fund established and deposits can be made at any Key Bank to the "Matthew Newman, MD Trust Fund."

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"Nichols" from page 11

boating and skiing.

Though Nichols misses practice's patients and collegial relationships, the trade off is that he finds his work intellectually stimulating. "I don't get the satisfaction of replacing a total hip so a person can walk but this gratification is more long lasting for me," he said.

"We've managed dollars and risk, but not care," Nichols said. People want "health care reform;" they don't want to switch doctors. They don't get "reform" any more than the arguing politicians. He'd like physicians to take the ball and define, "What is managed care, managing care, and health reform?"

"Managing care," he believes, "means managing populations and their health burdens." It implies broader applications than one-toone care; public health advances such as fluoride or polio immunizations.

Currently, Nichols explains, physicians are, "an at-risk entity." By signing contracts without client group data such as age, smokers, steroids, insulin and heart attacks, they cannot make informed decisions or "manage care." It's like signing a mortgage without knowing the terms. Physicians must gather data, analyze interventions, and check outcomes. Otherwise, the insurance companies can call the shots.

Chatting over cheesecake, Joe said he'd try this job for a year. It seemed reasonable, after discussing data analysis, to ask, "How will you decide at the end of a year?"

Quietly and simply Nichols said, "If I still like it." ∎

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-orthopedics

-minor surgeries

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•Excellent care outcomes and peer relationship

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·Willingness to work hard

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tient general medical care at it's best. Full and part time positions available in Tacoma and vicinity. Very flexible schedule, well suited for career redefinition for GP, FP, IM. Contact Andy Tsoi, MD (206) 381-0153.

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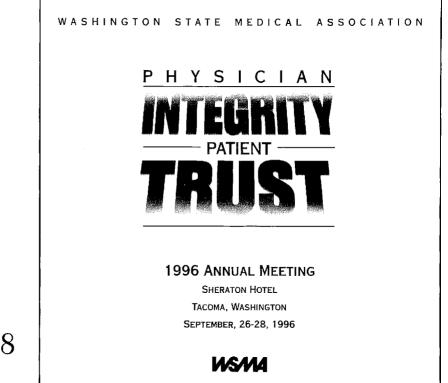
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Washington State Medical Association's 106th Annual Meeting will convene in Tacoma September 26 -28



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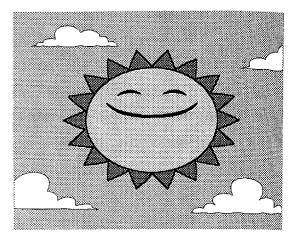
The Bulletin is published monthly by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in The Bulletin are the 15th of the month preceding publication (i.e. October 15 for the November issue).

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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August: summer sun and fun

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President's Page

by John H. Rowlands, MD

Where there's smoke, there's fire

We spend each and every day touched by the Tobacco Pandemic. We are treating the end result while not fervently attacking the means. Unfortunately, our efforts are all too often for naught - how else do we explain the 440,000 deaths per year in the United States from tobacco related diseases.

Since the Surgeon General's report in 1964, great inroads have been made in the prevalence of smoking in the United States. Fifty-two percent (52%) of men and thirty-four percent (34%) of women were smokers in 1964 compared to twenty-eight percent (28%) and twenty-four percent (24%) respectively in 1991. Public policy has clearly driven that range, pulled in large part by the concern to the deleterious health effects on the nonsmoker by environmental tobacco smoke (side stream smoke plus mainstream smoke). Smoke-free public buildings occurred first followed by other business establishments and workplaces. I applaud the efforts of the Tobacco Free Coalition of Pierce County as they carry the fire in their belly to bring us more smoke-free establishments. Restaurants continue to fall in line as they realize a clean air environment translates to good business as well as better health to all their patrons and employees.

Social isolation. Outcasts. How the image changes! I began my practice in Tacoma in 1982 when the hospital corridors were filled by the blue haze of unwitting addict-patients smoking between nebulizer treatments or just after the sublingual nitroglycerin had relieved the chest pain. And God help you if you came across an open door of the nurses' lounges at shift change. It is hard to imagine that the process leading to smoke-free hospitals in Pierce County was arduous, but it was. It seems so long ago. Now, those hooked need sit outside in the designated smoking area on cold metal benches and red cans that are a far cry from the comfort of cozy couches and fish aquariums that welcome all inside.



productivity directly related to tobacco use. The American Cancer Society, American Lung Association and American Heart

"I see myself outside the hospital, cordoned off in the DDA (designated doughnut area), sloppy jelly doughnut hanging inconspicously from my hand."

Unfortunately, these efforts touch only the tip of the iceberg. Again, the efforts of the Tobacco Free Coalition make clear who the enemy has in its sight - adolescents. Effective policy needed to spare the next generation of the ravages of tobacco must have three objectives:

1) Educate our youth. Bring the message of Death, Drug Addiction, Deceit and Dollars lost. A life expectancy cut twenty-live percent (25%) short by a product laced with nicotine leading to neither youth, glamour, or sex, and which very often doesn't qualify you to complete the job application form after you have marked the "Yes, I Do Smoke" box.

2) Reduce the access. Hit the user, distributor and supplier. The federal and state excise tax on a pack of cigarettes is only fiftysix cents (.56). This figure pales in comparison to the near one hundred billion annual price tag of health care costs and lost

Association have suggested a rise in the current federal excise tax from twenty-four cents (.24) to two dollars (\$2.00). Kids' habits are price sensitive before they are hooked. Then, penalize the lawbreakers. It is a crime to sell cigarettes to minors, but to date the penalties have been toothless. I am not crying for jail time, but at least have a convenience store clerk feel the same discomfort when he sells Tobacco to Tots that I feel when I find myself driving thirty-two miles per hour in the City of Fircrest. (I still can't believe that ticket.) Finally, John Grisham's Runaway Jury takes care of the supplier. Plaintiff lawyers will turn medical malpractice into a small cottage industry as they set their sights on larger tobacco liability claims.

3) Shackle the marketing ploys and reduce the ever present imagery. Joe Camel and the Marlboro Man are a blight on the landscape, but they work. The

See "Smoke" page 8

Government 101-or who do you want making health care legislation

A small group of PCMS members had the opportunity to get an insider's look at how the state legislature and U.S. Congress function when Cliff Webster, JD, lobbyist for WSMA described many facets of government. Webster called his presentation Government 101. He described the different offices, candidates and issues of interest to medicine.

The primary purpose of the meeting was to interest physicians to get involved in "grassroots politics." Webster urged them to get to know their legislators and representatives. Work on their campaigns, doorbell or host a neighborhood coffee klatch with the candidate. Who do you want making Health Care Legislation? Trial Lawyers? Alternative Care Providers? Insurers, or the Insurance Commissioner? They will be writing the laws unless physicians start to get involved in the process.

Now is the time to get acquainted with your legislator before the legislative session begins in January. Call them, go to breakfast or lunch. They want to get to know their constituents who might vote for them or contribute to their campaign. If you do not know who the candidates are in your district, call the Medical Society office at 572-3667.

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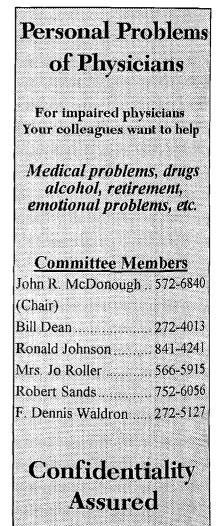
Tuesday, September 17: Primary Election

Tuesday, November 5:

General Election

Tuesday, January 28, 1997: WSMA Legislative Summit, Olympia

Members of the medical community can serve as valuable resourcers to legislators and candidates. Help WSMA's advocacy efforts by getting politically involved!



An invitation to the 106th Annual WSMA meeting in Tacoma

"Physician Integrity, Patient Trust"

The theme of this year's annual session of the WSMA House of Delegates, September 26-28, in Tacoma, is "Physician Integrity/ Patient Trust."

Much of the current public debate over what is happening in health care boils down to trust the trust that patients must have in their physician, regardless of our practice setting, specialty, or payment methodology of the moment.

Physicians may agree to disagree on various aspects of the changes sweeping health care today, but putting our patients first and preserving the physicianpatient relationship - built on the basis of the Hippocratic Oath we took as we entered this most honorable of all professions - is a common denominator that brings us together.

An important role of the WSMA

WSMA wants your ideas for resolutions

If you have ideas you would like the WSMA House of Delegates to consider during the annual meeting this year, now is the time to submit them. The preliminary deadline is July 15.

The House will review all resolutions submitted in writing by the deadline at the annual meeting in September. The meeting will be held in Tacoma, September 26-28

If you have an idea or thought but are uncomfortable putting it in resolution form, please call Doug Jackman at the Society office for help, 572-3667. Or, fax your resolutions to him at the PCMS office, 572-2470. ■ is to educate, build consensus, and advocate. We do this well. Through the WSMA, we have demonstrated time and again our ability to negotiate consensus positions within the profession on difficult issues - and to lead our communities forward to better health care.

The WSMA is a forum for all physicians to exchange ideas and to deliverate issues affecting the practice of medicine and our profession. The annual House sessions are an excellent opportunity to bring members together for these discussions.

You can add your voice to the debate. Every member is invited to speak his or her piece at the reference committee meetings and

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WS/MA

by George Rice, MD, President, WSMA

to attend the House sessions where our representatives debate and define broad policy for the association.

As always, the meeting will offer a variety of scientific programs focusing on individual clinical knowledge and gathering other information to help deal with the evolution of our health care system. The program chair, **Dr. Philip Craven**, and his committee have assembled a fine series of sessions, many of which offer free category I CME credits.

Please join your colleagues in Tacoma, September 26-28, for the 106th Annual Session of the WSMA House of Delegates. It will be three days of thoughtful discourse, heartfelt debate, and educational programs.

Your views are important to the association. We look forward to seeing you at the meeting.

Annual Meeting - held at Tacoma Sheraton

The Tacoma Sheraton Hotel, located at 1320 Broadway Plaza in downtown Tacoma, will be the headquarters for the 1996 WSMA Annual Meeting. Some meetings will be held at the LaQuinta Inn on Friday and Saturday with shuttle service provided between both locations. A final program listing location and room names for all meetings and functions will be distributed at the meeting.

If you are interested in hearing the discussions of the House of Delegates, feel free to attend. The House will be in session on Saturday, September 28 beginning at 9:00 a.m. For more information call the Society office, 572-3667.■

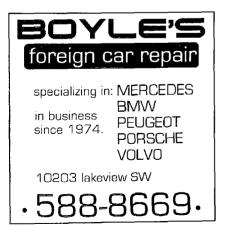
AIDS Case Management available for patients

AIDS has many faces - the face of a child, a woman, a man. All who cope with the effects of the disease must also cope with its unpredictability - the sharp ups and downs which pose a threat to patients too ill to seek out services when they really need them.

In addition to the medical care provided by physicians, many AIDS patients require assistance in locating specialized community resources which meet their needs. To facilitate this process, the Tacoma-Pierce County Health Department has designated AIDS Case Management providers.

AIDS Case Management costs are covered by public funds; there is no cost to clients. "The goal is to tie together myriad services which are now in a state of continual change due to uncertain funding," notes Bev Hatter, MSW, Associated Health Services, Director of Grief, Loss and Transitional Care.

Assistance may range from locating funds to pay for medica-



tions to special housing placement, or simple assistance with daily self-care tasks. "It is particularly important with this population to build the relationship, ask the questions, and do the planning before a downturn occurs," Hatter comments.

Services are guided by an individual needs assessment completed by the case manager, who is a trained medical social worker, and may begin at the point of the AIDS diagnosis or at any time the individual requires assistance with:

- Care planning and practical support
- Locating medical care and coverage
- Financial or legal concerns
- ♦ Meals
- Transportation
- Counseling and emotional support
- Mental health
- ♦ Housing placement

- Spiritual assistance
- Substance abuse

"These are high-maintenance cases," Hatter observes. "I encourage physicians to utilize case management services to meet their patients' counseling and resource needs. We have found that pro-active planning helps to avert crises and emergency hospitalizations."

For more information regarding these services, which are available within Pierce County, contact the Tacoma-Pierce County Health Department designated AIDS Case Management providers:

Associated Health Services 552-1825 Good Samaritan Hospice 841-5668 Kimberly Quality Care 475-6862 Pierce County AIDS Foundation 383-2565 Franciscan Home Care 591-6808

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Seattle-to-Portland bicycle ride attracts many members

Several PCMS members spent the wet spring getting in shape for the 17th Annual Seattle-to-Portland Bicycle Classic. As experience has taught them, it isn't only the legs that need conditioning for the 196 mile ride. The bicycle seat (saddle) takes some getting used to. The mid-June event attracts over 10,000 riders. Approximately 8500 cyclists departed from the Seattle Kingdome on Saturday, June 22 to do the ride in two days while approximately 1500 tackle it in one day.

Saturday proved to be a great day for riding with overcast skies, however, Sunday was a different story. The skies opened up and thousands of riders got soaked on their way to Portland. Only as they neared Portland did the rain begin to ease up. The ride terminates on the Portland State University campus in downtown Portland.

Don Shrewsbury, MD, otolaryngologist, who has made the trip several times doing it in one and two days, rode to Longview the first day which is a 140 mile experience. He was joined for dinner in Longview by **Dr. Henry Retailliau**, Tacoma internist and friends who were doing the ride for the first time as was **Stephen Elder**, **MD**, anesthesiologist.

General surgeon, **Bill Martin**, **MD** enjoyed the company of his daughter Sara for the two day ride. Sara is a pre-med student in Portland. Pediatrician, **Richard Ory**, **MD** and his wife Janice have done the ride several times and this was the first terrible weather they have encountered. Other PCMS members participating in the event were ob/gyn, **Glenn** Aasheim, MD; ob/gyn, Joseph Mancuso, MD; Emergency Room physician at Good Samaritan Hospital, Mike Regalado, MD and his two sons; pediatric cardiologist, John McCloskey, MD; and Puyallup orthopedist, Neal Shonnard, MD, and his wife.

Congratulations on a worthwhile accomplishment!

Editor's Note: If you are a PCMS member that participated in the Seattle to Portland ride and we missed your name, please call the office (572-3667) and we will run additions in the September issue.



Left: Over 8500 riders stop at a Spanaway food and rest break on their two day journey to Portland



Richard Ory, MD, Tacoma pediatrician, takes a break at 45 miles in Spanaway. Dr. Ory's wife Janice also did the ride



Henry Retailliau, MD, and friends take a break in Spanaway on their way to Longview for the first day's ride of 144 miles

Smoke from page 3

Tobacco Institute realizes that ninety percent (90%) of smokers are addicted by age 20. Five billion two hundred thousand dollars were spent in 1992 to spread the Deceit. Joe Camel came on the scene in 1988. By 1990 teen use of Camels had moved from point five percent (0.5) to thirty-two percent (32%). Would we ever allow the Columbian drug cartel the access to our children with giveaway products, gift catalogs and pervasive billboard images? It is a grass roots war in which you will need to participate, influencing your patients and youth as well as the elected officials needed to change this landscape. Tar Wars has only begun.

Now for my own personal nightmare. I see myself outside the hospital, cordoned off in the DDA (designated doughnut area), sloppy jelly doughnut hanging inconspicously from my hand. Visitors and employees walk by, none of us wishing any meaningful eye contact. If I only had a double, extra foam, nonfat latte to keep me warm. I know how Richard Kimball felt.

DOCTOR'S CUSTOM VIEW HOME

Six years old, 4258 sq ft, three bedroom, four bath, bonus rooms, hot tub, formal entry, living and dining rooms. Gourmet kitchen, every amenity. Landscaped side lot available. Price, address and appt. with **Dena Hollowwa**

584-1615

Briefly.....

Due to illness, **Myron Kass**, **MD**, has announced the closing of his practice, effective immediately. Dr. Kass has been a PCMS member since 1949 and practices psychiatry in his office on Pearl Street.

We wish Dr. Kass well.

John Colen, MD, retired allergist, has been promoted to Clinical Professor of Medicine, University of Washington, Seattle, effective July 1, 1996.

Congratulations, Dr. Colen.

The Karpeles Manuscript Library Museum is presenting Great Moments in Medical History.

The exhibit will be presented July 11- September 29 from 10 a.m. to 4 p.m. Tuesday through Sunday. The museum is located at 407 South G Street in Tacoma.

Admission is free. For additional information you may call 383-2575. ■

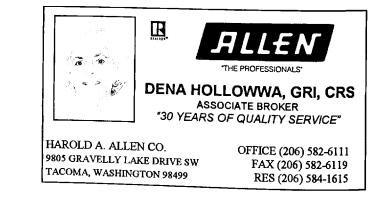
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Internet Resources

Pierce County Medical Society http://www.pcmswa.org/ City of Puyallup http://www.ci.puyallup.wa.us Official City of Tacoma Homepage http://www.ci.tacoma.wa.us/

Unofficial City of Tacoma Homepage http://www.tacoma.net/

Tacoma Public Library http://www.tpl.lib.wa.us On-line Highways Travel Guide to Washington (great information in planning a trip) http://www.preys.com/ohwy/wa/homepage.htm

Boating and Sailing Information for the Puget Sound (an extensive list of harbors, anchorages, docks and other waterfront spots across the Puget Sound with charts; includes on-shore attractions and services) http://www.nwboating.com

Mariners Headquarters (find out the latest about the Mariners players and schedules) http://www.mariners.org/

Tacoma Rainiers (AAA Baseball) (homepage of the hometown team)

http://www.fanlink.com/TACOMA<u>1</u>RAINERS/ Seattle Supersonics (official homepage of the NBA Basketball team) http://www.NBA.com/sonics/

USA City Link (find the sites to see on your trip)

http://vanzai.neosoft.com

FBI (includes the uniform crime report published by the FBI)

http://www.fbi.gov/

GPO Access On the Web (congressional records, federal register, and federal bills)

http://thorplus.lib.purdue.edu/gpo/

Guide to Congress (Learn about the House, Senate, e-mail address and information about pending bills. This is an excellent webstie for information on any facet of government to find out how your congressman voted, etc.)

http://policy.net/capweb/congress.html

Pierce County Homepage (information about Pierce County agencies and services)

http://www.co.pierce.wa.us/

White House Homepage (information about the President and the Executive Department)

http://www2.whitehouse.gov/ 🖿



Physicians and the Internet featured at WSMA Annual Meeting in Tacoma

Mr. Neil Rambo, MLS, Associate Director, National Network of Libraries of Medicine, Pacific Northwest Region will present "Physicians and the Internet at the WSMA Annual Meeting on Friday, September 27. The session will be from 1:00 to 3:00 p.m.

Mr. Rambo once again presents at the Annual Meeting and will discuss various elements of the Internet, including e-mail, file transfer protocol (ftp), Telnet, Gopher, mail lists, and the World Wide Web. In addition, he will talk about practical tools of the Internet, including browsers, search engines, attached files, downloading, and Internet service providers. Õf special interest will be advice on how a physician may conduct an efficient search for the best quality information available on a specific subject in a virtual sea of websites.

Welcome: Applicants for Membership

Ansari, Irfan A., MD

Physiatry

Practices with Electrodiagnosis, Rehab & Assoc. 2121 South 19th Street, Tacoma, 98405; 272-9994

Medical school: Sind Medical College, University of Karachi (Pakistan)

Internship: Suny Health Sciences Center at Brooklyn

Residency: Cook County Hospital, Chicago IL

Benjamin, Sabrina A., MD

Internal Medicine

Practices with Internal Medicine Northwest, **1112** South 5th Street, #B, Tacoma, 98405; 272-5076

Medical school: Uniformed Services University of the Health Sciences

Internship: Madigan Army Medical Center

Residency: Madigan Army Medical Center

Campbell, Samuel J., MD

Vascular Surgery

Practices with Allen Yu, MD; 314 ML King Jr Way, #303, Tacoma 98405; 572-2844

Medical School: Texas Tech University Health Sciences Center

Internship: Texas Tech University Health Sciences Center

Residency: Texas Tech University Health Sciences Center

Fellowship: Southern Illinois University



DeMaio, James D., MD

Infectious Diseases

Practices with Infections Limited, PS, 1624 South I St #402, Tacoma, 98405; 627-4123

Medical School: Harvard Medical School

Internship: Univ. of Washington Residency: Univ. of Washington Fellowship: Johns Hopkins Hospital

Gunther, Phillip B., MD

Radiology

Practices with Diagnostic Imaging Northwest, 7424 Bridgeport Way W, #103 Tacoma 98467; 581-4333

Medical School: University of Colorado School of Medicine

Internship: Presbyterian/St. Lukes Medical Center

Residency: Univ. of Colorado

Fellowship: Mallinckrodt Institute of Radiology, Washington University

Petersen, Anne L., MD

Radiology

Practices with Diagnostic Imaging Northwest, 7424 Bridgeport Way W, #103 Tacoma 98467; 581-4333

Medical School: University of Wisconsin-Madison

Residency: Bowman Gray School of Medicine

Fellowship: Medical College of Wisconsin

Sobba-Higley, Anne E., MD Otolaryngology

Practices with Don Shrewsbury, MD, Allenmore Medical Center #B2010 Tacoma 98405; 627-4502 Medical School: Creighton Univ. Internship: Creighton Affiliated Hospital

Residency: University of Nebraska Medical Center ■



Puyallup, WA: Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 6 to 12 hour shifts. Hours are 12 noon to 10:00 pm daily, outpatient only. \$50/hr, benefits available. Send letter of introduction and CV to After Hours Application, Puyallup Valley Healthcare, PO Box 1247, Puyallup, WA 98371-0192.

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The Pierce County Medical Society

invites you and your spouse/guest to the

September General Membership Meeting

<u>Meeting Date/Time:</u>

Tuesday, September 10, 1996

 Social Hour:
 6:00 p.m.

 Dinner:
 6:45 p.m.

 Program:
 7:45 p.m.

Meeting Location:

Landmark Convention Center - Temple Theater Roof Garden 47 St. Helens Avenue, Tacoma



the Patient/Physician Perspective

presented by:

Joe Nichols, MD

Vice President of Managed Care Lynx Medical Systems Bellevue

igned Thank you!		
will be bringing my spouse or a guest (Please print name of guest for name-tag)		
Visa Master Card Expiration date: Signature		
nclosed is my check for \$ or my credit card # is		
lease reserve dinner(s) at \$18 per person (tax and tip included)		
(Registration required by September 6, please mail this form with payment to PCMS, 223 Tacoma Ave South, 98402 or call 572-3667)		

Legislative interviews help members determine best political candidates

Legislative candidate interviews are being conducted and organized by the Washington State Medical Association political action committee (WAMPAC) and PCMS. During each election year, WAMPAC interviews candidates running for the State Legislature. PCMS members from each legislative district are asked to sit in on the interviews and ask questions of the candidates. Following the interviews, the interviewers reach a consensus and make their recommendation to the WAMPAC Board of Directors who they would like WAMPAC to support.

Candidates are provided the questions before the meeting which are all related to issues of concern for the medical community. Questions of personal concern may also be asked.

There wasn't too much opposition to the issues of concern when PCMS members interviewed candidates for the 2nd District State Representative position. Both candidates, Roger Bush (R) and Marianne Krizek (D) supported liability reform and repeal of the Certificate of Need. Both claimed they would not take campaign contributions from tobacco companies. And, both strongly favored limiting scope of practice believing strongly that medical doctors go to school and have training to practice medicine and other providers are trying to have the same allowances without the training or education necessary. Interviews were conducted by PCMS members, William Rinker, MD, anesthesiologist; Stephen Duncan, MD, family practice; and Lee Dorey, MD, orthopedic surgeon.

If you would like to participate in candidate interviews or know the results of such; or for more information about WAMPAC and their activities, please call Carl Nelson at 1-800-562-4546.

You don't have to do all this paperwork ... We have a paperless system that can help. Electronic Media Claims (EMC) is a paperless means for submitting claims directly to us. You prepare the claims on your computer and send them electronically over a telephone line. Choose any of our EMC options and you'll save money, postage and time. Jeri Gilstrap, our EMC Professional Relations Representative, will be happy to provide the details. Just give her a call at 597-6516. Pierce County Medical Bureau, Inc. An independent licensee of the Blue Cross and Blue Shield Association

Tacoma- Pierce County Health Department Prevention Partnership

by Federico Cruz-Uribe, Director of Health

Partnership Covenant

- ✦ Tacoma-Pierce County Health Department will provide population-based prevention and disease control measures with the medical community providing quality, individual patient care.
- We will form a partnership with responsibilities for each of us-to achieve greater health for the citizens of Pierce County.

Tacoma-Pierce County Health Department is getting back to the basics of public health. To accomplish this, we are completing the transition of our clinic services which we began ten years ago, when our primary care medical clinics, home health program, foot care program, well child clinic, child guidance clinic and others were all successfully transitioned into the private sector.

Effective November 1, 1996, the clinic services which will be transitioned into the private sector include:

- >Family Planning
- ► Refugee Screening Services
- Sexually Transmitted Diseases
- >HIV Counseling & Testing Services

➤Immunization

>Tuberculosis (selected services)

Our whole country is changing the way we deliver health care. Managed care and Washington State's Basic Health Plan are principal factors in our decision to change the way we provide for the public health. In Pierce County, managed care has become the predominant mode of health care delivery - 80% of our primary care physicians are now members of managed care plans. Managed care fosters a preventive approach to medical care, which in turn encourages cost containment. Our plan is to build a prevention partnership between public health and private medicine in Pierce County.

The Health Department has a very aggressive program in place for enrolling Pierce County residents in the Basic Health Plan - the vehicle for health care



2) community-based

3) integrated

4) competitive

Our 18-month goals were recently adopted by the Board of Health to guide us in our work.

They are to:

1) achieve a fully integrated department budget process

"As a public Health Department and a governmental agency, we must understand the changes in the larger health care delivery system, be prepared to redefine our role and get out of the way of the private sector. Therefore, I believe the time is now for this Covenant - our partnership with the Pierce County medical community."

reform. Additionally, we are providing direct subsidy payments to community clinic systems for provision of care to underserved and special populations. As a part of our clinic transition, we will contract with the private sector to insure the continued delivery of services to our traditional client population.

Our four themes form the basis of our public health services:

1) populaton-based, primary

prevention

2) identify three broad-based behavioral risks to health

3) complete public health assessments in critical need communities

4) pilot a model county-wide surveillance system

5) maintain the quality of primary, population-based prevention efforts

6) pilot a model public health service system

See "Partnership" page 14

YWCA sponsors Week Without Violence

On October 6, 1996, the YWCA of Tacoma and Pierce County will bring a week long campaign to the forefront of this community's consciousness - Week Without Violence. Designed to further the mission of the YWCA to empower women and girls and eliminate racism and to amplify the work already being done by the YWCA in this community, the campaign takes action against the spiraling spread of violence in America. Week Without Violence will be a call for everyone to live for one week without perpetrating, participating in, observing or experiencing violence. Designed to communicate and demonstrate alternatives to violence, Week Without Violence will be implemented through special events, media outreach and town meetings.

Prevention from page 13

As a public Health Department and a governmental agency, we must understand the changes in the larger health care delivery system, be prepared to redefine our role and get out of the way of the private sector. Therefore, I believe the time is now for this Covenant - our partnership with the Pierce County medical community.

As we return to our historic missions we are assessing the health needs of Pierce County communities, developing policies to address these needs, and focusing more of our resources on direct prevention services.

I welcome your comments or questions as we build our partnership with the Pierce County medical community. Please call me at (206) 596-2899.■

Before women and their families can begin to empower themselves and celebrate their diversity, they must first ensure their own safety. Addressing the problem of violence appears daunting, but it does have a solution. The YWCA's Week Without Violence invites people from Tacoma and Pierce County to understand that they, personally, have the power to help defeat violence. As Robin White, President of the Board of Directors, stated, "Each person has it within themselves to contribute just a single act which can help to stop a violent act." Each day of the week (as noted below) will be dedicated to ending a specific kind of violence.

If you or your group would like to be involved in planning the Week Without Violence, call Elise Huszar at the YWCA at 272-4181.

Week Without Violence Schedule

Sunday, October 6: A Day of Remembrance

Monday, October 7: Protecting our Children

Tuesday, October 8: Making our Schools Safer

Wednesday, October 9: Confronting Violence Against Women

Thursday, October 10: Facing Violence Among Men

Friday, October 11: Eliminating Racism & Hate Crimes

Saturday, October 12: Replacing Violence with Sports, Recreation & Fun ■

YWCA introduces new ENCOREPLUS

The YWCA has a well-deserved reputation of woman-to-woman help by making information and support available through various programs. The ENCORE program is a discussion and exercise program for women who have had breast cancer surgery. ENCORE provides physical as well as emotional support and is on-going so women may begin directly after surgery and return as needed over a period of years.

The YWCA is now introducting a new program, ENCOREPLUS. The goal of ENCOREPLUS is to enhance strength and endurance in the arm, back and chest muscles as well as flexibility and range of motion in the joints. The exercises also enhance functioning of the compensatory shoulder, back and arm in cases where pectoral muscles have been removed.

Medical professionals are asked to share information with patients and colleagues about ENCORE-PLUS. The program will not survive without referrals.

The YWCA's ENCOREPLUS Advisory Committee consists of the following people who are committed to serving women recovering from breast cancer surgery: **D. Scott Brantley, MD; M. Estelle Connolly, MD;** Julie Grevstad, Community Programs Director YWCA; Bonita Watson Hickman, MSN; Linda Manning, PT; **Ginnie Miller;** Kathy Stockman, RN, JD; Ella Warren, VP Bank of California; Nancy Weibl, CPA; and Cathy Wright, RN.

With the medical community's support, we can better serve women recovering from breast cancer surgery. Questions can be directed to Karla Redding at the YWCA, 272-4181, ext. 231

Trauma Care Task Force hears from PCMS representatives

Eight people designated as trauma experts answered questions for eleven people assigned to the task force that must recommend a solution to the Pierce County trauma system crisis by November of this year. The meeting was held on July 11 at St. Clare Hospital and served to further educate task force members about the history, current status and future possibilities for trauma care in our community. Their recommendation will go to the Tacoma-Pierce County Board of Health.

Four hospital representatives, from St. Joseph, Tacoma General, Good Samaritan and Madigan hospitals, **Bill Martin**, **MD**, surgeon and PCMS representative, a manager from the state trauma office, **Tony Haftel**, **MD**, Chair of the Pierce County EMS Council and state Senator Rosa Franklin served on the panel.

Both **Drs. Haftel and Martin** told the task force that clearly, the Trauma Act of **1990**, mandated by the State Legislature, changed the system. It was a quantum shift from a "non-system" that worked quite well for **18** years, to no system. What the Trauma Care Act did, was actually give providers the ability to say "no" to patients and the system.

Dr. Martin, involved in Pierce County trauma since 1977, told the panel that numerous obstacles created the crisis of today. "The mix of patients changed, the volume of patients changed, the dedication of hospitals changed, making trauma an extraordinary burden. The ability to provide good service disintegrated and local surgeons realized that Harborview could do it better."

Dr. Haftel echoed a similar

diagnosis. "The Trauma Act of 1990 changed everything," he said. "Paramedics are now distracted, prolonging field time, and injuries cannot maintain long transport times, currently at a standard of 29 minutes." But mostly, he emphasized, "money is a big factor. Fifty percent of patients are no pay, making us truly an area of disproportionate need," he explained, "and we are without the luxury of Harborview, which is funded by the University.

Drs. Haftel and Matt Rice, MD, Madigan Emergency Room physician both agreed that unnecessary deaths are most likely a result of the current "non-system." **Dr. Haftel** cited preliminary statistics that are indicating these results.

Panel members, after providing background information were asked to give their opinions for a solution to the problem. All believed that Tacoma should designate as a Level II center with Diane Ceccatini, MultiCare representative, stating that "we should define the level of trauma care by asking the community what they are willing to support." Senator Rosa Franklin agreed that the community must be engaged and educated about trauma. "The state does have a responsibility," she stated, "but the state can't do it alone."

Physicians on the panel, Drs. Martin, Haftel and Rice were not in favor of co-designation. This would mean more than one hospital would share responsibility. "The only way to do it right is with a single facility," said Martin, "because when it gets diluted with more than one system the quality suffers." As one panel member summarized, the problem is a national one that many hospitals are experiencing. Without large volumes of patients trauma care is prohibitively expensive and codesignation does not lend itself to trauma expertise. As one panel member commented, "Tacoma is not all that unique except that we are comparing ourselves to Harborview up the road and Madigan down the road."



1996 PCMS Physicians Directory changes

Clabots, M. Teresa, MD

Change office address to: 2111 S 90th St. Tacoma, WA 98444 539-9700 phone 539-9710 physicians only 539-9718 fax

Gunderson, Paul, MD

Change office address to: 2820 Griffin Ave, #200 Enumclaw, WA 98022 (Replaces 1624 Pioneer office)

Hammen, Michael, MD

All Correspondence to Home: 1820 28th St SE Puyallup, WA 98372

Hansen, K. Royce, MD

Add home phone: 582-0128

Harmon, Christine, MD

Change office address to: 2420 S Union, #240 Tacoma, WA 98405 759-9683 phone 759-1481 fax Jin, Jonathan, MD Add fax number: 581-7105

Maehren, Johnette, DO

Change office address: 2111 S 90th St. Tacoma, WA 98444 539-9700 phone 539-9718 fax

Salloum, Maan, MD

All Correspondence to Home: 8215 64th St Ct W Tacoma, WA 98467

Will a disability put you out of commission?

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As you know, disability insurance policies for physicians are changing rapidly—and not for the better. High claims have caused many major carriers to limit the most important benefits.

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Answers to frequently asked risk-management questions

How long should medical records be kept?

Although most state statutes require seven years, The Doctors Company strongly recommends keeping records ten years past the last adult visit, 28 years from birth for all minor patients, or five years be set aside until legal action commences or the statute of limitations has expired. These files should be retained until the TDC claims office authorizes their destruction.

Is it permissible to put records to be destroyed into the trash?

No. Medical records should be destroyed by shredding or incineration. Check your local yellow pages directory for companies that provide these services. If unavailable in your area, contact the nearest hospital's medical records department for assistance.

May I treat minor patients when the parent is not present?

The following are specific guidelines for the care of minors younger than 18 years:

◆If there is a mortal emergency and providing no care will result in loss of life, limb, eye or paralysis, then you should provide medical care in the absence of parental authorization. It is easier to defend the provision of care than the omission of care. It is crucial to document the medical emergency. Consider asking for a second physician's opinion, to concur with your treatment decision and document his or her decision.

◆Parental authorization may be given before the need arises with the written authorization either time for the duration of care for a particular medical need or for one year. When the minor patient is brought to the office for urgent care, the prior authorization will be valid. The authorization also allows the 17 year-old the option of visiting the doctor's office for follow-up care without mom or dad tagging along.

•Exceptions to the minor rule include patients who are: married, pregnant, emancipated (legally free and financially independent from parental control) or serving in the military.

Documentation is always key to the successful defense of a physician. In addition, when rendering care for the situations described earlier, be sure to communicate the care provided with the responsible parent, by telephone and by mail.

May I terminate a patient from my practice?

Yes, under the following conditions:

◆the patient is not receiving treatment for an acute medical problem

 there is another health care provider in the vicinity who could provide care for the patient

 \bullet there is good reason for the termination

Termination rationale may include, but are not limited to, any of the following:

a non-compliant patient;

•failure to build rapport between the physician and patient;

 the patient's failure to make and keep appointments or failure to follow-up as instructed;

• the patient's failure to pay his portion of the bill;

◆a progression of the patient's medical problems that surpass your specialty.

Notice of termination may be

delivered verbally during a patient visit but must always be followed with a letter sent both certified and regular mail. It is not wise to terminate the relationship over the phone.

The letter of termination should state the intent, reason for termination and an effective date with the promise that the physician will provide emergency care in the interim. The effective date may be between 7 and 30 days, depending on the availability of other doctors in the area.

Check with risk management for the proper effective date. Specialty care contact requires a longer time period. An offer to provide a copy of the medical record, with an enclosed authorization, will make it easier for the patient to accept the termination. A copy of the termination should be filed with the patient's record.

Reprinted from The Doctors' Company, "The Doctor's Advocate," Second Quarter, 1996



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Northwest Organ Procurement Agency

PCMS Alliance invites you to Street of Dreams fundraiser

TO BENEFIT THE PIERCE COUN ON AUGUST 2	RCE COUNTY STREET OF DREAMS ITY MEDICAL SOCIETY ALLIANCE 8, 1996 at 6 pm DUPLE FOR PEOPLE.	
Name:		
Address:		
City/State/Zip:	PHONE:	
ENCLOSED IS MY CHECK:	made payable to PCMSA	
🖸 VISA 🔲 MASTERCA	RD ACCT#:	
Signature:	EXP DATE:	
PLEASE RSVP B	Y AUGUST 14, 1996	
MAIL TO: PIERCE COUNTY MEDICAL SOCIETY		

To register, please clip above coupon and mail with your registration check (made payable to PCMSA) to PCMS, 223 Tacoma Ave South, Tacoma, WA 98402.

Once again PCMSA plans a night at the Street of Dreams. Take your spouse or friend to an evening of viewing beautiful homes. Talk to the builders or the decorators first hand. See wonderful ideas that you may use in your own home. Plan to buy your tickets early so we can plan to have plenty of desserts and champagne.

This year you can use your Mastercard or Visa when buying tickets.

As you know, Claude Remy, our own Alliance member started this event three years ago. This has been a wonderful fundraiser for the Alliance, with last year's and this year's money going toward buying Baby Think It Over Dolls that the Alliance plans on putting into a middle school this fall.

See you on August 28!

- Toni Loomis

PCMSA World Trade Mortgage Designated Escrow Rainier Title Company North Bay Development RE/MAX Cascade Realty

invite you to attend the PCMSA Street of Dreams at Berkshire, University Place

August 28th, 1996 6:00 - 9:00 p.m. Tour 5 splendid homes 8:30: Champagne & Desserts at Northbay's Home

\$18.00 person/\$25 couple RSVP by August 14, 1996



the Pulse

Pierce County Medical Society Alliance

President's Message.....What does PCMSA,WSMSA, AMAA, AMA-ERF mean to you?

Don't let the above title scare vou. We have not been taken over by alien invaders or an out-ofwork Washington bureaucrat. We are the same Pierce County Medical Society Alliance (PCMSA) first founded in 1932. Aside from a minor name change from Auxiliary to Alliance in 1993, our goals have remained the same over the years. We are still providing health education and support for health related charitable endeavors throughout Pierce County. Many volunteer hours as well as philanthropic funds donated by the Alliance have supported a variety of projects over the years.

Currently, we are purchasing 17 "Baby Think It Over" dolls to be used at Mason Middle School in the fall. These are life-like, vinyl dolls (201/2") weighing 6.5 lbs. They simulate the realistic cry of an infant that needs care throughout the day and <u>night</u>. This allows adolescents to experience the difficulties, inconveniences and realities of caring for an infant all day and all night. Our goal is to continue to provide middle schools throughout our county with more dolls.

Our Alliance works hand in hand with our parent group - the Washington State Medical Society Alliance (WSMAA). They offer us support in our programs and we, in turn, help them support state and national programs. The Teen Health Forum is a fine example of Alliances working together.

The American Medical Association Alliance (AMAA), our grandparent organization is located in Chicago. They provide us with great leadership training at conferences, political action support and national programs such as SAVE (Stop America's Violence Everywhere). Every year in early spring, we run a Zero-K Marathon fundraiser to support the AMA-ERF. This gives us an opportunity to support our favorite medical school and gives money to their education research fund.

Fundraisers and membership dues are an integral part of our operating budget. Our summer fundraiser, the Street of Dreams, is coming to University Place Wednesday evening, August 28. Claude Remy and Toni Loomis are working out the details. Monies raised will help fund our "Baby" project. Please mark your calendar. Hope to see you there.

Fran Thomas President PCMSA

The Pierce County Medical Society Alliance had their first board meeting for the fiscal 1996-1997 year at the home of Mona Baghdadi. Members present were (below, from back left) Mona Baghdadi, Kris White, Kathleen Smith, Margaret Greydanus, Patty Kesling, Beverly Corliss, Alice Yeh, Kathy Forte (and her baby daughter), Fran Thomas, Karen Dimant, Toni Loomis and Nikki Crowley





At the meeting, Kris White (above left) presented President Fran Thomas (center) and Immediate Past President Toni Loomis (right) with the Pace grant award of \$2,000. The money will be used toward the purchase of the Baby Think It Over dolls for the junior high program

MultiCare offers 22nd Annual Day of Pediatrics CME

Multicare Health System Department of Continuing Medical Education and Mary Bridge Children's Hospital invites physicians, nurse practitioners and allied health professionals to the 22nd Annual Day of Pediatrics "Office Approaches to Preventive and Acute Pediatric Challenges" conference to be held on September 14, 1996 at the Sheraton Tacoma Hotel. The course is under the medical direction of John Hautala, MD. This one day conference will focus on providing the latest information relating to the everyday challenges faced by providers in the office. Topics will include issues such as sinusitis, upper and lower orthopaedic injuries, sleep disorders, contraception and HIV, violence prevention and smoking prevention.

Dr. Cody Meissner, Chief of Pediatric Infectious Diseases and Associate Professor of Pediatrics at Tufts Medical School in New England will be featured as the keynote speaker. Dr. Meissner will present on "Treatment of Otitis Media in an Era of Increasing Antibiotic Resistance," and "Update on Pediatric Vaccinations."

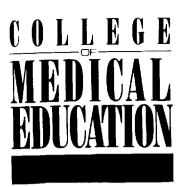
This course will benefit all physicians and nurse practitioners providing care to children from infancy through adolescence. For more information and conference brochure, contact Lisa White, at (206) 552-1221. ■

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Common Office Problems CME set for October 4

Common Office Problems is set to start the College's 1996-1997 CME program on Friday, October 4.

The program is once again directed by **Mark Craddock**, **MD** and will offer 6 Category I CME credits. Tentatively planned are addresses on the following subjects:

•Pediatric Infectious Diseases •Primary Care Management of

•Anxiety Disorders

•Advances in Hormone Replace ment Therapy

•Obesity: New Pharmalogic Therapy

Management of Type II Diabetes
Migraine Headaches, Chronic Daily Headaches
Chronic Pain: University of Washington Pain Clinic

Chiropractic Therapy: The Basics

•The Role of Naturopathic Medicine ■

College Board announces 1996-1997 CME Schedule

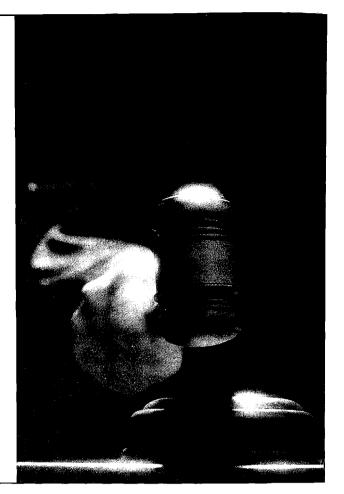
The College of Medical Education's Board of Directors announced its CME schedule for 1996-1997 at their June meeting. The courses are offered in response to local physician interest and are designed and directed by local physicians. All courses offer AMA and AAFP Category I credit.

A course calendar identifying the course title, dates, a brief description and the course directors will be mailed in early September. For additional information on next year's offerings, please call the College at 627-7137.

Dates	Program	Director(s)	
Friday October 4	Common Office Problems	Mark Craddock, MD	
Friday October 25	Law & Medicine Symposium	Jack Michaels, JD Patrick Donley, MD	
Friday November 22	Infectious Diseases Update	Alan Tice, MD	
Thursday, Friday December 5 and 6	Advanced Cardiac Life Support	College of Medical Education	
Wednesday-Sunday January 29-February 2	CME at Whistler	ТВА	
Friday February 28	Review of HIV Infections	Alan Tice, MD	
Thursday, Friday March 13 and 14	Internal Medicine Review 1997	Needham Ward, MD	
Friday April 11	Allergy, Asthma & Pułmonology for Primary Care	ТВА	
Saturday April 19	Surgical Update 1997	James Rifenbery, MD	
Friday May 2	Cardiology for Primary Care	Marilyn Pattison, MD	
Thursday, Friday June 19 and 20	Advanced Cardiac Life Support	College of Medical Education	



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September, 1996

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PCMS Bulletin

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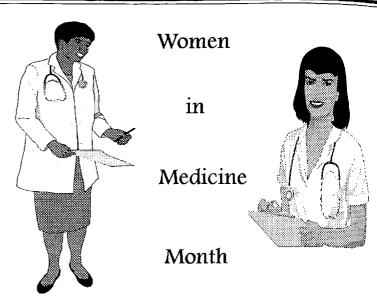
The Bulletin is published monthly by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in The Bulletin are the 15th of the month preceding publication (i.e. October 15 for the November issue).

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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Board of Health hears from community regarding clinic closures

The Tacoma Pierce County Health Department has been working for years to transition clinical services to the private sector. Services that have been transitioned include primary care, home health, foot care, well child. and child guidance. And, as of November 1, 1996 the remainder of clinic services including family planning, refugee screening, sexually transmitted diseases, HIV counseling & testing, immunization and some tuberculosis will be privatized as well. If, that is, the public outcry doesn't convince the Board of Health that they are making a mistake.

At their August 7 meeting, the Pierce County Board of Health heard loud and clear from community members, politicians and employees that they were moving way too fast. "Mainstreaming tuberculosis is a noble goal but we are not there yet," state Senator Rosa Franklin told the board. "Sexually transmitted diseases and HIV cannot be compared to mental health and foot clinics," she added.

The Department has been working aggressively to enroll Pierce County residents in the Basic Health Plan. Additionally, they will be providing direct subsidy payments to community clinic systems for provision of care to underserved and special populations. They will even go so far as to contract with the private sector to insure the continued delivery of services to their traditional client population. But, many that testified at the meeting asked them to slow down and talk more before making the change. Joe Stortini, ex board member and County Executive, asked them to "slow down and ask questions and let the public and local physicians

respond."

Much of the opposition was fueled by clinic employees who stand to lose their jobs as well as the union that represents them. One program, Grandparents Raising Grandchildren, had secured about a dozen people to The Health Department claims that clients will receive better care because they will be aligned with a physician in a regular medical clinic. Health Department care has included non-physician providers such as nurses, nurse practitioners and sometimes

"The concern is the stability and ability of the Basic Health Plan to cover the cost of care for the clients currently seen at the Health Department."

testify that this social service function was necessary for our community and would not be replaced in the private sector.

After two hours of testimony, Board of Health members agreed to take a closer look. Both County Councilman Wendell Brown and Tacoma Mayor Brian Ebersole agreed that they would like to hear more about the plan and be absolutely positive that the private sector will not allow anyone to slip through the cracks.

The concern is the stability and ability of the Basic Health Plan (BHP) to cover the cost of care for the clients currently seen at the Health Department. And, the ability of the community clinics to cover the remainder of clients not utilizing the BHP for whatever reason. The number of clients is not large. The Family Planning Clinic is seeing approximately 15 clients per day. The STD Clinic has 12-15 per day and the Tuberculosis Clinic has about 30 per year. The HIV/AIDS patients will be seen at the CHCDS and SeaMar clinics. The Health Department will continue doing all the followup on tuberculosis patients. And, vouchers will be available to anyone seeking immunizations.

physician assistants.

Health Director, Federico Cruz-Uribe, MD, has met with several PCMS Committees regarding the transitioning of services. The Public Health/School Health Committee (Larry Schwartz, MD, chair), the AIDS Committee (John VanBuskirk, DO, chair), as well as the Board of Trustees heard Dr. Cruz speak of the TPCHD long range plans to change their public health services for Pierce County. They are returning to historic missions as they will be assessing the health needs of Pierce County communities, developing policies to address these needs, and focusing more resources on direct prevention services.

A public hearing was scheduled by the Board of Health for Thursday, August 29, 6:30 p.m. in the auditorium of the Tacoma Pierce County Health Department. 3629 South D Street, Tacoma. The Medical Society was asked to speak. **Dr. John Rowlands**, PCMS President, spoke on behalf of PCMS in support of the changes.

For more information, please call the PCMS office, 572-3667, or **Dr. Cruz-Uribe** at 596-2857. He said he would be happy to answer any questions.

College of Medical Education Board says good-bye to long time member

The College of Medical Education Board of Directors said goodbye to long time members, **Drs**. Mark Craddock and Surinderjit Singh at their June meeting. With a new fiscal year as of July 1, 1996, the Board has new members and officers for 1996-1997. The College operates on a fiscal year that mimics traditional education, July 1 thru June 30.

The College is administered by Pierce County Medical Society, with an independent board of directors and budget. They sponsor twelve Category I accredited CME courses each year from September - June.

Drs. Craddock and Singh, serving on the board since 1986 and 1987 respectively, also served as President, and Vice President as well as serving on the Accreditation Committee. Dr. Singh chaired the Accreditation Committee for several years while Dr. Craddock served as course director for the Common Office Problems CME course. And, both physicians served on the board in the mid 1980s when the College reorganized and downsized due to financial difficulties from increased hospital competition and elimination of nursing CERP credit requirements. The experience and dedication they provided to the College leadership will be sorely missed.

The College Board consists of fifteen physician members and a hospital representative from each hospital corporation. The Board is responsible for the financial well-being of the organization as well as the selection of courses that are offered each year. They meet four times annually.

Gary Taubman, MD assumed the Presidency and Dale

Overfield, MD the Vice Presi-

dency. Susan Salo. MD is Past-President and Sister Ann Mc-Namara, Franciscan Health System, continues her long entrusted



Surinderjit Singh, MD

position as Treasurer.

New Board members include

Drs. J.D. Fitz, and Tod Wurst.

They join current members Drs. Philip Craven, Mark Grubb, Doug King, John Hautala, John Jiganti, Mark Ludvigson, Todd Nelson, Judy Pauwels.



Mark Craddock, MD Sandra Reilley and Charles Weatherby.

Senator Lorraine Wojahn hosted

PCMS residents of the 27th District (North End) and others turned out in late July to attend a beautifully hosted fund-raiser for Senator Lorraine Wojahn (D-27th). Internist and Vice President of PCMS, Dr. Jim Wilson and his wife Deana hosted the event in their lovely home on North 30th Street. The attendance was excellent and the food was wonderful.

Senator Wojahn was delighted with the response and interest expressed by all those in attendance.

Future fund-raisers include **Dr. Dick** Bowe and his wife Sara hosting one for Representative Tom Huff (R-26th) in August which will be held in Gig Harbor. Dr. Nick **Rajacich** is planning to do the same for Senator Marilyn Rasmussen in the 2nd District. It is this type of activity that provides many benefits to physicians. Legislators appreciate the opportunity to meet physicians and talk to them about various issues, including medicine.



James M. Wilson, Jr., MD

These gatherings provide an opportunity for physicians to get to know legislators and develop a relationship with them. Legislators can then consult with you during the legislative session when a medical issue arises for which they need more information before casting their vote.

Think about hosting or at least attending a legislative fund-raiser. You will be surprised at how enjoyable they can be!

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Board Member Profile

Majestic Mission

"There are no short cuts to any place worth going."

Beverly Sills

by Judy Wagonfeld

At a worn oak, mission-style table, **Mimi Pattison** sipped black coffee. Unruffled by Bertolino's chatty breakfast crowd and blaring rock music, Pattison's words cascade gently.

She exudes energy; not wild, Type A, but a self-assured vitality. Far from a rabble-rouser. Pattison beats the medical ethics drum with a cool, sober, equilibrium. Her unclouded convictions bear a rich patina; wisdom gleaned from grappling with life's spiritual and physical webs.

"My mother died of cancer when I graduated from highschool. She stayed at home and was cared for by neighbors and friends...and died peacefully," Pattison said. Home was Laurel, Montana, a railroad yard town of 5000. Her father's death three months later left Pattison with a void as vast as the state's big sky.

"I entered St. Vincent's School of Nursing in Billings. The Sisters provided the nurturing I needed. Nursing school became the stabilizing force in my life," she said. Those Sisters, then pillars of the hospital, are now in their eighties and nineties.

"Sister called about a special fiftieth reunion and wanted me to come," she said, reminiscing about August's gathering as if a kid awakening to winter's first snow. "It was a whirlwind fortyeight hours of reconnecting - an absolute spiritual renewal." Though the school's only nurse to become a physician, the Sisters glowed at hearing of her ethics work. "My roots are back with the

Sisters of Charity in Billings," she said. Their lessons of compassion undoubtedly spawned her interest in medical ethics; an exploration spurred to action by the problems dialysis patients face. Starting as a nephrologist in 1989, Pattison joined the St. Joseph Ethics committee. I came late to the nominating committee and became Chair by default," she laughed. She now works halftime heading Medalia's Mission and Clinical Ethics program and half-time in family practice. At Medalia's forty-two clinics. Pattison meets with councils. teaches ethical decision making, and helps develop policy on issues such as advanced directives, domestic violence, and spiritual care.

"Caring for the end of life has captivated my passion," she said. Pattison believes dying can be compassionate, alleviating the desperation of physician-assisted suicide. She's perturbed that as death nears families panic and rush folks to die in the cold, sterile environment of a hospital. She finds that families dealing with chronic illness do discuss mortality and make plans. It's people without experience that, "want everything done for their 96-year-old grandma."

"There are no wheels we need to reinvent - we need to collaborate," she insists, "....so people can spill their hearts and ask questions," through volunteer spiritual care and by maximizing staff time with preliminary videos and literature. Pattison's trek to these beliefs hasn't been via a crow's path;



Marilyn Pattison, MD

rather, by negotiating a maze.

Working as a nurse for eight years, (three of which while completing a Bachelor's in Biology) she then headed to medical school as if drawn gravitationally by a scientific quest. Her awe at medicine is evident in her first brush with cardiac resuscitation.

"I'll never forget it," she said. "I logged the first successful (out-ofhospital) resuscitation in Montana." Deaconess Hospital had developed the first mobile intensive care unit. When calls came. an I.C.U. nurse and physician sped out. "It was in 1977 when 911 began," she explains, "A young woman had been doorbelling and handing out 911 pamphlets... She came home to find her dad (47 years old) sweating and having chest pain. She couldn't remember the number to call." The daughter went out to start the car's air-conditioning. "She went back in, found him collapsed in the doorway. A neighbor started basic life support. We got there in six or seven minutes... There was a whole crowd in this small house. People held up the monitor as we defibrillated him. He woke up on the way in and survived without damage," Pattison concludes joyfully.

However, medical advances often create new dilemmas.

(See "Mission" page 15)

PCMS responds to Pertussis outbreak in Pierce County

Thirty-four cases of pertussis were reported to the Tacoma-Pierce County Health Department (TPCHD) during the first 12 days of August. Nineteen cases were reported in the month of July, with a total of 42 cases in all of 1995.

In response to this outbreak, PCMS faxed a four page information page prepared by the TPCHD alerting physicians of the outbreak including detailed instructions on how to respond.

Pertussis is a highly communicable, bacterial infection which begins with mild URI symptoms, followed by mild cough, and can progress to severe paroxysms of cough. Fever is usually absent or minimal. Pertussis is most severe in the first year of life complicated by pneumonia (21%), seizures (3%) and encephalopathy (1%). The case-fatality rate is 1.3% in children less than one month of age. Children less than 6 months of age often should be admitted.

Anyone who has been exposed is at risk (unless they have had the disease). A history of immunization does not preclude the diagnosis. Although historically a disease of children, 40% of cases during the 1995 King County outbreak were over 18 years old. Adults get pertussis and are often the primary source of spread of this disease. Adults often complain of having a cold and severe cough. The illness usually begins with flu-like symptoms followed by scratchy throat, sneezing, mild sweating, and large amounts of whitish nasal discharge. There is rarely fever. These non specific symptoms make diagnosis difficult.

Erythromycin is the drug of choice for treatment and a patient

may be considered non-infectious after completing 5 days of therapy.

All confirmed and suspected cases, as well as contacts should receive antibiotic therapy. Please report all confirmed and suspected cases to the TPCHD as soon as possible so that contacts can be located.

Call TPCHD Communicable Disease Control at 591-6410 or the 24 hour reporting line at 591-6534.

Aetna to end Medicare role in Fiscal Year 1998

The Aetna Life Insurance Company has notified the Health Care Financing Administration (HCFA) that it does not intend to renew its medicare Intermediary and Carriers Contracts for Fiscal Year 1998.

Aetna is the Medicare Part B Carrier in all or portions of the states of Alaska, Arizona, California, Connecticut, Florida, Georgia, Hawaii, Illinois, Massachusetts, Nevada, New Jersey, Pennsylvania, Oklahoma, Oregon, Tennessee, New Mexico, Washington, Guam and the Northern Marianna Islands. There was speculation that the action, effective September 30, 1997, signals Aetna's intent to an expanded role as a provider in managed care activities. Further, the advent of the Medicare Transaction System will diminish the contractor's role by taking over all data processing, leaving the contractor as a service entity.

HCFA has indicated that a new contractor will be in place to assure accurate and timely claims processing in the affected areas.

For additional information, contact Jack Emery in the AMA Washington Office, (202) 789-7414. ■

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September General Membership Meeting

Meeting Date/Time:Tuesday, September 10Social Hour:6:00 p.m.Dinner:6:45 p.m.Program:7:45 p.m.

Meeting Location:

Landmark Convention Center Temple Theatre, Roof Garden 47 St. Helens Avenue Tacoma



the Patient/Physician Perspective

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 The problematic issues of managed care: the feeding chain, conflicts of interest,
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- make huge differences
- Is the managed care system really efficient?
- Is the managed care system working smart?
- >Where are we headed on the managed care path?

presented by:

Joe Nichols, MD; Vice President of Managed Care, Lynx Medical Systems, Bellevue

Nominations for Nominating Committee for 1997 Officers

(Registration required by September 6, please mail this form with payment to PCMS, 223 Tacoma Ave South, 98402 or call 572-3667)

Please rese	erve dinner	(s) at \$18 per person (ta	< and tip included)	
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I will be bi	ringing my spouse	or a guest(1	Please print name of guest for name-tag)	
Signed			Thank yo	u !

Internet Resources

Puget Sound Computer User highly recommended

Puget Sound Computer User, a monthly publication is an excellent computer resource and includes a wide ranging list of home pages on the Web. If you don't subscribe to the monthly piece you are missing alot of good information.

Mailed subscriptions are free to businesses in Pierce County when requested on business letterhead.

A large directory of Puget Sound Web sites is printed every month as is a listing of many Bulletin Boards (BBS) in the area.

You may send your request to *Computer User*, 3530 Bagley Ave N, Seattle, WA 98103.



E-Mail Addresses

The PCMS office continues to build its e-mail directory of the membership. If you have an email address that has not been forwarded to the Medical Society office, please send it in via e-mail (<u>pcmswa@nwrain.com</u>), or phone or fax. We hope to have the directory match our fax listing which consists of 95% of our membership. If you have a change in address, please send it in.

The PCMS Home Page is slowly taking shape. If you would like to view it the address is:

http://www.pcmswa.org/

Please send your suggestions for a better page, interesting links, etc. Your feedback is welcomed and appreciated.

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The 106th WSMA Annual Meeting will be held in Tacoma

The 106th Annual Meeting of the Washington State Medical Association will convene in Tacoma on September 26 at the Tacoma Sheraton Hotel.

The theme of this year's annual session is "Physician Integrity/ Patient Trust."

Physicians may agree to disagree on various aspects of the changes sweeping health care today, but putting patients first and preserving the physicianpatient relationship - built on the basis of the Hippocratic oath is a common denominator that brings physicians together.

An important role of the WSMA is to educate, build consensus, and advocate. They do this well. Through the WSMA, the ability to negotiate consensus positions within the profession on difficult issues has been demonstrated time and again.

The House of Delegaes is a forum for all physicians to exchange ideas and to deliberate issues affecting the practice of medicine and the profession. The annual House sessions are an excellent opportunity to bring members trogether for these discussions. You can add your voice to the debate. Every member is invited to speak his or her piece at the reference committee meetings and to attend the House sessions where representatives debate and define broad policy for the association. We hope to see you there.

Delegates will represent Pierce County at WSMA Annual Meeting in Tacoma

Pierce County Medical Society will be well represented at the Washington State Annual Meeting in September. The meeting will be held in Tacoma, September 26-28 at the Sheraton Hotel.

Representing Pierce County as delegates will be:

- John H. Rowlands, MD
- Keith Demirjian, MD
- Larry A. Larson, DO
- Andrew Levine, MD
- Marilyn Pattison, MD
- Ronald G. Taylor, MD
- Vita Pliskow, MD
- Stanløy C. Harris, MD
- Joseph Nichols, MD
- Don R. Russell, DO
- James M. Wilson, Jr., MD
- Patrick Hogan, DO

AGNETTIC IMAGING 759-5900 1-800-201-9800 2502 South Union, Tacomo Open House Wednesday, September 11, 1996 1:00 pm to 6:30 pm Those agreeing to serve as Alternate Delegates include:

- L. Mason Cobb, MD
- Susan Salo, MD
- George Tanbara, MD
- Mark Gildenhar, MD
- Maria Mack, MD
- Robert Sands, MD
- Larry Vidrine, MD
- Bob Alston, MD
- David Munoz, MD

The opening session of the House of Delegates will convene at 1:00 p.m., Thursday, September 26. Reference Committees will meet Friday morning. PCMS will caucus at 7:00 am, Saturday to review Reference committee reports and recommendations and the House will reconvene at 9:00 a.m.

Anyone interested in attending the WSMA Annual meeting can call PCMS or WSMA for more information. It is interesting and educational to watch the House of Delegates in session and to watch **Richard Hawkins, MD**, Speaker of the House apply his knowledge of Roberts Rules of Order.

The House sessions are open for interested members to attend. Please call Doug Jackman (572-3667) for more information about participating in the annual meeting since it is only held in Tacoma every few years.

Nominating Committee members selected at September Meeting

Four at-large members will be nominated at the September General Membership meeting to serve on the Nominating Committee. The four members selected will join Executive Committee members, Drs. John Rowlands, David Law, Larry A. Larson, James M. Wilson, Jr., and Stan Harris to form the Nominating Committee. Time requirements of serving on the committee entail only one meeting.

The Nominating Committee will nominate members for PCMS officer and trustee positions for 1997. The ballots will be mailed to the membership for voting in November.

If you know of a colleague that you think should serve on the committee, please attend the September General Membership meeting on September 10th and

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- an available pool of qualified clinical & administrative applicants
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- employees without the hassle of salary, benefits, taxes and other such employee requirements
- Temp to Perm: A unique opportunity to work with a potential employee on a trial basis without obligation to hire

For more information: Call Deborah Baker: 572-3709

DENA'S PREMIUM HOMES

Fircrest Rambler 3 B/R, 2436 sq ft \$245,000 Goldcreek Condo View, 2 B/R, Den, 2000 sq ft \$394,000 Creekridge, Lakewood Rambler 3 B/R, 2090 sq ft \$235,000 University Place View-View, 3 B/R, 2900 sq ft \$339,000

Info & Appt with Dena 584-1615

nominate that individual.

If you have questions about the process, please call Doug Jackman, Executive Director at 572-3667.∎

Perinatology CME in October

MultiCare Health System Department of Continuing Medical Education and Southwest Washington Perinatal Services invites physicians, nurse practitioners and allied health professionals to the Eighth Annual Current Concepts in Perinatology conference to be held on October 25, 1996 at the Tacoma LaQuinta Inn.

This one day conference will focus on providing the latest information relating to contemporary clinical issues faced by physicians and allied health professionals in the perinatal and neonatal areas. Topics will include issues such as:

Percutaneous Umbilical Blood Sampling

Diabetes and Pregnancy

Epidural Analgesia

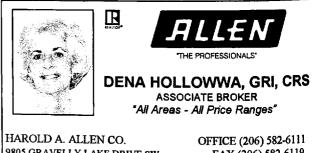
Newborns of Diabetic Mothers

Neural Tube Defects

High Risk Transport

Dr. Jeffrey Phelan, Co-Director of Maternal-Fetal Medicine at Garfield Medical Center, Pomona Valley Hospital and San Antonio Hospital in California will be featured as the keynote speaker. Dr Phelan will present on "When is it Informed Consent?" and "Dating Fetal Neurologic Injuries". Dr. Phelan is able to offer a unique perspective to these topics as he is also a licensed attorney in the state of California.

Early registration is recommended as this is a popular conference and space is limited. Contact Lisa White, CME Coordinator at 552-1221 for registration information.



9805 GRAVELLY LAKE DRIVE SW TACOMA, WASHINGTON 98499 OFFICE (206) 582-6111 FAX (206) 582-6119 RES (206) 584-1615

Uniform Health Care Information Act The law on release of patient records

The Medical Society receives many calls from patients who are having difficulty having their records transferred. In July 1991, the Uniform Health Care Information Act was passed. This law governs access to patient medical records and other health care information maintained by hospitals, clinics, nursing homes, physicians and other health care providers. It has helped to clarify patients rights and responsibilities.

The Act is comprehensive and addresses such topics as examination and copying of records by patients, responding to subpoenas, and when it is appropriate to provide health care information without a patient's consent. (Health care providers are required to implement procedures concerning management of health care information.) The following highlights from the Act are most applicable to physician offices.

DISCLOSURE WITH PATIENT AUTHORIZATION

A provider must provide a copy of the requested information and is allowed to charge a reasonable fee for the service, and in most cases must chart the disclosure upon receiving written authorization for release. With very few exceptions, a health care provider may not disclose information about a patient to any other person without the patient's written authorization.

A valid authorization must be in writing, dated and signed by the patient. It must identify the nature of the information to be disclosed, identify the person to whom the information is to be disclosed, identify the provider who is to make the disclosure and identify the patient. A valid authorization may not contain an expiration date of more than 90 days in the future. If no date is specified, the authorization expires 90 days after it is signed.

DISCLOSURE WITHOUT PATIENT AUTHORIZATION

A health care provider may disclose patient information without patient authorization to a patient's other health care providers and to those who require the information for administrative, legal, financial or actuarial services to the health care provider. The Act also addresses disclosure to family members, to public health authorities and law enforcement officials and in situations where the disclosure will minimize an imminent danger to the patient or someone else.

EXAMINATION AND COPYING OF RECORDS

A health care provider **must** make records available to a patient for examination of copying within 15 days of receiving an authorization. If asked, the provider must also provide an explanation of any code or abbreviation used in the records. The Act covers situations where a health care provider may deny a patient access to his/her health care records. These include situations where the patient's health may be jeopardized; where another's confidential disclosure would be discovered; or where the information pertains only to quality assurance, peer review or other administrative processes. If

a patient is denied access to his/ her records by one provider, the Act allows for the patient to transfer the records to another similar health care provider for examination and copying. The provider who denied access to the records must inform the patient of this right.

NOTICE REQUIRED

The Act requires that health care providers who maintain patient records must create and display a "notice of information practices" such as the following:

We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it at____.

A notice, as above, must be posted in your waiting or patient exam rooms.

FEES

In accordance with RCW 70.02.010, <u>a health care provider</u> <u>may charge a fee for searching</u> <u>and duplicating medical records.</u> The fees listed below will remain in effect until June 30, 1997.

• First thirty pages not to exceed \$0.69 per page

- All other pages not to exceed \$0.53 per page
- Clerical fee not to exceed \$16.

If you have questions about patient records, would like additional information or would like a copy of the Uniform Health Care Information Act, please call the Medical Society office at 572-3667.

Health Department HIV Testing Training For Physicians

To the Pierce County Medical Community:

The Tacoma-Pierce County Health Department is closing HIV Counseling and Testing services as of November 1, 1996. We are recommending that physicians continue to provide HIV testing to their patients at their offices. The HIV related services that will remain at the Health Department are: Partner notification; behaviors endangering public health; court ordered testing; high-risk, off-site testing; training; consultation, and education. Anonymous testing will be contracted out to serve those at highest risk of HIV and who are low income.

Most health care insurance plans, including Medicare will cover HIV testing. Low risk patients requesting HIV testing need approximately five minutes of time from the office nurse for a risk assessment and blood draw or referral to a laboratory for the blood draw.

The Health Department can provide training, guidelines, risk assessment forms and client information pamphlets. This training can be done in your office and will take approximately one hour. The training is at no cost to you.

For more information or to request training, please call Ardythe Fleener at 596-2866.

Briefly

Terry Torgenrud, MD, was recently named chairman of the Board of Trustees of Pierce

County Medical Bureau. Torgenrud, a pediatrician, chaired the Public Health/ School Health for PCMS for several



years. He also chaired the "Citizens for Better Dental Health" committee that ran two political campaigns to fluoridate Tacoma's water. Both campaigns were successful, one to implement fluoridation and the second, one year later to oppose repeal of the initiative.

Greg Zoltani, MD, Lakewood



neurologist, and his son finished a week of ski racing at Mt. Hood, Timberline, Oregon in mid July.

One day of racing was limited by poor visibility and snow, but the other days proved to be tremendous on the Giant Slalom Gates. Puyallup physicians **Drs. Walter Arthur** and **Duane Hopp** recently retired from their general practice and orthopedic surgeon careers respectively.

Dr. Arthur practiced in Puyallup for 33 years after completing his internship at Pierce County Hospital in Tacoma.

Dr. Hopp, practiced in Puyallup for 21 years after graduating from the University of Washington Medical School and serving seven years in the Army.

Personal Problems of Physicians

For impaired physicians Your colleagues want to help

Medical problems, drugs alcohol, retirement emotional problems, etc.

Committee Members

John R. McDonough .	. 572-6840
(Chair)	
Bill Dean	. 272-4013
Ronald Johnson	. 841-4241
Mrs. Jo Roller	. 566-5915
Robert Sands	. 752-6056
F. Dennis Waldron	. 272-5127

Confidentiality

Assured

Speakers sought for Medical Transcription meetings

The Washington State Medical Transcription Association is seeking speakers for their state meeting on September 21-22. Over 100 medical transcriptionists will attend the meeting, which will be held at the Tacoma Sheraton.

They are looking for physicians to address topics such as:

- new diseases
- new treatments
- new procedures
- terminology
- medications
- + social service
- humanitarian topics

The local Rainier Chapter of Medical Transcriptionists will meet on Saturday, October 19 at LaQuinta in Tacoma. They are also looking for physicians to speak on the above topics to their audience of about 70-80 local transcriptionists.

If you are interested or would be willing to address either of these meetings, please call Trudy Looney in Kent at 852-4662 or Sue Asher at the Society office, 572-3667. ■



1996 PCMS Physicians Directory changes

Bennett, Randall, MD

Change address to: 10317 122nd St E, #E Puyallup, WA 98374

770-4099 phone

Kirkegaard, Lance, MD

Change office address to: Puget Sound Medical Research

6210 75th St W, #B-200

Tacoma, WA 98467

581-2261 phone

582-731**0** fax

Add also: Medalia In-patient Medical Team

11315 Bridgeport Wy SW

Tacoma, WA 98499

589-8306 phone

512-2748 fax

Simms, Roger, MD

Change specialty & office address to: Family Practice 2420 S Union, #240 Tacoma, WA 98405 759-9683 phone 759-1481 fax •

Puyallup, WA: Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 6 to 12 hour shifts. Hours are 12 noon to 10:00 pm daily, outpatient only. \$50/hr, benefits available. Send letter of introduction and CV to After Hours Application, Puyallup Valley Healthcare, PO Box 1247, Puyallup, WA 98371-0192.

Welcome: Applicants for Membership

Ansari, Irfan A., MD

Physiatry

Practices with Electrodiagnosis & Rehab Assoc. 2201 So 19th St, #104 Tacoma, 98405; 272-9994

Medical school: Sind Medical College, University of Karachi (Pakistan)

Internship: Suny Health Sciences Center at Brooklyn

Residency: Cook County Hospital, Chicago IL

Residency: Schwab Rehab Hospital, Chicago IL

Residency: U of Washington

Gandhi, Kevin K., MD

Adult/Pediatric Urology

Practices at 1410 Meridian, Puyallup 98371, 840-2161 and 915 6th Avenue #1, Tacoma, 98405 272-8285

Medical school: Loyola University Stritch School of Medicine Internship: Loyola Univ Med Ctr Residency: Loyola Univ Med Ctr Graduate Training: Children's Memorial Hospital (Illinois)

specializing in: MERCEDES in business since 1974. 10203 lakeview SW • 5888-8669•

Kertesz, Cynthia T., MD Pediatrics

Practices with Pediatrics Northwest, P.S., 316 ML King Jr Way, #212, Tacoma 98405, 383-5777

Medical school: Northwestern University School of Medicine

Internship: Children's Hospital (Seattle)

Residency: Children's Hospital (Seattle)

Richardson, Catherine A., MD Nephrology

Practices with Gerard W. Ames, MD, 1624 South I St, Tacoma 98405, 627-5755

Medical school: University of Kansas School of Medicine

Internship: University of Washington

Residency: University of Washington

Graduate Training: University of Washington ■

Puget Sound Area, WA: You know how you want to set up your practice. We can help you do it. Dynamic physician-hospital organization seeks BC/BE Family Practitioners and Pediatricians. Willingness to provide obstetrical care a plus for FPs. Flexible financial packages and practice positions available from independent to group settings, practice management to full employment. Convenience, quality 225-bed hospital and excellent location in fast-growing, primary care underserved, family community. Close to Seattle with yearround recreational opportunities. Contact Rebecca Sullivan, MD, Medical Director, Puyallup Valley Healthcare, 407 - 14th Avenue SE, Puyallup, WA 98371, (206) 848-6661, Ext. 2811.

Mission (from page 5)

Pattison recommends *Timeless Healing* by Herbert Benson, a new book that explores healing by integrating faith (power of the human spirit - and placebos) and modern medicine. Pattison promotes communication and openness to alternative treatments, stressing that, "there are no pat answers." Under her steerage, Medalia aims not to make decisions for people, but to listen, recommend resources, and lend a hand - the kind of aid she received in medical school.

"When I entered the WAMI program, my daughter Lori entered first grade. My son Kyle was six months and I was busy, surviving day by day," she said. She found the WAMI faculty incredibly supportive; educationally, emotionally, and financially.

"They had a self-paced curriculum for the second year. I could go into the library for packaged sessions and meet instructors individually," Pattison recalled, grateful for the flexibility.

Today, married to anesthesiologist **Brad Pattison**, **MD**, a parent of a five year old as well as two young adult children, she now can find time to enjoy Gig Harbor, ski, and work in the yard; luxuries impossible during medical training.

Rushing off to ethics rounds, Pattison said, "I don't know what you're going to write. This is all just boring stuff." Most would beg to differ. It's the stuff of life. It's the void that Pattison is on a mission to fill - a long road to a "place worth going."

ED DAVIS, DPM Podiatrist/Foot Specialist

Spanaway Foot and Ankle Clinic 15807 Pacific Ave S, Tacoma, WA 98444 531-2123

Puyallup Foot and Ankle Center 10116 - 116th St E #103, Puyallup, WA 98373 841-3410 Diplomat, American Board of Podiatric Surgery

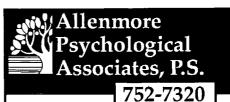
October General Membership Meeting: "Sexual harassment in the medical context"

The October General Membership meeting will feature Melinda Branscomb, Associate Professor of Law, Seattle University Law School. Ms. Branscomb will discuss sexual harassment in the medical context.

The Equal Employment Opportunity Commission defines sexual harassment as "unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature." Every employer should take seriously any claim of sexual harassment. They should immediately investigate and record any complaint and see that the offending behavior is stopped.

Many employers may not realize how many kinds of behavior can be found offensive. And workers in the medical profession may be more vulnerable to making innocent comments without realizing that they are, in fact, offensive to others.

The meeting will be held on Tuesday, October 8 at the Landmark Convention Center. \blacksquare



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GREGORY G. ROCKWELL ATTORNEY AT LAW

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Is available for consultation and representation on behalf of Health Care Providers before the

MEDICAL QUALITY ASSURANCE COMMISSION

2737 77th Avenue SE, Suite 207C Mercer Island, WA 98040 (206) 232-5154 FAX (206) 232-6851 As physicians, our hearts have always been with our patients. Our mission saving lives.

Once this was enough.

Today, however, we are called upon to save more than our patients' lives. We are called upon to save their rights as well.

That's why I'm asking you to support the American Medical Association (AMA) as well as your state and local medical associations.

Together, we can achieve real and lasting changes. Already we have made great strides on behalf of our patients. Working together, we are educating a nation about the dangers of "gag" clauses, developing patient protection measures, and launching a wide spectrum of public health initiatives.

During Women In Medicine Month, we gratefully acknowledge the participation and support of all our female members. The AMA now has more women physicians than any other medical association. We encourage all female physicians, residents, and medical students to become members. So please, join now. Your patients' future rights and your entire profession depend on your commitment today.



"Let's keep our commitment where our hearts are. Behind our patients."

Support your patients and your profession. Join the AMA, and your state and county medical associations.

Nancy Wilson Dickey, MD Chair, Board of Trustees American Medical Association

American Medical Association Physicians dedicated to the health of America



AMA Celebrates Women in Medicine Month

Number of women physicians up 425% since 1970

The number of women in medicine has skyrocketed, increasing more that 425 percent since 1970. In recognition of this dramatic growth in both the number and influence of women physicians, The American Medical Association (AMA) has designated September as Women in Medicine Month.

"Women are succeeding in medicine and are leading the way for others to follow," said Nancy Dickey, Chair of the AMA's Board of Trustees.

September will mark the kickoff of the AMA's sixth annual Women in Medicine celebration themed, "Women in Medicine: Partners in the Profession." This campaign will focus attention on obstacles that still hinder women in the profession, including the income gender gap and the complexity of balancing professional and family responsibilities.

According to the AMA's recently released *Physician Characteristics* and Distribution in the U.S., 1995-96 Edition, the number of women physicians increased by six percent during last year, while the number of men in the profession grew only one percent. Female physicians number 133,263, representing almost 20 percent of the physician population. Women now comprise 42 percent of medical students.

The increase in the number of women in medicine has been reflected in the AMA's membership and leadership. The AMA is the largest member organization of women physicians in the United States. Women continue to be the fastest growing segment of AMA membership. Further, women physicians currently serve on the AMA Boardof Trustees, as presidents of their state, county and specialty societies; and are setting policy for medicine in the AMA's House of Delegates. The percentage of women in the House of Delegates has more than doubled since 1990.

Physician Income

<u>Date</u>	<u>Male</u>	<u>Female</u>
1982	\$100,800	\$ 63,700
1984	112,500	68,000
1988	151,100	94,900
1992	188,600	117,500
1993	200,900	124,900

Note: Unadjusted net income for female physicians averaged 62% of male income, the same as in the previous year. Female physicians have continued to earn, in general 59% - 63% of the male mean annual net income amount, although the income growth rate for females since 1981 has been higher. They remain less likely to be self-employed than male physicians, and are likely to be employees. Other factors contributing to the lower incomes of women physicians are that they are overrepresented in the lower-paid specialties, see fewer patients and have less experience.

All figures on this page from AMA Women In Medicine Data Source

Physicians by Gender

1970:	92.4% male	7.6% female
1980:	88.4% male	11.6% female
1990:	83.1% male	16.9% female
1994:	80.5% male	19.4% female
*2010	: 70.6% male	29.4% female

Note: The number of women physicians has grown dramatically; it more than doubled between 1970-1980. By 1990 the number had increased over 300%; there were more than four times as many women physicians in 1990 as in 1970. Women now represent 19% of all U.S. physicians. It is projected that by the year 2010, 30% of physicians will be women.

* Projection from: Physicians Supply Utilization in the U.S.

Practice Characteristics

Average Patient Visits & Practice Hours Per Week

Visits:	Office	Hosp	Other	Total
Male	77.1	22.6	15.1	115.0
Female	72.9	13.2	10.1	96.4
Hours:				
Male	27.2	8.8	25.1	59.6
Female	28.6	6.2	20.6	53.7

Note: Female physicians worked about 6 fewer hours per week than male physicians. Half of that is accounted for by smaller amount of hours women spent on administrative activities. Women are less likely to be selfemployed and more likely to be employees. In 1993 for all physicians, the average hours worked were 60.7 per week, but employed physicians worked 54.5 hours per week. Women may also spend more time per patient.



the Pulse

Pierce County Medical Society Alliance

Legislative Report

by Nikki Crowley

This is the time for all physician families to start looking at the candidate lists for elective office this fall. Are you registered to vote? Do you know what legislative district is yours? How about the congressional district? Look at your voler registration card. If you are unsure check with the PCMS office.

WAMPAC is your source of information for candidates who, after the interview process for each race has been completed, appear to be most favorable to the WSMA legislative objectives. A Voters' Guide will be available to all WSMA members to help in the final choices for your vote.

Prior to the 1997 Legislative session, a telephone tree will be formed for activation on bills requiring WSMA attention. Please say yes if asked to start the tree! It will only require calls to five people at the most and it is a very effective tool. **1996-1997 Board of Directors** President: **Fran Thomas** President Elect: **Mona Baghdadi**

President Elect: Mona Baghdadi 1st VP Programs: Kathleen Smith 2nd VP Membership: Kris White 3rd VP Bylaws/Hist.: Kathleen Forte 4th VP Arrangements: Karen Dimant Recording Sec: Beverly Corliss Corresponding Sec: Patty Kesling Treasurer: Sue Wulfestieg Dues Treasurer: Janet Fry Past President: Toni Loomis

1996-1997 Board Meetings

All Board Meetings will run from 9:30 - 11:30 am Executive Meetings: September 9: Mary Bridge LBR October 7: Mary Bridge LBR November 4: Mary Bridge LBR December 2: Mary Bridge LBR February 3: To Be Announced March 3: To Be Announced To be Announced April 7: May 6: Joint Board Meeting at Tacoma Golf & Country Club

Art Contest

We are looking for young artists to design our Holiday Sharing Card.

Who's eligible? Any child ages 3-12, of a Pierce County Medical Society Member. (Preferably an Alliance member - it's not too late to join).

What's acceptable? 8x12 construction paper or computer paper size.

Who will judge? Artists from the Society. We're looking for three artist judges.

When: Please submit artwork to Mona Baghdadi by September 30, 1996

Where: To 5311 Canterwood Dr NW, Gig Harbor 98332

Prize: \$50.00 Savings Bond

If you have any questions, call Fran Thomas at 265-2774 or Mona Baghdadi at 851-6306.■

See Legislation, page 19

Alliance welcomes you!

Please join us by sending in the dues statement below: If you have questions or would like additional information, please call Membership Chair, Kris White 851-5552 or Fran Thomas 265-2774

Pierce County Medical Society Alliance.....Dues Statement

Please circle one:	Regular: \$75	Widow, Retired: \$56	New	comer: \$55	Student/Resident: \$25
This year you can	charge your due	s on your credit card:	Visa	MC #_	
Expiration Date:		Signature:			
Name:		Address:			
Telephone:		Participating Member: _		Supporti	ng Member:
Please make your cl Thank you	ıeck payable to P(CMSA and mail to Janet Fr	ry, 13001		

the Pulse

Pierce County Medical Society Alliance

President's Message.....Members keep busy on projects during summer

How the summer has passed by! My first attempt at a garden proved quite successful. Now it's time to work on our Alliance Garden. I hope we will be equally fruitful.

Kris White organized a membership mailing party in July. Hopefully, you have not discarded the letter and have promptly signed on for the year. This year, as last, we are able to charge the dues by VISA or Mastercard. I was glad to charge mine for TWA miles. Thanks Kris for doing a great job and Bev for mailing. Thanks to all the stuffers - Denise Manos, Margaret Greydanus and her two children, Kathleen Smith, Nikki **Crowley, Mimi Jergens, Bev Corliss** and **Helen Whitney.** There will be a follow-up phonea-thon reminder night in October for those who have misplaced their application or delayed their response.

Kathleen Smith has been working very hard planning a variety of programs for the 1996-1997 Alliance year. Please support her efforts. Thanks Kathleen - we look forward to our first meeting at Ginnie Miller's house on September 20th with gemologist Chris Olsen.

Claude Remy and **Toni Loomis** worked hard on the Street of Dreams evening August 28th. I hope you found time to support this unique fundraiser. Thanks Claude and Toni.

Alice Wilhyde filled her summer updating our PCMS membership telephone book. That's quite a job! Thanks Alice and your MAC! Remember paid dues gets you a copy - it's been indispensable for me.

One last note - Tacoma is hosting the Washington State Medical Association House of Delegates September 26 - September 28th at the Tacoma Sheraton.

Mark your calendars.

Fran Thomas President, PCMSA =

Unique slate of general programs offered to membership

This year the Alliance is offering an exciting and unique slate of membership meetings. Most programs will have the following schedule, but watch for program flyers in the Bulletin/Pulse for specific program information:

- 10:30 Social
- 11:00 Meeting
- 11:30 Program
- 12:00 Lunch

September 20, 10:30 am

Newcomer's Welcome, General Meeting featuring "Trinket or Treasures." A licensed gemologist will explain how to care for, choose and select gems. Pearls, diamonds and family treasures will be the focus. Newcomers will be guests. The meeting will be held at the home of Ginnie Miller in Tacoma.

October 18, 10:00 am

Style Show, ANDORAS. Guests welcome. Tacoma Golf and Country Club.

November 22, 10:00 am

"Humor and Healing" featuring Tacoma General Hospital's Comedy Cart master Marie Giaudrone. Home of Kathleen Forte, Tacoma

December 10, 6:30 pm

Joint Annual Christmas Party/ Meeting with PCMS. Tacoma Sheraton.

February 7, 10:30 am

Featuring antique dealer Lee Skinner. "What's out there." "How to find it and how to use it." At the Bijoux in Tacoma.

March 28, 10:30 am

Kick up your heels and learn "Line Dancing" taught by Alliance's own Sylvia Lee. Houston's Bar & Grill. Tacoma. VOTING MEETING.

April

Washington State Medical Association Alliance House of Delegates. Spokane. Daytime activities, kitchen tours. Watch for details.

May 16, Cost & time TBA

Herb Farm, Fall City. Tour and box lunch. Limited seating, register early. Carpools will be organized.

RSVP for all programs to Karen Dimant by the Monday prior at 265-2516.

Legislation, from page 18 If you are not a current WAMPAC member, join at the WSMA Meeting in September. For other questions, call Nikki Crowley at 922-7233.

And the Beat Goes On: **Diagnosis, Management and Malpractice in Myocardial Infarction**

Physicians Insurance Exchange is offering a new seminar on the diagnosis and initial treatment of myocardial infarction.

The seminar, designed for family practitioners, internists, and emergency physicians, will also be of interest to cardiologists and other primary care or specialty practitioners involved in the diagnosis and treatment of myocardial infarction.

Its emphasis is on the practical application of diagnostic principles, presented through cases that will focus on areas of greatest malpractice liability. An urban

cardiologist, a rural family practitioner, and a risk manager have teamed together to provide physicians with practice tools they can use in their office the next morning.

The course will be held in Tacoma on Friday, September 27, 1996 in conjunction with the WSMA Annual Meeting at the Sheraton Hotel. (To register for this workshop you must also register for the WSMA Annual Meeting.) The meeting time is from 1:00 - 4:15 p.m. with registration and lunch at 12:30.

A certificate of accreditation

will be provided to attendees, to include 3 hours of AMA Category I and 3 hours of AAFP prescribed credits. In addition, attendance at this program fulfills the statemandated risk management education requirement.

Included in the program is a healthy buffet, and a syllabus intended for use as a reference after the course.

The course is offered free of charge as a service of Physicians Insurance. Enrollment will be limited so early registration is advised. For registration information, please call the WSMA at 1-800-552-0612.

Your patients tell our story best...

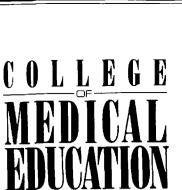
WHETHER AVERAGE, ⁶⁶I found my MRI experience at Renton Medical Imaging very unstressful, even though I am large and have extreme claustrophobic tendencies." Thomas Smith \rightarrow calm me. Thanks." **Renton Medical Imaging** The caring choice Bruce A. Porter, M.D. for your MRI patients

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LARGE OR CLAUSTROPHOBIC, THE MESSAGE IS THE SAME:

- ⁴⁴ You handled my nervousness great. I give you an A+."
- Mever before have I found an MRI a relaxing experience and I have had five of them!"
- **"** ... went to great lengths to

James W. Borrow, M.D. Justin P. Smith, M.D.





Whistler/Blackcomb CME dates, lodging and location set

Registration will be open for the College's CME at Whistler/ Blackcomb program soon.

An assortment of condominiums and lodge units in the Blackcomb area (again at reduced rates) have been selected as the site for the College's annual ski CME program set for January 29 - February 2, 1997.

COME is offering family vacationing, skiiing, and the usual quality continuing medical education to Pierce County Medical Society members and other physicians. With Category I credits, the CME at Whistler/ Blackcomb program features a potpourri of subjects of interest to all specialties.

For more information on the annual event, please call the College at 627-7137.

)

The registration brochure with conference details will be available soon. Watch your mail for details.■

Common Office Problems CME topics set, registration open

Registration is open for the College's very popular CME program, Common Office Problems set for Friday, October 4. The program will be held at St. Joseph Medical Center, South Pavilion, Rooms 3A & B. The program offers 6 Category I CME and AAFP credits and will include the following addresses: Pediatric Infectious Diseases, Primary Care Management of Anxiety Disorders, Advances in Hormone Replacement Therapy, Obesity: New Pharmalogic Therapy, Management of Type II Diabetes, Migraine Headaches, Chronic Daily Headaches, Common Foot Problems, Chiropractic Therapy: The Basics, and The Role of Naturopathic Medicine.

<u>Dates</u>	<u>Program</u>	Director(s)	
Friday October 4	Common Office Problems Mark Craddock, M		
Friday October 25	Law & Medicine Symposium	Jack Michaels, JD Patrick Donley, MD	
Friday November 22	Infectious Diseases Update Alan Tice, MD		
Thursday, Friday December 5 and 6	Advanced Cardiac Life Support	College of Medical Education	
Wednesday-Sunday January 29-February 2	CME at Whistler	John Jiganti, MD	
Friday February 28	Review of HIV Infections	Alan Tice, MD	
Thursday, Friday March 13 and 14	Internal Medicine Review 1997	Needham Ward, MD	
Friday April 11	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD	
Saturday April 19	Surgical Update 1997	James Rifenbery, MD	
Friday May 2	Cardiology for Primary Care	Marilyn Pattison, MD	
Thursday, FridayAdvanced CardiacJune 19 and 20Life Support		College of Medical Education	



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Your name: _____ Name of guest(s):

(Please return to PCMS, at above address, no later than Monday, September 16 or call 572-3667 to confirm your attendance)

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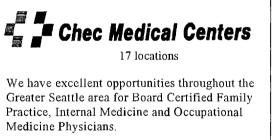
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October, 1996

Peter K. Marsh, MD named WSMA President-Elect by House of Delegates at

Tacoma meeting

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See page 8

mside:	
	Joe Nichols, MD teaches about "managing care" at September meeting
	"From the Bottom Up" A Board member profile: Andy Levine, MD
	Jennifer James to speak at PCMS/PCMSA Annual Meeting in December Page 6
	Trauma services for Pierce County estimated at 4.2 million by experts
	October General Membership meeting: sexual harassment in the office
	Dr. Tice receives national "Clinician of the Year" award Page 11
	PCMS says goodbye to Dr. Kanar after 41 years of membership Page 13

PCMS Bulletin

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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. October 15 for the November 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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Managing care vs managed care -what is the difference? Joe Nichols, MD gives the answer at September General Membership meeting

by Judy Wagonfeld

When the victim of a drive-by shooting received treatment at Harborview Hospital, his managed care plan denied the claim. According to **Dr. Joe Nichols**, the story is that there was no preapproval or need. Obviously, that got fixed but it foretells of hassles for less sensational claims.

In Nichol's talk on managed care, he emphasized that, "When you've seen one managed care plan, you've seen one managed care plan." If you listen to this year's politicians, you know that defining "managed care" is about as easy as painting a house with a toothbrush. There are about as many plans as religions.

The title "Managed Care" sound like a done deal; like sticking a time card in the slot and *whomp*, a computerized decision. Sounds dumb but consider our current system of non-medical staff ascertaining appropriateness of treatment. On the other hand, the words "managing care" imply a work in progress; analyzing and reviewing by knowledgeable people who put the patient, not the insurance companies, at the center.

Fine, but how can a politician campaign for "managing care?" First off, it lacks the roll-off-thetongue ring of "managed care." Secondly, it implies flux, which smacks of additional taxes; a risky implication near election time. Third, who would to the "managing?" The insurance company, the health provider, the patient, or the government? That's up for grabs but "managed" it remains until a clever acronym for some new mouthful is devised.

When Nichols speaks of manag-

ing care, he means that active flow. A former Tacoma orthopedic surgeon, he is now Vice-President of Managed Care at Lynx Medical Systems. At the PCMS September meeting, he drove in to clarify this foggy potpourri;

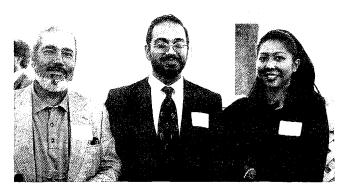
admittedly with great trepidation.

"Talking about managed care is like talking about religion. No one knows what it is but everyone has a passionate opinion," he began. So what's a poor speaker to do? Well, as Nichols did, jump ríght in and speak fearlessly. The thing is, talking helps form a common language. Health providers need that.

show that 50% of members never seek or receive services. In Healthy Options only 25% of patients ever visit their provider. Similar statistics apply to the general population, making pariahs of those patients eating up



Above L to R, Drs. Ulrich Birlenbach, speaker Joe Nichols and Vita Pliskow visit before the meeting begins



Above L to R, Dr. Surinderjit Singh gets to know new members Drs. Irfan Ansari and Maria Reyes

as well as clarification of problems, risk, efficiency, and payments. That's a long path to hoe and health providers cannot stop to figure it all out.

The patients keep coming often the same 2% who use 56% of care in Basic Health. Statistics

resources. No plan wants them. Managed care is really about limits of risk exposure, resources, reimbursement, and access. Widely used models include the

Widely used models include the vertical system, the gate-keeper, and provider capitation. In all, conflicts put the patient at the (see "managing" page 4)

"Managing" (from page 3)

bottom of the feeding chain. All lack comprehensive standards and guidelines. Allocations are based on history rather than need and the patient is a cost rather than revenue source.

No matter what system emerges, Nichols believes it must be outcome based and include shared risk. Possible components include:

•reimbursing on a relative value

•budget for continum of care

•include data structure to budget based on need

•spread risk broadly

Nichols points out that life insurance companies know more about people than providers - and they're insuring for death, not life. Providers need such data to justify a test or treatment. Outcomes must be compared to expectations to know if patients gain positive benefits, are satisfied, need different treatment, or have increased morbidity. It takes Nichols sees providers and insurers working as an integrated group. A new model promotes insurer contracts with provider groups that split patient premiums; 6% to the insurer and 96% to the provider; cutting regulations. Theoretically, the provider makes responsible decisions for patient care. "In any insurer system," said Nichols, "responsibility and risk is spread around. In the auto industry, low utilizers get a break in rates but they're still paying for high utilizers."

"There is no way we can say that

(Members below enjoy the panoramic view from the Roof Garden prior to the meeting)



Drs. Bill Roes, Keith Demirjian and Tom Herron



Drs. Richard Hawkins, Jim Wilson and David Bales



Drs. Carl Wulfestieg, Needham Ward and Cordell Bahn



New member Dr. Daniel Ginsberg and his wife visit with Dr. Jim Fry

system that rewards docs

•keep capitation above individual physician to reduce conflict of interest

money but the information allows providers to cope with cost and access. People want choices; the providers role is to help them get it. if you're a low utilizer you'll get a break. One day we'll be there and must share the risk in our own best interest," Nichols said. "It is (see "managing" page 6)

Board Member Profile

From the Bottom Up

"When you climb a ladder, count the rungs."....Yiddish Proverb

by Judy Wagonfeld

Dr. Andy Levine knows what it's like to have garbage thrown at his feet. "Even when there's a can right there," he said, "doctors just tossed stuff on the floor."

Describing his teen years as the son of a hospital administrator in Spring Valley, New York, he enumerates the jobs his father assigned to him; janitor, orderly, stock room clerk, and laboratory technician. As a younger child, Levine added, "I had rheumatic fever so I've spent most of my life around hospitals."

Levine sees the changes in medicine as resulting in "doing more with less." He likens purchasing new equipment to buying a Chevrolet instead of a Cadillac; and learning to make older equipment live longer, like a used car. Now, he says, we look at whether the piece justifies its expense.

He worries that streamlining causes everything to become an emergency. Pressure for quick results stresses the system. It's no-wait medicine: screech up to the drive-through, order on the speaker, and grab the report from the bag. Electronics may fire reports to a waiting doctor's screen; quite "efficient but less user-friendly." Levine prefers direct communications about cases. Contact about diagnosing something new or figuring out an unusual presentation makes his day. After all, when you've scrubbed hospital floors, playing successfully with technology

speeds your heart like a nail-biting suspense flick.

Dressed casually but professionally in khakis, a blue shirt and reddish tie, and a beeper on his belt, Levine sipped coffee and chatted. He chose radiology because he likes people and playing with expensive toys. Levine savors the hands-on "primary care radiologist" role; the interventional aspects, rather than being the "shadow doc" behind the films. As a people person, he provides clinical training for radiologic technologists and serves on Tacoma Community College's Advisory Board.

A hint of New York accent gives Levine's birthplace away - the Bronx. When he was nine, the family moved to Westchester and later to Spring Valley. Levine attended the State College at Oneonta in central New York State and the New York Medical College in New York City. There he married Stephanie, whom he describes with awe.

"I had it easy; I was just going to school. She was getting her master's in special education and working sixty hours a week. I was house-husband for three years," he said. Then while raising three children, Stephanie obtained her Washington State teacher's certificate. She subs at University Place Schools in any grade and any subject. The 5:30 am call details her day. On the side she is President of the Drum PTSA, on the University Place Soccer Board,



Andy Levine, MD

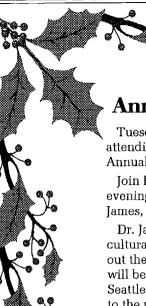
Past-President of Temple Beth El's Sisterhood, and she teaches Hebrew (her Hebrew far surpasses his, he admits).

"Our likes and dislikes are much the same," Levine says of Stephanie. "We're best friends; we talk to each other, we tolerate each other." There's so much trust that Levine accepted his job at Diagnostic Imaging Northwest without Stephanie ever visiting Tacoma; indicative of their strong marriage. Family oriented, they vacation with their three sons. Last summer, on a group tour of Washington D.C., they had a fabulous time but the kids "ran us ragged."

Both Levines are "more involved in the temple than our parents were," he said. "In New York you get Judaism by osmosis. Here its different; you have to work harder to keep your identity and your kids' identity." They've been to Israel on a Sister City Tour and plan to return. At Temple Beth El, Levine served as vice-president of the board, did a stint as chair of budget and finance, and worked on the fundraising campaign and building project. Now he's tackling a search for a new rabbi. Even as a kid. Levine was active in temple events. "I was a pioneer. I ran the video camera on the High Holidays," he said, projecting the main sanctuary

(See "Bottom Up" page 16)





Annual Joint Meeting to feature Dr. Jennifer James

Tuesday evening, December 10, 1996. Mark your calendar now and look forward to attending the Pierce County Medical Society and Pierce County Medical Society Alliance Annual Joint Meeting.

Join PCMS and PCMSA Presidents **Dr. John Rowlands** and Mrs. Fran Thomas for an evening of Christmas cheer, good food and conversation, as well as keynote speaker Jennifer James, Ph.D. at the Sheraton Tacoma Hotel.

Dr. James will speak on "Thinking in the Future Tense: New Culture New Mind." A cultural anthropologist by training, Dr. James has presented lectures and seminars throughout the world for corporations, governmental agencies and civic groups. Her presentation will be unique, entertaining and substantive. She is currently a lecturer, columnist for the Seattle Times, advisor for the Committee for Children - a non-profit organization committed to the prevention of child abuse, and a consultant on issues regarding future options, managing change, working relationships, sexual harassment, stress management, parenting, and general psychology. Her latest book is titled Thinking in the Future Tense: Leadership Skills for a New Age.

The Annual Meeting also features installation of new officers for 1997. Watch your mail and the November *Bulletin* for registration information. ■

"Managing" (from page 4)

a social decision to distribute the load evenly." He believes health care is a right, unlike auto insurance. "That top one percent (users of resources) is your grandmother." Concerns about personal responsibility are actually negligent according to Nichols. Those same people using the top 2% of dollars are those using the emergency room instead of a primary care

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provider. No study shows that Healthy Options alter ulilization of services. "The payment system has changed but that's all. Some groups are losing money while others are making six times their previous income."

In Kenneth R. Pelletier's book Holistic Medicine, he begins with the statement, "There is a definite tendency in our culture towards self-destructive behavior and living the "good life" despite dire consequences." Nichols believes everyone shares the burdens of our culture and lifestyles.

"This is my view of religion," he said. "It may inspire some or alienate others, but it is based on focusing on the patient."

"Health care needs analysis," says Nichols. "It is not a roll of the dice." We don't get it for free.

Trauma costs estimated at 4.2 million for Pierce County care

The Pierce County Trauma Care Task Force heard Ms. Michelle Vest of the Arthur Andersen Accounting Firm report that for local hospitals and physicians to provide care to 210 trauma victims annually it would be necessary to access \$4.2 million of additional revenue. This is near the estimated cost that has been suggested for the last 18 months since Pierce County hospitals failed to designate as trauma centers. Adult trauma patients have been transferred to Harborview Medical Center (HMC) in Seattle since July, 1995.

Vest's analysis estimates a hospital shortfall of \$2,940,000, physician shortfall of \$473,000, and designation costs of \$760,000, with an average shortfall of \$19,870 per trauma case. These estimates reflect contracted discounts.

Her study indicated about 210 cases were transferred out of county with the majority of them being referred to Harborview Medical Center and a few to St. Francis, Auburn General, and St. Peters Hospitals.

Her recommendation was that Pierce County Hospitals should designate as Level III or IV trauma centers and continue sending more seriously injured trauma patients to Harborview. It should be noted that Madigan Army Medical Center data was not included in the survey. This factor could also increase costs.

The Andersen study identified several alternative funding strategies but nothing specific that could be used to reduce the shortfall if Pierce County Hospitals decided to provide trauma care locally. Some alternatives listed were: 1) revised local fee schedule for trauma patients, 2) work with local health plans to improve provider collection rates, 3) tap the new state trauma fund for GAU and medically indigent patients, 4) create a local founda 15% between 1994 and 1995, and 25% between 1994 and the second half of 1995. Annualized, this involves 210 cases not being served in Pierce County hospitals.

Her recommendation was that Pierce County Hospitals should designate as Level III or IV trauma centers and continue sending seriously injured trauma patients to Harborview

tion to support trauma care on an ongoing basis, 5) work with health plans to establish a trauma care "carveout", and 6) increase tax support from local "levy" or general revenue to cover the anticipated increased costs, and others.

The study indicated that Pierce County hospitals charge 52% of what HMC charges per patient day. The average HMC admission charge in 1995 was \$3,944 whereas Pierce County hospitals average charge was \$2,088. Another interesting piece of data was the comparative collection rate per trauma admit that this analysis discovered. Harborview collection rate in 1995 was 70% compared to Pierce County hospitals collection rate of 66%. Pierce County hospitals, it was noted, have the lowest charge structure and the lowest collection rate compared to all others. The difference between HMC and Pierce County collections per case was \$14,000.

Vest concluded that Pierce County hospitals should continue to serve the majority of local trauma patients and play a significant role in trauma care. The Pierce County work load dropped The majority of patients referred to HMC are self-paying, Medicare, and Medicaid patients. She concluded with the assumption that with no change in Pierce County fee structure and collection rates for trauma, the current shortfall compared to Harborview Medical Center would be \$4.2 million.

As the Bulletin goes to press, the Pierce County Trauma Task Force is scheduled to meet September 26 and hear the comments of two trauma care consultants the Task Force has asked to review the PC system.

San Diego Trauma Surgeon, David Hoyt, MD and California hospital administrator Duffy Watson will tour and meet with representatives of St. Joseph and Tacoma General Hospitals. They will also meet with Good Samaritan Hospital representatives, Tacoma surgeons, anesthesiologists and neurosurgeons. A visit to Harborview Medical Center is on their schedule.

The Task Force will be holding a public meeting for input from the citizenry and will be presenting its recommendations to the Board of Health in November.

Delegates caucus in preparation for WSMAs 106th Annual Meeting

On Thursday, September 19, PCMS Delegates and Alternate Delegates met to review and discuss information that will be presented at the 106th Annual WSMA Meeting. The meeting will be held in Tacoma, September 26-28, at the Sheraton Tacoma Hotel.

Attending the meeting were Drs. John Rowlands, Stan Harris, Vita Pliskow, Don Russell, James M. Wilson, George Tanbara, Richard Hawkins, David BeMiller, Pat Hogan, Marilyn Pattison, Keith Demirjian, Larry A. Larson, Ron

Peter Marsh, MD becomes WSMA President-Elect for 1996-1997

At the 106th Annual Meeting of the Washington State Medical Association, **Dr. Peter Marsh**, Infectious Diseases, accepted the office of president-elect for the 1996-97 year. The Annual Meeting is held the end of September each year.

Dr. Marsh has been very active in organized medicine. He served as a member of the College of Medical Education Board of Directors 1984-1987 serving as president in 1986. He was a member of the PCMS Board of Trustees in 1985-86 and served as President-Elect in 1993 and President in 1994. He chaired the PCMS Grievance Committee in 1995. He served as WSMA delegate in 1986, a Reference Committee Chair in 1987, Secretary-Treasurer in 1995 and Vice President in 1996.

He has an avid interest in medical affairs on the national, state, and local levels and is regarded as a superb representative of the medical profession. He is politically active and very well informed about medicine's current affairs.

Dr. Marsh is also very active in the community. He sits on the Board of Directors as Vice President for the Pantages Theater and on the Board of Tacoma Alliance, a drug rehabilitation center.

Since 1965, Dr. Marsh is only the second Pierce County physician that will serve as President of WSMA. **Dr. Ralph Johnson** held the position in 1987-88.

Taylor, David Law, Joe Nichols and Maria Mack.

Physician assisted suicide was the topic of the evening. Three guests attended the meeting specifically for this topic. They were Michael R. Jackson, MD, Family Physician, and Hugo VanDooren, MD, Tacoma Psychiatrist, as well as Tacoma News Tribune health reporter Caroline Ullmann. Ms. Ullmann attended for educational purposes. She wants to learn as much as possible about the topic, particularly from the viewpoint of the physician.

Watch the November issue of the *Bulletin* for highlights of the meeting including decisions made by the WSMA House of Delegates on the physician assisited suicide issue in addition to may others.

PCMS Board of Trustees asks for nominations for Volunteer award

The PCMS Board of Trustees is asking for help in selecting a "Volunteer of the Year" award recipient for 1996. The award will be given at the PCMS/PCMSA Annual Joint Meeting on Tuesday, December 10 (see page 6).

The award is presented each year to a physician chosen by the Board of Trustees, whose contributions to the community are above and beyond professional expectation.

Previous winners have included

- + George Tanbara, 1992
- Charles Weatherby, 1993
- Terry Torgenrud, 1994
- Gordon Klatt, 1995



If you know of a physician that you feel has contributed volunteer hours worthy of recognition, the Board of Trustees would like you to submit his/her name for nomination.

Accompanying information about what/how the individual has contributed would be helpful but is not necessary.

Please call Doug Jackman, 572-3667, or Dr. John Rowlands, 572-5140, with your suggestions no later than Friday, October 18.



The Pierce County Medical Society

invites you and your spouse/guest to the

October General Membership Meeting

Meeting Date/Time: Tuesday, October 8 Social Hour: Dinner:

Program:

6:00 p.m. 6:45 p.m. 7:45 p.m.

Meeting Location:

Landmark Convention Center Temple Theatre, Roof Garden 47 St. Helens Avenue Tacoma



What is sexual harassment?

From whose perspective do we judge whether there is "harassment"? What should you do if you observe or are a victim of harassment? When is the employer liable for harassing acts by its employees?

> Ms. Branscomb will discuss these and other related questions in the context of the medical profession

> > presented by:

Melinda Branscomb, ID: Associate Professor of Law, Seattle University School of Law

! Due to the obligation of PCMS to pay for the meals ordered at General] Membership Meetings, if you pre-register without payment and do not attend, you will be invoiced for the meal, unless you provide a 48 hour notice. CONTRACTOR CONTRACTOR

[Registration required by October 4, please mail this form with payment to PCMS, 223 Tacoma Ave South, 98402 or call 572-3667]

Please reserve _____ dinner(s) at \$18 per person (tax and tip included)

Enclosed is my check for \$______ or my credit card # is

🗌 Visa Master Card Expiration date: Signature

I will be bringing my spouse ______ or a guest

(Please print name of guest for name-tag)

Signed

Thank you!

Welcome, new Pierce County Medical Society members......

Benjamin, Sabrina A., MD

Internal Medicine

Practices with Drs. Munoz and Regimbal at 1112 S 5th St, #B, Tacoma Medical School: Uniformed Services University of the Health Sciences Internship: Madigan AMC **Residency: Madigan AMC**

Buckner, Randy L., DO

Family Practice

Practices with Primary Care NW at 316 MLK Jr Way, #406, Tacoma Medical School: Oklahoma State University College of Osteopathic Medicine Internship: Womack AMC Residency: Madigan AMC

Davidson, Howard, MD

Internal Medicine/Oncology

Practices with The Lakewood Clinic Medical School: Tulane Univ. School of Medicine Internship: Letterman AMC Residency: Letterman AMC Fellowship: Letterman AMC

DeMaio, James D., MD

Infectious Diseases

Practices with Infections Limited. 1624 S "I" St, #402, Tacoma Medical School: Harvard Medical School Internship: Univ. of Washington Residency: Univ. of Washington Fellowship: Johns Hopkins Hosp.

Eun, Paul H., MD

Obstetrics/Gynecology

Practices with Dr. Kenneth Edstrom, 1420 4th St SE, #B, Puvallup Medical School: Loma Linda Univ. School of Medicine Residency: Loma Linda University Medical Center

Idea, R. Jay, MD

Internal Medicine Practices with Drs. Tejinderpal

Singh and Kenith Aaro at 1518 Main St, Sumner Medical School: University of the Philippines Internship: Pennsylvania Hospital Residency: Western Penn. Hosp. Residency: Univ. of Washington

Katterhagen, J. Gale, MD

Hematology

Practices solo Medical School: Creighton Univ. School of Medicine Internship: Providence Hospital **Residency: Baylor University**

Kirsch, James L., MD

Pulmonary Medicine

Practices with Pulmonary Consultants, 316 MLK Jr Way, #401, Tacoma Medical School: Univ. of WA Internship: Univ. of Pittsburgh Residency: Univ. of Pittsburgh Fellowship: Univ. of CA-Irvine

Lazarus, Marlene L., MD

Cardiology

Practices with Dr. Dennis Koukol, 1802 S Yakima #302, Tacoma Medical School: Rush Medical College

Internship: LAC-USC Med Ctr Residency: LAC-USC Med Ctr Fellowship: Univ. of CA-Irvine

May, Eugene F., MD

Neurology

Practices at Madigan AMC Medical School: University of Chicago Pritzker School of Medicine Internship: Walter Reed AMC Residency: Walter Reed AMC Fellowship: Walter Reed AMC Portman, Michael A., MD

Pediatric Cardiology Practices with Children's University Medical Group, 311 S "L" St. Tacoma Medical School: University of **Cincinnati School of Medicine** Residency: Children's Memorial

Hospital, Northwestern University Fellowship: Rainbow Babies & Children's Hospital

Rawlings, James S., MD

Neonatology

Practices with Neonatal Associates, 315 MLK Jr Way, Tacoma Medical School: Vanderbilt Univ. School of Medicine Internship: Tripler AMC **Residency:** Tripler AMC Fellowship: Tripler AMC

Sinden, Donald L., DO

Family Practice

Practices with Family Practice. 3908 10th St SE, #200, Puvallup Medical School: University of Osteopathic Medicine & Health Sciences Internship: Womack Army Community Hospital Residency: Womack Army Community Hospital

Semerdjian, Gregory G., MD

Administration - VP, Medical Management, Franciscan West Medical School: Universidad Autonoma De Guadalajara Internship: The Toledo Hospital Residency: Providence Hospital

Sobba-Higley, Anne E., MD

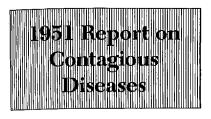
Otolaryngology

Practices with Dr. Donald Shrewsbury, #B2010 Allenmore Medical Center, Tacoma Medical School: Creighton University School of Medicine Internship: Creighton Affiliated Residency: University of Nebraska Medical Center

Thompson, William F., MD

Orthopaedics/Sports Medicine Practices with Pacific Sports Medicine, 3315 S 23rd St, #200, Tacoma

Medical School: Emory University School of Medicine Internship: Emory Affiliated Residency: Emory Affiliated



The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period of September 21, 1951 to October 20, 1951, inclusive:

Chickenpox 24
Gonorrhea 21
Impetigo 2
Influenza 1
Malaria 50
Measles 2
Mumps 16
Poliomyelitis 7
Scarlet Fever 3
Syphilis 3
Tuberculosis 23
Typhoid Fever 1
Vincent's Disease 1
Whooping Cough 5

Editor's Note: This article about infectious diseases appeared in the November, 1951 PCMS Bulletin. ■

Employed physicians now outnumber solo colleagues

An AMA study found that for the first time, physicians employed in large group practices outnumber solo practitioners. The number of solo practitioners fell to 29.3% by 1994 from 40.5% in 1983, while the number of employed physicians rose to 42.3% in 1994 from 24.2% in 1982. (Chicago Tribune, August 21, 1996) Market Trends =

Infectious Diseases physician receives national clinician of the year award

Being the recipient of the Infectious Diseases Society of America's prestigious Clinician of the Year award, presented at their annual meeting in September, is only one small recognition that **Alan D. Tice, MD** should receive for his tireless work. Work includes his full time infectious diseases practice in Tacoma as well as his ongoing local, national and international commitment to the profession which includes a myriad of responsibilities and accomplishments.

Tice was the first infectious diseases specialist in Tacoma, beginning his practice here in 1979. He now has five colleagues in the clinic Infections Limited which has developed an outpatient infectious disease unit, a reference microbiology laboratory, travel clinic, outpatient IV antibiotic therapy and clinical research.

Dr. Tice founded and was the first president of OPIVITA (Outpatient Intravenous Infusion Therapy Association), an organization to develop physician interest and leadership in home and outpatient care. He edited their newsletter, organized their educational conferences and provided testimony in Washington on their behalf.

No stranger to the importance of technology, Dr. Tice constructed a web page for infectious diseases specialists to facilitate Internet usage and ready access to a variety of organizations and companies involved in treatment of infections. He was also a founding member of the Infectious Diseases Society of Washington and has recently been elected president of that organization.



Alan D. Tice, MD

Locally, Dr. Tice has been a very strong Pierce County Medical Society supporter and advocate. He has served on the PCMS Board of Trustees, the College of Medical Education Board of Directors as well as the Public Health/School Health Committee. He was the founder and first chair of the AIDS Committee. He organized and directed numerous medical and dental staff education courses on AIDS and infection control.

Dr. Tice has contributed countless volunteer hours to this community's ongoing education about infectious diseases and AIDS. He has organized and directed the Infectious Diseases education course for five years and the AIDS course for eight years on behalf of the College of Medical Education. These courses are attended by physicians and are accredited for Category I AMA credit.

Despite all of Dr. Tice's administrative and political contributions, he finds his patients his first professional priority. His first personal priority is his wife Constance Tice, DDS, and their teenage daughter, Amanda.

Pierce County Medical Society congratulates and thanks Dr. Tice for his many, many contributions.

October is domestic violence awareness month

Although it is usually hidden, domestic abuse is very common and affects people from many walks of life. School teachers, celebrities, bankers, carpenters, bus drivers.. your employees and colleagues, a neighbor, a friend and even a family member may be a victim.

The Pierce County Commission Against Domestic Violence has chosen "STOP DOMESTIC VIOLENCE: IT'S OUR RESPONSI-**BILITY** as a campaign focus for 1996.

The campaign focus is to increase public awareness that

domestic violence is a workplace issue.

The month offers a host of workshops, activities, discussions and even theater to help bring attention to the concern. Packets of information on workplace violence prevention including sample personnel policies, a training outline, etc. are available.

A third public performance of "Lily Loves Charlie, OK?" will be on October 9 at the Rialto Theater. 310 South 9th Street. Tacoma at 1:00 p.m. This is a contemporary theater production about domestic violence and the

workplace which explores how critical the responses of the employer and co-workers are. The performance is free and is sponsored by numerous agencies in cooperation with the Commission.

In conjunction, the YWCA will celebrate their annual Week Without Violence. October 6-12.

For more information about domestic violence, or for an activity schedule for the month. please call the Pierce County **Commission Against Domestic** Violence at 591-7660. ■

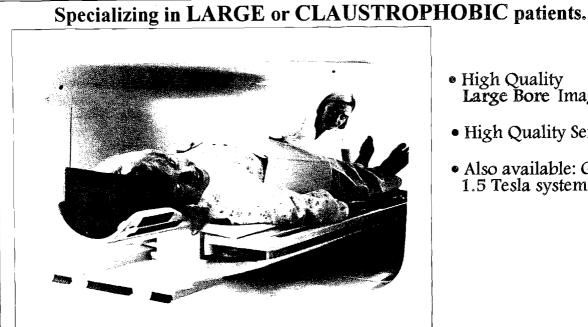
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PCMS says goodbye to longtime member Edmund Kanar, MD

Edmund A. Kanar, MD, vascular, general and thoracic surgeon lost his valiant battle with cancer when he died on September 4. 1996. Dr. Kanar had belonged to the Pierce County Medical Society since 1955 and began his practice at that time with the old Western Clinic.

After receiving his medical education from Wayne University College of Medicine in 1945, he completed his residency at Harborview General Hospital and



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the University of Washington School of Medicine in Seattle from 1948-1955. He served in the Army from 1946-1948. Ironically, he had returned to the military as a consultant with Madigan Army Medical Center at the time of his death. He was 80 years old.

Aside from his many, many, professional affiliations, memberships, and accomplishments, he was well known for his community service affiliations particularly with animals. He was active in the Tacoma Zoological Society, Wolf Haven, Tahoma Audobon Society, Humane Society, Bat Conservation and Research Society, and the National Wildlife Association. He also belonged to

Members host fund-raisers for candidates

Melinda and Nick Rajacich, MD hosted a fund-raiser for Senator Marilyn Rasmussen of the 2nd Legislative District. Few members live in the 2nd Legislative District but those attending enjoyed the hospitality of the Rajacich's in their lovely park-like setting home.

Other members who hosted fund-raisers this campaign have been: Sarah and Dick Bowe, MD for 26th District Representative Tom Huff; Dena and Jim Wilson,



and supported the St. Stephas Indian Mission, Alzheimers Association and the American Lung Association of Washington.

Dr. Kanar is survived by his son Duane and daughters Karen and Vallery. His wife, Chris, preceeded him in death in 1994.

Memorials may be sent in his name to Alzheimers Association. 1422 NW 85th, Seattle, 98117.

MD for Senator Lorraine Wojah (D-27): and Peter Marsh. MD for Shirlev

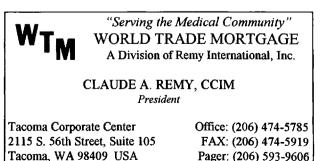
Winsley (D-28). Hosting these events is very much appreciated by the candidates and establishes a strong



Nick Rajacich, MD

relationship between

candidate and physician.



1996 PCMS Physicians Directory changes

Bowers, James S., MD

Transfered to King County Medical Society

Norris, Thomas, MD

Transfered to King County Medical Society

Sobba, David, MD

Moved to Montana



Welcome: Applicants for Membership

Bateman, Michael J. MD Family Medicine

Practices with Primary Care NW 316 ML King Jr Way #406, Tacoma, 98405; 572-9181 Medical school: University of Missouri Internship: University of Washington/Tacoma Family Medicine

LaBorde, Pamela, MD

Pediatrics

Practices with Pediatrics Northwest, 316 ML King Jr Way #212, Tacoma, 98405; 383-5777 Medical school: University of Washington School of Medicine Internship: Univ. of Washington Residency: Univ. of Washington

Moussan, Oussama, MD

Gastroenterology

Practices with Drs. Hurst and Reinertson, 104-A 23rd Ave SE, Puyallup, 98372; 841-3933 Medical school: Aleppo University (Syria)

Internship: Albany Medical College Residency: Albany Medical College Graduate Training: Albany Medical College

Reyes, Maria Regina L., MD

Physical Medince & Rehab

Practices with Dr. Patrice Stevenson, Puyallup, 841-5849 Medical school: Penn State University College of Medicine Internship: Lankenau Hosp. (PA) Residency: Univ. of Washington

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Sponsored by the Washington State Medical Association

Computer News & Reviews

PCMS Computer User Group learns about 3D animation

The PCMS Computer User Group met in late September in the Mary Bridge Childrens Health Center TOA rooms to hear Tacoma Orthopedic Surgeon **Charles Ray, MD,** speak on preparing a presentation in 3dimensional animation on the computer.

Dr. Ray presented a fascinating talk on his preparation of a talk to the national society on osteoporosis. If you can imagine a computer with 182 MB of RAM you know you are talking to someone with considerable knowledge of the computer. He expanded his talk into where the industry is moving with this technology. He noted, that if you have seen the movie, "Toy Store", the same software was used to make the movie as Dr. Ray uses for his presentation.

If you see Dr. Ray in the Doctors Lounge, ask him to tell you about his project. This article doesn't begin to touch what he is doing.



Hot Spots

(from AMNews 9/16/96

Neurosciences on the Internet. Named "Best Meta-Site" of 1996 by Science & Engineering Network News. Also publishes original material in all areas of the neurosciences. http://www.lm.com/ ~nab/

HDCN. Hypertension dialysis and clinical nephrology. "A place for physicians who treat patients with renal disease." http://www. medtext.cohdcn.htm

Microbial threats. New diseases, re-emergent diseases, resistant organisms. Site devoted exclusively to finding infectious-disease information. http://pages. prodigy.com/idweblink/

Great index of links arranged by diseases and disorders, from the Karolinksa Institut's Medical Information Center. http://www. mic.ki.se/Diseases/index.html

Nosocomial HQ. Control guidelines. http://www.cdc.gov/ ncidod/diseases/hip/hipmenu.htm

LOTS of clinical trials. 18 pages of links. Also a huge list of newly FDA-approved drug therapies. http://www.centerwatch.com/

Medicine's attic. Links to the history of medicine. http:// www.asap.unimelb.edu.au/hstm/ hstm_spe.htm#Medicine

What is brain death? Network of bioethical resources. http://ccme mac4.bsd.uchicago.edu/BD/ Network

E-Mail Addresses

The PCMS office continues to build its e-mail directory of the membership. If you have an email address that has not been forwarded to the Medical Society office, or if you have had a change of address please send it in via email (<u>pcmswa@nwrain.com</u>), or phone or fax. We hope to have the directory match our fax listing which consists of 95% of our membership. ■

PCMS Home Page

The PCMS Home Page is taking shape. If you would like to view it the address is:

http://www.pcmswa.org

Please send your suggestions for a better page, interesting links, etc. Your feedback is welcomed and appreciated.

WSMA Home Page

The WSMA Home Page is now up and running. You may view it at:

http://www.wsma.org

The password is the first four characters of your last name and the user name is the first five digits of your member number. If you have any questions or need help please call PCMS, 572-3667 or WSMA at 1-800-552-0612.

"Bottom Up" (from page 5)

services to the overflow room.

As a soccer dad. Levine drives a lot. His three sons play or referee, but it's the middle one (the 13 year old) who lives and breathes it. When he can squeeze it in, Levine jogs, though achilles tendonitis cut his 25-30 miles a week to 10-15. For relaxation he's a channel surfer who "watches too much t.v. I watch everything; especially news programs." Levine tries to read but when he collapses at 11:00 pm, he gets in about one page. He reads "a real mixed bag" but favorites are criminal psychology, suspense

such as John Grisham, political commentary, computers and science fiction.

"The Medical Society is one of the last areas of neutral ground for physicians, "Levine said. "Most physicians belong to another entity yet "we share concerns on patient care regardless of who writes the paycheck." Meeting other doctors ranks high as a Society role, "say hello, shake hands, know who the voice on the phone is," he says.

Happy in the northwest, Levine doesn't miss New York's pace and people. There, he says, his radar snaps on; peripheral vision takes over and senses heighten. Instead, out here, he's relaxed and thinking of learning cross-country skiing this winter - between soccer matches.

Challenges of climbing a ladder to some new skill don't thwart Levine. Having worked in medicine from the bottom up, Levine knows that the sum of the parts makes the whole. In college, a professor once told him "he friends with the secretaries and janitors because they'll make your life easy or miserable." Levine's added security guards, ward clerks, and all staff. It is, Levine feels, "the most sage piece of advice I've ever gotten from anybody." A modern version of a Yiddish proverb.

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"That dream journey through northern waters after forty years"

by Dick Baerg, MD

All in all, it had been a great first day. Scott Larson, a young friend, and I put the seventeen foot Boston Whaler, "Babe", into Gig Harbor Bay at first light on the silent, misty morning of July 15, 1996 with Judy, my wife and Kari, my daughter, watching with a look of concern. Scott and I were to complete a voyage that really began for me when I was a twelve year old boy gazing up the fjord of the Alberni Inlet from my home in Port Alberni on Vancouver Island. For forty-three years the vision of the leaden skies touching the tops of the rock cliffs and of the timbered slopes that rise from the black water's edge has been with me. Last year I decided that the time had come to complete that journey to northern waters.

I can't emphasize enough that the trip was neither a lark or a death wish, but rather it was a carefully conceived and extensively planned crossing from Gig Harbor to Ketchikan in a small boat. Planning began with a careful reading of the available literature written by those who had done the trip before - in canoe, kayak, or fishing boat. Because of the size of my boat, every conceivable contingency had to be considered and anticipated. The only uncontrollable elements were, of course, the elements, and if the weather turned foul, I was prepared to stop, delay, seek shelter and reassess the options even if it meant canceling the trip.

The equipment and systems for such a trip should be duplicated for the sake of safety. We carried thirty gallons of extra fuel in five gallon containers. The total of fifty gallons was enough to carry us one hundred seventy miles at

our cruising speed of twenty-three knots. In addition to the compass. the boat had a depth finder, VHF radio, spare VHF radio, extra large marine battery, extra battery, global positioning system (GPS). PFDs. extra PFDs. raingear. survival suit, throw ring, throw rope, bilge pump, extra pump, paddle, extra paddle, freeze-dried food, water, tent, sleeping bags, cookware, stove, ice chest, anchors, extra anchor line, spare props, tools, fishing gear in abundance, shotgun, knives, and an endless number of incidentals. When an electric fire occurred one hundred miles from anywhere in British Columbia, we were able to hard wire the extra battery to the electronic equipment and bypass the failed circuit.

The course we took ran from Gig Harbor to the Canadian San Juans, the Gulf Islands, to Nanaimo and from Nanaimo up the Georgia Strait to Campbell River. The battering we took in the Georgia Strait from the five and six foot waves whipped by the north winds which funnel down the strait made us slow down considerably, run for the shelter of the few islands in our path and wish we were somewhere else. The run up Seymour Narrows, north of Campbell River, where whirlpools glide across the channel is still an amazement to me. The beating from the northwest winds and waves recommenced in Johnstone Strait and by the time we pulled into Port Hardy on the northern tip of Vancouver Island at the end of the day, we were ready for a hot bath, hot food and a good rest.

The next day was spent tightening every screw on "Babe" as every screw had become unseated in the trip from Nanaimo and of



course, fishing. We fished every chance we got and gave most of the fish away to the occasional kayaker we met or to others appearing equally as hungry.

The trip across Queen Charlotte Strait, forty miles of open ocean, was blessedly calm, with one to two foot seas through which the boat gently sliced. The names, God's Pocket, Cape Caution, Storm Islands, and Safety Cove suggest a much more bitter potion than that which we received. As the sun rose and burned off some of the ocean mists, we entered the inside passage of the British Columbia mainland at Fitzhugh Sound and passed the native villages of Bella Bella and Klemptu, the abandoned fish cannery at Butedale, the muddy effluent of the Skeena River and moored at Prince Rupert, the only concerns being where to get gasoline and where to drop the fishing lines into the water. The trip ended in Ketchikan where the silver run was in full swing. "Babe" was moored, the large amount of gear on board was packed and carried with us on the return flight to Tacoma. "Babe" returned on the deck of an eightyfive foot fish packer.

The trip for me as a lot of things - the obvious conclusion of over forty years of intentions and the unbelievable satisfaction that comes with the completion of a physical and mental challenge.

Would I do it again? Tomorrow, if I could. ■



Pierce County Medical Society Alliance

PCMS Alliance - Why I bothered then, and still do

My reasons for joining PCMSA were perhaps different than for a medical family moving to Tacoma for the first time. I was originally from Tacoma, had moved away for a number of years, returned and later married my husband who was just out of residency. (I hear it was good timing.) I had a network of friends, job, family, and was already involved in a number of volunteer commitments.

I was drawn to PCMSA for a variety of reasons. I enjoyed the age ranges (some old enough to be my mother) which made for interesting and meaningful conversations. I was pleasantly surprised at the diversity of the women and their backgrounds and knowledge. I respected all that they had achieved and contributed throughout the years. I also shared companionship with other mothers. I became enlightened as to what being married to a

by Karen Dimant

physician was like and the demands placed on them. (And me!)

I was curious about the Alliance's projects, the money raised and for what reasons. The more I found out, the more I thought, "how could I not contribute to this organization that promotes better health and quality of life for all people?" I'm still amazed at the mountains moved by this group of women.

Together, we have made large dents in impacting health care. Lately, it has been aimed toward the clinics for the under-insured, the uninsured, and the homeless. The causes are so beautiful. I strongly believe in the YWCA Shelter. The campaign to promote awareness of domestic violence is huge and the PCMSA has been a large part of the solution by distributing the "No One Deserves to be Hit" pamphlets in the community. I was inspired by our members to participate by giving what time I could. These are only a few more recent examples that prove to me personally that what little I give, the rewards and personal satisfaction are always greater and I like that feeling. It feels terrific!!

This isn't a demanding organization. In fact, it's probably the least demanding group I've ever been a part of. That's why some years I am willing to do more and some years I do what I am able. We give what we can, we do the best we can do, and it's always a positive result.

My reasons for staying involved for the last ten years are the same reasons that I am still involved. That won't change. I can only say that for me, there are too many good reasons not to be involved.

Medicine has been good to us and it's great to give back.

Alliance welcomes you! Please join us by sending in the dues statement below: If you have questions or would like additional information, call Membership Chair, Kris White 851-5552 or Fran Thomas 265-2774.

Pierce County Me	dical Society Alliance	Dues Statement
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Please circle one:	Regular: \$75	Widow, Retired: \$56	Newcomer: \$55	Student/Resident: \$25
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Name:		Address:		
Telephone:		Participating Member: _	Support	rting Member:

Please make your check payable to PCMSA and mail to Janet Fry, 13001 53rd Ave NW, Gig Harbor WA 98335.

Pierce County Medical Society Alliance

President's Message

We had our newcomer's and first general meeting at Ginnie Miller's lovely home on September 20th. Thank you Ginnie, Karen and Kathleen for a job well done!

Another thanks goes to Nikki Crowley for working on "Newcomer" packets and Kris White for her hours spent on membership.

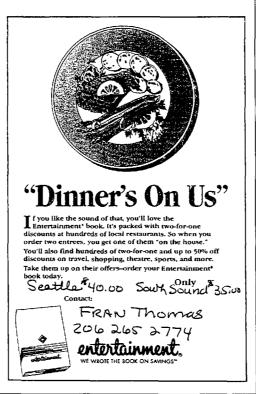
Thanks to all who have responded by paying their dues. We need the support of all current and new members to keep our Alliance garden growing.

Fran Thomas President, PCMSA

'97 E

Entertainment Books on sale for Seattle and South Sound editions

We are currently taking pre-sale orders for Seattle (\$40) and South Puget Sound (\$35) Entertainment Books. Anyone wanting one can contact **Fran Thomas** at 265-2774. Remember you can use your VISA and MasterCard to purchase them. This is an AMA-ERF fundraiser. Applications have been sent to the following organizations: Pierce County AIDS Foundation Good Sam Community Healthcare American Lung Assoc. of WA YWCA-Women's Support Shelter & Encore Program The Neighborhood Clinic PLU Wellness Clinic Trinity Neighborhood Clinic Prison Pet Partnership Program The Children's Home Society PCMS Alliance "Baby Think it Over" Project October 1 is the application



Philanthropic News!

deadline. Karen Benveniste, Kris White, Nikki Crowley, Mona Baghdadi and I will meet before the October Board meeting to make recommendations so that we can present them at the general meeting for approval.

Important Dates:

Oct. 2 Membership Phone-a-Thon Oct. 7 PCMSA Board Meeting, 9:30 am, MB Large Boardroom

Oct. 9 S.A.V.E. Today (National Awareness program) "Stop America's Violence Everywhere", 1:00pm, Rialto Theatre

Oct 11 S.A.V.E. Day

Oct 13-15 AMAA Conference -Drake Hotel in Chicago. Mona Baghdadi, our president-elect will be attending and preparing for next year.

Oct 18 PCMSA Andora's Style Show, 10am, Tacoma Golf & Country Club

Nov. 4 PCMSA Board Meeting, 9:30am, MB Large Boardroom

Call **Karen Dimant** for details at 265-2516

1996-97 Board Meetings

All Board Meetings will run from 9:30 - 11:30 am

October 7:Mary Bridge LBRNovember 4:Mary Bridge LBRDecember 2:Mary Bridge LBRFebruary 3:To Be AnnouncedMarch 3:To Be AnnouncedApril 7:To be AnnouncedMay 6:Joint Board Meetingat Tacoma Golf & Country Club



Pierce County Medical Society Alliance

Unique slate of programs offered

This year the Alliance is offering an exciting and unique slate of membership meetings. Most meetings will begin with a 10:30 social, and conclude with a noon lunch. Watch for program flyers in the Bulletin/Pulse for specific program information.

October 18, 10:00 am

Style Show, ANDORAS. Guests welcome. (See insert in Bulletin)

November 22, 10:00 am

"Humor and Healing" featuring Tacoma General Hospital's Comedy Cart master Marie Giaudrone. Home of Kathleen Forte, Tacoma

December 10, 6:30 pm

Joint Annual Christmas Party/ Meeting with PCMS. Sheraton.

February 7, 10:30 am

Featuring antique dealer Lee Skinner. At the Bijoux in Tacoma.

March 28, 10:30 am

Kick up your heels and learn "Line Dancing" taught by Alliance's own Sylvia Lee. Houston's Bar & Grill, Tacoma. VOTING MEETING.

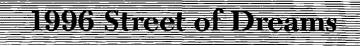
April

WSMA Alliance House of Delegates. Spokane. Daytime activities, kitchen tours.

May 16, Cost & time TBA

Herb Farm, Fall City. Tour and box lunch. Limited seating, register early. Carpools will be organized.

RSVP for all programs to Karen Dimant by the Monday prior at 265-2516.



Special thanks to the following sponsors: Claude Remy, World Trade Mortgage Designated Escrow Sloan Hunter, Coldwell Banker Bill Elford, Coldwell Banker Eric Herbel, Remax Cascade Ron Herbel, Remax Cascade Jan Murphy

Dr. Claire Spain-Remy, Assoc. Women's Health Clinic

And, thanks to all other contributors and participants for making the Third Annual Pierce County Medical Society Alliance Doctor night at the Street of Dreams a success!

PCMS Alliance Nominating Committee looking for future officers

The Nominating Committee is looking for people with great ideas to serve as officers for next year, 1997-1998.

Think about becoming involved in the leadership of PCMSA. You will find it fun, educational as well as personally rewarding.

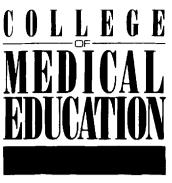
If you are interested or know someone who is, please call **Toni** Loomis, 627-4115.

1996-1997 Alliance Board of Directors

President: Fran Thomas President Elect: Mona Baghdadi 1st VP Programs: Kathleen Smith 2nd VP Membership: Kris White 3rd VP Bylaws/Hist.: Kathleen Forte

4th VP Arrangements: Karen Dimant

Recording Sec: Beverly Corliss Corresponding Sec: Patty Kesling Treasurer: Sue Wulfestieg Dues Treasurer: Janet Fry Past President: Toni Loomis





Pierce County Medical Society

Whistler/Blackcomb CME registration, reservations open

Registration is open for the College's CME at Whistler/ Blackcomb program. Program brochures will be mailed in early October. The conference is scheduled for January 29-February 2, 1997.

Reservations for the block of condos and lodge rooms in the Blackcomb area (again at reduced rates) are also available. The College has again contracted with Radisson Blackcomb Suites for conference lodging and the meeting site. Reservations can be made by calling (800) 777-0185. You need to identify yourself as part of the College of Medical Education to receive the negotiated reduced rates.

C.O.M.E. is offering family vacationing, skiiing, and the usual quality continuing medical education to PCMS members and other physicians. With Category I credits, the CME program features a potpourri of subjects of interest to all specialties.

For more information on the annual event, please call the College at 627-7137.

Law & Medicine Symposium October 25, registration open

The very popular Law & Medicine Symposium offered by the Medical/Legal Committee is scheduled for October 25, 1996. The symposium presents topics of common interest to both physicians and attorneys.

This year's program has been designed by Jack Maichel, JD and **Patrick Donley**, MD and will be held in rooms 3A & B of the South Pavilion at St. Joseph Medical Center. Supreme Court Justice Gerry Alexander is the conference's keynote speaker. The program will offer physicians 6 Category I CME credits for AMA and AAFP. This year's schedule includes:

- State's Position on Physician-Assisted Suicide
- Denial of Insurance Coverage for Treatment Provided
- Computer Confidentiality
- Ethical Issues of Managed Care
- Defense Before the Medical Disciplinary Board
- Ethical Aspects of Physician-Assisted Suicide ■

Dates	<u>Program</u>	<u>Director(s)</u>	
Friday October 25	Law & Medicine Symposium	Jack Michaels, JD Patrick Donley, MD	
Friday November 22	Infectious Diseases Update	Alan Tice, MD	
Thursday, Friday December 5 and 6	Advanced Cardiac Life Support	College of Medical Education	
Wednesday-Sunday January 29-February 2	CME at Whistler	John Jiganti, MD	
Friday February 28	Review of HIV Infections	Alan Tice, MD	
Thursday, Friday March 13 and 14	Internal Medicine Review 1997	Needham Ward, MD	
Friday April 11	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD	
Saturday April 19	Surgical Update 1997	James Rifenbery, MD	
Friday May 2	Cardiology for Primary Care	Marilyn Pattison, MD	
Thursday, Friday June 19 and 20	Advanced Cardiac Life Support	College of Medical Education	

Adult Day Health Service offered downtown Tacoma

Associated Health Services is pleased to announce the opening of the Adult Day Health Center in the First Baptist Church downtown Tacoma, 902 Market Street.

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Puget Sound Hospital recently announced the acquisition of Puget Sound Home Health Care Agency, a Medicare and Medicaid certified agency offering a comprehensive program of care.

This acquisition is the latest in a series of efforts on the part of the hospital and its parent OrNda Healthcorp of Nashville, TN to expand and improve service to the Pierce County community.

Other recent additions include a podiatric residency program, which will offer services in the form of The Foot and Ankle Clinic of Puget Sound as well as the Bloodless Surgery Program for those wishing to avoid using whole blood products.



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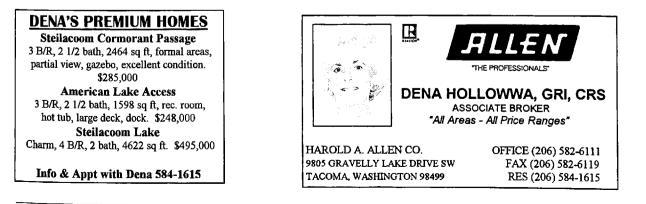
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November, 1996

Sixty years of PCMS membership Kenneth H. Sturdevant, M.D.



Dr. Sturdevant and his wife, Evelyn pictured at a recent PCMS Retired Member Luncheon at Fircrest Golf Club. Dr. Sturdevant tells how medicine was practiced in Puyallup in the 30's. Read his fascinating story beginning on page 5.

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	Confronting Death: Who chooses? Who controls? A must attend program	
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PCMS Bulletin

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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. October 15 for the November 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.

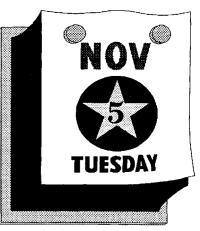
Editor: David S. Hopkins MD Managing Editor: Douglas Jackman Editorial Committee: David S. Hopkins (Chair), Stanley Tuell, W. Ben Blackett, Richard Hawkins Advertising Representative: Tanya Miller Subscriptions: \$25 per year, \$2.50 per issue

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to





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Looking back at medicine in the 30's as Kenneth H. Sturdevant, MD recalls the hardships of patients and doctors in the Puyallup Valley

Graduating from Loma Linda School of Medicine in 1930, 24year-old general practitioner, Dr. Ken Sturdevant departed for Seattle, Washington, to serve a one-year internship at Swedish Hospital. Following the internship he and Evelyn married and settled in the island community of Friday Harbor where they spent five years. He heard of the beauty of the Puyallup Valley and particularly the community of Sumner. In 1936, Sumner already had two doctors, so Dr. Sturdevant decided to move his practice to Puyallup, making him the fifth physician practicing there. His office location was near Puyallup General Hospital, the precursor of Good Samaritan Hospital, which was located downtown on 4th Avenue NW. It had 28 beds.

Puyallup's population was approximately 7,500. Very few people resided on South Hill. The Meridian highway to Graham was partly only one lane. It was said that a person could lie down and sleep on the road at night and would never be hit, there was so little traffic. Dr. Sturdevant recalled making house calls to Graham. Dr. Shirley Barry, who came here about 1920, would occasionally ride his bicycle to Orting to make house calls. He had replaced the bicycle with a car long before Dr. Sturdevant arrival.

Dr. Raymond Morse came about 1900. Dr. Charles Aylen had settled in Puyallup in 1924 and Dr. Fred Scheyer about 1930. One of the pioneer physicians, a founding fellow of the American College of Surgeons, Dr. Warner Karshner, still lived in Puyallup but had discontinued practice. He had arrived in the 1890's.

The Puyallup General Hospital was owned by two nurses, one a surgical nurse and the other an anesthetist. Dr. Aylen did much general surgery, including abdominal, pelvic obstetric, ENT, total, "to prevent cancer of the cervix." He treated breast cancer with simple mastectomy, not the standard Halstead radical mastectomy, followed by the crude radiation therapy available. When criticized he replied, "My results are as good as theirs." They

"As I look back on it, I wonder how anybody lived," said Dr. Sturdevant.



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Dr. Sturdevant said Dr. Aylen was an excellent general surgeon, equal to the teachers that taught him while interning at Swedish Hospital. In addition to the usual abdominal and pelvic surgery, he did mastoidectomies for the common acute mastoiditis, suprapubic prostatectomies and renal and ureteral operations. In his year at Swedish, Dr. Sturdevant had not seen a vaginal hysterectomy; yet Dr. Aylen was doing many of them perfectly. At the Swedish, the cervix was rarely removed with abdominal hysterectomies. All of Dr. Aylen's were

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All fractures, including those of hip and spine were treated by general practitioners.

Cataracts were removed only when they were "ripe" (dense). After extraction the patient laid on the back for three weeks with both eyes bandaged and a sand bag on either side of the head to prevent movement. Hernia repairs were made with No. 2 (not 2-0) chromic gut sutures (baling wire). The

See "Sturdevant" page 22

1997 PCMS Budget approved with no dues increase

At their October meeting, the Board of Trustees approved the proposed 1997 budget. The budget does not call for a dues increase. Total income and expenditures are budgeted for \$208,720.

Total income and expenditures for 1996 are projected to be \$212,238 and at this time it appears that the Society will complete the year with a \$500 gain. PCMS reserve level will be approximately \$80,000.

The budget is based on a membership of 640 full dues paying members. Dues are \$240 annually.

The Society was able to reduce total expenditures due to the ability of your for-profit subsidiary Membership Benefits, Inc. (MBI) to assume the purchase of new equipment and payment of honoraria for general membership meeting speakers. MBI operates the permanent and temporary placement services and the publications division for PCMS. MBI has prospered and enabled PCMS to keep dues and expenses from increasing.

The College of Medical Education has remained financially stable and has maintained a reserve level of about \$25,000 the last few years.

In 1990, MBI purchased the Society's office building for \$165,000. As of October, 1996, MBI has paid off the bank loan and owes PCMS \$21,000 of the money borrowed to make the down payment. Currently, all available space is occupied and leased in the building at 223 Tacoma Avenue South.

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Medical

Physicians told sexual harassment must be taken seriously

October General Membership meeting attendees heard specific details about deception of sexual harassment

Members attending the October General Membership Meeting were asked if they wanted the sugar-coated version or the straight version of the presentation on sexual harassment. Melinda Branscomb, ID, Professor of Law, Seattle University School of Law, was told to give it straight. She told the physicians in the crowd that "if you ever get caught up in one of these lawsuits, you will wish you were not caught up in it," so by giving the message straight her hope was to help prevent anyone from facing such an ordeal.

Sexual harassment is a violation of federal law as well as Washington state law. It generally exists when the harassment is unwelcome: even when it is voluntary. Unwelcome does not mean involuntary. Branscomb gave fair warning; it is very easy to be deceived because if someone engages in voluntary conduct you would assume it was willingly. but the Supreme Court has ruled that voluntary participation does not equate to the behavior being welcomed. Sexual harassment also exists when the cause or concern of the conduct was because of sex as well as when it had the purpose or effect of altering the terms and conditions of employment.

"This is a strict liability concern - you may not be intending to react, you may think that you are joking, and you may think that it is all in good fun" noted Branscomb. However, it could have the effect of altering someone's work environment even though you had the best of intentions. The predominant number of cases of harassment involve men to women although she clarified that it goes both ways. Her presentation was based on the predominant type, male to female, which she noted is also most prevalent within the medical profession.

Sexual harassment is categorized into two types. The first. quid pro quo is when someone in authority directly conditions iob advancement or benefits on sexual conduct. The second type, and more difficult to understand is the hostile work environment. This is when sexual conduct pervades the workplace to such an extent that it alters the victim's working conditions, creating a "hostile or abusive" environment. This could include but not be limited to things such as:

- leering. Dr. John Rov questions of plaque for pla employees (unrelated to legitimate medical treatment), unwanted touching, etc.
- negative or offensive com-

ments, jokes, or suggestions about another employee's gender or sexuality

• obscene or lewd sexual comments, jokes, or innuendos



L to R: Speaker Melinda Branscomb & Jim Wilson MD listen while Dr. Andy Levine asks a question after the meeting



Dr. John Rowlands finally awards Dr. Jim Taylor his plaque for prior service as a Board of Trustee

• slang, names, or labels such as honey, sweetie, boy or girl; that others find offensive

See "Harassment" page 8

Harassment from page 7

• talking about or calling attention to another's body or sexual characteristics in a negative or embarrassing way

• displaying nude or sexual pictures, cartoons, or calendars on any company or organization property

She warned that "an environment that consists of joking and camaraderie can definitely be defined as hostile."

Ms. Branscomb gave numerous professional examples. She noted cases of women physicians who withstood jokes, innuendos, and other forms of harassment for decades. Today, people are unwilling to be quiet. Estimates of sexual harassment prevalence range from 42-90% of the American workplaces, with statistics being worse in medical and legal arenas. In a medical student study, she quoted 27% of women medical students had encountered some form of sexual harassment within the last year.

Why can't women take a joke? Because the effects are very serious and very real. Victims feel embarrassed. demeaned, suffer from a lack of self esteem, their work obligations can suffer. Physical manifestations are very prevalent and range from stress to mild sickness and hospitalization. Even without physical manifestations, the victim will focus on how to survive and how to get ahead in the work environment. When focusing on this, they are not productive or effective but constantly distracted. They are unable to perform to their maximum potential.

"Doctors and lawyers are at risk because the professions are extremely stressful and extremely demanding" said Branscomb. Always looking for ways to relieve stress they easily participate in the most familiar one which is joking and teasing. The profession is labor intensive, which is conducive to employees getting to know each other well. Medical personnel are discussing personal matters and bodies, so it is easy to joke about. "The law does not forbid joking and it does not forbid horsing around," added Branscomb. "It just forbids doing it in a way that makes a sexually pervaded work environment. Don't focus on sexuality, bodies,

good lookingness, etc. The laws are difficult and we have to understand the law and adjust our conduct to them," she said. Since sexual harassment is considered intentional conduct, even if the perpetrator subjectively did not intend to "harass" anyone, in the Ninth Circuit, which includes Washington State, the harasser can be personally liable as well as the employer. And of particular concern for physicians is that damages for sexual harassment are usually not covered by mal-

See "Harassment" page 19



Dr. Arthur Maslow and his wife Betty posed for the camera



Dr. Pierre and Mrs. Susan Andrade visit before the meeting

Board Member Profile

by Judy Wagonfeld

Kids 'R Us

"When a child is in the house, all corners are full."...Yiddish Proverb

The numbers please: 14, 12, 11, 10, 9, and 8. Nope, it's not the lottery. Just an age list of Don and Barb Russell's six children.

"Id always thought the idea of zero population was good," said Russell, a Puyallup pediatrician. "So, I wanted two biologic and two adopted children." Barb had the same idea; two and adopt the rest. "Except," Russell laughs, "the rest for her was twelve!" As if butter and bread, Don and Barb were destined to meet. Unwittingly, Madigan greased the match; sliding Don the intern on Barb's pediatric unit.

Their first two children were born in Puyallup. The next two arrived from India; one a preemie girl (now eight) with cerebral palsy. When the fifth and sixth arrived from VietNam eighteen months ago, they spoke no English. The girl showed up amid a son's birthday celebration. The boy, who had no known past (so we made him eight," says Russell), walked into a daughter's birthday bash. Now, says Russell, "the kids think you go to the airport, pick up a kid, come home, and have a party."

Life at the Russell's is a progressive party. With six kids in four schools and diverse activities, "It gets kind of exciting," said Russell. Barb has paired her goal of twelve to a half-dozen. Along with board membership at the Tacoma Learning Center and volunteer work in the Tacoma Public Schools and the Interagency Coordinating Council (ICC), her dance card is filled.

Russell, of course, sees a ton of kids. In medical school he found

taking care of kids fun so choosing pediatrics was a no-brainer. The oldest of four children, Russell grew up in Iowa, returning for medical school after a career as a neurophysiologist. "Iowa," he says is a wonderful place to be from." Even his father, an architect, left to work for the State of Arizona until his parents retired to Bainbridge Island.

Russell had an architect friend of his father's design a functional, aesthetic office. Perched on a steep slope off Meridian, it takes full advantage of the western vista. Sitting in the waiting room, the window sill line obscures valley development, creating an illusion of viewing treetops from a mountain cabin.

The waiting area screams "kids". Scattered chunky red, yellow, and blue plastic mega blocks get stacked. A Playschool kitchen invites creative young cooks. Big trucks seek adventurous little drivers. Odd-shaped beaded wires and puzzles reach out from massive white cubes.

Exam rooms radiate like spokes from a central counter. Upstairs, Russell's office provides a serene loft retreat: stereo, books, a rooftop deck, and a haunting black and white photograph of a dark-haired young woman draped in black. Perhaps of mid-European origin, she holds a strikingly pale, naked infant. Peering at him, she's at once tender, remote, and dispirited. Discovering it in a rental home's attic, Russell kept it, fascinated by the image's unsettling quality. Oddly, it reflects Russell's intensity and practice goals that focus on fostering

Don R. Russell, D.O.

successful childhoods.

"Pediatrics," Russell believes, "is one-half preventive and prospective counseling. It's talking, talking; about, "bike helmets, auto restraints, firearms, guns, drowning, teenage suicide, pregnancy, and STDs." Pierce County, he's concerned, has backslid io the old days when each hospital tried to do everything. "It's not best for pediatrics," he said, nor does it provide the prevention that is most cost-effective.

"We're diagnosing a lot more kids with learning disabilities and emotional and behavioral problems that impact their education," says Russell. He'd like to see alternative teaching methods but knows it takes money not currently available. So, he said, we help with medications.

"Kids don't all fit into a mold," Russell noted. To parents, he explains, "that medication allows your child to more easily do what they're capable of. We're not changing your child, we're making it easier for him." He outlines that ADHD might be a super thing for survival in the jungle. Or, if a kid's hyper and lives on a farm, it may be no big deal. "But if you live in an apartment you can be in big trouble." He assures them that the kid isn't abnormal; it's just the <u>(See "kids" page 10)</u>

"Kids" (from page 9)

way this kid is. Still, he must sit in class, pay attention, and do homework. Meds alone, he emphasizes, aren't a cure.

"You can't divorce yourself from your kid's life." Russell says, "but you can be less obtrusive. You gotta do a lot more listening and less talking." Russell's philosophy is that, "You cannot micromanage kids down to the color of their socks." Parents know to set limits for two-year-olds; at eighteen the limits get lots wider.

At home Russell says, "We're real family oriented; with six kids it's hard to be anything but." Active in sports and acting; the kids also love camping and professional sports. The family shares dinner every night and when one of the six has a special event, everyone goes. He and Barb get a date alone about twice a month.

"Fifteen years ago," Russell laughs. "I had the guts to open a practice out of ignorance. Failure never crossed my mind." Fresh from Madigan, he and Barb conferenced each morning, notebooks and coffee in hand. Checking their lists, they hated out; sort of "Five Weeks to a House and Office." The doors opened; they waited and waited, blissfully unaware that building a practice takes time. "I borrowed money to buy food for the five months until I was out of the red," Russell said. He tries to instill in kids that they too can "do it," they just have to work hard. No one can do it for them.

"Men are fixers," Russell says. "It's's taken me decades to find out that when my wife brings up a problem it doesn't mean that she wants an answer...or a spreadsheet...She wants me to go, 'uh huh'." Same (See "Kids" next column)

Dept. of Labor and Industries working with PCMS members

On October 1 an initial meeting of a Task Force Committee was held. The members of the committee include five physicians representing PCMS and four staff members of the Department of Labor and Industries, Tacoma Service Location. The goal of the task force is to work toward improving communications between the department and medical providers.

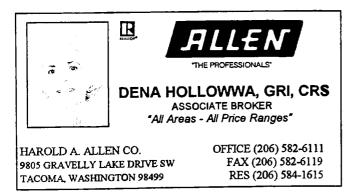
Helen Vandergriff, RN, Field Nurse Consultant of the Tacoma Service Location sought the help of the Medical Society. Ms. Vandergriff understands there are several communications barriers which need to be addressed. Some of the issues are billing, authorization, or just getting to the right person to answer the physicians's questions. Ms. Vandergriff is available to help physicians with any concerns. She will take your call at 596-3904.

The next task force meeting will be held November 5, 7:00 a.m. at the Pierce County Medical Society office. ■

"Kids"

goes for kids who often need an ear more than an opinion. In his office Adolescent Contracts let kids "talk about anything and I won't tell their mother -unless it's dangerous."

Knowing adolescents get overwhelmed by choices they encounter, Russell says. "I tell them that if it feels wrong it probably is. Listen to your gut." Then he crosses his fingers and hopes he's done a good enough job to launch them into the waiting world.



DENA'S PREMIUM HOMES

University Place Incredible View! Cape Cod, 3 bedroom, 3 bath. View from new kitchen, dining and living rooms. Large rec. room, private fenced yard with sport court.

Price, address and appointment with Dena Hollowwa 584-1615

Physicians help lead the charge to prohibit tobacco advertising to kids

Dr. Federico Cruz-Uribe's recent announcement that he and the Tacoma-Pierce County Health Department, which he directs, will move forward to stop merchants from advertising tobacco products toward children has caused a lot of commotion with retailers. So, much so, that their new slogan is "enough already."

On Thursday, September 26 PCMS members **Drs. Cruz**, **Patrick Hogan** and **President John Rowlands**, all spoke at a press conference held adjacent to Lowell Elementary School, and across the street from a gas station that has many cigarette ads at the eye level of children. The strategic placement of the meeting was to demonstrate how visible these advertisements are for children, even from the playground where they spend their recess.

The press conference was a

taking up the addicting habit. Speakers included doctors, politicians, the principal of Lowell school, and others.

Dr. John Rowlands found it ironic that he was speaking in front of his alma mater, Lowell School, where he learned the three R's. Now, he says, students are getting the four D's from the powerful advertising of the tobacco industry, "deception, drug addiction, dollars lost and disease."

Dr. Hogan, President of the Tobacco Free Coalition of Pierce County said that the tobacco industry and their billions of dollars worth of advertising are causing many children to smoke. "They paint false images and perceptions," he said. "This valiant effort of the Health Department is to try to protect children from the lies of the cartel that



Above, Dr. John Rowlands, President, tells the crowd about learning the three Rs when he attended Lowell School

resolution to the Board of Health that is restrictive and is drafted to



Dr. Federico Cruz-Uribe, Health Director believes that the ban will withstand legal challenges that will likely be encountered

success as many, many media people attended. Many reporters and camera people huddled on the street to hear each speaker praise the department for their efforts to prevent children from wants lifelong customers. Tobacco is not an adult behavior, it is first and foremost a pediatric disease," he added.

Dr. Cruz-Uribe explained that the Department will forward a



Dr. Pat Hogan, President, Tobacco Free Coalition of Pierce County testifies about deceptive advertising

withstand legal challenges. He noted, "retailers may market and sell tobacco in the county, but not to our kids."

See "Tobacco" page 12

Tobacco (from page 11)

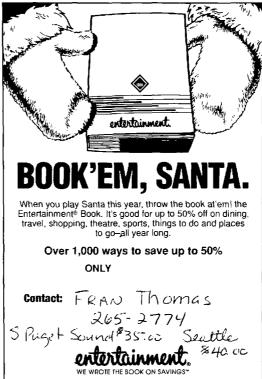
Board of Health receives proposal

At their October 2 meeting the Board of Health was presented the Youth Tobacco Prevention Resolution. Introduced by Dr. Cruz-Uribe and explained by David Vance, Public Health Manager for the Department, the resolution seeks to help prevent the continuation of youth smoking which has increased in the last few years. In Pierce County, 24% of 12thgraders smoke. Mr. Vance used the very appropriate slogan of the retailers opposing the resolution, to tell the Board of Health. "enough already in messing with kids lives."

Convenience stores are rife with ads aimed toward children, he said. Placed near schools and playground, near candy sections, images that equate youth and beauty with smoking. And, the advertising works. Over time, the continual exposure sends the message that smoking is acceptable and will make one appear grown up. Then during these impressionistic years of smoking, they become addicted at very young ages. Six million people become addicted each year with the vast majority of them being children. Over 7,000 kids in Pierce County are hooked on tobacco.

The Board heard testimony for over an hour both for and against the regulation. Although there were no tobacco company representatives at the meeting, there were representatives from two billboard companies, though both said little. AK Media said they would comply with any valid rules the county approves. Company officials from both Tacomabased Sun Media and Ackerley Outdoor Advertising of Seattle

1997 Entertainment Book sales benefit AMA-ERF



The PCMS Alliance is selling 1997 Entertainment Books. The Seattle edition is \$40 and the South Puget Sound edition is \$35. Please call Fran Thomas, 265-2774 to purchase your books. Remember VISA and MasterCard are welcome. This is an AMA-ERF fundraiser.

responded to the Tacoma News Tribune prior to the meeting that they will continue advertising tobacco, a legal product, for their clients. If the proposal becomes law, they will look to their lawyer for advice, added a company official. The Washington State Association of Neighborhood Stores, who opposes the ban, argued that it is peer pressure, not advertising that is a major factor in children smoking.

The Board of Health agreed to proceed with caution. They will have a study session of the issue and will not make a final decision prior to their November meeting, at the earliest. Their interests and concerns were what are other communities doing, legal issues, and impact on retailers.

YWCA Shelter seeks donations

The Tacoma YWCA Shelter needs items for women and children that seek housing and safety from abusive home situations.

The Shelter is in particular need of the following items:

- ▶ childrens socks
- childrens underwear
- school supplies
- craft and art supplies

The Shelter also needs donations for their emergency transportation fund for women who are trying to leave the area.

You can drop off items at the YWCA, 405 Broadway, Tacoma.

"Confronting Death: Who Chooses? Who Controls?"

The first Heather Koller Memorial Lecture will be held on Thursday, November 21, at 7:30pm in Chris Knutzen Hall, as a dialogue presentation on "Confronting Death: Who Chooses? Who Controls?" by Dax Cowart and Robert A. Burt.

Mr. Cowart, now a practicing attorney in Corpus Christi, Texas, is the former burn unit patient featured in the famous medical ethics teaching documentary, "Dax's Case," and in an important volume of essays of the same title. Mr. Cowart was critically injured in a propane gas explosion that took his father's life and burned more than 65 percent of Dax's own body. Today, he lives productively and in reasonable comfort, practicing law in his hometown of Henderson, Texas. His story would seem a tragedy with a happy ending. But it is far more complex than that interpretation would suggest, for he wanted to be allowed to die following the accident and he believes even now that he should have been granted that escape from his suffering.

Dr. Burt, Alexander Bickel Professor of Law at Yale University, is a noted scholar of constitutional law and health care ethics who has written critically of those who would have accepted Dax's repeated demands to be allowed to die.

Heather Koller, a May 1994 graduate of PLU, died of connective tissue cancer a month after her graduation. A philosophy major and English minor, she aspired to a career in creative writing and the teaching of ethics. Her family has founded the memorial fund to sponsor an annual visiting lecture in creative writing or ethics.

The joint dialogue-lecture appearance of Dax Cowart and Robert Burt is unprecedented. While affirming the value of his present life. Mr. Cowart maintains that it was wrong to refuse his demands to be allowed to die during the most painful years of treatment even if the odds of eventual recovery to a meaningful and reasonably pain-free existence were great. Professor Burt's view, on the other hand, is that it was correct to reject Dax's demands to die, for in large part they were created by societal reinforcement of Dax's doubt that his life any longer had value. The case itself, as well as Mr. Cowart's and Professor Burt's views, provide a rich forum for exploring fundamental questions about choice and suffering in severe illness.

PLU provost and philosophy professor Paul Menzel terms the "Dax's Case" video "the most effective single teaching vehicle in the health care ethics literature." Moreover, he notes, "Heather would have been thrilled with this program; she discussed the case and the questions it raises at great length."

Heather is remembered not only for her high academic achievement, but also for her elegant, outgoing personality--and especially, perhaps, for the strong, dignified courage with which she faced the pain of a long and very difficult disease. She was an ASPLU Senator for two years and Lucia Bride in 1991.

Contributions to the continuing endowment fund can be made payable to "PLU--Heather Koller Memorial Fund" and sent to the Office of Development. Sufficient growth of the fund will allow similar programs to be offered annually in the future.

The Heather Koller Memorial Lecture

in dialogue format by:

Dax Cowart, J.D. (of Dax's Case)

and

Robert A. Burt, Professor Yale Law School

Thursday, November 21

7:30 - 9:30 p.m.

Chris Knutzen Hall University Center Pacific Lutheran University

This program will provide a rich forum for exploring fundamental questions about choice and suffering in severe chronic illness. Ample time will be provided for audience discussion.

> For more information call 535-7683



the hills and down along Lake

Crescent into Gig Harbor and

across the Narrows Bridge to

complete the 45 mile journey.

They were home by 2:00 p.m.

The next scheduled ride is

down to Centralia with the return

please call the Society office, 572-

trip by train. If you like to ride.

PCMS bikers ride the Vashon ferries (and miss them)

Several members of the PCMS Bike Club met at the Pt. Defiance

ferry dock on early Sunday morning, September 22, and caught the Tahlequah ferry to hilly Vashon Island.



Joining internist Henry Retailliau was neurologist Pat Hogan; orthopedist Jack Stewart and his 13 year old daughter, Janine; and internist David Munoz and his 14 year old daughter, Meredith.

The hills of Vashon Island are notorious for bike riders so the group had to stop at the local restaurant for a taste of pastries to increase their energy level. At the other end of the island awaited the Southworth Ferry, which they missed by two minutes. With a 50-minute rest until the next ferry, **Dr. Pat Hogan** elected to ride up the hill (twice) for some exercise.

It was a beautiful sunny day as the group rode into Olalla and up

Phil Craven, MD, coordinates education

Phil Craven, MD, Infectious Diseases, Tacoma, served as coordinator for the scientific sessions offered in conjunction with the WSMA Annual Meeting. The meeting was held in late September at the Tacoma Sheraton Hotel.

Many, many scientific sessions

Nominating Committee selects candidates

The PCMS Nominating Committee met in late September to recommend nominations for officers and trustees for 1997. The committee was comprised of current Executive Committee members and four at-large members selected at the September General Membership Meeting.

The committee selected James M. Wilson, Jr., MD as President-Elect; Lawrence A. Larson, DO as Vice President; Charles Weatherby, MD as Secretary-Treasurer; and Drs. Patrice Stevenson, Nick Rajacich, and Gary Taubman as trustees.

Only one candidate is selected for each position, because according to *Robert's Rules of Order*, "It is usually not sound to require the Committee to nominate more than one candidate for each office, since the Committee can easily circumvent such a provision by nominating only one person who has any chance of being elected."

Physicians attending the committee meeting included Executive Committee members, Drs. John Rowlands, David Law, James M. Wilson, Jr., Stan Harris, and Lawrence A. Larson, as well as atlarge members Drs. Surinderjit Singh and Patrice Stevenson. are held during the four day meeting. This year a sampling of programs included: Addiction Medicine, Asthma and Allergies, Risk

3667.



Philip Craven, MD

Management, Genetics, etc. The educational programs are offered free of charge and are usually accredited for continuing medical education credits.

Dr. Craven has been active in medical education. He is currently serving a second term on the College of Medical Education Board of Directors.



Physician Biographical Information now on AMA Web Sitesee for yourself at http://www.ama-assn.org

For every year he has been in practice, gastroenterologist Richard Corlin, MD has paid up to \$8,400 annually for a simple listing in the Yellow pages with his name, address, and phone number. Today, he has his entire medical biography on the AMA's Internet Web site, at no cost.

AMA's new program, AMA Health Insight, contains both the new patients' medical "Reference Library" and a new physician information database called "AMA Physician Select."

The AMA database, the most comprehensive listing of all U.S. physicians, lists a physicians's education, residencies, board certification and other significant biographical information available. Patients can search the database by physician name, location or specialty.

"Patients can pop-up on the Internet or head to the public library and find a biography on their physician in a matter of seconds," said Corlin, speaker of the AMA House of Delegates. "You also can search your town by specialty and find a list of all the licensed physicians in the area. This is a great tool for members of the public seeking the best physicians for themselves and their families."

Although many medical societies offer similar on-line search services listing member physicians, AMA Physician Select is the first nationwide database of all licensed physicians available to the public. Searches can be conducted by 23 major specialties and 150 sub-specialties, and be city, zip code, state or by name. AMA Physician Select provides the physician's name, address, phone number, gender, medical school. all residency and internship information. specialty board certification and AMA membership. The AMA Patient Reference Library contains information about the AMA and the medical profession and a link to information and resources on diseases. such as the JAMA/HIV AIDS Information Center. The HIV Center features clinical updates, daily news and information on social and policy questions related to AIDS, under the direction of IAMA staff and an editorial board of leading HIV/AIDS authorities.

All AMA members are offered an "expanded web page site" to list additional practice information, including practice philosophy, health plans accepted, hospital privileges, group practice affiliations, personal information, practice hours, and even a photo. All AMA members are also identified in the database by the AMA logo, as are recipients of the AMA Physician's Recognition Award for continuing medical education.

"We expect 30 to 50 percent of patients to use the Internet at home or in local libraries to find out more about their physicians," said Corlin. "The expanded web pages are much more than a yellow page ad. It's like a brochure placed in the hands of thousands of potential patients."

Only AMA members are eligible for the "expanded web page" listing, although AMA's Corlin jokes that any potential AMA member can purchase an expanded web page for \$425 - the price of AMA membership. "They can get the expanded web page and all the other benefits of membership for \$420 annually,



less than the monthly cost of that Yellow Page ad."

The AMA launched its award winning site on the Internet in August of 1995 and includes clinical abstracts and articles from the Journal of the American Medical Association and the AMA's nine specialty journals. All press releases, statistics and award-winning American Medical News summaries are on the AMA;s web page along with a data base of 7,000 approved medical residency programs for graduating medical students. All state, county, and specialty medical societies with existing home pages are accessible through to the AMA's web page. More than 2.5 million visits to the AMA web site were logged in the last vear.

AMA Physician Select is revolutionary. Never have patients been able to gather so much information on their physician at the click of a computer mouse. The patient Reference Library promises to do the same for all of those looking for the most up to date, reliable information on a broad spectrum of conditions.

The AMA database includes only actively licensed physicians. Liability awards against physicians will not be made available, according to Corlin. "It's impossible to interpret such information," he said. "Unfortunately it can be the most skilled physicians with the sickest patients who find themselves in court, and the average obstetrician is sued twice every 10 years, regardless of professional competence."

Welcome: Applicants for PCMS membership

Esuabana, Asuquo A., MD Family Medicine

Practices with CHCDS, 1213 S 11th St., Tacoma 98405; 597-3813

Medical school: Kubanskii Medical Institute

Internship: Flower Hospital

Residency: Flower Hospital

Ginsberg, Daniel C., MD

Internal Medicine

Practices with Allenmore Internal Medicine; 19th & Union, 627-2142 Medical school: Uniformed Services University of the Health Sciences

Internship: USAF Medical Center Residency: USAF Medical Center

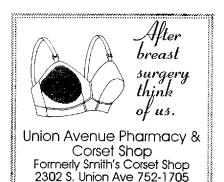
Hall, Jerome C., MD

Orthopaedic Surgery

Practices with The Orthopaedic Center, 1112 6th Ave #300, Tacoma 98405; 272-2224

Medical School: New York Medical College

Internship: Mt. Sinai Med Center Residency: Mt. Sinai Med Center Graduate Training: Hospital for Special Surgery



Horvath, Kimberly E., PA-C Ob/Gyn

Practices with Dr. Elizabeth Sanford, 316 MLK Jr Way, #309, Tacoma 98405; 572-2244

Medical school: Yale University

Pham, Joseph T., MD

Ophthalmology

Practices with Drs. Baer, Bowe, Good, & Taylor at 1818 S Union Ave, Tacoma 98405; 759-5555

Medical School: Oregon Health Sciences University

Internship: Emanuel Hospital Residency: Casey Eye Institute O.H.S.U.

Fellowship: University of Texas

The annual Infectious Diseases

Update CME program is set for

Convention Center, Rooms A & D

Friday, November 22 in the

next to the Tacoma Sheraton

The very popular program,

directed by Alan Tice, MD will

Joseph Dalovisio, MD from New

McEniry, Schwartz and DeMaio,

from co-sponsor Infections Lim-

present on common outpatient

infections of interest to the Pierce

•Epidemic Fungus & New Therapy

ited, PS of Tacoma, will also

County medical community.

•Tuberculosis Evaluation &

Subjects planned include:

feature nationally recognized

Drs. Tice, Marsh, Craven,

Hotel.

Orleans.

Stowell, Virginia A., MD General Surgery

Practices with Cedar Surgical Associates, 2121 S 19th St., Tacoma 98405; 383-5409

Medical School: Rush Medical College

Internship: Madigan AMC

Residency: Madigan AMC

Taylor, Mark W., MD Ophthalmology

Practices with Drs. Baer, Bowe, Good, & Taylor, 1818 S Union Ave, Tacoma 98405; 759-5555

Medical School: Northwestern University Medical School

Internship: St. Joseph's Hospital (Chicago, IL)

Residency: McGaw Med Center

Infectious Diseases Update set for November 22 at Tacoma Sheraton Hotel

Treatment

•Infections of Prosthetic Devices

•Review of Antiviral Therapy

•Treatment of Lower Respiratory Infections

•Osteomyelitis

•Evaluation of the Febrile Infant/ Child

For program and registration information, please call the College of Medical Education at 627-7137. Call early as it is anticipated that the course will fill and a waiting list for attending will be established.



Washington State Medical Association Annual Meeting in review

The 106th Annual Meeting of WSMA, held at the Tacoma Sheraton Hotel in late September, was four days of discussions, compromises, education and camaraderie for doctors from all areas of the state.

Representing Pierce County were: Drs. John Rowlands, Maria Mack, Joe Nichols, David Law, Mason Cobb, Ron Taylor, Larry A. Larson, Keith Demirjian, Marilyn Pattison, Pat Hogan, Andy Levine, Bob Alston, Mark Gildenhar, Susan Salo, Robert Sands, David Munoz, David BeMiller, Richard Hawkins, George Tanbara, James M. Wilson, Don Russell, Vita Pliskow, Stan Harris, and Peter Marsh.

Making the meeting newsworthy was the end-of-life discussion and anticipated House of Delegates debate. As it turned out, the discussions took place in the Reference Committee Meeting and by the time the topic hit the House Floor for a vote, there was no discussion. The vote, which was unanimous, supported the comprehensive report produced by a task force comprised of physicians who stand on both sides of the assisted suicide issue. The report made no recommendation on WSMA policy which currently opposes physicians assisted suicide, because of See "WSMA" page 18



Left to right from front row: Drs. Vita Pliskow, Andy Levine, Bob Sands, Bob Alston, Keith Demirjian, Ron Taylor and Larry A. Larson during the House of Delegates session



Dr. David BeMiller, WACOG representative, participated in discussions of the Reference Committee prior to the House of Delegates final session



Mimi Pattison, MD, PCMS Trustee, served on Reference Committee B that led the discussions regarding physician assisted suicide



Left to right by row: Drs. Lenny Alenick, Stan Harris, Don Russell, Mason Cobb, Mimi Pattison and David Law listen intently during the House debate

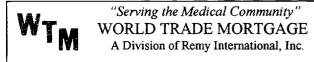
WSMA (from page 17)

pending Supreme Court Action. Other directions to WSMA in the report included: 1) to work with legislators to create law and regulation to reduce the risk to the vulnerable should physician assisted suicide become legal, 2) assist physicians in understanding and responding to patients' end of life medical and psychological needs, and 3) work with other groups to improve care of the dying, recognizing the educational, institutional and social changes that are needed to improve such care. (A complete copy of the report is available by calling PCMS, 572-3667 or on the WSMA website http://www.wsma.org)

Another item debated heavily prior to reaching the House floor was the selling of WSMA's stock in WSPIA. WSPIA is the attorney-in-fact for physicians who are insured by the Exchange, and is responsible for managing the company's affairs. This vote gives the Exchange control of WSPIA. Physicians will continue to control the Exchange through its Subscribers Council (two physician representatives for each of the state's nine congressional districts are elected to the council by their fellow insureds.) WSPIA will continue to serve as the attorney-in-fact for the Exchange, and as part of the transaction, the parties have agreed that the structure of the physician controlled Board of WSPIA will remain intact. In addition to the stock sale, the WSMA Board of Trustees approved an agreement that assures a continued close relationship between Physicians Insurance Exchange and the WSMA.

Other activities at the Annual Meeting included installation of new officers for the 1996-1997 year. They include **Dr. Peter Marsh**, Tacoma, Infectious Diseases, as president-elect.

For a complete report on the WSMA Annual Meeting including actions of the House of Delegates session, visit the WSMA website at http:// www.wsma.org. Instructions for accessing the website were mailed to all WSMA members last month. If you need additional information on how to access the site, please call PCMS at 572-3667. ■



CLAUDE A. REMY, CCIM President

Tacoma Corporate Center 2115 S. 56th Street, Suite 105 Tacoma, WA 98409 USA Office: (206) 474-5785 FAX: (206) 474-5919 Pager: (206) 593-9606

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Welcome, new Pierce County Medical Society members.....

Ansari, Irfan, MD

Physiatry

Practices with Electrodiagnosis & Rehab Assoc., 2201 S 19th St, #104, Tacoma 98405; 272-9994

Medical School: Sind Medical College, University of Karachi (Pakistan)

Internship: Suny Health Sciences Center at Brooklyn

Residency: Cook County Hospital, Chicago IL

Residency: Schwab Rehab Hospital, Chicago IL

Residency: University of Washington

Harassment from page 8

practice insurance because it is intentional conduct as opposed to negligence. Sexual harassment may also violate other laws including criminal (assault and battery, etc.), civil torts (negligent or intentional infliction of emotional distress, batter, assault, false imprisonment, etc.) or contract breaches.

Can you insulate yourself from a hostile working environment by closing your eyes? Of course, the answer is no and you will be liable if you are aware of the problem or have been told of the problem and take no action. With quid pro quo harassment, however, you are liable whether you are aware of the problem or not.

Her advice if you have a complaint of sexual harassment in your office is to be sure and give a prompt response. Gather the facts, get written statements, consult your attorney. Take the complaint seriously. "By no means is discharge of either party the first thing you should do," she warned.

Campbell, Samuel J., MD

Vascular Surgery

Practices with Dr. Allen Yu at 314 MLK Jr Way, #303, Tacoma 98405; 572-2844

Medical School: Texas Tech University Health Sciences Center

Internship: Texas Tech University Health Sciences Center

Residency: Texas Tech University Health Sciences Center

Graduate Training: Southern Illinios University



A written personnel policy is a must. It must be a serious policy that clearly states sexual harassment is forbidden, is taken seriously and will not be tolerated. The policy must allow for a place to file a grievance other than to the supervisor of the person filing the complaint and it should outline steps that will be taken to enforce the policy.

When asked about innocent touching such as pats on the shoulder for a good job, or a congratulatory hug, Ms. Branscomb says yes, the behavior is acceptable and not illegal. "The law doesn't say you can't do this and it doesn't even say you can't make a sexual joke." But, it is going to be based on the "all facts and circumstances test,' which includes what else is going on, is the touching on a repeated basis, is the person feeling awkward or humiliated because of it. She suggested talking about it and asking employees if they are uncomfortable with minimal touching. You can see what the

Gebhardt, Kent R., DO

Family Practice

Practices with CHCDS at 14916 Washington Ave SW, Tacoma 98498; 589-7027

Medical School: College of Osteopathic Medicine of the Pacific

Internship: Cook County Hospital Residency: Cook County Hospital

Gunther, Phillip B., MD Radiology

Practices with Diagnostic Imaging NW at 7424 Bridgeport Wy W, #103, Tacoma 98467; 581-4333

Medical School: University of Colorado School of Medicine

Internship: Presbyterian/St. Lukes Medical Center

Residency: University of Colorado Fellowship: Mallinckrodt Institute of Radiology, Washington University

Petersen, Anne L., MD Radiology

Practices with Diagnostic Imaging NW at 7424 Bridgeport Wy W, #103, Tacoma 98467; 581-4333 Medical School: University Wisconsin-Madison Medical School

Residency: Bowman Gray School of Medicine

Fellowship: Medical College of Wisconsin

reaction is and judge it. She suggested listening carefully with a certain degree of suspect skepticism. The behavior must also pass the what is reasonable and not offensive test.

Doctors must remember the power they have over their <u>employees and their patients.</u>

In memory of Joseph H. LaTona, MD

by Lona E. LaTona

We remember Dr. LaTona who passed away at his home in Sun City, Arizona on September 20, 1995, one year ago. He had been through a four year illness with cancer. He was 77 years old. Dr. LaTona is survived by his wife Lona, three sons (Joseph of Peoria, AZ, Thomas of Mesa, AZ and Kevin of Seattle, WA), five grandsons and a sister, Almina. His eldest son, John predeceased him in 1983. Dr. and Mrs. LaTona had been married for 51 years on August 12, 1995.

Dr. LaTona was born in Niagara Falls, NY. He was a 1944 graduate of the University of Niagara and Creighton Medical School in Omaha, NE. He completed his residency in Obstetrics and Gynecology at Creighton Memorial St. Joseph's Hospital in Omaha in 1953. He served in WWII and the Korean War as a Lt. Commander in the Navy and in the Marines. After his discharge from service in 1955, he returned to Niagara Falls where he practiced for 15 years.

In 1970, Dr. LaTona moved with his family to Tacoma where he was associated with Dr. Herbert Meier and Dr. Vozenilek and later with Dr. Thomas Brown. He practiced in Lakewood and St. Clare's hospital for 13 years before retiring in 1983. He served as Chief of Staff as well as Chief of Obstetrics and Gynecology. He delivered over 9,000 babies in his nearly 40 years of practice.

LaTona was a Fellow of the American College of Surgeons, a Charter member of the Gynecology and Urology Society and a member of the American College of Gynecology.

He was active in the program for continuing medical education. He

was a member of PCMS and the Pacific NW Obstetrics and Gynecology Society. He was a member of Lakewood Rotary, a Charter member of Tacoma Clover Park Rotary and a Paul Harris Fellow. He was active on the Board of the Clover Park Senior Center and was a member of the Oakbrook Golf and Country Club where he enjoyed golfing.

Following retirement in 1983, he volunteered and served at several Indian Reservation Hospitals in New Mexico and Oklahoma.

Dr. and Mrs. LaTona traveled as the Ship's Doctor serving two different expedition ships which took them around the world for 5 years. On many trips, he treated people leaving medications for them. It was a rewarding contribution and a wonderful retirement experience.

Dr. LaTona has left many friends and family with whom he kept in close contact and who came to say good-bye the summer before he passed away at his home surrounded by his family. He was a kind, compassionate and dedicated man and is greatly missed by his family and friends.

Puget Sound Area, WA: You know how you want to set up your practice. We can help you do it. Dynamic physician-hospital organization seeks BC/BE Family Practitioners and Pediatricians. Willingness to provide obstetrical care a plus for FPs. Flexible financial packages and practice positions available from independent to group settings, practice management to full employment. Convenience, quality 225-bed hospital and excellent location in fast-growing, primary care under-served, family community. Close to Seattle with yearround recreational opportunities. Contact Rebecca Sullivan, MD, Medical Director. Puyallup Valley Healthcare, 407 - 14th Avenue SE, Puyallup, WA 98371, (206) 848-6661, Ext. 2811.

Puyallup, WA: Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 10 hour shifts. Clinic hours are 12 noon to 9:30 pm Monday-Friday, 10:00 am - 7:30 pm Saturday, Sunday and holidays, outpatient only. \$50/hr, benefits available. Send letter of introduction and CV to Urgent Care Center Application, Puyallup Valley Healthcare, PO Box 1247, Puyallup, WA 98371-0192.

Physicians

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Medalia offers a competitive salary and benefits package including 401(k) and deferred compensation programs. If you are interested in providing quality care, please write to our Human Resources department at One Union Square; 600 University St. Suite 1200; Seattle, WA 98101.



Providence and Franciscan Health Systems

In memory of Gordon Dean, M.D.

by Max Brachvogel, M.D.

Gordon Dean, MD was born on December 30, 1923 in Mitchell, South Dakota. He passed away on July 16, 1996. During those years he touched the lives of many in a very positive way.

Gordon and Florence with their three sons, Greg, Steve and Mark, moved to Tacoma in 1962. Gordon attended Creighton University for his pre-med education and then graduated from the University of Nebraska School of Medicine in 1953. Following his internship at St. Joseph Hospital in Tacoma, he completed a residency in anesthesiology at Lackland Air Force Base in Texas. The family moved to Redding, California where Gordon practiced prior to coming to Tacoma.

In Tacoma, Gordon practiced anesthesiology at St. Joseph, Tacoma General, Medical Arts, Allenmore and Doctor's Hospitals. The vast majority of his time was spent at Doctor's Hospital.

During his years of practice here, Gordon was a member of the American Society of Anesthesiology, WSMA, PCMS, Fircrest Golf Club and St. Patrick's Church.

Recalling my thoughts of Gordon, I remember the many hours we worked together in surgery. Gordon carefully took care of the anesthesia while I did one or another ocular procedure. I always knew the patient was getting the best with Gordon in charge. Working with him wasn't really work, it was fun. All of us could rely on Gordon. Gordon's nonmedical interests and activities included reading, music, history, theater, skiing, boating, golf and traveling. Perhaps what he most enjoyed was just being with his family and friends.

My wife and I spent many hours with the Deans. From golf to falling down various ski slopes to boat trips in the San Juans, we always had a special time with Florie and Gordie.

Gordon was a devoted husband and father. He was loyal to his many friends and honest and truthful to all. I will always be thankful that I knew Gordon and I shall cherish his memory forever.

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Sturdevant (from page 5)

patient was kept in bed, no sitting up even, for eighteen days. Those with abdominal or pelvic operations were kept in bed for 14 to 21 days. Pulmonary embolism was feared and was not uncommon.

Dr. Aylen taught Dr. Sturdevant basic surgery. In those years and into the fifties any licensed physician was welcome to put on gown, cap and mask and come into the operating rooms of the surgical giants nationwide, look over their shoulders and learn. Dr. Sturdevant took advantage of this privilege frequently.

Sulfanilamide, followed rapidly by other sulfonamides came in the late thirties and thereafter. Sulfapyridine in the early forties miraculously controlled pneumococcus pneumonia within 24 hours; from deathly sick to apparently well in 24 hours! The first true antibiotic, penicillin, was developed in England and used by the Allied military forces in the latter part of World War II. Civilians did not have it until after the war.

Sporadic cases of poliomyelitis appeared in late summer and early fall. Every few years there would be an epidemic with many and more serious cases. Diaphragmatic paralysis was the killer. In the early forties the "iron lung" was developed for mechanical respiration.

Reflecting back on it, Dr. Sturdevant, now 90, said, "Medicine was primitive in those days. We only had a glimmer of physiology and genetics, no cellular physiology and very little knowledge of hormones. We did know a bit about insulin, thyroxin and pituitary hormones, but just the basics, and there were few effective medicines available." He said that doctors prescribed arsenic, mercury and strychnine and if it hadn't been for prohibition. alcohol would have been prescribed for many problems. "The only medicines we had that were specific were digitalis and nitroglycerin for the heart and a few others." The cause of hypertension was not known, but someone determined in 1934 or 1935 that salt was a contributing factor. Surgery for ruptured intervertical disks was begun about 1934 or 1935. Neurosurgery was in its infancy with a high mortality rate. The best cough medicine available contained heroin. It was banned in the early 30's. Dr. Sturdevant recalled that in springtime in Friday Harbor some mothers would give the kids a teaspoon of kerosene as a spring tonic.

Winters were terrible for children. There were smallpox, typhoid and pertussis vaccines and diphtheria and tetanus toxoid for immunization and diphtheria and tetanus antitoxins for treatment. Children were susceptible to all the other common infections: colds, influenza, acute throat infections. purulent otitis media and acute purulent mastoiditis requiring surgery; pneumonia, sometimes with empyema requiring rib resection for drainage; acute osteomyletis needing extensive surgery and many months for recovery; erysipelis. measles, scarlet fever, acute renal infections; acute rheumatic fever with rheumatic carditis and chorea, blood infections which were almost always fatal, and on and on.

In the thirties some physicians still prescribed cigarette smoking as treatment for asthma. Adrenalin was the only effective anti-asthmatic.

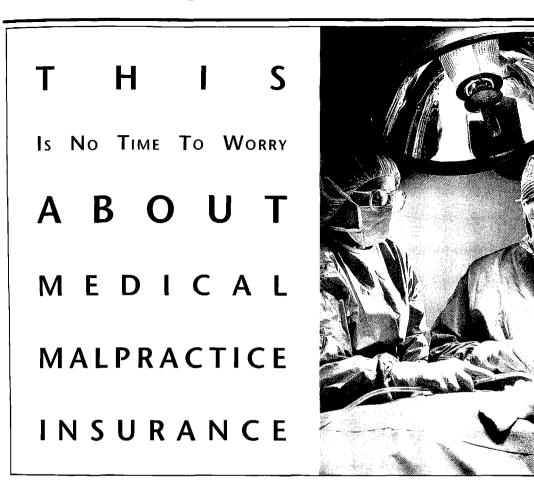
Syphilis was treated with neosalvarsan, an arsenical, and mercury ointment rubs to the skin, both palliative. Gonorrhea was treated with daily irrigations of the urethra with four quarts of potassium permanganate solution for four to six weeks when the body cured itself.

Today at meetings, when academic speakers say, "Don't give an antibiotic until there are cultures and sensitivity tests, "Dr. Sturdevant wants to scream "Don't wait even one day for complications to develop! Give an antibiotic now!" He is with the frightened parent who wants something done stat. 'I have seen too many tragedies because of the unavailability of antibiotics," he said.

Modern medicine was just beginning. It was after WWII that medical advances developed rapidly. Pneumonia was a horrible disease with about a 50% mortality rate. There was no way to treat patients except to tell them to drink lots of fluids and rub the chest with medicine that smelled good. If the patient couldn't develop his or her own immunity, they would die. Women died of complications from pregnancy. Toxemia's that are treatable today, had a very high fatality rate. "As I look back on it, I wonder how anybody lived," Dr. Sturdevant said.

Dr. Sturdevant estimates he delivered approximately 1,000 babies during his career, including one set of triplets that he delivered at home. He had not seen that family for any medical reasons at all prior to the delivery. The house still sits on South Hill.

In 1958, he received a letter from a woman in Arizona. She had enclosed a check for \$35 to See "Sturdevant" page 28



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Pierce County Medical Society Alliance

Join now - you can count on friendship of the Alliance

by Ginnie Miller

Memberships in medical Alliance groups have dwindled to an alarming low in recent years - and this is true with many womens' clubs throughout the United States. The reasons are varied but predominating is the need for two working family members either for financial reasons or for personal growth. Yesterday's "housewife" has different needs, expectations, etc. than when I was young. Heavens! That's over a half century ago!

Medical Alliance needs your help - either as a supporting member or as a participating one. For years I was in the "S" group and for even longer I have, in a minor way, been in the "P" group.

Five years ago I was supported by the participating members of PCMSA. In August 1991, I was in a car accident and in a hospital bed for four months. Exactly one month later, my husband Ray died a few days after suffering a

stroke. Nikki Crowley called asking what the Alliance could do to help me and I asked if she could take over the sharing time after Ray's memorial service and the Alliance, along with several other groups, prepared a loving and elegant array of food at the church. I was in a wheel chair. casts on leg and arm and groggy from shock and medication but I do remember the comfort and caring that was expressed by all those participating. Later, when Nikki called again asking what the Alliance could do. I told her I was unattended only on Tuesday's and Nikki organized a "Ginnie Brigade". A dozen or so Alliance members signed up for a 2-3 hour stint with those coming at noon bringing lunch. Some of those women I scarcely knew! I asked a few of them why they were participating in this outreach. Mona said "it's pay back time and Patty told me it was because of a

card that was sent."

We are a supportive group in more ways than one. We are always participating whether within the Alliance or other directions. However, Alliance needs you and when your life takes an unexpected turn towards an unfamiliar and sometimes frightening path, you may find you need Alliance and those friendships more than you ever thought possible.

This chapter in my life, never before told, has had several people renewing their memberships with Alliance. This is a true story. I've several other untold chapters and believe me, they will remain untold but read this once again and send in your membership dues.



Alliance welcomes you! Please join us by sending in the dues statement below: If you have questions or would like additional information, call Membership Chair, Kris White 851-5552 or Fran Thomas 265-2774.

Pierce County Medical Society Alliance.....Dues Statement

Please circle one:	Regular :	\$75	Widow,	Retired: \$56	Newcomer: \$55		Student/Resident: \$25
This year you can	charge you	r d ue s	s on your	c redi t card:		MC #	
Expiration Date: _				Signature:	·		
Name:				Address:			
Telephone:			Participa	ting Member:		Supporti	ng Member:
Please make your cl	heck payabl	e to P(MSA and	l mail to Janet Fi	ry, 1300	1 53rd Ave NV	V, Gig Harbor WA 98335.



the Pulse

Pierce County Medical Society Alliance

President's Message

October passed very quickly (must be a sign of age. Time is really flying by!) We had our membership phone-a-thon. If you haven't paid and weren't called there's still time. We were unable to call all the names so you may still be hearing from an Alliance member.

Please say yes. It really makes the caller's day, not to mention how it helps the Alliance carry on its many philanthropic projects.

I've been told that the last 12

from Fran Thomas

babies are about to arrive now so hopefully we'll have news next month of their school application.

I hope everyone enjoyed Andora's Style Show at Tacoma Golf & Country Club on October 18 as much as my tennis partners and I did. Thank you Kathleen, Karen and Mona plus all the models for their time and effort to make this program a success!

Thanks for all the Entertainment Book calls I've had. It really makes my day to get an order!



The Alliance had their first general meeting of the year at the home of Ginnie Miller on September 20 with 20 members attending to see gemologist Kris Olsen tell how to care for, choose and select gems. Valerie Demaio and her baby daughter Laura attended as a newcomer. A bag of bulbs was presented to her as a gift from the Alliance. Carla Redding from the YWCA spoke about the Encore Program. President Fran Thomas displayed the Baby Think It Over dolls. Pictured above left to right are Fran Thomas, hostess Ginnie Miller, gemologist Kris Olsen, Mona Baghdadi, Kathy Smith and Karen Dimant.

More Alliance news page 26

Unique slate of programs offered

This year the Alliance is offering an exciting and unique slate of membership meetings. Most meetings will begin with a 10:30 social, and conclude with a noon lunch. Watch for program flyers in the Bulletin/Pulse for specific program information.

November 22, 10:00 am

"Humor and Healing" featuring Tacoma General Hospital's Comedy Cart master Marie Giaudrone. Home of Kathleen Forte, Tacoma

December 10, 6:30 pm

Joint Annual Christmas Party/ Meeting with PCMS. Sheraton.

February 7, 10:30 am

Featuring antique dealer Lee Skinner. At the Rabbit Hole, 4109 North 33rd. (Limited seating)

March 28, 10:30 am

Kick up your heels and learn "Line Dancing" taught by Alliance's own Sylvia Lee. Houston's Bar & Grill, Tacoma. VOTING MEETING.

April

WSMA Alliance House of Delegates. Spokane. Daytime activities, kitchen tours.

May 16, Cost & time TBA

Herb Farm, Fall City. Tour and box lunch. Limited seating, register early. Carpools will be organized.

RSVP for all programs to Karen Dimant by the Monday prior at 265-2516. ■

Philanthropic Update

The philanthropic committee met October 7 and recommended the following applications to the board for funding.

- Pierce County Medical Society Alliance "Baby Think it Over" Project
- Trinity Neighborhood Clinic
- YWCA-Women's Support Shelter & Encore Program
- Pierce County AIDS Foundation, Basic personal equipment bags
- Pacific Lutheran University Adolescent after-school clinic, education & laboratory fees
- American Lung Association of Washington, 2 asthma camp camperships

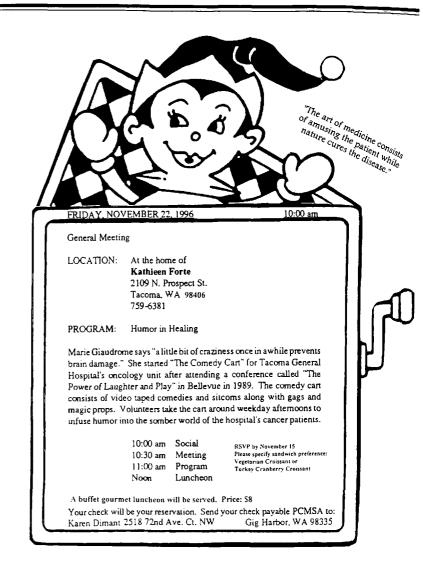
Pending approval by the general membership October 18, the dollar amount will depend on proceeds from the Holiday Sharing card. When you get your letter to be a part of the Holiday Sharing Card please give generously!

Two applications arrived late the Neighborhood Clinic and Prison Pet Partnership. We'll meet again to discuss the possibility of granting their wishes.

Final numbers are in on the Street of Dreams. Thanks to many sponsors, we made \$1508.26.

Thanks again Toni and Claude for all your efforts and to all the sponsors.





Joint Holiday Dinner December 10

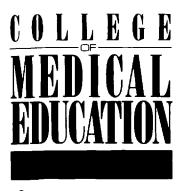
Plans are being finalized for the Joint Holiday Dinner at the Sheraton Tacoma Hotel on December 10. Alliance members will need your help and generosity to fill our gournet basket to be raffled. Mona is requesting cash donations or non-perishable Northwest food items to be brought to the November meeting.

On the night of the dinner, please bring a wrapped gift (identify contents) for a woman at the YWCA Support Shelter, as well as an unwrapped gift for a child. These gifts will be collected under the tree at the PCMS annual meeting and delivered to the YWCA Shelter the next day.

This year we will again have a singles table for women who find themselves on their own this evening.

Still stuck for a holiday gift idea? We will have wrapped '97 Entertainment books for sale during the pre-dinner social. Thanks,

Fran Thomas & Mona Baghdadi 🛚





CME and Mariners set in Phoenix for March 5-9, 1997

A record five Mariner players made the All-Star Team. Alex Rodriguez led the league in batting average, runs, doubles, grand slams and extra base hits. Ken Griffey, Jr. reached a career high in home runs and Edgar Martinez hit over 50 doubles.

In response to strong interest, the College of Medical Education is arranging a CME program in Phoenix during the Mariner's spring training camp and the associated games.

The actual dates are March 5-9, 1997. Course director, **Richard Hawkins**, **MD** is close to finalizing the program schedule. The meeting will be held at the Phoenix Wyndham Metrocenter Hotel the same hotel in which the Mariners stay. The CME program will be held in the mornings with afternoons free to attend Mariner games in the greater Phoenix area. The College has reserved a block of rooms and tied down seats on flights into Phoenix at reduced rates.

The program brochure will be out soon. Call the College for information at 627-7137.

Register now for CME at Whistler early lodging reservations a must

Registration is open for the College's CME at Whistler/ Blackcomb program. The conference is scheduled for January 29 -February 2, 1997.

Reservations for the block of condos and lodge rooms in the Blackcomb area (again at reduced rates) are available. The College has again contracted with Radisson Blackcomb Suites for conference lodging and the meeting site.

A unique collection of single rooms, suites and one and two bedroom luxury condominiums just steps from the Blackcomb chair and gondola are available. Space is available on a first-come, first-served basis in the Glacier Lodge, The Marquis, The Aspens and the Greystone Lodge.

To take advantage of these savings, you must make your reservations soon, as our conference dates are during the ski season. THE COLLEGE'S RE-SERVED BLOCK OF ROOMS WILL BE RELEASED AFTER DECEMBER 15, 1996.Reservations can be made by calling (800) 777-0185 or by fax at (604) 932-2176. You must identify yourself as a part of the C.O.M.E. group.

<u>Dates</u>	<u>Program</u>	Director(s)
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Sturdevant (from page 22)

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How about malpractice insurance for \$15 and some cents, annually? "At that time, patients said, 'Doc did his best' and that was the end of it. They didn't expect miracles and there was no problem with attorneys." The \$15 premium bought about \$20,000 worth of malpractice insurance. Fortunately, Dr. Sturdevant was never sued.

When completing his medical education in the early 1930's, it was considered a privilege and honor for the interns and residents to do their post graduate work in a county hospital. The county, city and university hospitals gave free care to indigent patients and were staffed by volunteer attending physicians in all specialties. They competed to give free service - it was an honor. The interns and residents were paid a small salary plus board and room, uniforms and laundry. At the best hospitals the salary was \$15 per month.

"All of us had a percentage of indigent patients in our practices and never expected to be paid for them. We just did our share," he said.

When Dr. Sturdevant entered Loma Linda University, the tuition was \$200 a year. The lab fees were about \$50 a year. At Swedish Hospital he was paid \$50 a month. In his graduation class of nearly 70 students in 1931, there were four women.

"The old people in those days had it extremely tough", recalled Sturdevant. Very few companies provided pensions. The Social Security law was part of Franklin Roosevelt's New Deal. Medicare arrived about 1965. He related some of the expenses he could recall, such as a haircut for 15 cents; one pound of hamburger for 15 cents, two pounds for 25 cents; the "Merchant Lunch" for 35 cents included roast beef, potatoes, peas, small salad, bread & butter and a custard; breakfast of three hot cakes 15 cents; two eggs, hasbrowns, and toast 25 cents; coffee 5 cents; milk 5 cents a half-pint; and a steak dinner could be bought for 65 to 75 cents. A suit of clothes in a store similar to Nordstrom would usually run around \$35-40.

Always active in the Seventhday Adventist Church, the Sturdevants have traveled extensively over the years assisting in church sponsored missions to third-world countries. In 1965. Dr. Sturdevant closed his office in Puyallup and he and Evelyn traveled to Kenya, Africa, to spend the next five years. They returned to Puyallup in 1970. After he retired in 1977, he and Evelyn performed medical missionary service in Zambia; the Sudan; Papua New Guinea; Thailand; and Malaysia. In 1977-78 they were in Papua New Guinea and its mountainous interior. He has talked with old people who had lived in the stone age. They were still using stone axes in tribal wars.

Since retirement, he and Evelyn have traveled extensively and performed services for which

(See "Sturdevant" page 30)



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tient general medical care at it's best. Full and part time positions available in Tacoma and vicinity. Very flexible schedule, well suited for career redefinition for GP, FP, IM. Contact Andy Tsoi, MD (206) 381-0153.

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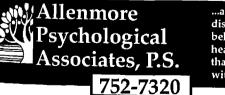
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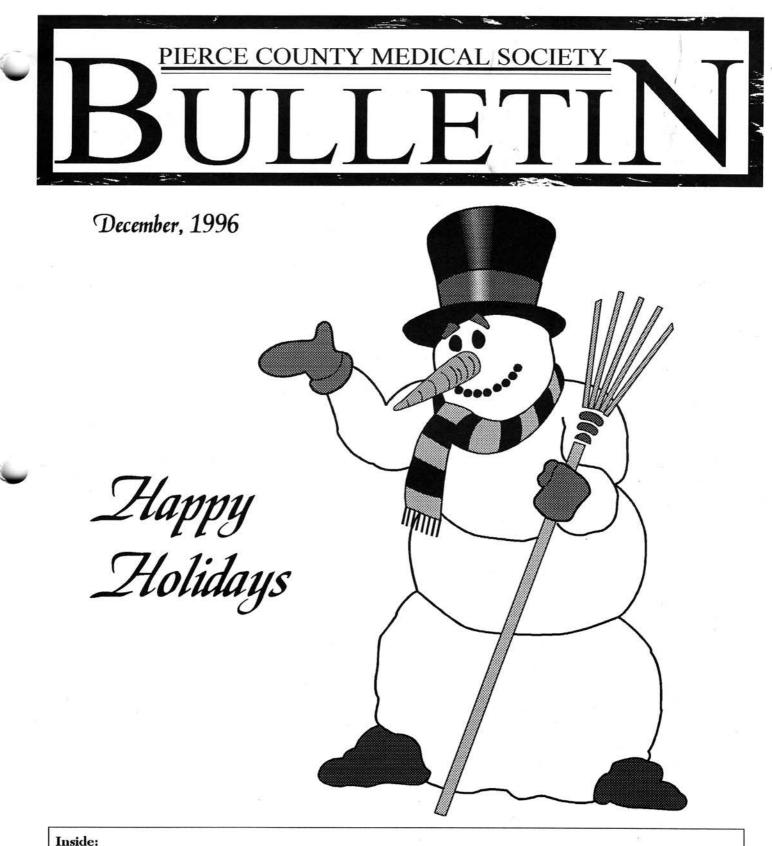
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PCMS Bulletin

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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. October 15 for the November 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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WSMA lays out Legislative agenda for 1997

The recommendations of the Interspecialty Council, a body that brings together the leadership of the specialty societies within the state, made its recommendations on legislative priorities to the WSMA Executive Committee at its November 9 meeting and the WSMA Board will finalize them at its meeting on November 23. Five issues felt deserving of the highest priorities for the 1997 session are summarized below:

Continuing Support for Universal Access

WSMA will continue to seek universal access to health insurance for all citizens of Washington through various means. Some include:

1) continued funding for the expansion of the Washington Basic Health Plan

2) continue appropriate funding for the Healthy Options program to include appropriate reimbursement made available to physicians and hospitals

3) preservation of the health services trust account.

Meaningful Liability Reform

WSMA will seek meaningful liability reform in 1997, such as to require a Certificate of Merit in all malpractice suits against a physician. A Certificate of Merit requires that an expert in the same profession must review the facts of a case and certify that the claim is not frivolous.

WSMA will seek legislation to require equal access to medical witnesses. This legislation would allow defense attorneys access to witnesses without the expense and delay of a formal definition.

Repeal of Certificate of Need (CoN) Program

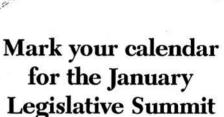
This legislation would repeal the Certificate of Need on hospitals, psychiatric hospital, ambulatory surgical centers, home health and hospice. Nursing homes and kidney dialysis centers would continue to be subject to the CoN requirement.

Scope of Practice

WSMA would actively oppose legislation that will increase the scope of practice of other health professional groups. It is anticipated that ARNPs are expected to introduce legislation to allow prescriptive authority for controlled substances - schedules II through IV. Optometrists are expected to introduce legislation that will allow them to prescribe and use approved drugs for therapeutic purposes without limitation upon the methods of delivery and the practice of optometry.

Legislation on the Regulation of Physician Networks

WSMA will actively oppose any legislation introduced that would allow the office of the Insurance Commissioner to regulate physician networks. Another issue of importance and high priority will be amending the "All Categories of Providers" requirement. ■

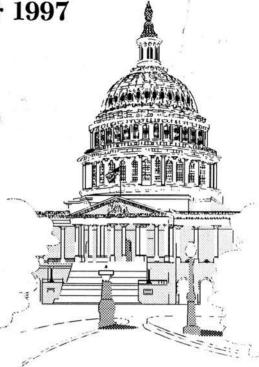


Planning is underway for the annual WSMA Legislative Summit. All members are invited to attend on **Tuesday**, **January 28** in Olympia. The morning sessions will focus on our 1997 legislative agenda; in the afternoon participants will visit the Hill and meet with their legislators. (**Arrangements will be made for you**.) The day will conclude with the always well attended Legislative Reception. Watch for registration information within a few weeks, but mark your calendar TODAY!

For more information, please call the PCMS office, 572-3667.■

Editor's Note: The January issue of the Bulletin will carry a more complete listing of legislation. Watch your mail.

December, 1996 PCMS BULLETIN 3





The Pierce County Medical Society

The Pierce County Medical Society Alliance

announce the



Fuesday, December 10, 1996
Sheraton Tacoma Hotel, Ballroom
Social Hour Dinner:

1320 Broadway Plaza, Tacoma

Social Hour: 6:30 pm Dinner: 7:00 pm Program: 8:15 pm



featuring

Jennifer James, Ph.D.

Thinking in the Future Tense: New Culture New Mind

Dr. Jennifer James is a cultural anthropologist by training. She has presented lectures and seminars throughout the world for corporations, governmental agencies and civic groups. Her presentation will be unique, entertaining and substantive. She is currently a lecturer, columnist for the Seattle Times, advisor for the Committee for Children - a non-profit organization committed to the prevention of child abuse, and a consultant on issues regarding future options, managing change, working relationships, sexual harassment, stress management, parenting, and general psychology. Her latest book is titled *Thinking in the Future Tense: Leadership Skills for a New Age.*

The evening's festivities will include installation of 1997 officers and the 1996 Volunteer of the Year award presentation

Please return before Friday, December 6 to:

Pierce County Medical Society (PCMS) 223 Tacoma Avenue South, Tacoma, 98402

For registration by credit card, please call the PCMS office, 572-3667

Please reserve _____ dinner(s) at \$35 per person Enclosed is my check for \$_____ My name for name tag:

My spouse/guest name for name tag:

Thank you!

"Music provided by the Tacoma Youth Symphony Quintet"

Please bring an unwrapped toy for a child and/or a wrapped gift for a woman for residents of the YWCA Shelter

Ever popular Jennifer James, Ph.D. to highlight Annual Meeting

Jennifer James, Ph.D. is a cultural anthropologist, lecturer, writer and commentator, who is well known to audiences around the world for her innovative ideas. She works on an international level, helping people to meet the challenges of today's transitions. Her speeches and seminars deal with the dynamics of change and the development of thinking skills. Dr. James is a specialist in areas of cultural change, diversity and marketing intelligence.

A published author, James' books include <u>Windows</u>, <u>Success</u> is the Quality of Your Journey, Life is a Game of Choice, Defending Yourself Against Criticism (<u>The Slug Manual</u>), and <u>Visions</u> from the Heart.

She writes a newspaper column for the Seattle Times and has hosted and been a guest on national radio and television programs. She has filmed a PBS special titled, Thinking In The Future Tense and has written a book of the same title, published by Simon & Schuster, which is now available in book stores.

Dr. James is an advisor for the Committee for Children - a nonprofit organization committed to the prevention of child abuse. In addition, she is a consultant on issues regarding future options, managing change, working relationships, sexual harassment, stress management, parenting, and general psychology.

Dr. James earned her Master's Degree in history and psychology and her Doctorate in cultural anthropology, both from the University of Washingon.

Before entering the public arena, she was a professor of Psychiatry and Behavioral Sciences at the in a long time. Your speaking style is wonderfully relaxed and informal, setting the audience at ease right away. I overheard many positive comments about your use of humor, which is very effective in helping you make your point." And, Pat Fitzwater, Director of Board Development, Oregon School Boards Association says, "We have received nothing

"We have received nothing but outstanding comments about the quality and professionalism of your presentation. Board members told me that they listened and laughed and were challenged and inspired by your words. Superintendents told me it was one of the finest speeches that they had ever heard."

University of Washington Medical School for twelve years. She belongs to numerous professional organizations.

Many organizations have raved about Dr. James' presentation style and content. For example, Denise D. Sharp, Business Action Council, Greater Seattle Chamber of Commerce writes, "Judging from the audience response - smiles, laughter, attentiveness - you were an unqualified success. Everyone loved your talk! Speaking for myself, it was one of the most enjoyable presentations I've heard but outstanding comments about the quality and professionalism of your presentation. Board members told me that they listened and laughed and were challenged and inspired by your words. Superintendents told me it was one of the finest speeches that they had ever heard."

Sound too good to be true? Well, it will certainly be too good to miss. Be sure and join your friends and colleagues on Tuesday, December 10 at the Sheraton Tacoma Hotel.

For registration information you may call PCMS at 572-3667.

Raffle drawings and holiday music add to annual meeting fun

The PCMS and PCMSA Annual Meeting will feature many happenings in addition to guest speaker, Dr. Jennifer James. The Alliance will be selling Entertainment '97 books and will raffle a gournet basket and a fruit of the month basket. PCMS will pass leadership to the newly elected 1997 Board of Trustees and officers. **Dr. John Rowlands** will award the 1996 Volunteer of the Year Award to a very deserving physician.

Past Presidents of both PCMS and PCMSA will be introduced.

The Tacoma Youth Symphony Quintet will provide dinner and reception music.

And, don't forget to bring an unwrapped gift for a child and a wrapped gift for a woman, to be donated to the YWCA support shelter. ■

Bicyclists make Centralia, ride train home



As a physician, you specialize in a distinct area of medicine. That's why we at the **FOOT CONNECTION** just do feet. Our forte is providing you and your patients with footwear that fits. Things like ski boots. Athletic shoes. Hiking boots. Everyday footwear. Plus, the Compu-fit system for skiers, runners and in-line skaters. Custom and trim-to-fit orthotics, too.

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Henry Retalliau, MD; Dick Bowe, MD; John Loesch and Breen Eddinger rode from Tacoma to Centralia (58 miles) and returned via Amtrak and had a great time. The weather was perfect. Breen is a 16 year old Bellarmine senior and daughter of WSMA Governmental Affairs Director Len Eddinger. ■

PCMS members receive unauthorized endorsement letter from Tacoma Dodge

The following letter was sent to PCMS members from Dwayne D. Saice and R. Mark Malnar from Tacoma Dodge. PCMS did not authorize use of their name for this letter nor do they endorse Tacoma Dodge products. Watch your mail for a retraction letter of apology from Tacoma Dodge which was suggested by the PCMS attorney.

IN RECOGNITION OF YOUR CONTRIBUTION AND COMMIT-MENT TO OUT COMMUNITY.....

We, Dwayne D. Saice and R. Mark Malnar, cordially invite you to participate in our "Pierce County Medical Society Appreciation Promotion." This promotion honors you and your family, in your medical profession, for your support, contribution, and commitment to our local community.

We thank you for your many hours of service and rendered in fortitude. In our appreciation, and in conjunction with Tacoma Dodge, we are pleased to offer you personalized service on your vehicle needs: a special, preapproved finance rate on all new Dodge cars, trucks, and vans purchased or leased prior to December 31, 1996.

Realizing that your free time is precious and that schedules may be difficult to coordinate, we further extend to you the added service of a home inspection and/ or delivery of any model upon request.

Again we sincerely appreciate your dedication and commend you for your service to our community. Please RSVP to either Dwayne at (206) 291-2560 or Mark at (206) 2366.

Thank you.

And, thank you to the members who brought the letter to the attention of the Medical Society. The only company currently endorsed by the Society is AmeriCall, Communications & Messaging Systems. ■

PCMS BULLETIN December, 1996

Final Medicaid Healthy Options Plan Selection Announced¹

The Medical Assistance Administration (MAA) has released <u>the finalized list of plans</u> participating in the 1997 Healthy Options Program. <u>Prompt action is needed by physicians and practice managers as follows:</u>

1) Determine if the plan(s) you <u>currently</u> belong to have been selected to participate in your region in 1997 (see below). If they are <u>not</u> and you wish to continue in the Medicaid Healthy Options Program, contact the plans that <u>have</u> been selected and open negotiations to join the plan(s) of your choice. (Note: Primary care providers with an assigned population of Healthy Options patients are in a strong negotiating position.)

2) MAA invites physicians to "<u>pro-actively notify clients</u>" as to the plans they will be participating with next year. Plans will also be marketing to patients, which could lure your patients away to other plans with which you have no contract. Where possible, MAA wants to "preserve current provider/client relationships".

3) Physicians currently treating OB patients scheduled to deliver in 1997 have a special concern. If you are <u>not</u> going to select a plan for 1997, the patient must call MAA's Exemption/Disenrollment toll-free line (1-800-794-4360) and request temporary disenrollment for the duration of their pregnancy and two months postpartum. In that way, the patient can continue with you and services will be reimbursed as fee-for-service.

Immediate action is needed if you wish to maintain your role in the Healthy Options program. For more information, call Bob Perna, WSMA, 1-800-552-0612.

Plans participating in Healthy Options program in Pierce County include:

NYTLCare Northwest Health Plans Qual-Med Washington Health Plan Unified Physicians of Washington Blue Cross of Washington and Alaska Community Health Plan of Washington Providence Health Care Group Health Cooperative of Puget Sound Pierce County Medical Bureau

You are encouraged to work with your patients and convince them to follow you with your plan. If you are not currently participating, find a plan that you can work with and negotiate. It is especially important that you contact those patients who you haven't seen within the last year. A letter went out to all Healthy Options patients on November 4 identifying all the carriers that will be offered in the client's county of residence in 1997. The letter also identifies the carrier the client will be assigned to January 1, 1997, if the client does not notify MAA. The client (patient) will have until December 20, 1996 to notify MAA of their choice of carrier and provider.

The plans were evaluated and selected by an expert panel on the basis of price (60%) and quality and access (40%).■

¹WSMA Membership Memo

Be a Legislative Physician for a day

The Washington State Legislature will be convening on Monday, January 13, for the following 90 days or until adjournment. The WSMA Legislative Health Clinic will be needing volunteer physicians on a daily basis. The free Legislative Health Clinic is a WSMA program which provides a unique way for physicians to enhance their visibility with legislators and staff and to promote a positive image for medicine. WSMA members are urged to participate as clinic volunteers for a weekday morning in Olympia during the 1997 session.

Physicians are given a pager to summon them for emergencies between 9:00 am and noon, but otherwise they are free to attend hearings, watch sessions of the House and Senate, and tour the Capitol campus. Family or friends are welcome to join you. This is an excellent opportunity to take your children to Olympia and visit the beautiful Capitol campus and watch democracy in action.

To reserve your day in Olympia, please call the WSMA Olympia office at 1-800-562-4546 or fax your response to 360-352-4303.■

Disability Insurance market market continues to make changes

For the past few years, the disability insurance marketplace has been under reconstruction. Many insurers have left the market, while others have scrambled to write new forms of disability coverage, tighten their underwriting, and restrict new coverage.

Just as a construction crew cleans debris after a devastating storm, insurance companies are now picking up the pieces constructing new policies and testing their policy designs, marketing, and pricing. What does this mean for physicians?

If, before the mid-1990s, you purchased an individual disability policy that provides "own occupation" coverage and is noncancellable (rates cannot be changed) and guaranteed renewable (can be cancelled only by nonpayment of premium), in most cases you should keep the policy. Physicians Insurance Agency suggest you review your current coverage with your agent or broker to confirm benefit payments and ongoing noncancellable, "own occupation" coverage. Or if you prefer, call them for a thorough coverage analysis.

If you have not yet purchased a disability policy, you can still be eligible for excellent coverage and benefits. Physicians Insurance Agency specializes in disability coverage for physicians, offering "own occupation" coverage on guaranteed renewable, noncancellable policies. For a no-obligation quote from them or an analysis of your current coverage call 1-800-962-1399. ■

Reprinted from Physicians Report, WSPIE, Volume XI, Number 2

PCMS cancels disability insurance endorsement with Provident

After ten years of endorsing a disability insurance policy underwritten by Provident Life and Accident Company, PCMS has terminated the arrangement.

The Membership Benefits Board of Directors (the for-profit subsidiary owned by PCMS) voted unanimously to terminate the relationship after hearing com-

CNA pulls out of medical malpractice

Effective April 30, 1996, CNA closed its professional liability insurance office in Seattle. On May 1, 1996, Physicians Insurance agreed to provide underwriting and claims services to the more that 950 CNA policyholders for the duration of their current policy period.

"This is another example of a commercial carrier leaving a state in which it does not receive the expected return on its investment," says Alfred Yamashiro, Physicians Insurance President & CEO. "Physicians Insurance, owned and directed by Washington physicians, assumed the CNA business because of our proven ability to provide the services doctors need. Commercial carriers are in the business as long as the profit is high. Physicians Insurance is here for the long haul."

The 24 insurance brokers statewide who have handled the CNA business now work with Physicians Insurance to assure uninterrupted services to their policyholders. When the policies come up for renewal, the brokers are responsible for finding replacement professional liability insurance policies that best fit their physician clients' needs. *Reprinted from Physicians Report, WSPIE, Volume XI, Number 2* plaints from members regarding service provided by Provident. The PCMS Board of Trustees voted in agreement with the decision.

After meeting with company representatives and displeased members the Board agreed that it was obligated to terminate the relationship.

Physicians that have policies with Provident will not be affected by the termination of the endorsement. They will continue to receive discounted rates and their policies will remain in effect. If you have questions, please call the Society office, 572-3667.

It is strongly recommended that physicians carry disability coverage. There have been three incidents in recent years where physicians were left without coverage after experiencing accidents that left them unable to perform the duties of their profession.



Frequently encountered problems with Labor & Industries? Question and Answer column helps to improve communications

The Pierce County Medical Society and the Department of Labor and Industries have established a task force to improve communications and relations between the two groups. **Bill Ritchie, MD** is chairing the task force. The <u>Bulletin</u> will be carrying the following Question and Answer column featuring issues of concern that are raised with the task force. If you have any questions that you would like answered, please call the Medical Society office, 572-3667.

Question: The attending physician has requested a consultation with a specialist to assist with providing a diagnostic or therapeutic evaluation. Is it necessary to contact the claims manager for pre-authorization?

Answer: No, except when the attending physician has been notified that an independent medical examination is pending. The other exception is a psychiatric evaluation when a psychiatric disorder is not an accepted condition. If there are any questions regarding this response, please refer to WAC 296-20-045 or 296-20-051.

BLACK AND WHITE PHOTOGRAPHY

8 x 10 to 20 x 24 or larger YOSEMITE LAKE TAHOE PORTRAITS, ETC. Call Ken Pim 473-0981 FAX 475-4255 **Question:** The attending physician has requested a CT scan and myleogram. Is it necessary to obtain pre-authorization for the above proposed procedures?

Answer: The CT scan or myleogram do not require preauthorization when requested by the attending physician. Because the consulting physician is not on line as a treating physician, the consulting physician is required to coordinate any recommended diagnostic studies with the attending physician. The attending physician can then prescribe the proposed procedures. **Question:** The worker has requested a reopening of a claim. How can the attending physician proceed to expedite the reopening process?

Answer: The attending physician may submit any diagnostic studies reports or consultation with the legal reopening application. The department is responsible for physical examinations, and diagnostic studies regardless of the final action taken on the reopening application. No active medical treatment will be remunerated until the claim is adjudicated. ■

Pt. Defiance Zoo sends thanks for support, equipment and medical supplies

It is the time of year when we slow down enough to reflect on our many blessings and give thanks. Because of the fantastic response of the doctors and hospitals of Tacoma and Puyallup, the Point Defiance Zoo & Aquarium has so much for which to be grateful and we would sincerely like to express our gratitude!

The interest in our program shown by doctors at the Medical Society meeting in May was exciting. Soon after the meeting we began to hear from hospitals and doctors willing to donate equipment and supplies. Other physicians have offered their expertise and services.

Because of you we are in the process of putting together a functional hospital and working up cases with the standard of care these magnificent animals deserve. Your generosity and enthusiasm has been overwhelming, yet delightful.

> We hope to show you our appreciation more formally

sometime this coming spring or summer, but until then we would like to express our deepest gratitude and send our best wishes for a wonderful holiday season.

Brian Joseph, DVM Holly Reed, DVM

Aging Committee learns about domestic violence/abuse of seniors

The Committee on Aging. chaired by Richard Waltman, MD invited Pastor Keith Galbraith, **Executive Director of the Family** Renewal Shelter to talk to them about seniors and abuse or domestic violence involving seniors. The Aging Committee includes members from the senior resource organizations in Pierce County such as AARP, Council on Aging and Long Term Care, Pierce County Long Term Care, Nursing Homes, as well as physicians whose practice includes primarily senior patients.

He explained how the cycle of violence works. It includes tension, anger, rage, then some form of explosion followed by the honeymoon phase. Denial works in each stage to keep the cycle going. The abuser is trying to accomplish power and control, which can be accomplished by look, threat, hitting, etc. Victims are women 95% of the time.

Violence is happening on an increasing basis in senior citizens and the oldest client that the shelter has served is 69 years old. "Most people, particularly seniors fear being harmed by a stranger but statistics prove that one is more likely to be hurt by someone they know," he said. "Many elders are being abused by their grown children. And, the reasons • you will be there for them when they are ready to leave

• they do not deserve to be treated in such a manner

Sometimes, he said, "only a few words to let them know you care

"Most people, particularly seniors fear being harmed by a stranger but statistics prove that one is more likely to be hurt by someone they know."

they stay in these abusive situations are many, but primarily are economic, feeling of guilt, low self esteem, and grandchildren.

He said there are a couple simple statements that can made a tremendous difference to some of these victims. You have to communicate with them and let them know that:

• you are concerned about their safety and that they can trust you

can make the difference in them seeking help."

The Aging Committee plans to work with the Renewal Shelter and other community resources in increasing awareness of the issue of domestic violence and abuse of seniors.



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Puyallup, WA: Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 10 hour shifts. Clinic hours are 12 noon to 9:30 pm Monday-Friday, 10:00 am - 7:30 pm Saturday, Sunday and holidays, outpatient only. \$50/hr, benefits available. Send letter of introduction and CV to Urgent Care Center Application, Puyallup Valley Healthcare, PO Box 1247, Puyallup, WA 98371-0192.

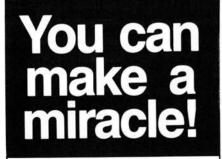
Physician guide to health law available

Medicine is not only scientifically and technically complex, it is also legally complex. Hardly a day goes by in a physician's office where a legal question doesn't arise.

Questions such as:

- May an abortion be performed on a minor?
- Is patient consent required for HIV testing?
- How long is a patient authori zation to release information valid?
- How long must a patient's records be kept?

These and many other questions are covered in the now available 'Washington Physicians' Guide to Health Law'. Researched and written by Mary Spillane of the Williams, Kastner & Gibbs law firm, this jam packed volume of over 200 pages provides answers to a wide array of legal questions pertaining to the medical practice. It covers 84 different topics



The miracle of transplantation needs more than just medical "high-tech." We all can make the miracle a reality by signing a donor card. Give the gift of life, you'll feel good about yourself!

For more information call 1-800-24-DONOR Northwest Organ Procurement Agency ranging from AIDS to Workers' Compensation. This book will prove to be an invaluable resource to physicians and their staff in any practice setting.

A sampling of other topics include advertising, ADA, antitrust, billing, birth control, chiropractic, closing or relocating a practice, confidential and privileged information, CME, contracting issues related to managed care organizations, disclosure of health care information, EMS, licensure, living wills (health care directives) and issues related to removal of life support, medical discipline, medical malpractice, physician as witness, reporting requirements, retention of records, unprofessional conduct, and many more too numerous to mention.

Through the WSMA, this publication is now available at a special member rate of only \$50 (plus \$4.10 sales tax and \$3.50 shipping.) Non-members may purchase the guide for \$150 (plus \$12.50 sales tax and \$3.50 shipping).

To order your copy send your name, mailing address, check for \$57.60 or bank card billing information to WSMA, 2033 Sixth Ave #1100, Seattle, WA 98121. You may fax your order to (206) 441-5863, or call 1-800-552-0612 for more information.■

Pierce County Trauma Task Force nearing final recommendations for Health Board

The Pierce County Trauma Task Force, after months of intense study, will give their final recommendations regarding adult trauma care in Pierce County to the Board of Health in December. Pediatric trauma care is provided at Mary Bridge Childrens Hospital.

Late November, the task force held a public meeting to get input from the community. Very few people showed up and most of them were people that work in the medical field. Dr. Brad Pattison, St. Joseph Hospital anesthesiologist, told the task force that he supports a trauma center at one hospital. He believes the surgeons were right to discontinue care with the lack of a quality support system. Dr. Anthony Forte disagreed. He believes that Pierce County could succeed with joint designation between two hospitals. Both St. Joseph and Tacoma General Hospitals have said that neither would consider accepting sole responsibility and cost of a trauma center.

The task force preliminary recommendations include:

- Tacoma needs a trauma center, preferable at one hospital
- The center should be designated as Level 2
- Madigan Army Medical Center, Good Samaritan Hospital in Puyallup and Harborview also should be part of a coordinated, regional system
- Funding which has been a major sticking point for the hospitals should come from both public and private sources
- Pierce County should set up a regional leadership group to work out details of funding

December, 1996 PCMS BULLETIN 11

On-site facility and medical record reviews made easier

A program called Ambulatory **Review Management Services** (ARMS), developed by WSMA in cooperation with various health organizations, ARMS will conduct on-site facility and medical records review of primary care practitioners and high volume specialists contracted with various health organizations for the purposes of quality assurance and improvements. Many of these health organizations are seeking some type of accreditation, such as NCQA, which require these reviews.

The purpose of the program is to minimize the number of on-site visits at a practitioner facility by multiple health organizations for similar purposes of data-gathering, and quality and accreditation issues. The goal of ARMS is to keep intrusions in the practitioner's office to a minimum. The facility review encompasses the physical site, office processes and procedures, employee training, and safety issues. A specific review instrument is used.

The medical records review addresses the contents in each of

six records of a practitioner according to pre-determined criteria. The facility review may take approximately one hour and the medical records review may require approximately 15 minutes

"The benefit to physi-

cians is the significant

decrease in the number

of health plan reviews

to which offices are

currently subjected."

per record reviewed. These reviews are performed by personnel selected by the WSMA ARMS program. They will

They will carry proper ID and the number of personnel visiting the site may consist of one or more reviewers with an RN as the lead person. The WSMA ARMS program has strict protocols in place to protect patient confidentiality. The medical records are selected through a neutral, random selection process. No patient names will be revealed to ARMS contracted organizations. Physicians to be reviewed will receive an

introductory letter and copies of

the review instruments at least

thirty days prior to the date of the site visit. The ARMS reviewer scheduler will contact the site by phone to arrange the visit. A minimum score of 70% has been the suggested minimum compli-

> ance by all contracted organizations. The WSMA ARMS program does <u>not</u> determine "pass/fail" or decide when or if corrective actions are required. Any required changes

are addressed by the individual plans.

As of October 16th, 15 physician office reviews had been completed and an additional 21 were scheduled. Seven reviewers have been hired. Six contracts with health plans have been signed or are "in process." The reviews are designed by the plans contracting with WSMA. Practitioners are not charged for the reviews.

For an outline of ARMS, contact the WSMA Website wsma.org or call Jane Altemose at 800-552-0612.

ED DAVIS, DPM Podiatrist/Foot Specialist

Spanaway Foot and Ankle Clinic 15807 Pacific Ave S, Tacoma, WA 98444 531-2123

Puyallup Foot and Ankle Center 10116 - 116th St E #103, Puyallup, WA 98373 841-3410

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and stress-related problems? Psychiatric and psychological consultations are available.

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Bulletin survey nets excellent and favorable response

A recent survey was sent to everyone that receives the *Bulletin* asking for responses to nine questions. The questions were posed in efforts to assess the effectiveness and improve quality and content of the publication. The purpose of the monthly newsletter is to improve communications and inform and educate physicians and medical office staffs about issues of interest and concern.

Thank you to those that took the time and effort to respond. We had an overall response rate of 29%. Out of 1300 surveys that were mailed, 375 were returned. Of the responses, 62% were from physicians. Others were from retired physicians, physician assistants, office managers, Alliance members, hospital and health department staff, and others.

An astounding 84% replied that they always read the Bulletin, with 14% reading it occasionally. Only ten people replied that they seldom read it and two never read it.

While most comments were very favorable, the most frequent request was for more information about managed care and the current changes taking place in the profession, specifically on a timely basis. As a result of this request and because of the time delay in printing the Bulletin, PCMS is implementing a fax sheet that will be sent on an "as needed" basis. This communique will feature vignettes about what is taking place locally and nationally in regard to changes and happenings in the medical profession. The first two issues have been sent.

A most frequent, favorable

comment was that the *Bulletin* provides an avenue of information that transcends the medical practice and keeps people abreast of what is happening locally in the medical community. It provides a cohesiveness for the profession beyond individual and group practices.

Thank you for your response.

John Coombs, MD holds top job at UW

After the tragic death of Dr. Philip J. Fialkow, dean and vice president for medical affairs at the University of Washington Medical School, **Dr. John B. Coombs**, PCMS member and Pierce County resident has assumed the role of acting dean. Dr. Fialkow and his wife both perished while hiking in Nepal.

Dr. Coombs, pediatrician, did his premedical education at the University of Washington earning a B.S. in Zoology. He completed his medical education at Cornell University Medical College in New York. He did his internship at Childrens Orthopedic Hospital in Seattle and his residency at the University of Washington in Pediatrics. He served in the USPHS from 1974-1978 at North Valley Hospital in Tonasket, WA. From 1979 to 1984 he was in private practice in Omak. In 1984, he joined Tacoma Family Medicine as their Director. He stepped up to become Vice President of Medical Affairs for MultiCare and in 1993 returned to the University of Washington Medical School as Associate Vice President for Medical Affairs and Associate Dean for Medical Regional Affairs in Rural Health.

As current acting dean and vice president for medical affairs, Coombs holds the top job at the University of Washington medical school. The position is one of the highest-paid in the state and most important and prestigious at the university. He has declined comment on whether he will be a candidate for the position.

According to the News Tribune (11/17/96) the position has been tumultuous. When Fialkow became the dean in 1990, he was the seventh person to become acting or permanent dean in nine years. The university expects the position to be difficult to fill because the job can be overwhelming. It includes responsibility for the medical school, two hospitals, associated medical clinics and the UW's medical group practice with an annual budget of \$800 million and 1,700 full and part time faculty and approximately 6,500 staff. Add to that the competition for funds, a climate of enormous turmoil and rapid change in the health care market, and public skepticism about the profession of medicine.

"It's a meat grinder. It eats you up. It's unrelenting in its demands. There are 1,000 point of veto you always have to be anticipating. I think the dedicated pool of people who do this often say it isn't compatible with their future happiness," Coombs told the News Tribune.

"But the job can also be rewarding as every day you have the opportunity to feel like you're really contributing to the future," he added.

Welcome new PCMS Members

Bateman, Michael J., MD

Family Medicine

Practices with Primary Care NW, 316 MLK Jr Way, #406, Tacoma 98405; 572-9181

Medical School: Univ of Missouri

Internship: University of Washington/Tacoma Family Medicine

Gandhi, Kevin K., MD Adult/Pediatric Urology

Practices at 1410 Meridian, Puyallup 98371; 840-2161 and 915 6th Ave, #1, Tacoma 98405; 272-8285

Medical School: Loyola University Stritch School of Medicine Internship: Loyola Univ Med Ctr Residency: Layola Univ Med Ctr Graduate Training: Children's Memorial Hospital (Illinois)

Kertesz, Cynthia T., MD Pediatrics

Practices with Pediatrics NW, 316 MLK Jr Way, #212, Tacoma 98405; 383-5777

Medical School: Northwestern University School of Medicine

Internship: Children's Hospital (Seattle)

Residency: Children's Hospital (Seattle)

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LaBorde, Pamela, MD Pediatrics

Practices with Pediatrics NW, 316 MLK Jr Way, #212, Tacoma 98405; 383-5777

Medical School: University of Washington School of Medicine Internship: Univ of Washington Residency: Univ of Washington

Richardson, Catherine A., MD Nephrology

Practices with Gerard Ames, MD, 1624 S "I" St, Tacoma 98405; 627-5755

Medical School: University of Kansas School of Medicine Internship: Univ of Washington Residency: Univ of Washington Graduate Training: University of Washington

Applicants for Membership

Ho, Eleanor, MD Ob/Gyn

Practices with Puyallup Valley Healthcare at 1410-3rd St SE, Puyallup 98373

Medical School: St. Louis University School of Medicine Residency: St. Louis University

Residency: St. Louis University

Noble, H. George S., MD

Pediatric Surgery

Practices at 311 S "L" St, Tacoma, WA 98405

Medical School: Yale School of Medicine

Internship: University of Chicago Residency: University of Chicago Graduate Training: Children's Orthopedic Hospital

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As medicine was, in 1947

Editor's Note: This article is a reprint from The Bulletin, October, 1947.

News Items....All heavy construction and remodeling of the second floor of the Doctor's Hospital has been completed. It is expected that this floor will be ready for use by approximately November 1, 1947. With the completion of the work the hospital will have a capacity of 66 beds. Tentatively, it planned to use the new space primarily for medical patients.

The physiotherapy department, under supervision of Miss Wallace, is open and its facilities are available to all patients. Miss Wallace is very well trained, and with the equipment available in this department, is capable of doing all types of physiotherapy.

With practically all new equipment, the x-ray department is now available for all forms of x-rays service including deep x-ray therapy.

The Pierce County Medical Bureau invites all those interested to inspect the new facilities of the Doctor's Hospital.

National Trends...

Of particular interest to the medical profession is the investigation being made by Congressman Harness of Indiana of employees in Government services, who have used Federal money improperly for propagandizing National Health Insurance.

An interesting document (House Report 786) was committed to the Committee of the whole House on the State of the Union under date of July 2, 1947 and is available to the public.

It is not news to medical men that officials of Executive Agencies of our Government have participated in attempts to socialize medicine, but it is something unusual to have a Congressional Sub Committeee requesting the Attorney General to prosecute the offenders.

Perhaps the work by Congressman Harness and his Sub Committee is a turn in the long road for medicine which has been so consistently under fire by socializers since the decision by the Supreme Court on the Anti-Trust proceedings against the American Medical Association in 1937.

Bureaucrats are crafty in perpetuating and extending their jurisdictional powers and no one questions it. This has occurred in the Health Services during the past decade.

The profession on the whole is not aware of the terrific power wielded by key men in such colossal executive groups as the Federal Security Agency.

It is this power that Mr. Harness and his Sub Committee members have to meet in a political arena where no holds are barred.

Without support from Congressional colleagues, who are contantly being badgered by executive agencies, Mr. Harness' investigation will die on the vine, for Health Insurance is too controversial for good politicians to "mess" with.

The profession can assist Mr. Harness by keeping their own Congressmen advised their help is necessary. ■

Ross D. Wright, MD, President, WSMA, October, 1947

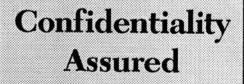
Personal Problems of Physicians

For impaired physicians Your colleagues want to help

Medical problems, drugs alcohol, retirement emotional problems, etc.

Committee Members

John R. McDonough .	. 572-6840
(Chair)	
Bill Dean	. 272-4013
Ronald Johnson	. 841-4241
Mrs. Jo Roller	. 566-5915
Robert Sands	. 752-6056
F. Dennis Waldron	. 272-5127



Literature available for check out at Medical Society office

A Survival Guide for Physicians and their Families. This is a primer for physicians facing a medical malpractice suit. It consists of a video tape and manual.

A Physicians Guide for Gearing Up For Retirement. This manual helps a physician prepare for retirement. It includes psychological and financial preparation as well as instructions on closing your practice, etc.

The Business Side of Medical Practice. This is an excellent document that includes such issues as financing, legal hurdles, insurance, billing, collections, etc.

Financing a Practice: Start Up, Acquisition, or Expansion. This book cover the need for capital, types of financing, how to choose a lender, how a lender evaluates you, etc.

How to Evaluate A Managed Care System Contract. Evaluation of a managed care system practice profile analysis and case studies are included in this manual.

To check out a publication, please call 572-3667.■

Drs. Singh and Saeed speak at 43rd annual scientific meeting

Drs. Surinderjit Singh and **Mohammad Saeed** were invited to present at the 43rd Annual Scientific Meeting and the 19th Annual Electrodiagnostic Medicine Courses and Workshops of the American Association of Electrodiagnostic Medicine in October, 1996. The meeting was held in Minneapolis.

Both doctors presented: Complications Associated With Electrodiagnosis Over Span of 16 Years and Lower Extremity: Entrapments.

The "Complications" session was the presentation of a study done to evaluate the incidence of serious complications and side effects associated with electrodiagnosis. The Lower Extremity workshop was designed to familiarize participants with techniques needed to evaluate and diagnose entrapments in lower limbs.

Will a disability put you out of commission?



As you know, disability insurance policies for physicians are changing rapidly—and not for the better. High claims have caused many major carriers to limit the most important benefits.

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Hot Spots...

AMA News 11/18/96

Thomas has House, Senate, Legislation, Bills, etc. http://thomas.loc.gov/ Dept. of Health & Human Services has limitless information. The National Institutes of Health (24 of them) Medline is one of them. http:// www.os.dhhs.gov/

National Center for Health Statistics, HHS appropriations by line-item. http://www.cdc.gov/nchswww/nchshome.htm

Toxic profiles with concentration limits in PPM.

http://atsdr1.atsdr.cdc.gov:8080/atsdrhome.html

New drug approvals up to this week. http://www.fda.gov/cder/da/ ddpa.htm

Social Security Disability handbook. http://www.ssa.gov/ Code of Federal Regulations. http://law.house.gov/cfr.htm

Federal Register, including daily Supreme Court opinions.

http://www.access.gpo.gov/su_docs/

Need a zipcode? http://www.usps.gov/ncsc/

Census Bureau. Statistic of states, counties, and cities. http:// www.census.gov/

NOAA. "Noah", The National Oceanic & Atmospheric Administration.

http://www.nnic.noaa.gov/

The Attic. Includes photo albums from the 150 year-old Smithsonian.

http://photo2.si.edu/150now/150photo.htm



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Visit improved **PCMS Home page**

See an improved PCMS home page at www.pcmswa.org/

PCMS has changed home page maintenance contractors.

Please give us your input on what you would like to see on it. Check out the CME programs, meetings, etc.

Watch for it especially during the legislative session for legislation updates.



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December, 1996 PCMS BULLETIN 17

ASSOCIATE BROKER

"All Areas - All Price Ranges"

the Pulse

Pierce County Medical Society Alliance

PCMSA Membership Testimonials

Sonya Hawkins: I belong to the PCMSA because my husband is a physician. Part of being a professional is being part of the profession. The professional organization - the medical society for doctors and the Alliance for spouses - stands for high standards and support of colleagues.

Additionally, the Alliance has several programs to help the community that I feel good about.

Mimi Jergens: We are friends working together to make a difference in our community and our lives.

Rubye Ward: Some of you who are retired or widowed and have actively participated in the Medical Alliance in the past may wonder why you should continue to support the Alliance. As I sat down to write my check, I began to realize why I continue to support the Alliance. My check makes it possible for me to continue to have a positive impact on the problems of the community in which I live. By being a member, I am actively supporting all the programs being carried out by the younger members: anti-domestic abuse legislation, support for women's shelters, anti-tobacco education, bicycle helmet safety, teenage anti-drug and anti-suicide programs, promotion of preventive medicine and the list goes on and on.

Not only do I feel I am making a difference, but it makes me younger to be a part of this group.

Do sit down and write your check today if you haven't already done so. It will make you feel great.

David Law, MD: The Pierce County Medical Society Alliance (PCMSA) is the counterpart organization for spouses of members of the Pierce County Medical Society (PCMS). This organization is presently in need of our strong support by helping to rebuild its membership. Traditionally known as the Pierce County Medical Auxiliary, the Alliance has been a strong, active group with Pierce County leading the state in its involvement. The Alliance has always stood by PCMS in support of our causes. Its president is an active participant in, and reports at, every meeting of the Medical Society Board of Trustees.

Alliance members help in our lobbying efforts while promoting their own interests in community and family health. Presently, you may be aware of their latest educational efforts of warning young teens of the heavy responsibilities associated with early child rearing. Their philanthropic causes are numerous and welldeserving.

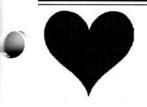
Please make sure your life's partner is also involved in your professional society by giving his/ her support to the Alliance. The Alliance needs them, and both you and your spouse (both men and women are welcome) will benefit from their charitable and social efforts.

Please call me personally if you wish to hear a more detailed listing of the Alliance's overwhelming accomplishments. We need to keep this group strong and active amongst us.

Alliance welcomes you! Please join us by sending in the dues statement below: If you have questions or would like additional information, call Membership Chair, Kris White 851-5552 or Fran Thomas 265-2774.

Pierce County Medical Society Alliance.....Dues Statement

Please circle one:	Regular: \$75	Widow, Retired: \$56	Newo	comer: \$55	Student/Resident: \$25
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the Pulse

Pierce County Medical Society Alliance

President's Message

Mona returned from Hawaii and I from San Diego - we each needed some sun and fun. Now we're digging our heels in and are preparing for a most busy month.

The response to the Holiday Sharing Card is wonderful. I'm especially hoping for a banner year, as there were two late applications for funds that I would love to honor if indeed we have extra money.

The annual Holiday mailing party will be at Nikki Crowley's at 9:30 am. Please bring a salad or dessert to share on December 11th. On November 13th, Toni Loomis, Kris White and I presented Principal, Gaile McLaurin; Teacher, Bob Barlow of Mason Middle School and District Curriculum Representative John Rosmaryn with 15 "Baby Think It Over" dolls. Hopefully, this will be the first of many such presentations.

Thank you Kathleen Forte for opening your lovely home to us for our November meeting.

Our next board meeting is scheduled for December 2nd at Mary Bridge, Large Boardroom. A fun lunch at Shenanigan's follow-



The Alliance had their general meeting in October at the Tacoma Country and Golf Club. It was a holiday fashion extravaganza by Doris Bothell, owner of Andoras Fashion Boutique in Bellevue. Her boutique features special occasion, cruise wear, cocktail and gala gowns, sportswear, coats and extraordinary accessories. Her sizes range from petite to womens. Make up was by SAVI of Tacoma. Alliance members were models. Numerous raffle items were donated and a special door prize of \$50 was provided by Andoras. Alliance models included (pictured above from left) Mona Baghdadi, Bev Corliss, Barbara Patterson, Kit Larson, Kathleen Smith, Nikki Crowley, Patty Kesling and Fran Thomas (not pictured).■

More Alliance news page 20 •••••••••••••••••••••

ing the meeting is being planned.

Board meetings in 1997 will also be held in the Mary Bridge, Large Boardroom.

It's still not too late to send your application for membership in. The last I heard, our paid members were 115. Our total number for last year was about 170, so we still look forward to more members joining our "alliance garden."

We're looking forward to a wonderful evening at the Sheraton on December 10th at the Joint Holiday Dinner. Please make your reservations with the Medical Society by December 6th. Remember to bring a toy and/or a wrapped gift for a woman at the South Sound YWCA shelter. If you haven't purchased an Entertainment '97 book yet, you can get one at the Joint Dinner for \$35.00 and it will be wrapped. There's a wonderful Longaberger Basket filled with many treats being raffled. I sure would love to win it!

Come prepared with some cash to take a chance of winning it your-self.

High school students from Puyallup toured the Labor & Delivery suite at Tacoma General as part of their life skills unit. Thank you to all that made this possible.

Have a wonderful holiday! See you in 1997. My dreaded speech will be over and my year as President half over. Thanks for <u>all</u> your support in 1996. I couldn't have done it without you. ■

Fran Thomas President, PCMSA

YWCA Shelter seeks donations

The Tacoma YWCA Shelter needs items for women and children that seek housing and safety from abusive home situations.

The Shelter is in particular need of the following items:

- childrens socks
- childrens underwear
- school supplies
- craft and art supplies

The Shelter also needs donations for their emergency transportation fund for women who are trying to leave the area.

You can drop off items at the YWCA, 405 Broadway, Tacoma.

Entertainment '97 Book sales benefit AMA-ERF

The PCMS Alliance is selling 1997 Entertainment Books. The Seattle edition is \$40 and the South Puget Sound edition is \$35. Please call Fran Thomas, 265-2774 to purchase your books. Remember VISA and MasterCard are welcome. This is an AMA-ERF fundraiser.

1996-1997 Board Meeting schedule

All Board Meetings will run from 9:30 - 11:30 am February 3: To Be Announced March 3: To Be Announced April 7: To be Announced May 6: Joint Board Meeting at Tacoma Golf & Country Club

SIX GOOD REASONS WHY YOU SHOULD SUPPORT AMA-ERF

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2 You have the option of designating which school will receive your contribution - your alma mater, the local medical school, or one whose work you want to support.

3 You have the option of designating whether your contribution will benefit the

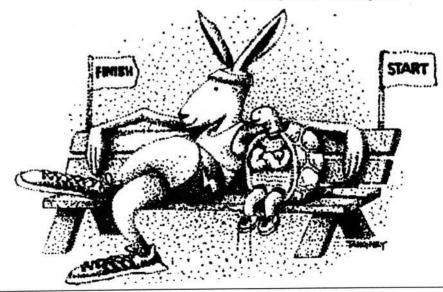
Medical School Excellence Fund, which allows schools to use the funds where they are needed most, or the Medical Student Assistance Fund. Which enables medical schools to provide financial aid to students through scholarships and loans.

4 You know how your money is used by the medical school - for visiting faculty, library improvements, laboratory equipment, etc. - since Alliance leaders are in contact with the deans and can share this information with you.

5 You let the public know that the medical community is committed to quality health and medical care - and that helps to strengthen relationships between physicians and their patients.

6 Every dollar contributed goes to the fund since no administrative costs are deducted by the Foundation.

PCMSA's Annual AMA-ERF "Zero" K Marathon is coming soon - watch for it!





Early airline, lodging reservations urged for CME & Mariners

In response to strong interest, the C.O.M.E. has arranged a CME program in Phoenix during the Mariner's spring training camp and the associated games.

The meeting will be held at the Phoenix Wyndham Metrocenter Hotel - the same hotel in which the Mariner's stay. The CME program will be held in the mornings with afternoons free to attend Mariner games in the greater Phoenix area.

The College has received a block of rooms and tied down seats on flights into Phoenix at reduced rates. The College's block of airline seats must be released on January 5, 1997. The block of seats on selected Alaska flights will be released on February 5, 1997.

For additional information, call the College at 627-7137.■

ACLS scheduled for December 5 & 6

The College's very popular Advanced Cardiac Life Support (ACLS) Provider Course is scheduled for December 5 & 6 at Jackson Hall. Registration remains open. Please call the College at 627-7137 for information.■

CME at Whistler requires lodging reservations by December 15

Those planning to attend the College's CME at Whistler program need to reserve their rooms and condos by December 15 to receive the negotiated reduced rate. The conference is scheduled for January 29 - February 2, 1997.

The College has contracted with Radisson Blackcomb Suites for conference lodging and the meeting site. A unique collection of single rooms, suites and one and two bedroom luxury condominiums just steps from the Blackcomb chair and gondola are available. Space is available on a first-come, first-served basis in the Glacier Lodge, The Marquis, The Aspens and the Greystone Lodge.

To take advantage of these savings, you must make your reservations soon, as our conference dates are during the ski season. THE COLLEGE'S RE-SERVED BLOCK OF ROOMS WILL BE RELEASED AFTER DECEMBER 15, 1996.

Reservations can be made by calling (800) 777-0185 or by fax at (604) 932-2176. You must identify yourself as a part of the C.O.M.E. group.

For course information please call the College at 627-7137.■

Dates	<u>Program</u>	Director(s)
Thursday, Friday December 5 and 6	Advanced Cardiac Life Support	College of Medical Education
Wednesday-Sunday January 29-February 2	CME at Whistler	John Jiganti, MD
Friday February 28	Review of HIV Infections	Alan Tice, MD
Wednesday-Sunday March 5-9	CME and Mariners Spring Training	Richard Hawkins, MD
Thursday, Friday March 13 and 14	Internal Medicine Review 1997	Needham Ward, MD
Friday April 11	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Saturday April 19	Surgical Update 1997	James Rifenbery, MD
Friday May 2	Cardiology for Primary Care	Marilyn Pattison, MD
Thursday, Friday June 19 and 20	Advanced Cardiac Life Support	College of Medical Education

December, 1996 PCMS BULLETIN 21

1996 Physicians Directory changes

Chamberlin, Thomas, MD

Change status to: Leaving area, 11/96

Kale, Richard, DO Change address to:

Tacoma, WA 98405-2302

Levant, Jonathan, MD

Change status to: Retiring 12/31/96

Mihali, Alexander, MD

Change address to:

Allenmore Hospital, 1901 South Union. Tacoma 98405

Sieck, Sandra, MD

Change status/address to: 1107 Old Oak Rd Harker Heights, TX 76548-2289

Smith, Arthur, MD Change office phone to:

552-5296 (beeper)

Wilson, James M. Jr., MD

Change address to:

Allenmore Hospital, 1901 South Union, Tacoma 98405

Wright, William, MD

Change status to: Retired 7/1/96

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22 PCMS BULLETIN December, 1996

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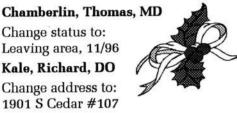
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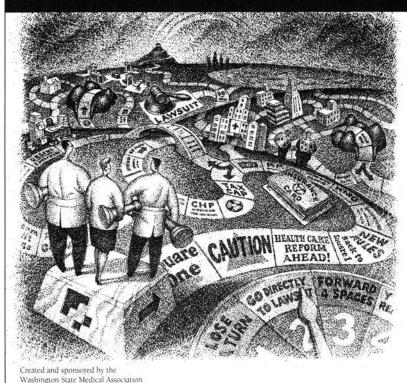
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