

PIERCE COUNTY MEDICAL SOCIETY
BULLETIN

January, 1997

John Rowlands, MD passes the gavel and 1997 PCMS Presidency to Stanley Harris, MD

Dr. Patrick Hogan, recipient of the 1996 Community Service Award



See story page 3

See story page 11

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 Lawrence A. Larson, DO.....Vice President
 Charles M. Weatherby.....Secretary/Treasurer
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 Marilyn Pattison, MD
 Nicholas Rajacich, MD
 Don Russell, DO
 Patrice Stevenson, MD
 Gary Taubman, MD
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Happy New Year



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1996 PCMS/PCMSA Annual Meeting in review

Over 240 attendees heard Dr. Jennifer James talk about our changing culture, watched Dr. Rowlands pass the gavel to Dr. Harris, and enjoyed dinner and conversation at the PCMS/PCMSA Annual Meeting, December 10

On December 10, over 240 physicians and spouses/guests heard Dr. John Rowlands conclude his presidency by acknowledging the talent that is so evident in the Pierce County physician community. Specifically he mentioned Dr. Alan Tice, recognized by the Infectious Diseases Society of America as "Clinician of the Year" and Dr. Federico Cruz-Uribe leading the Tacoma-Pierce County Health Department in dramatic new approaches to public health and taking on the tobacco industry and its advertising tactics.

Dr. Rowlands emphasized the importance that Pierce County have a Level II trauma center and noted that the ideal situation would be a single designated center, but if the hospitals could not commit to a single center, then a dual designation must be acceptable. "Not one more life should be lost and Harborview cannot continue to be the guardian angel for Pierce County," Rowlands said.

Dr. Rowlands thanked outgoing board members, Past-President, Dr. David Law, who has served three years on the Board of Trustees, as well as Drs. Keith Demirjian, Joe Nichols, and Ron Taylor, each completing two year terms. He also thanked committee chairs and members for their work and dedication to Society committees, most of which work to improve communications and relationships with allied health professionals in the community. He then thanked his family, particularly his wife, Mary, and his pulmonary medicine partners for their support and understanding during his busy year as president.

Dr. Rowlands then presented the gavel to Dr. Stan Harris, general surgeon, who spoke of the need for physicians to become involved politically. "We must treat the causes of disease and not the symptoms," he said. "We are in the midst of change" he added, "but this should not be an excuse to tolerate the ills of our society."

Dr. Jennifer James was the keynote speaker for the evening. Her talk, focusing on the changes in society was certainly educational. She invited everyone to look at the life and outlook of a seven to nine year old child to get a better picture of what kind of world is ahead. A cultural anthropologist, Dr. James presented a positive and optimistic picture for the future.

Other happenings during the evening included Sue
See "Annual Meeting" page 4



President John Rowlands (right) passed the gavel and turned over the PCMS Presidency to Stan Harris, MD (left)



Outgoing Trustees Drs. Joe Nichols and Ron Taylor; Vice President Dr. Larry Larson, President-Elect Dr. Jim Wilson, and Past-President Dr. David Law, all receive thanks



Dr. Rowlands introduced Dr. Jennifer James, keynote speaker, who entertained the audience with her humor and her public speaking ability

Annual Meeting (from page 3)

Wulfestieg and **Karen Dimant** winning the raffle drawings. Sue won the Children's Home Society monthly shipment of goodies and Karen won the gourmet basket. Congratulations.

Highlighting the evening was the presentation of the 1996 Community Service Award to **Dr. Patrick Hogan**. (See story page 11) Dr. Hogan won the award for his tireless work in tobacco prevention and control. Dr. Hogan follows **Drs. George Tanbara, Charles Weatherby, Terry Torgenrud** and **Gordon Klatt** as a recipient of the annual award.

He received a standing ovation from the audience and told the crowd how grateful he was for the recognition and thanked them for their help in fighting the "tobacco cartel."

Before adjournment, Dr. Harris introduced the 1997 Officers and Trustees of the Society. (See story page 6) Officers are President Elect, **James M. Wilson, Jr., MD**; Vice President, **Lawrence A. Larson, DO**; Past President, **John Rowlands, MD** and Secretary-Treasurer, **Charles Weatherby, MD**. Trustees are **Drs. Marilyn Pattison, Andrew Levine** and **Don Russell**, all beginning the second year of their two year terms in addition to newly elected members, **Drs. Nicholas Rajacich, Patrice Stevenson** and **Gary Taubman**. **Mrs. Fran Thomas**, PCMS Alliance President also serves as a Trustee. ■



Mrs. Fran Thomas, PCMS Alliance President, reported on yearly activities of the Alliance and introduced the Baby Think It Over dolls used to help stop teen pregnancy



Dr. David Law, (left) Past-President (1995) says hello and shakes hands with Dr. Vern Larson, retired radiologist



First Community Service Award recipient, Dr. George Tanbara with Shauna Weatherby, wife of Charles Weatherby, MD



Dr. Rowlands awards Pat Hogan, DO, Community Service Award winner with a plaque in honor of his work in the community on tobacco prevention and control



Left to right: Melinda Rajacich and Barbara Russell, wives of Trustees Nick Rajacich, MD, orthopedic surgeon and Don Russell, DO, Puyallup pediatrician



From left: Patricia Palms, (wife of Dr. Hori), Dr. Alan White, surgeon with Mt. Rainier Surgical Associates, and Kiyooki Hori, MD, retired anesthesiologist



Nikki Crowley, left, George Delyanis, MD, neurologist and his wife, Virginia with "Baby Think it Over" doll



From left: Lois and Stan Tuell, MD visit with Marge and Bill Ritchie, MD; both physicians have served as PCMS president



Alliance members (from left) Marilyn Simpson-Miskovsky, Melinda Rajacich and Karen Fengler-Nichols

Correction

We apologize to **Gary R. Taubman, MD**, recently elected to the Board of Trustees. We incorrectly stated that he was a Medalia gastroenterologist in the Annual Meeting program brochure.

Although Dr. Taubman sees Medalia patients and works closely with Medalia physicians, he has a fully independent gastroenterology practice. He and his partner Ralph J. Katsman, MD are Digestive Health Specialists, P.S., with fully independent offices in Tacoma, Federal Way and Gig Harbor.

We are sorry for the error.

Newly installed Officers and Trustees lead PCMS in 1997

John H. Rowlands, MD introduced the new PCMS Officers and Trustees at the PCMS/PCMSA Annual Meeting, December 10 at the Sheraton Tacoma Hotel.

He thanked **Dr. David Law**, Past-President for his many years of service as well as outgoing Trustees **Drs. Keith Demirjian, Joseph Nichols, and Ron Taylor**. All three served two year terms. **Dr. Demirjian** currently serves as President of MBI, the PCMS for-profit subsidiary.

New leadership includes **Stanley C. Harris, MD**; President, a general surgeon with Cedar Surgical Associates. Dr. Harris graduated from the UW Medical School and served in the military until 1989.

President-Elect **James M. Wilson, Jr., MD**, has practiced internal medicine in Tacoma since 1980. He graduated from the University of Rochester in New York and did his residency and internship at Madigan.

Past-president, **John H. Rowlands, MD** practices pulmonary medicine. A graduate of UW Medical School, he completed a pulmonary fellowship at Good Samaritan Hospital in Phoenix.

Lawrence A. Larson, DO, Vice-President is a pediatrician with Pediatrics Northwest. He specializes in pediatric allergy/immunology/pulmonology. He graduated from the College of Osteopathic Medicine & Surgery in Des Moines, Iowa.

Charles Weatherby, MD; Secretary-Treasurer is a family practitioner with Primary Care NW. He received his medical degree from the UW Medical School.

Trustees include **Andrew R.**

Levine, MD a diagnostic radiologist with Diagnostic Imaging Northwest. He graduated from New York Medical College and completed a diagnostic/radiology fellowship at the University of Michigan.

Marilyn Pattison, MD, an internist practicing half time and serving half time in Mission and Clinical Ethics for the Franciscan Health System. She graduated from the UW Medical School and is board certified in nephrology.

Nicholas Rajacich, MD, is a pediatric and adult orthopedic surgeon. He graduated from Johns Hopkins School of Medicine and completed a pediatric orthopedic fellowship at the Hospital for Sick Children in Toronto.

Don Russell, DO is a pediatrician practicing in Puyallup. He graduated from the College of Osteopathic Medicine and surgery in Des Moines, Iowa and served his internship and residency in the Army.

Patrice Stevenson, MD practices Physical Medicine and Rehab in Puyallup. She graduated from the UW Medical School and completed her internship/residency at the VA Medical Center in LA.

Gary Taubman, MD is a gastroenterologist and practices with Dr. Ralph Katsman at Digestive Health Specialists, PS. He received his medical education from Oregon Health Sciences University and a fellowship at the University of Utah. **Dr. Taubman** currently serves as President of the College of Medical Education.

Mrs. Fran Thomas is President of the PCMS Alliance. Her husband is William Thomas, MD, a pediatrician with Pediatrics Northwest. ■



Pictured clockwise from top left: Drs. Stan Harris, Jim Wilson, Larry Larson, Andy Levine, Nick Rajacich, Patrice Stevenson; Mrs. Fran Thomas; Drs. Gary Taubman, Don Russell, Mimi Pattison, Charles Weatherby and John Rowlands

WSMA's '97 Legislative Summit - Health Care in Transition"

Mark your calendar for January 28 in Olympia

All members are invited to attend WSMA's annual Legislative Summit on January 28th in Olympia. A full day of activity is planned beginning at 8:00 am, concluding with a reception for legislators and WSMA members from 5:30 pm to 7:30 pm. Learn how legislation is made, gain helpful tips on how to effectively participate in the legislative process and useful insights on what lies ahead for physicians and health care as the 1997 Legislature gets down to work.

In the morning of the Summit, the WSMA's 1997 legislative priorities will be addressed.

These include:

- **Continuing support for universal access to health insurance, including appropriate funding for the basic health plan**
- **Repeal of the Certificate of Need program**
- **Meaningful liability reform, including a requirement for a Certificate of Merit, equal access to medical witnesses, and rectifying the lengthened statute of limitations provisions brought about in the Gilbert v. Sacred Heart Supreme Court decision**
- **Opposition to legislation increasing the scope of practice of other health professionals**
- **Active participation to prevent the regulation of physician networks**

A thought provoking plenary session is being planned around the subject of "The Making of a Health Plan in Washington State." It will touch upon such issues as the inclusion of all categories of providers in health plans, definition of a plan, quality assurance and responses of purchasers and plans. Breakout sessions are also on the drawing board for the following issues:

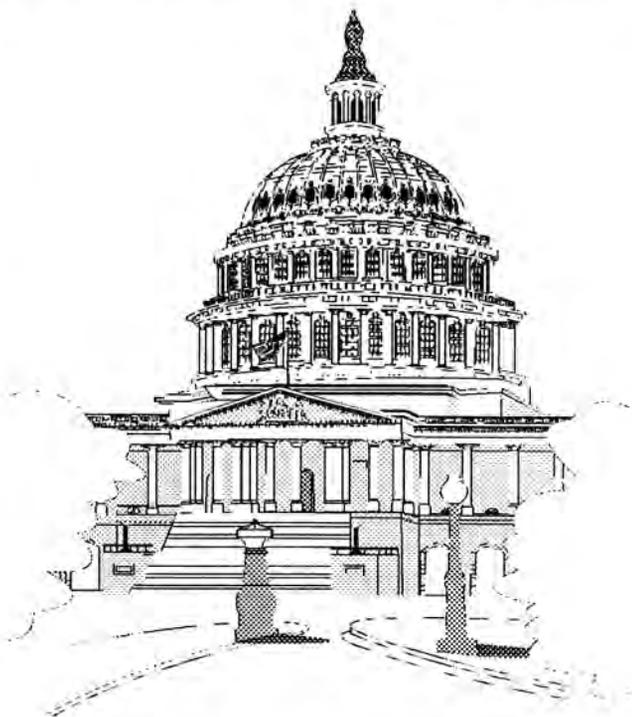
- ♦ Selective contracting and Medicaid's Healthy Options program
- ♦ WSMA and the Liability Reform Coalition - Agenda for Real Liability Reform
- ♦ Tobacco control and violence prevention policies - Strategies that Work
- ♦ Issues affecting physician-at-risk groups
- ♦ A review of the legislative process

In the afternoon, you will have an opportunity to meet with your local legislators. The PCMS and the WSMA Olympia office will make appointments for all members who are interested. Visit your legislator with your colleagues. For more information, please contact the PCMS office, 572-3667.

The Summit is free to WSMA and WSMGMA (Medical Group Management Association) members, as well as the membership of WSMAA. Attendance is limited to 300.

Invitations to the Summit were mailed in mid-December. Please mail/fax your registration form to the Seattle office as soon as possible.

As a WSMA member, you are a key part of our efforts to keep Washington a good place to practice medicine and promote access to care. Physicians must serve as informational resources to legislators as they grapple with complex health care issues and pass laws that affect our profession and the patients we serve. Please mark your calendars today to attend the January 28th Summit at the Holiday Inn Select in Olympia. Watch for more information on the WSMA website, at <http://www.wsma.org>. ■



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Dr. Rowlands addresses Board of Health

Dr. John Rowlands, Immediate Past-President of PCMS, testified in early December before the Tacoma-Pierce County Board of Health at its December meeting.

He spoke in support of the proposed resolution that would restrict certain types of advertising by the tobacco industry and retailers.

The Tobacco Institute felt strongly enough about the considered ban that they sent a representative from Washington, D.C. and employed a local attorney. They both spoke in opposition to the ban. In no uncertain terms they threatened the Board with lengthy and expensive litigation if the resolution was adopted. It was adopted that evening after much testimony by a vote of 6 to 0.

Dr. Patrick Hogan, President of the Tobacco Free Coalition of Pierce County and recipient of the PCMS 1996 Volunteer of the Year award on behalf of his activities in tobacco control and prevention (see story page 11) also testified in favor of the legislation. "We owe it to our children" he stated.

Dr. Rowlands appeared on Channel 4 News the following day. The news crew went to his office and interviewed him and one of his patients. The patient had a long history of smoking and was on oxygen. ■

1997 Medicare RBRVS & Conversion Factor Final Rules published and available

New relative values and conversion factors will be in effect for services provided on or after January 1, 1997. After a five year review the Final Rules on the 1997 Medicare RBRVS and conversion factor updates have been published. HCFA concluded that a delay in implementation would be contrary to the public interest, particularly since Congress is not in session October - January.

The 1997 Medicare Volume Performance Standards (MVPS) and conversion factor (CF) updates are based on formulas used in those years when Congress does not set the updates and reflects a 2% increase in the Medicare Economic Index.

A full report, including updates is available from the PCMS office by calling 572-3667. ■

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Diplomat, American Board of Podiatric Surgery

Inshore Ocean Sailing of the Pacific Coast

by Stevens Dimant, MD

For twelve years my wife and I have enjoyed the summer delights of sailing between Gig Harbor and Cape Caution, including the circumnavigation of Vancouver Island. As lovely as that is, one is increasingly aware that for every degree one passes north, the Pole becomes 60 miles closer. Our familiarity with that beautiful country no less than our love of the sun suggested that this summer we travel south.

To begin with, our combined age of 147 demanded detailed preparations and this started with an extended loop trip by road that gave us a clearer picture of the harbor situations, sandbars, rocks and buoys as far as Astoria. We also took a course in celestial navigation because it is impressive to see how often ocean sailing stories describe times when the electronics become useless and the sextant becomes essential.

While my wife maintained her tennis playing form and I spent many months attending cardiac rehabilitation exercise classes to get into better shape, nothing proved more important than keeping the navigation gear up-to-date. We installed a large handheld GPS machine that was interfaced with a good radar screen mounted together on an aluminum shelf immediately in front of the compass. With the additional help of a relatively uncomplaining auto helm, much of our sailing could be both accurate and comfortable. Although we had about sixteen instruments on the boat including Loran this was not oppressive; the trip would not have been possible without them.

In the course of 1500 miles, we

visited 32 ports in the space of three months. The chief essential remains sufficient time. Any sense of pressure for the next destination must be avoided if the right weather is to be chosen. Although we saw no rain beyond Protection Island, we had fog far more often than not throughout July and August. Our longjohns proved essential and we used blankets over our sleeping bags far more often than had we been going back to Desolation Sound!

Ocean sailing, as one might imagine, is totally unlike our experiences in these enclosed waters. In addition to the Pacific high which treated us to a fairly steady north and northwest wind, there is an ocean swell which daily reaches between three and nine feet.

We had gale force winds going down the southern Oregon coast to Brookings and again passing Point Conception on the way into southern California. The sister boat of my 34' Catalina was pushed along at over 11 knots down this stretch despite our hull speed of about 7 knots! The design of these modern boats is so clever and the sterns so buoyant that we never took on any water in the cockpit. However, I could not interrupt my forward look and determination to broach when my wife looking astern would call out "Steve, you should see this one!"

Sailing between three and ten miles off the beach gives the most lovely views of all the country one knows so well along Highway 101. The rocky pinnacles, fir forests, beaches, farms, coastal hills and later the huge sand dunes and magnificent grazing properties described by John Dana in his



epic, "Two Years Before the Mast" provide an adventure into ever changing beauty.

We had excellent and very thoughtful advice from well known sailors like Steve Van Slyke who has sailed his small boat around the Pacific to include Japan; Roger Rue, who wrote the first circumnavigation book of Vancouver Island and Philip Hayes and his wife who are now great exponents of the East coast and the intracoastal waterway.

Our object was sightseeing in addition to sailing. From Grays Harbor on, one's chief concern is harbor bars. At Ilwaco on the Columbia River and virtually throughout Oregon and northern California, the harbors carry these sand deposits at their entrances between breakwaters and the fishing villages are in fact nearly all at river mouths. There is great turbulence at these entrances with large Pacific swells and even with small ones, it is essential not to enter unless there is a flood tide. With an ebb tide, the harbor water empties, undercuts the ocean rollers and it can get prohibitively rough. Although we had been warned about the bars at little

(See Sailing, page 10)

Sailing From page 9

places such as Garibaldi, Umpquah River, Brookings and of course the Columbia, we were determined to see the smaller, offbeat harbor moorings and it all turned out very well. The point seemed to be that the more menacing the entrance, the more lovely was the harbor one eventually reached.

And just as one has to enter these bars at flood tide, so is it necessary to leave them under the same conditions. Not only that, but in planning the day's sail of say sixty miles, one has to again estimate that a flood tide will again be present on the time of arrival at the next port.

These calculations are great fun, rather like what we all know in the rapids north of Puget Sound but they have to be calculated seriously. In some places, we were confined for three or four days owing either to the Coast Guard having closed the bar that prohibited our leaving due to the rough water or our own distaste for perhaps even rougher water on the outside. Having been held up like this on the Umpquah River, we finally left with the reluctant permission of the Coast Guard only to find that they were watching us closely as we departed. We encountered waves high enough to smash solid over the boat and bend the metal frame of our canvas dodger in addition to breaking loose our dinghy mounted on the foredeck.

Garibaldi was no less forgiving, neither was darkness. There were times when leaving at 4 or 5 a.m. in order to have the right conditions, the night was almost pitch black and literally by the grace of God, a commercial fishing boat would leave just ahead of us as a

See Sailing, page 14

AMA sets their agenda for 105th Congress

It's simple. It's straightforward. And it represents the future of medicine. The American Medical Association presented to the Republican and Democratic leadership this agenda for the upcoming 105th Congress. Your AMA membership strengthens our voice in support of physicians and their patients...and will enhance our efforts to turn these goals into reality.

• **Patient Protections.** Above all, preserve the ability of physicians to act as advocates for their individual patients. Do not allow insurers to "gag" physicians or withhold medically necessary treatments from their patients.

• **Medicare Reform.** Make the Medicare program solvent. Expand patient choice of plans. Allow future growth rates that

cover patients needs. Retain special protection for the vulnerable and elderly.

• **Medical Education and Research.** Continue to support medical education and research so we can find cures for killers such as AIDS and cancer.

• **Public Health Problems.** Expand prevention and treatment programs to combat AIDS, drug abuse, smoking and violence. These problems cost billions of dollars and millions of lives.

• **Liability Reform.** Enact meaningful liability reform to ensure fair compensation to patients with legitimate claims while eliminating excessive malpractice awards that lead to defensive medicine.

Join or renew your membership in the AMA today - call 800 AMA-3211. ■

Dr. James Billingsley educates Rotarians

Dr. James Billingsley, Regional Medical Director, Medical Staff Affairs of Franciscan Health System-West recently spoke to the Rotary Club of Tacoma about polio and the Rotary International Program, PolioPlus.

Dr. Billingsley told of what life was really like prior to the virtual eradication of polio. Many people do not really remember nor have had exposure to the crippling effects of this terrible disease.

PolioPlus was started by Rotary International in conjunction with the World Health Organization and UNICEF.

Dr. Billingsley has practiced pulmonary medicine in Tacoma since 1965. ■

Dr. Ron Anderson leads Urological Society

Dr. Ronald Anderson was recently installed as President of the Northwest Urological Society. This scientific organization is comprised of 350 urologists from the states of Washington, Oregon, Idaho, Montana, Alaska as well as the Provinces of British Columbia and Alberta, Canada. The December, 1997 meeting will be held in Seattle.

In addition, Dr. Anderson is the 1997 and 1998 Washington State Representative to the Executive Board of the Western Section of the American Urological Association, Inc. and past President of the Washington State Urology Society. ■

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- ◆ The Independent Practice Association of America, CPA working group.
- ◆ The Institute of Management Accountants (formally the National Association of Accountants)

Brad Willcockson is a former:

- Chief Financial Officer for a health insurance organization.
- Accounting Manager for Franciscan Family Care in Tacoma.
- Health Care Policy Analyst for the Healthcare Policy Board in Olympia
- Auditor with Deloitte & Touche, CPAs, in Seattle.

He currently consults with a variety of physician organizations and with State Government.

He is founder and president of Willcockson Co., P.S., and ASOMed.

MALPRACTICE IMPLICATIONS OF MANAGED CARE

WEDNESDAY, JANUARY 15, 1997, 7:00 - 8:00 PM

LANDMARK CONVENTION CENTER (RAINIER ROOM)
47 ST HELENS AVENUE

ONE HOUR AMA CME CREDIT

PRESENTED BY: **MARY MCINTYRE, JD**

PROGRAM:

This one hour program explains the malpractice implications of managed care and helps physicians understand how they can reduce their malpractice exposure. The speaker, Mary McIntyre, is an attorney in private practice. She specializes in malpractice defense law and represents hospital and medical staffs.

The Foundation for Medical Excellence (TFME) is a public, non-profit foundation that works with state medical boards and presents a wide variety of educational programs throughout the Northwest. In cooperation with the Washington State Medical Quality Assurance Commission, TFME offers a selection of popular on-site programs to hospitals and other physicians' organizations in Washington.

OBJECTIVES:

- UNDERSTAND THE MALPRACTICE ISSUES RAISED BY MANAGED CARE
- LEARN HOW TO REDUCE MALPRACTICE EXPOSURE IN A MANAGED CARE ENVIRONMENT

CME CREDIT: 1 HOUR

As an organization accredited by the Oregon Medical Association to sponsor continuing education for physicians, The Foundation for Medical Excellence certifies that this program meets the criteria for one hour of Category I credit of the Physicians' Recognition Award of the American Medical Association.

REGISTRATION INFORMATION

To register for this program please fill out the registration form below and mail to Pierce County Medical Society, 223 Tacoma Avenue South, Tacoma, WA 98402, or by fax at 572-2470 or 572-9379. For additional information and directions, please call PCMS at 572-3667.

Mark your calendar for:

Rational Management of the Chronic Pain Patient	February 19
Clinical Concepts of Pain	April 16
Anti-Anxiety Agents: Use and Misuse	May 21

SPONSORED BY:

PIERCE COUNTY MEDICAL SOCIETY AND THE FOUNDATION FOR MEDICAL EXCELLENCE

REGISTRATION FORM

NAME _____ PHONE _____

ADDRESS: _____ CITY _____ ZIP _____

NAMES OF STAFF PEOPLE ATTENDING: _____

REGISTRATION FEES ARE WAIVED FOR PCMS MEMBERS & STAFF. COST FOR NON-MEMBERS IS \$35
REGISTRATION DEADLINE IS TUESDAY, JANUARY 14, 1997
FAX TO: 572-2470 OR MAIL TO: PCMS, 223 TACOMA AVE SO, TACOMA 98402, THANK YOU!



Pierce County Medical Society

invites you and your spouse/guest to the

February General Membership Meeting

Tuesday, February 11, 1997

Social Hour: 6:00 pm

Dinner: 6:45 pm

Program: 7:45 pm

Landmark Convention Center

Temple Theatre, Garden Room

47 St. Helens Avenue

Tacoma

"Make the Big Time Where You Are"

presented by: **Coach Frosty Westerling**

"Frosty" Westerling has been the head football coach and a professor of physical education at Pacific Lutheran University for the past 20 years. He is one of the top college division coaches in the nation. He has guided Lute gridders to NAIA Division II national football playoffs in ten of the past 13 years and to five national championship appearances.

Winning, success and goodwill, however, are by-products of his overall lifestyle and his coaching philosophy. His PHD (Pride, Hustle & Desire) brand of football emphasizes a Double-Win theme. Winning and losing on the scoreboard are kept in the perspective that the goal is not the end of the road – the goal is the road.

A full professor with a doctorate in Education, Frosty has recently written his first book. He specializes in sports motivation and sports psychology and is in high demand as a speaker at regional and national gatherings.

Please note: 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

(Registration required by February 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. Name for name tag: _____

Signed: _____

Thank you!

Dr. Patrick J. Hogan, III receives 1996 Community Service Award

Honored by a standing ovation from his colleagues, **Patrick Hogan, D.O.** received the 1996 Community Service Award for his tireless efforts in tobacco prevention and control.

He is well known in the community as the President of the Tobacco Free Coalition of Pierce County, a position he has held since January, 1992. The Coalition was originally formed in 1988 as a Tobacco Committee of the Medical Society, chaired by Gordon Klatt, MD.

It would be impossible to list all the activities and projects Dr. Hogan is involved with, but a small sampling would include testifying at numerous county, city and state hearings, chairing monthly meetings, working with insurance companies to improve insurance reimbursement for tobacco cessation costs and with hospitals to create corporate smoking controls, working with youth and the Tacoma Pierce County Health Department in prevention efforts and working with restaurants and work places for smoke-free establishments. And, there is no project too small for Dr. Hogan, as every Thursday night, at St. Joseph Hospital, he works with a support group of people trying to quit smoking.

Dr. Hogan's sense of commitment carries over to other aspects of his life as well. He climbed Mt. Rainier last summer with his son, and rode his bicycle from Seattle to Portland in one day. He also bicycled around Mt. Rainier in one day (9:30 hours).

In 1995 her and his wife, Carolyn, a Tacoma School District nurse, took a personal trip to Colorado to learn more about the "Tar Wars" program. A national tobacco education program

directed at fifth graders, they came back to Washington and started working to develop the first program in Washington State in 1996.

"Together, we can make a long term difference in the lives of many young people by de-glamorizing smoking and convincing teenagers not to start the addictive, deadly habit," said Hogan.

And, with the recent Board of Health decision to regulate advertising of tobacco products aimed at youth, it looks as though Pierce County is beginning to take the issue seriously, and not be fearful of Tobacco Institute threats of lawsuits. (See "Dr. Rowlands



Patrick J. Hogan, III, DO

addresses Board of Health" page 8)

And, fortunately for Pierce County, Dr. Hogan told the Annual Meeting crowd that he would continue his community work for tobacco control and that he appreciated and was "energized" by the award. ■

Board of Trustees discusses final recommendations of Trauma Task Force

After months of intense study, the Pierce County Trauma Task Force made their recommendations to the Pierce County Board of Health at their December meeting. The findings presented to the Board were that Pierce County residents expect good, quality medical care, including trauma services. However, they did not recommend who or how the services would be accomplished.

The PCMS Board of Trustees, at their December meeting discussed the findings in depth. They basically agreed with the outcomes from the work of the task force that included the following recommendations:

- Tacoma needs a Level II trauma center, preferably at one hospital
- Madigan, Good Samaritan Hospital and Harborview should be part of a coordinated, regional system

- Funding should come from both public and private sources
- Pierce County should set up a regional leadership group to work out details of funding.

In their discussions, the Board of Trustees contrasted the success of the trauma system for children at Mary Bridge Hospital versus the frustrations in developing an adult system. While the need is great, the desire is different. No one has stepped forward to lead the charge for an adult system. Surgeons stopped providing trauma services because of the lack of a support system, e.g., equipment, staffing, etc. at the hospital level.

The Board agreed to endorse the recommendations of the Task Force, but specified they are in favor of a single hospital designation. They also agreed that the matter be placed with County Executive Doug Sutherland to resolve the funding issue. ■

In Memorium

"We can see far, for we stand on the shoulders of giants"

by Robert McAlexander, MD

I remember **Dr. Ed Kanar** not just as a friend, colleague and partner, but as a surgical statesman and pioneer.

He served Tacoma almost 40 years as a physician, surgeon, educator, conservationist, linguist, friend, husband and father.

Ed's ambition, persistence and ability became apparent almost from the beginning of his academic career. He was the youngest son in a large family in the predominantly Polish city of Hamtramck, Michigan, where his parents and neighbors spoke only Polish. This meant that when Ed went to school, beginning at age 6, he was communicating in a foreign language. He set out by dint of sheer hard work to acquire the impeccable diction and professorial use of English that were to mark his communications for the rest of his life. He taught himself flawless English by practicing his speech in front of a mirror for hours at a time.

He excelled as a student and an athlete. His physical abilities were marked enough to earn him a football scholarship to the University of Michigan, although the Great Depression and his family's financial hardship made it impossible for him to ever take advantage of it.

Instead, he spent two years in service to the Civilian Conservation Corps. While thus helping to support his family, he was placed in activities and settings that helped him develop a lifelong love of and dedication to the preservation of natural systems, forests and wildlife.

He worked his way through college and medical school at Wayne State as a sheriff's deputy assigned to night shifts at Wayne County jail. Ed met and married Chris in Detroit and their first child arrived in 1944. After internship at Grace Hospital in Detroit, he served in the U.S. Army as a medical officer and surgeon from 1945 to 1948.

Immediately afterward, Ed began his surgical training as one of the first residents at the new medical school at the University of Washington where he studied under Professor Henry Harkins. He became an accomplished thoracic surgeon, excelling in what was then a standard treatment for eradicating tuberculosis: lung resection. But his education again was interrupted for a year and a half by his own battle with tuberculosis, fought at Firland Sanatorium. Tuberculosis at that time was the occupational disease of medical students and house officers.

After his recovery, he continued his development as an academic surgeon, accepting appointment to Assistant General of Surgery at Seattle Veterans Administrative Hospital. His skill and dedication were rewarded by advancement to Clinical Professor of Surgery in 1978, a title he held until his death.

Ed came to Tacoma in 1957, joining Les Baskin and Edwin Yoder at the Western Clinic. There still are many Tacoma residents who speak fondly of him as their surgeon. Among the hundreds of patients he treated at Western Clinic were many members of the Tacoma police and fire departments.

He brought several notable advances in surgical research to Tacoma, once reporting to literally a homespun remedy when no commercial device could serve the needs he saw for his patients. He manufactured synthetic vascular grafts on his home sewing machine before commercial knitting mills began to make them.

Another regional first came as part of his work on the heart-lung machine with Dr. Tom Murphy.



Edmund A. Kanar, MD

1916 - 1996

See Kanar, page 17

New negotiation service available for physicians

Can you imagine a service that will allow physicians to collectively negotiate certain terms and conditions of physician contracts with Washington state health insurance carriers? To provide this service, WSMA has formed a subsidiary, WSMA Representation Services, which will provide this valuable negotiation service to members. Services will be conducted in accordance with regulations adopted by the Washington Health Care Policy Board.

This new service is seen as an opportunity to work with progressive carriers in this state to ameliorate some of the negative features of provider agreements. It is anticipated that WSMA Representation Services will not only represent physician interests with health care carriers, but will save them from some contract negotiation and implementation costs.

Claim frequency & severity up in 1995

In 1995 Physicians Insurance experienced an unusually sharp increase in the frequency of claims. From 1989 to 1994, the company averaged 7.6 claims per 100 insureds. In 1995 the frequency increased to 11.1 claims per 100 insureds - a 46% increase.

Claim severity, which is measured by the reserves established and losses paid during a policy year, increased even more. In 1994 the total incurred was \$31,292,000. In 1995 the incurred was \$49,666,000, a 59% increase. The 1994 average incurred per claim (including defense costs) was \$67,000. In 1995, the average rose to \$83,000, a 24% increase.

This service is not a panacea, however, as carriers are not obligated to enter into negotiations. It is hoped that they will as it presents them with a great opportunity to utilize their own resources more effectively rather than have to respond separately to individual physicians.

Representation in the Service is not automatic. WSMA Representation Services needs your authorization in order to comply with the new regulation. In order to be

represented in these negotiations, you must sign up for the service. There is no charge for WSMA members, while non-members will be charged an annual fee of \$460.

The more physicians who authorize to negotiate on their behalf, the more likely carriers will negotiate seriously with WSMA Representation Services.

For more information please call Lori Preston at the WSMA office, 1-800-552-0612. ■

Leadership election process explained

In late September, the PCMS Nominating Committee, comprised of the five officers of the Society and four at-large members selected at the September General Membership meeting selected a slate of candidates for officers and trustees for 1997.

The candidates included **Stanley Harris, MD**, President; **James M. Wilson Jr., MD**, President-elect; **Lawrence A. Larson, DO**, Vice President; **Charles Weatherby, MD**, Secretary-Treasurer; and Trustees **Drs. Nicholas Rajacich, Patrice Stevenson, and Gary Taubman**. Trustees completing two-year terms include **Drs. Andrew Levine, Marilyn Pattison, and Don Russell**.

The ballots were sent out late November and members were asked to vote. With a 30% return rate of the ballots, the candidates were overwhelmingly elected.

A couple comments were received about there only being one choice for each position. One person responded "good choices but this looks like a 'Russian

Election' or I should say 'old Russian Election'." The other "It is pointless to vote when there is no choice to be made, and no choice given." While valid comments, it is important to note *Roberts Rules of Order*, which advises "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."

It is for this reason that only one candidate is nominated. Also, the potential for hard feelings or a fear of competing make many individuals unwilling to become involved if the election is not conducted in this manner. It is commonplace for organizations to conduct their elections in this format. The alternative can alienate many qualified people.

If you would like more information about Roberts Rules of Orders or the nomination and election process, please call the Society office 572-3667. ■

**Received an award?
Been elected to an office?
Chosen for an honor or appointment?**

Please tell your fellow PCMS members about it. Send news of your career-related accomplishment to PCMS Bulletin, 223 Tacoma Ave South, Tacoma, 98402, or fax to 572-2470. Deadline is the 15th of the month preceding publication.

Sailing From page 10

path finder. At Eureka for example, we were leaving their long channel and the Coast Guard were called six times for a weather report on the state of the bar. Sleep was apparently heavy that night and we got no response until a fishing boat ahead of us heard our radio and said, "We also haven't been able to raise them, so why don't you follow us?"

Radar was not only invaluable but provided a whole variety of new and unexpected pictures. With a sixteen mile range, how do you distinguish between a school of dolphins, a vast collection of seals, or a sailing regatta? These black and white outlines require practice and I will never forget the alarm at seeing what could only be rocks appearing a mile and a half ahead despite the absence of any such reef being shown on the chart. We proceeded with a certain trepidation only to find the radar picture remained unchanged until we found ourselves in a school of blue whales! These monstrous and beautiful things were a silver blue color, shining in the sun and playing. They had no barnacles or other crustaceans and indeed their only unwelcoming feature was their length of nearly 100 feet.

From Westport south, the brown pelicans are reappearing in numbers and from Monterey, one starts to see the sea otters again. Like their pictures, these little charmers lie on their backs, cracking and munching on all sorts of sea shells and crabs, appearing to eat continuously. Their faces resemble koala bears although their diets are different. Further down the coast many miles of ocean reserves exist for the protection of otters. In Monterey there is an unbelievable number of seals and sealions. On the north

breakwater, there are probably over 1000 of these brutes all hooting, shouting and generally making an uproar in what I understand is a colony of bachelors. Maybe this was a Saturday night, we don't really remember, but the numbers of these animals on the rocks and boats was astonishing.

Of course we had our problems. None was less important than the outcome of our first camera undertaking. One picture of an intrepid wife sitting elegantly on the gunwale just beyond one's proud array of binnacle instruments, and of course many other irreplaceable photographs were totally destroyed by a film that persistently delivered itself like spaghetti whenever the back of the camera was opened! Shortly after leaving Cape Flattery, we had our first accident and this of all things was due to crab pots. Parts of the offshore waters are alive with these things, scattered like navy mines they exist by the dozens and hundreds extending out to a depth of as much as 200 feet. Off the Washington coast we had our first encounter with these. Many pots have two floats separated by a line six or ten feet long and they are designed to be collected quickly. Twice our propeller provided this service! While I managed the boat, a brave and athletic first mate would climb down the swimming steps and cut the line. Despite a diver at Westport returning to the surface with a good length of rope she had recovered from the propeller shaft, the boat continued to tremble and rattle so that when we reached Newport, Oregon, we were obliged to have a full transmission overhaul. The engine was worked so loose from the vibration that it could literally be rocked back and forth from side to side

See Sailing, page 20

Applicants for Membership

Chang, Pilin, MD Pediatrics
 Medical school: Medical College of Wisconsin
 Internship: Children's Hospital of Wisconsin
 Residency: Children's Hospital of Wisconsin

Schmitz, Bradley, MD Internal Medicine, Allenmore Internal Medicine Associates, 1901 South Union, Tacoma 98405, 552-4810
 Medical school: University of Wisconsin
 Internship: Blodgett Memorial Medical Center
 Residency: Blodgett Memorial Medical Center ■

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Welcome new PCMS Members

Ginsberg, Daniel, MD, Internal Medicine, Allenmore Internal Medicine Associates, 1901 South Union, Tacoma 98405, 552-4810
 Medical School: Uniformed Services University of the Health Sciences
 Internship: Keesler AFB Medical Center
 Residency: Keesler AFB Medical Center

Hall, Jerome, MD, Orthopedic Surgery, 1112 6th Ave., #300, Tacoma 98405; 272-2224

Medical School: New York Medical College
 Internship: Mt. Sinai Medical Center
 Residency: Mt. Sinai Medical Center
 Graduate Training: Hospital for Special Surgery

Horvath, Kimberly, PAC Ob/Gyn Practices with Dr. Elizabeth Sanford, 316 MLK Jr Way, #309, Tacoma 98405; 572-2244
 Medical School: Yale University

Pham, Joseph, MD, Ophthalmology, 1818 S Union Ave, Tacoma 98405; 759-5555

Medical School: Oregon Health Sciences University
 Internship: Emanuel Hospital
 Residency: Casey Eye Institute
 Fellowship: University of Texas

Reyes, Maria Regina, MD, Physical Medicine & Rehab, 407-14th Ave SE, Puyallup, WA 98371; 841-5849

Medical School: Penn State University College of Medicine
 Internship: Lankenau Hospital
 Residency: University of Washington

Stowell, Virginia, MD, General Surgery, Practices with Cedar Surgical Associates, 2121 S 19th St., Tacoma, WA 98405; 383-5409

Medical School: Rush Medical College
 Internship: Madigan Army Medical Center
 Residency: Madigan Army Medical Center

Taylor, Mark, MD, Ophthalmology, 4700 Pt. Fosdick Dr NW #107, Gig Harbor, WA 98335; 858-5186

Medical School: Northwestern University Medical School
 Internship: St. Joseph's Hospital (Chicago, IL)
 Residency: McGaw Medical Center ■

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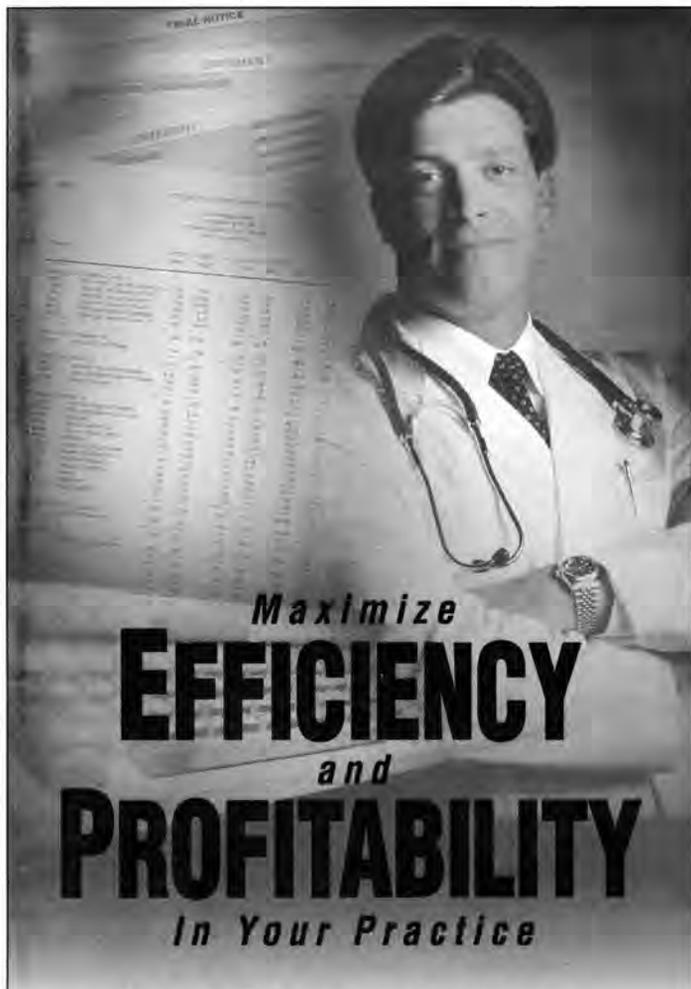
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*The MGMA Cost Survey: 1996 Report Based on 1995 Data is a report summarizing expense, revenue and staffing information on U.S. medical groups.

From the PCMS history file

Reprinted from the *Bulletin*, December, 1966

Don't say "Medical Arts Hospital"; it's "Allenmore Hospital"

Don't say "Medical Arts Hospital" anymore. There is no such place. As of October 1, 1966, after continuing that name for three months in its new location, the hospital officially changed its name to "Allenmore Hospital." The change in title will help avoid confusion with the previous relationship of the hospital to the Medical Arts Building, and will provide a better orientation relative to its location as a part of the Allenmore Medical Center complex at South 19th and Union Avenue. Carl Rasmussen, hospital administrator, made the announcement.

Incidentally, the name "Allenmore" comes from a combination of the last names of two men who once owned the land on which the hospital now stands, and which also included the present Elks Temple and the Allenmore Golf Course. Through many years of usage, the word has become familiar to most Tacomans in identifying the location of the office. ■



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Kanar from page 12

This pioneering surgical team performed, in Tacoma, the first open-heart surgery in the Pacific Northwest!

Ed believed strongly that those who are active in the practical application of medicine should continue to make contributions to medical education. He was always available to students. He helped develop the surgical technician training course at Clover Park Vocational-Technical College and actively supported the program by serving on the board of directors.

Ed and Tom Murphy regularly contributed to the education of students, interns, and surgical residents by driving to the Wednesday afternoon surgical grand rounds at Harborview Hospital in Seattle. As a student As a student and house officer, I vividly recall their contributions and was among those who appreciated their clinical expertise.

Ed was active in the Tacoma Surgical Club, serving as president. His office wall was filled with awards for best dissections over many years. He actively supported its nationally famous surgical anatomy demonstrations, although not all of them were textbook examples of efficiency. The story still is told of how an early heart-lung machine which he was demonstrating made an international impression when a hose clamp came loose and thoroughly doused Dr. John Bonica and several of his foreign visitors with blood.

When Ed approached "retirement age" he joined Tom Murphy and myself in surgical practice until once again "retiring" in 1988. That "retirement" consisted of working, at first part-time and then full-time in the vascular

clinic at Madigan Army Medical Center until just before his death from pancreatic cancer.

Ed's professional honors include the presidency of North Pacific Surgical Association, founding membership in North Pacific Vascular Society, and membership in Pacific Coast Surgical Society. He wrote the chapter on "Acute Peptic Ulcer" in "Surgery of the Stomach and Duodenum" that was edited by Henry Harkins and Lloyd Nyhus in 1962.

In addition, he is credited with thirty-six journal articles, primarily on gastric physiology and vascular grafts.

His hobbies were varied and numerous. He dabbled in wood-carving and took accordion and sewing lessons. A bibliophile of the first rank, he amassed a library with thousands of volumes, many of them reflecting his love of wildlife. He spent many happy hours at Las I Woda, his retreat in Southwest Washington's forest country. Visiting children there were permitted to clamber over an ancient burro and under supervision, learn to drive an equally ancient Jeep. He spent years in an enthusiastic, diligent yet never quite completely successful attempt to eradicate a stubborn infestation of tansy ragwort.

Ed had a great love for his children and grandchildren as well as for his wife Chris. His family and everyone who knew him were very touched and very much admired Ed for his tireless and selfless care of Chris during the final years of her life as she suffered the debilitating and ultimately fatal course of Alzheimer's disease.

His children, Karen, Duane and Vallery, also especially wish that he be remembered for his vital interest in wildlife conservation, exemplified by his continued

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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

support of Wolf Haven and Northwest Trek, and several other wildlife preservation groups.

The people who have had the fortunate experience of knowing Ed and working with him, will remember him as a kindly, precise and energetic man. His attitude could vary from stern to compassionate, and his approach was always respectful of others, revealing him as a true gentleman with a touch of stately old world charm.

All of us who knew Ed will remember him for his discipline, warmth and vital energy which he gave to every task, his patients and his community and family. ■



the Pulse

Pierce County Medical Society Alliance

Don't stay home!

Request a ride
when you reserve
a place at an
Alliance event.

Rides available



On Friday, November 22nd, the Alliance had their General Board meeting at the home of Kathleen Forte. Approximately 20 people attended. Pictured above from left, Kathy Forte, Fran Thomas, Kathleen Smith, Marie Giadrome, Karen Dimant, and Mona Baghdadi.

February Meetings

February 3rd Board Meeting, 9:30 a.m. at Mary Bridge in the large board room. Please be on time!

February 7th General Meeting, 10:00 a.m. at Lee Skinner's, 4109 N 33rd St., Tacoma.



Pictured from front, right: Gaile McLaurin, Bob Barlow, Fran Thomas, Kris White, Toni Loomis and John Rosmaryn.

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 Newcomer: \$55 Student/Resident: \$25

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the Pulse

Pierce County Medical Society Alliance

President's Message

Happy New Year!

I hope everyone survived the Holidays in tack and are ready for a busy 1997. I'll just recap the end of the year for you.

On November 13, **Toni Loomis**, **Kris White** and I presented Bob Barlow, a family life teacher at Mason Middle School, with fifteen "Baby Think it Over" dolls. Also present were Gaile McLaurin, principal and John Rosmaryn, Tacoma School District Director of Science and Math Curriculum. (See picture at bottom left) I will keep you informed of the progress with responses from students, parents and teachers.

Kathleen Forte hosted our November meeting. There was a last minute worry about snowy weather, however all went well. Marie Gaudrome shared with us her work with the Humor a'la cart at Tacoma General on the oncology ward. There's room to volunteer especially on Friday's. **Karen Dimant** worked and said it was a wonderful experience and a simple and fun project. Volunteer time is weekdays from 1:00pm to 3:00pm. There's always two to the cart. They take around videos, books and magazines to patients to help fill some otherwise boring time. If you're interested in volunteering, please call Karen at 265-2516 for more information. She will get you in touch with Marie.

The Joint Holiday Dinner on December 10 was decorated beautifully thanks to the help of many Alliance hands between

5:00pm and 6:00pm.

Patty Kesling donated her mirror squares saving us almost \$100 and helping us stay within the budget. **Nikki Crowley** again found us beautiful poinsettias. Aside from the inopportune cry of my "Baby Think it Over" doll, and my falling knee-highs, the evening went off quite nicely. Dr. Jennifer James was most entertaining and insightful and referred to my speech several times!

The raffle netted us \$652.00 - a record high. This helps defray some of the Holiday Sharing Card expenses. Two Alliance board members were winners. **Karen Dimant** won the Longaberger basket that we all wanted and **Sue Wulfestieg** won the Washington Children's Home Society shipment of cheeses, coffee, salmon, fruit and walla walla onions. Thank you Nikki, Kathleen and Kit for selling all those tickets. Thanks to Doug as well for giving us more time. Next year, I'll have more sellers.!

The following Monday there was a light mailing party at Nikki Crowley's home. Alliance members worked until 1:30pm stuffing, sealing and labeling envelopes for mailing the Holiday Sharing Card. Thank you Bev, Kathleen, Marilyn, Helen, Dot, Nikki and Mona. As we left, Nikki presented us with holly sprigs from her 32 holly trees to decorate our homes. Thank you Nikki for your hospitality!

On my way home, I dropped off a van full of toys and gifts to the

YWCA Battered Women's Shelter at 405 South Broadway. They were quite pleased to see all the gifts.

Thanks to all who brought gifts to the Holiday Dinner. What a wonderful gift of love.

Piper Woodruff, age 12, was the winner of the art contest. Her androgenous nutcracker physician with a stethoscope and ear, nose and throat mirror was used for our Holiday Sharing Card. She is the talented daughter of **Mitch and Dr. MaryAnn Woodruff**. She will receive a \$50 gift certificate.

January is a resting month for the Alliance. However, there's a WSMA Board meeting in Olympia on January 28. Look for notices soon.

February's general meeting is quite early - February 7th at Lee Skinner's home at 4109 N 33rd St. in Tacoma at 10:00 am.

Thanks to all who bought Entertainment Books. I'll have them until January 15th. ■

Fran Thomas



After
breast
surgery
think
of us.

Union Avenue Pharmacy &
Corset Shop
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Sailing From page 14

with one's hands!

We also had an exciting entrance into San Francisco Bay where the white city buildings in the afternoon sun looked more like the Holy Land than the customary appearance of that interesting town. Shortly after this however a gale force wind squall struck us with sudden fury off Angel Island and blew out our head sail. Were it not for the fact that we had good friends in Sausalito our time spent there for repairs would have seemed like a long one. We had also spent about a week with our daughter and her family in Eureka, northern California but now going south of San Francisco sailing was faster with repaired sails, steadier

winds and our San Diego goal becoming ever closer. We visited many enchanting harbors and were particularly impressed by the sailing skill of the Californians. In Sausalito there had been about 800 boats in our one moorage and of these 600 or 700 were sailing boats. In Santa Barbara, which has a narrow entrance with a large sandbar, we continued to see sailing almost up to the mooring outside the Yacht Club and one can only assume that these hotshots would have enjoyed other sailing styles given the cruising opportunities of Puget Sound and further north.

As reciprocal gestures of goodwill to Gig Harbor Yacht Club, we encountered remarkable hospitality. Particularly at Morro Bay, Monterey, Santa Barbara and San

Diego we were offered the full facilities, party nights and friendship sometimes without even having to pay moorage fees. To us it was a little ironic that every recreational boat we passed from Oregon and California had a Washington destination! San Diego itself is a magnificent stretch of water and its historic Yacht Club had everything on display including primerib but on this occasion Dennis Connors was not in evidence.

At this time *Kookaburra* is still in San Diego and under the Driscoll Brokerage up for sale. Although its return to Gig Harbor would be by way of Interstate 5, it is our fervent hope that no one buys this gallant little boat with which my wife and I share so many great memories. ■

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COLLEGE OF MEDICAL EDUCATION

Whistler CME registration remains open

It's not too late to register for the College's CME at Whistler program. Negotiated group rates on our block of rooms are still available based upon space availability.

A unique collection of single rooms, suites and one and two bedroom luxury condominiums just steps from the Blackcomb chair and gondola are available.

Reservations can be made by calling (800) 777-0185 or by fax at (604) 932-2176. You must identify yourself as part of the College of Medical Education group. ■

Early airline tickets essential for CME and Mariners

Those wishing to attend the College's first CME and Mariners Spring Training program on March 5-9, 1997 in Phoenix need to tie down airplane tickets. According to Marilyn from Olympus Travel, economy seats on airlines over those dates are getting tight. Immediate reservations are encouraged. Call Marilyn at 565-1213.

Contact the College for other information. ■

Review of HIV Infection program scheduled for Friday, February 28

The ninth annual CME program dealing with HIV infections and AIDS is scheduled for February 28. This popular program is once again developed by local HIV expert **Alan Tice, MD** and will be held at St. Joseph Hospital, South Pavilion, Rooms 3A & B.

Designed for all physicians, the conference will serve as a timely update regarding developments in HIV infections and AIDS. The course will feature national, regional and local experts.

This year's conference will include presentations on local HIV developments and will focus on elements of HIV management

and treatment. The program will feature the following addresses:

- Local resources for HIV care
- State epidemiology and economics of AIDS
- The President's Advisory Council on HIV/AIDS and more
- Update on anti-retroviral therapy
- Occupational risk and prevention of HIV
- Interesting cases

The program brochure will be mailed in mid-January, so mark your calendar and plan on attending. ■

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
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 Rifenberg, MD
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BULLETIN

February, 1997

HOW A BILL BECOMES A LAW



1. A bill may be introduced in either the Senate or House of Representatives, but the procedure by which a bill becomes a law is much the same, wherever the bill originates. In this story, the bill is introduced in the Senate by a member, or members, of that body. After the bill is filed with the Secretary of the Senate, it is given a number and, unless a majority demands it be read in full, it is read the first time by title only in open session of the Senate. It is then referred to a standing committee of the Senate.

2. The committee studies the bill and often holds public hearings on it. The committee will then meet to consider the information it has gathered. It may approve the bill with or without amendments, draft a new bill on the same subject incorporating the desired changes, or take action.

3. The committee is now ready to report back to the Senate. If the majority is in favor of the bill as introduced or with certain amendments, the chairman recommends the bill for passage. The committee report is read in open session of the Senate, and the bill is then referred to the Rules Committee.

4. After the bill has been recommended for passage by the standing committee to which it was originally referred, the Rules Committee can either place it on the second reading of the calendar for debate before the entire body, or take no action.

5. When the bill appears on the calendar for second reading, it is subject to amendment. It is then returned to the Rules Committee where it must receive a favorable vote before being placed on the third reading calendar for final passage. This referral to Rules is often bypassed by vote of the Senate and the bill placed on final passage immediately following its second reading. Depending upon the degree of controversy, debate may last a few minutes to several hours – or even several days.

6. After passing in the Senate, the bill will go through an almost identical procedure in the House. If the bill is passed by the House, but is amended by that body, the Senate must concur in the amendments. If the Senate does not accept the change in the bill, a conference committee may be requested on the differences.



7. If the conference committee cannot agree, a free conference committee may be appointed with power to rewrite the amendment or even write an entirely new bill. When the conferees reach agreement, they report to their respective houses. Their report is either accepted or rejected without any changes.

8. If the report is accepted by both houses, the bill is signed by the President of the Senate and the Speaker of the House in open sessions of each body, and then is sent for the governor's signature.

9. Within five days, if the legislature is still in session, or twenty days after its adjournment, the governor may sign the bill or veto all or any section of it. The legislature can override the veto by a two-thirds vote of both houses. If the governor fails to act on the bill it may become law without a signature.

See pages 10-11

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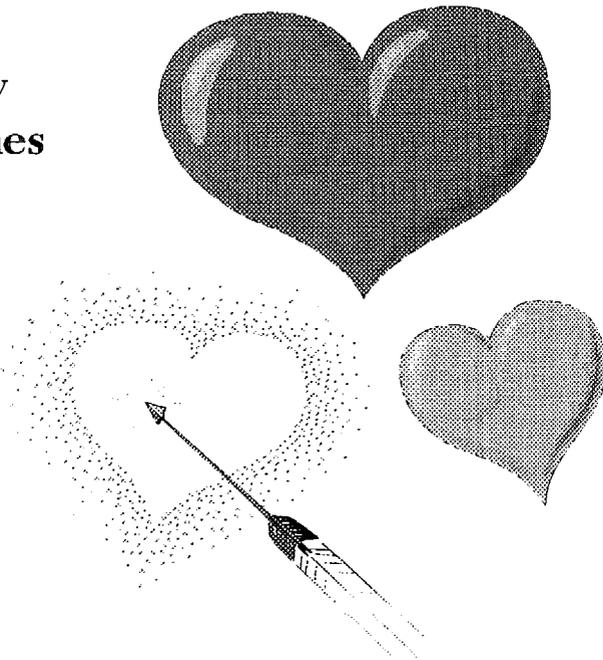
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Happy Valentines Day



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A message from your President.....



*Stanley C. Harris, MD
President, 1997*

As I sit here and try to bring something of great importance to the members of the PCMS, I am struck with the huge shifts that have occurred in the practice of our lifetime endeavor. Unlike your immediate past president, John Rowlands, I am not the eternal optimist. I do not have the God-given quality that enables me to find the good in everything. I guess I would be classified as a pessimist, but I prefer to be labeled as a pragmatist. Medicine in the United States today is evolving rapidly into something far different from the profession we thought we were entering just a few years ago.

The idyllic life of the revered physician is seriously threatened by a multitude of influences. Perhaps the greatest is the economics of providing unlimited healthcare to a population of people who will not and perhaps cannot assume any responsibility for their well-being. Destructive behavior as evidenced by violence, drugs, alcohol and unbridled pregnancies are causing the healthcare resources to be stressed to the breaking point. The general public is happy to not assume any responsibility for the situation and blame the fat cat medical establishment. The sad fact is that most of us have practices that support many employees and force us to spend a great deal of our time being businessmen or women, albeit sometimes poorly. We are looked to as the cause of the huge national expenditure of our gross national product on the provision of health care. Obviously it is not that simple despite casting us as the scapegoats.

A glance at the local newspaper is sobering enough to make me despair at our future. Just as the healthcare dollars are dwindling, the push is on to expand the coverage of services of alternative medicine modalities. The funding of the King County Natural Medicine Clinic at the Kent Community Health Clinic is clearly an indication that our future is in trouble. I found that they will waste 1.2 million dollars on the project over two years. A health-centers survey indicated 60% of the obviously well educated clients were interested in the natural medicine options.

Obviously the public expects the best and they do not worry about the cost as long as someone else will pay the bill. The sad truth is, however, quality medical care demands intelligent use of resources and therefore treatments that have been scientifically proven to be efficacious. Some doctors are more than willing to work for nothing. But again, reality must set in and we must realize that we are just a small part of the overall picture. I don't have any solutions, but I will try my best to keep the efforts of the PCMS focused on quality, scientifically proven medical care and disease prevention efforts.

Stanley C. Harris, MD

Trauma Care for Pierce County discussed by leaders at Retreat

A panel of experts enlightened attendees of the Board of Trustees Retreat about Trauma Care in Pierce County and answered difficult, but essential questions about the reality of a system being implemented.

Karen Biskey, County Councilwoman and Chair of the Pierce County Task Force; Diane Cecchettini, Vice President for Patient Services, MultiCare; James Billingsley, MD, Medical Director, Franciscan Health System West; and Clifford Herman, MD, Retired Trauma Surgeon, University of Washington, all gave brief overviews about Pierce County Trauma from their perspective before answering questions from the audience.

Ms. Biskey reviewed the workings of the Trauma Care Task Force, an eleven-member group appointed by County Executive Doug Sutherland. They worked several months, studied hard and produced written recommendations. They took a public survey, "which was very well done", she said, and had public hearings. **At the end of this process, all eleven members agreed that Pierce County needs to make changes in the way that trauma care is currently delivered.**

The group developed goals, and from them recommendations, for Pierce County. Recommendations were that: Tacoma needs a Level II trauma center, preferably at one hospital but joint designation would be acceptable; the system should have clear accountability to the community and to the statewide EMS and Trauma System; funding should be secured through public and private sources; and that Pierce County, as quickly as possible, convene an Implementation Leadership group

to secure commitments and identify specific action steps, timelines and staffing resources for implementation.

"While many people feel trauma is very important, they are not advocating for it publicly," she said, and, "this is a big liability for this issue moving forward. There

expected them to solve the problem, but their recommendations are just the beginning of the process to a solution.

"MultiCare has a commitment to trauma," she said, citing their struggle to keep Mary Bridge Children's Hospital Level II Service together as an example.

"While many people feel trauma is very important, they are not advocating for it publicly this is a big liability for this issue moving forward."

needs to be political leadership because it is now stalled and needs to be moving," she added. The Task Force believes that trauma care for Pierce County is possible and even though financing is a major issue, it is not impossible. She believes the process will take time and as Pierce County continues to grow the need will grow. "We can't drop the ball now," she said, "but it will take time and we need to keep working on it."

Bringing a hospital perspective was Diane Cecchettini. "For years we have had a system that kind of worked," she said, "and the medical community is aware of all the issues related to trauma." She believes the value of the Task Force is that it took the issue to the community and the citizens to give them a look at what hospitals and physicians had been struggling with for some time. "It put the issue in the community arena," she said. One frustration with the Task Force is that people

"We are willing to participate in the adult trauma system as well," she added. However, the issue of single or dual designation, funding, and other issues need to be worked out. The obstacles are very large and make progress on the issue difficult without a cadre of leaders that will oversee the project. **"It is time for the Medical Society leadership to take charge and flex their muscle,"** she added.

Another hospital perspective was presented by Dr. Billingsley. A physician in this community for many years, Dr. Billingsley gave a history lesson in emergency care. Forty to 50 years ago, trauma or any emergency care was basically provided wherever you could get it. In the 60s emergency care, not just trauma, was practiced in the hospital emergency rooms with highly skilled physicians. In this community, they were run by physicians whose rotation time was still their opportunity to serve

See Trauma, page 26

Board of Trustees Retreat focuses on local issues of medicine

The Board of Trustees Retreat, an annual January event, was held at Shenanigans Restaurant on Saturday, January 11. Attendees included Medical Society officers, trustees, committee chairs, and past presidents, specialty society presidents, physician network and affiliation leaders, and hospital medical staff presidents. Forty-five physicians attended.

The program focused on local issues beginning with an overview of the Pierce County Medical Society. Doug Jackman, Executive Director talked about the role and stability of the 108 year old organization. "While physician networks grapple primarily with economics, medical societies focus on the profession," he said. "The Society is committee driven," said Jackman, as he named the many committees of the Society from Ethics and Grievance to AIDS and Public Health/School Health. With two subsidiaries, Membership Benefits, Inc. (MBI) and the College of Medical Education, the Society has grown to be a stable, financially secure organization. MBI is the for-profit subsidiary and secures non-dues related income via advertising, publication sales, permanent/temporary employment income, and numerous other means such as rents and programs. The three businesses have combined annual budgets of \$878,000 and combined reserves of \$168,000 with approximate equity of \$150,000 in the building they own. "PCMS has a stable membership, 86% male with the majority of members in the 40-49 year old age group," he added.

Federico Cruz-Uribe, MD, gave an overview of public health and explained the many changes being implemented by the Tacoma Pierce County Health Department.

He said that traditional public health has been diagnosed with a three D disease; disarray, disorganized and dysfunctional. The fundamental philosophical change in public health is to empower communities rather than simply deliver services, meet the needs of consumers, not the bureaucracy, be driven by missions and not rules, invest in prevention rather than cure, decentralize authority and be more entrepreneurial. A big role of the health Department according to **Dr. Cruz** will be to "monitor the health of the community." Then partnering with other agencies and the community and supporting their activities will be paramount. Moving toward prevention, surrendering control and being competitive are also themes that will be carried out.

Calls from schools now ask for help for children that have behavior problems such as acting out, being combative or for abuse issues. "We have to start dealing

with parenting issues and family dysfunction issues now," he said. The department has developed strategic directions, including monthly goals and is currently



Left to right: President Stan Harris, MD, talks with speaker Rich Nelson and Past-president (1987) Dick Bowe, MD



Left to right: Drs. Richard Hawkins, Bill Roes and Mark Gildenhar visit prior to the lunch break

implementing Family Support Centers, Gang Reduction Intervention Programs, Active Disease Surveillance as well as following closely the clinic transitions which moves patients to primary care providers for traditional public health medical services.

Other speakers included Rich Nelson, president & CEO, Pierce
See Retreat, page 6

Retreat *from page 5*

County Medical Bureau (PCM) and Nancy Purcell, MD, President, WSMA. Nelson presented an insurers perspective of the future of health care while Dr. Purcell spoke of organized medicine and WSMA's legislative agenda (see page 10).

Mr. Nelson reviewed the historical changes in PCM since its inception in 1917. Their beginnings into managed care were in 1985 with the introduction of their PPO programs. In 1995 PCM became a wholly owned affiliate of the Benchmark Group and in 1997 King County Medical and PCM will merge into a new entity with a new culture that will serve the entire State of Washington. Although the primary purpose of the organization has remained and will remain the same, they have gone through numerous changes and will undoubtedly have future changes as well. Providing health care services in the manner they have with a strong local presence and a not-for-profit mentality has helped each of the organizations be successful in their own marketplace. There have been consolidations and efficiencies that have been financially rewarding.

"We have and are developing strategic relationships and partnerships as they seem appropriate. We believe that health care is really delivered at the local level and in order to really serve the needs of people at the local level we need to sit down in a collaborative manner with the physicians, hospitals and insurers and anyone else in the system that serves that location in a manner where everybody wins," he said. "Although there are and will be circumstances where this does not seem readily apparent, it is the philosophy that we are attempting to develop throughout the Benchmark," said Nelson.

Through combined volumes, services are purchased at reduced prices. One example he cited was an immediate savings of 6.5 million on the administrative side of the pharmaceutical drug program. And, these savings will be passed on to their insured. The reduction of duplication in products, providers contracts, managed care rules, billing and reimbursement methodologies as well as marketing, have all contributed to huge cost savings.

"Since last April we have been working on the process of developing a fair and equitable way to bring together Pierce and King County Medical Bureaus. The progress has been very good," said Nelson, "in the sense that the Board did agree to merge the two organizations for all the right reasons. The date set for the actual merger is April 1, 1997. They have purchased the old Hillhaven Building,



PCMS Trustee Dr. Gary Taubman (left) visits with Past-president (1996) David Law, MD



Attendees listen while Dr. Nancy Purcell, WSMA President talks about managed care and organized medicine



Left, Vice President, Dr. Larry Larson visits with psychiatrist Pat Donley, MD

downtown Tacoma, and Pierce County's headquarters will also be regional headquarters for a portion of the state. The Pierce County Board has been dogmatic and has held firmly to maintaining a local leadership and local presence. ■

Future for physicians can be bright, according to Andy Dolan

Remember Alice's Restaurant? The place where you could get anything you want? "The United States, medically, was just like Alice's Restaurant from the late 1940s to the late 60s" according to Andy Dolan. Dolan, one of the legal counsel for WSMA, a cum laude graduate of Columbia University School of Law, with both MPH and DrPH degrees from the Columbia University School of Public Health, spoke at the Board of Trustees Retreat about the past, present and future of health care.

After the second world war, he went on to say, this country essentially lived in "economic Camelot." The United States was the world economic and political leader and had essentially unrestricted wealth while the rest of the world was under the hardship of economic underdevelopment or recovering from the war. As a country, medically, you could get whatever you needed or wanted; money was no object, especially after Medicare and Medicaid.

Then, he said, two things happened. First, this country found that when you give blank checks, demand always outstrips resources, and, second, the rest of the world got organized economically and became competitive. "Now," Dolan said "the United States is no longer the super-behemoth wealthy country it once was, but is just one of about 25 major economic players." As a result, this country could no longer afford to give a blank check for health care and it has stopped. That is what managed care is about.

The system has become very disorderly and all health care providers have remained intensely ambivalent about the desirability of a health care system that is

competitively driven versus one that is governmentally driven, according to Dolan. "Every year that ambivalence is demonstrated in Congress and the state legislatures. All the major players go in with a bunch of 'give-me's' and a bunch of 'leave-me-alones'." The interesting point is that one person's 'give me,' provokes another person's 'leave me alone'. So all groups are at odds with each other. But, as the system moves toward a competitive model, Dolan strongly believes that "physicians will do better, not worse."

"Physicians will do better if they read the right stuff," he contends. They read national clinical journals, but these tend to be doctrinaire and unrealistic on the political and financial side. They read magazines like *Time*, which Dolan referred to as "junk journalism," on the issues of managed care and health care reform. He recommends the *Economist* as a must reading for physicians. "It deals with economics, limited resources and how to allocate them, and it deals intelligently with what is going on in the rest of the world. Physicians will then see that what is happening here is part of a wider world pattern of change arising out of the collapse of the socialist world.

He went on to suggest that you should "never, ever, never, never expect the government to insulate physicians from the economic realities of life" through grandiose health care reform legislation. Indeed, most serious problems in

the health care system were created by previous health care reform legislation. We use employer-purchased health care insurance because the tax system gives advantages to do so; hospitals are so big and untouchable because there is a certificate of need law that prevents doctors and other companies from competing with them; and they have excessive beds because access to capital for them was priced below market levels. "The tendency to go to government often results in

solutions that distort the marketplace and are often worse than the underlying problem," according to Dolan. As a general rule, "when you have problems, never

ask the government to do anything but repeal a law." On the average, this will be better for physicians in the long run.

As the market has begun to evolve toward a competitive system, everybody but physicians has been getting "big." Every group in the world is getting organized to be more competitive except the physicians. If you are small, it means you will have disproportionately small purchasing power, it means you will not be able to afford to get the intellectual resources to traverse managed care and it means you will not be able to have the very best data systems and other support systems. It also means that you will be manipulated by the other health care giants around you and cannot credibly

"Physicians will do better if they read the right stuff."

See Dolan, page 8

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Dolan *from page 7*

negotiate at the table with massive-sized competitors for the health care dollar. "When an insurance company can control 40% of your income, how can you withstand their pressure?" asks Dolan.

"Physicians need to be as resourceful and formidable as everyone else in the market place," he added. He predicted, with partial tongue in cheek, that in about ten years the physician community will look pretty much like an average college campus. There will be the Greeks -- or people in the big systems, the Independents -- or people in the IPAs or IPA-type arrangement, and the Nerds -- those who don't or won't fit in anywhere.

And, he noted four very important mechanisms for choosing business partners when you put together your groups. They are; clinical excellence, attractive to patients, professionally malleable, and be sure you select people you like.

"Physicians also need to get off their moral high-horses about insurance companies paying as little as they can get away with," said Dolan. Who would voluntarily pay more? Do physicians volunteer to pay more to their

vendors? Insurers will not pay more until physicians stand up and say no when the deal does not make good business sense instead of just saying yes to every deal that comes along for fear of being "left out." Dolan believes that the single, biggest problem physicians have had is the promiscuous signing of third party payor contracts. Until physicians refuse contracts, the payors will continue to ratchet down reimbursement in order to remain competitive among themselves and attractive in the market in which they (the insurers) compete. To expect otherwise is wrong-headed.

"The game has changed," and it is now business. "This is an historic moment and it is an opportunity to get rid of the bean counters. And, the only way for physicians to get rid of the bean counters is to replace them with yourselves," he said. Not meaning that they shouldn't count beans, but that physicians need to set up physician driven networks and operate on an at-risk basis. By taking capitation and financial responsibility for their clinical decision making, physicians will succeed and will do well.

The future is comparatively bright for those physicians who seize this opportunity. Denial has no future. ■

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Managed care heightens same old physician liability risks

In the transition of a changing health care system, particularly of fee for service to managed care, the same liability risks exist, they are just "heightened and experiencing a new focus," according to Mary McIntyre, JD. McIntyre presented "Malpractice Implications of Managed Care," an educational program for physicians sponsored by the PCMS and the Foundation for Medical Excellence.

McIntyre, a Seattle attorney with McIntyre & Barnes is also a registered nurse. She specializes in malpractice defense law and represents hospital and medical staffs. Speaking to a room full of physicians she said the liability risks are the same and that you add the new capitation to the old data and make predictions.

She reviewed the prevalence of claims by specialty and expense and ob/gyn liability leads the list, followed by anesthesia. Looking at the list of most expensive prevalent claims by condition, myocardial infarction holds numbers one, six, and nine on a list of ten. Ob/gyn is number two and three and breast cancer is number seven and eight. "Obviously, specialization in general makes higher risk," she said, noting ob/gyn, anesthesia, surgery and emergency medicine. For internal and family medicine doctors high risk includes conditions such as acute MI, obstetrics, and failure to diagnose/treat female breast cancer.

"Inadequate documentation is used against physicians," McIntyre said. Believe it, because it is a reason claims are successful. "If it was not documented, it was not done or considered," she said. She reviewed the top nine reasons

that claims are made. They are:

- 1) inadequate documentation
- 2) criticisms or negative comments by others
- 3) poor communications
- 4) excessive delays and waits
- 5) passive acceptance of MCO, UR decisions
- 6) bad outcomes
- 7) societal/patient motivational factors
- 8) unrealistic expectations
- 9) treatment/diagnosis by staff

"Communication is a key component," said McIntyre. "Even with bad outcomes, patients usually won't sue if you talk to them and take their concerns seriously." And, good communication and bed-side manner become even more important in the managed care environment. She also warned about the dangers of transferring responsibility to staff members and increased treatment by assistants.

"Fifty percent of physicians will have a claim made against them in the future," McIntyre said, "and one in five, or 20% have had claims to date," she added. Stresses of a lawsuit are phenomenal and are evidenced by statistics that show 26% of physicians who have committed suicide have been named in a lawsuit, and if sued once, a physician is twice as likely to be named in a second lawsuit within the next 15 months.

Statute of Limitations is three years of act/omission complained of or one year of discovery of act/omission or when it should reasonably have been discovered, whichever is later, but not more than eight years later. Exceptions to this are for fraud, intentional

concealment or foreign body.

While traditional malpractice exposure has been focused on specialties and procedures, exposure areas with managed care, based on HMO experiences have been failure to treat, failure to pursue aggressive treatment, failure to diagnose, failure to refer/consult, and economic incentives underlying these failures. New or expanded theories of liability with a managed care system include: **vicarious liability**, which holds

"Communication is a key component..... even with bad outcomes, patients usually won't sue if you talk to them and take their concerns seriously"

that the principal is held responsible for the actions/omissions of its employees, partners, affiliates: **Corporate negligence**: "**credentialling**", which requires the duty to use reasonable care in selecting and retaining physicians: **Lack of Uniformity**, which means that standards and practices at one site can be used against another to establish negligence for a failure to adhere to the facility's own standards and procedures. **Liability for utilization review and reimbursement decisions**. Which includes the right of a payer to reach its own conclusion on medical necessity and pay-

See Liability, page 21

WSMA sets priority issues for 1997 legislative agenda

In preparation for the 105 day regular legislative session, the WSMA has set their priority legislative issues for 1997. They are:

➤ Continuing Support for Universal Access

WSMA should remain a voice in the Legislature for universal access to health insurance for all citizens of Washington. The WSMA will join with the Washington State Hospital Association to advocate for the following:

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 being made available to physicians and hospitals
3. Preservation of the Health Services Trust Account
4. Opposition to the rollback or repeal of tobacco taxes used to fund the Health Services Trust Account
5. Opposition to the rollback or repeal of alcohol and beer taxes used to fund the Health Services Trust Account
6. Opposition to the enactment of a tax on physicians and other providers to fund the health Services Trust Account

➤ Repeal of the Certificate of Need (CoN) Program

During the past two sessions, the WSMA has been successful in passing legislation out of the House of Representatives (unanimously) that would have resulted in the repeal of portions of the state's CoN program. On both occasions, the legislation was blocked by Senator Kevin Quigley (D-Lake Stevens), Chair of the Senate Health & Long Term Care

Committee. This year, WSMA will need to draft the bill and have it introduced. The bill would do the following:

1. Repeal CoN on hospitals, psychiatric hospitals, ambulatory surgery centers, home health and hospice
2. License ambulatory surgery centers with a charity care requirement equivalent to hospitals
3. Leave nursing homes and kidney dialysis centers subject to the CoN requirement
4. A question remains on how to deal with "tertiary" services. Last year's measure left them subject to CoN. Further consultation with different constituencies within the WSMA needs to occur.

➤ Meaningful Liability Reform

The WSMA will continue as a member of the state's Liability Reform Coalition. (LRC) WSMA was especially successful last session in having its agenda for reform included in the overall agenda of the Coalition. This year, WSMA and the LRC propose to support the following:

1. Legislation to require a Certificate of Merit in all malpractice suits against a physician (or other professional). 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.
2. 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 deposition.
3. Legislation to rectify the Washington State Supreme Court decision in Gilbert v. Sacred Heart. This decision currently

allows minors to bring a claim from birth until they reach 26 years of age, rather than the preferred age 8, which was believed to be the result of the 1986 Tort Reform Act.

4. The LRC will seek two additional pieces of legislation, which WSMA would support. The two issues include a statutory definition of an expert witness and a requirement for non-economic damages to be related to the overall award.

5. The LRC will also oppose the efforts of the Washington State Trial Lawyers Association to remove the present allowance for ex-parte contact under the L&I program, impose punitive damages in Washington state and impose prejudgment interest.

➤ Scope of Practice

The WSMA would actively oppose legislation that will increase the scope of practice of other health professional groups.

➤ Legislation on the Regulation of Physician Networks

As the health care delivery system in Washington continues to evolve, discussions have occurred about whether networks or groups of health care providers taking financial risk from a lawful payer, such as a self-insured entity or a licensed insurance company, for the provision of a defined set of benefits, constitutes the formation of an entity subject to the jurisdiction of the Office of the Insurance Commissioner. WSMA would actively oppose any legislation that would allow the OIC to regulate physician networks. In addition, WSMA would introduce and actively support legislation to preclude the OIC from regulating networks if that was necessary. ■

How to contact state, national lawmakers

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 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. The hotline makes it easy to leave a message or voice an opinion to lawmakers, even if you don't know their individual telephone number. It also provides an easy way to learn the status of a bill, which committee it's before, whether it's been scheduled for a floor vote or survived various deadlines for action. You may also call the hotline to learn the topics, time and location of committee meetings.

A legislative meeting schedule is published weekly on Thursday. Mail subscriptions cost \$10 per year. For more information or a subscription form, call 1-360-786-7344.

Internet users may reach the Legislature at: **leginfo.leg.wa.gov** Users can view legislation and send e-mail to lawmakers and staff. Internet users also will have access to the state constitution, state laws, a list of legislators and a session calendar. The governor's home page can be viewed at **http://www.wa.gov/governor**

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. **E-mail: president@whitehouse.gov**

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. 20510-4701. Phone: 202-224-3441 (D.C.) or 451-0103 (Bellevue). Fax: 202-224-9393. **E-mail: gorton@gorton.senate.gov**

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. **E-mail: murray@murray.senate.gov**

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. Adam Smith (D-9th District), 1505 Longworth Office Building, Washington D.C. 20515. Phone: 202-225-8901 (D.C.) or 360-951-3826 (Tacoma). Fax: 202-225-5893.

State offices: The telephone number of **Governor Gary Locke'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. His home page address on the World Wide Web is **http://www.wa.gov/governor**

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 House has no central Fax number.

Legislators, by district and Olympia phone numbers:

2nd District (South Pierce County)

Senator Marilyn Rasmussen (D), 786-7602
Representative Roger Bush (R), 786-7824
Representative Scott Smith (R), 786-7912

25th District (Puyallup, Sumner, Milton)

Senator Calvin Goings (D), 786-7648
Representative Jim Kastama (D), 786-7968
Representative Joyce McDonald (R), 786-7948

26th District (Northwest Tacoma, Gig Harbor, South Kitsap)

Senator Bob Oke (R), 786-7650
Representative Pat Lantz (D), 786-7964
Rep. Tom Huff (R), 786-7802

27th District (North Tacoma, East Side)

Senator Lorraine Wojahn (D), 786-7652
Representative Ruth Fisher (D), 786-7930
Representative Debbie Regala (D), 786-7974

28th District (West Tacoma, University Place, Fircrest, Lakewood)

Senator Shirley Winsley (R), 786-7654
Representative Mike Carrell (R), 786-7958
Representative Gigi Talcott (R), 786-7890

29th District (South Tacoma, South End, Parkland)

Senator Rosa Franklin (D), 786-7656
Representative Brian Sullivan (D), 786-7996
Representative Steve Conway (D), 786-7906

30th District (Northeast Tacoma, Federal Way)

Senator Ray Schow (R), 786-7658
Representative Maryanne Mitchell (R), 786-7830
Representative Tim Hickel (R), 786-7898 ■

Too Much of a Bad Thing

Too many questionable incentives piled onto providers worried about their financial future, when applied to powerless or overly compliant patients, are a recipe for trouble

by Emily Friedman

New forms of health care financing and delivery that gained a toehold years back are now emerging as the future powerhouses of the field; HMOs and other managed care plans, large multisite group practices and integrated delivery systems. All are seeking to benefit from the current mania for capitation, exclusive contracts for large employee groups, and the push to force Medicaid beneficiaries and encourage Medicare beneficiaries to join managed care arrangements.

Many of these entities are proprietary, or have proprietary elements. Commercial insurers and HMO firms are prominent in managed care: Humana, United HealthCare, Cigna, Oxford Health Plans and others. Large group practices such as MedPartners/Mullikin are not only for-profit, but in some cases sell stock in themselves. And proprietary integrated systems (or at least organized systems, which in many cases is a more accurate term) are popping up everywhere; even Columbia/HCA, which started out as a hospital venture, is acquiring group practices and entire systems.

As a result, what was once a fragmented field is evolving into a pattern of HMOs, PPOs, IDSs and PSNs (provider-sponsored networks or provider service net-

works), many of them proprietary. And some of these entities are turning into MBOs (Mighty Big Outfits) that are dominating some local markets, for better or worse.

As the growth of for-profit activity accelerates, the same concerns are heard that are always voiced when there is a spurt of proprietary expansion: Don't they "dump" uninsured patients? Don't they avoid subsidizing medical and other health professions' education and research? Aren't huge personal fortunes being made? Don't their boards face an irreconcilable conflict of interest in being committed to maximize profit for stockholders and at the same time protect the interest of patients?

These are valid questions that should be and are being addressed by a variety of commentators, religious leaders, ethics analysts and public policy types.

However, there is another set of questions that have to do with whether these new for-profit enterprises pose additional ethics challenges beyond those that apply to traditional forms of healthcare organization. I think the new for-profits do lend themselves to such discussion. Here are a few thoughts.

Do less, make more

Any payment system based on the principle of "the less you do, the more money you make" can be ethically risky. But capitation and other incentives to skimp on care pose a special ethical hazard in the for-profit sector because of potential conflicting loyalties.

Now, I am no fan of the traditional "the more you do, the more money you make" principle, either. Thousands of patients have been killed, and hundreds of thousands hurt in other ways, by procedure-happy physicians and entrepreneurs who milked the healthcare system for billions of dollars' worth of unnecessary care.

God only knows how many millions of other patients, though not harmed by needless services, were put at risk. And whatever the outcome for the patient, the money was wasted. So I reject the argument that capitation automatically constitutes a greater ethical risk than fee-for-service.

However, capitation and similar incentives can also kill and maim, and we are seeing evidence of this all over the country. An HMO refuses to allow a welfare mother to take a sick child to an emergency room; the child dies. Some HMOs send Pap smears out to cut-rate, understaffed, for-profit laboratories that misread them; women die.

The healthcare pendulum, having swung to a ridiculous degree toward overcare and waste, is now swinging too far in the other direction, with necessary and even critical services now being denied to capitated patients - especially if they are poor and/or confused, very elderly, or otherwise without sufficient consumer sophistication or political clout.

It may be sheer coincidence that virtually every report I have seen

See Bad Thing, page 16

This article, reprinted with permission from the author, originally from the Healthcare Forum Journal, Making Choices column, March/April 1996



Pierce County Medical Society

invites you and your spouse/guest to the

February General Membership Meeting

Tuesday, February 11, 1997

Social Hour: 6:00 pm

Dinner: 6:45 pm

Program: 7:45 pm

Landmark Convention Center
Temple Theatre, Garden Room
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Tacoma

"Make the Big Time Where You Are"

presented by: **Coach Frosty Westerling**

"Frosty" Westerling has been the head football coach and a professor of physical education at Pacific Lutheran University for the past 20 years. He is one of the top college division coaches in the nation. He has guided Lute gridders to NAIA Division II national football playoffs in ten of the past 13 years and to five national championship appearances.

Winning, success and goodwill, however, are by-products of his overall lifestyle and his coaching philosophy. His PHD (Pride, Hustle & Desire) brand of football emphasizes a Double-Win theme. Winning and losing on the scoreboard are kept in the perspective that the goal is not the end of the road – the goal is the road.

A full professor with a doctorate in Education, Frosty has recently written his first book. He specializes in sports motivation and sports psychology and is in high demand as a speaker at regional and national gatherings.

Please note: 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

(Registration required by February 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. Name for name tag: _____

Signed: _____

Thank you!

Sites to See: A Resource Guide for net novices

Reprinted from JAMA 1/8/97 - Volume 277, No. 2

Food & Drug Administration - The FDA site has up-to-date notices of drug and device approvals. Its articles on tobacco use are particularly topical because of recent important regulatory changes. <http://www.fda.gov>

National Library of Medicine - The NLM is the gateway to a number of database resources for researchers and clinicians. It includes Medline, access to which requires that a user have an account and password (instructions are available on site). <http://www.nlm.nih.gov>

National Institutes of Health - The NIH serves up information on a wide variety of topics, including such practical clinical information as the National Cancer Institute's PDQ site, which offers up-to-date treatment recommendations. <http://www.nih.gov>

Centers for Disease Control & Prevention - This useful medical reference contains information ranging from prevention guidelines for animal bites to water disinfection. International travelers should visit The Traveler's Health section, a graphical map linked to important resources on vaccination requirements and health risks. <http://www.cdc.gov>

Department of Health & Human Services - This site has a useful section for patients with links to information on a wide range of topics. The site also serves as a gateway to suborganizations such as the Agency for Health Care Policy and Research. <http://www.os.dhhs.gov>

American Medical Association - The AMA home page and parent page for the AMA's scientific journals. The site's newest feature is a searchable database containing a profile of every physician in the country. <http://www.ama-assn.org>

OncoLink, The University of Pennsylvania Cancer Center Resource. A premier site that focuses on disease-specific treatment and diagnosis and has succeeded in bringing links to information on a wide array of cancers (particularly good section on cancer trials). <http://oncolink.upenn.edu>

World Health Organization - WHO is the focus for epidemiologic issues, particularly infectious disease outbreaks. Its directory of e-mail addresses allows users to send specific questions on topics such as children's vaccines and HIV-related matters. <http://www.who.ch>

Association of American Medical College - Focuses on issues relating to U.S. medical schools and teaching hospitals and includes directories with links to virtually every medical college and hospital in the country. <http://www.aamc.org>

Health Information Management Society - A site for those interested in medical computing and communications. <http://www.himss.org>

AHCPR Guidelines - Eighteen different clinical practice guidelines are available from the Agency for Health Care Policy and Research, such as acute low back pain and benign prostatic hyperplasia. <http://www.ahcpr.gov>

Medical/Health Sciences Libraries on the Web - This site links to many medical and health sciences libraries grouped by state. <http://www.arcade.uiowa.edu/hardin-www/hslibs.html>

Grand Rounds Archive - This site from the ENT Department at the Baylor College of Medicine has archives of many ENT Grand Rounds. <http://www.bcm.tmc.edu/oto/grand/grand.html>

Dermatology Online Atlas - This site provides an extensive dermatological atlas online from Erlangen, Germany. <http://www.rrze.uni-erlangen.de/docs/FAU/fakultaet/med/kli/derma/bilddb/db.htm>

GASNet Anesthesiology Home Page - This site for anesthesiologists that features a discussion group, book reviews, conference listings and reference area. <http://gasnet.med.yale.edu/>

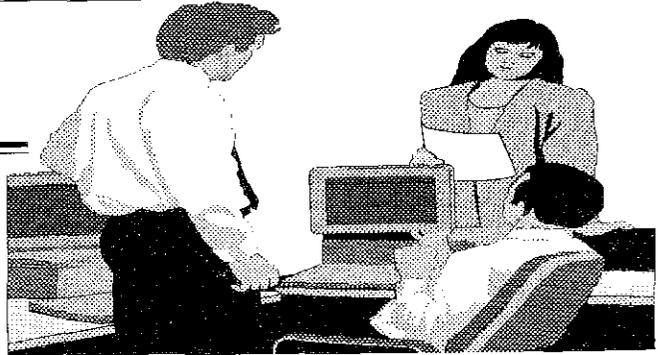
WWW Virtual Library - This site serves as a gateway to many diverse medical sites throughout the world. <http://www.ohsu.edu/clinweb/wwwv1/all.html>

Virtual Hospital Home Page - This pioneering site features multimedia textbooks, teaching files, clinical guidelines, and assorted publications. <http://indy.radiology.uiowa.edu/VirtualHospital.html>

Hospital Web - This site links to hospital home pages worldwide. <http://neuro-www.mgh.harvard.edu/hospitalweb.nclink> ■

Computer News

Introductory computer classes will be offered



PCMS is currently making arrangements with Computer Connections for another offering of computer classes for members and their staff. Due to the excellent participation in the last series, with over 280 attendees, future classes will be offered.

Computer Connections is a highly regarded Tacoma business that conducts training classes in numerous computer applications. The previous PCMS sponsored sessions were organized through Bates College.

Sessions will include Introduction to the Computer and Introduction to the Internet. Cost of the sessions will be approximately \$15 per hour and sessions will be held twice for two hours.

Please call the PCMS office, 572-3667, and let them know your interest in future computer classes. ■

Yahoo! site addresses

Bartlett's Familiar Quotations

www.columbia.edu/acis/bartleby/bartlett/

Book of Toasts

www.cipsinc.com/wedding/speech/toasts.htm

Business Week

www.businessweek.com

Amazon.com (Bookstore)

www.amazon.com

Book Stacks Unlimited

www.books.com/scripts/news.exe

The Washington Post

www.washingtonpost.com

The Wall Street Journal Interactive Edition

www.wsj.com

The Weather Channel

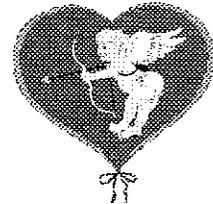
www.weather.com

The NASA Homepage

www.gsfc.nasa.gov/NASA_homepage.html ■

Send E-mail addresses to PCMS

Have a new or a changed e-mail address? Please forward your address to PCMS and be put on the electronic network. Fax your address to 572-2470, call us at 572-3667 or send it electronically to pcmswa@pcmswa.org. And, visit our home page at www.pcmswa.org. ■



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Northwest Organ Procurement Agency

Bad Thing *from page 12*

of egregious violations of the ethics principles of managed care by HMOs and similar organizations involves for-profit entities, but I don't think so. You see, for the most part, the for-profits do not deliver care directly; rather, they just take some part of the premium for "administrative overhead" (that is, administrative costs, marketing, executive compensation and dividends to stockholders) and pass the rest of the premium on to the providers and systems with whom they contract. And they can get great contracts, because in most of the really lucrative markets, there is so much excess capacity in terms of hospitals, physicians, and just about everybody and everything else, that rock-bottom discounts are easy to come by.

And the proportion of premium that is removed before patients get any care can be quite hefty, to say the least. A recent California study found that one proprietary HMO was taking 31 percent of premium for "administrative costs"; most others were taking 20-25 percent. Medicare - that dumb inefficient government program that no one seems to have a good word for - spends 3 percent of premium on administrative costs. Most tax-exempt, integrated HMOs like Kaiser or Group Health Cooperative of Puget Sound spend 5 percent to 10 percent on administrative costs. Does anyone think that the same volume and quality of service is provided when one payer spends one-third of premium on non-patient care activities and another spends less than 5 percent?

So the proprietary IPA doesn't carry any real risk; if a patient dies because he or she was not

allowed a needed procedure, that's the provider's problem. It couldn't be the plan's fault; it doesn't make clinical decisions.

Consumers unwittingly accepting care rationing

Indeed, there is a theory of law being tossed around these days that states that if a person signs on with a managed care plan, that person is implicitly accepting the rationing of even necessary care, because that's what managed care does.

One is tempted to ask how this grand theory applies to the tens of millions of people whose employers only offer managed care plans and thus have no choice in the matter; or the millions of Medicaid beneficiaries who are being herded involuntarily into low-ball HMOs. It seems to me that they have no options in terms of agreeing to have their care rationed.

I cannot help but conclude that there is a basic and profound difference between a health plan or direct-contract system that is owned and run by health care providers - which means, for the most part, that it will be tax-exempt - and a health plan or direct-contract system that is owned and run by venture capitalists and entrepreneurs.

The difference is that the providers are usually (not always, but usually) in it to provide care; the investors are in it to make money.

This is not to say that integrated provider systems do not fall prey to the pitfalls of capitation. Many providers indeed have noticed that for-profit IPAs are making huge amounts of money while providing no care, and those providers are pleading for the chance to become direct contrac-

tors. However, a for-profit group practice or hospital chain that takes the money directly and divides up the profits among its members and executives does not necessarily represent an ethically superior alternative.

Indeed, if providers contract directly, and if the capitation is not sufficient in their eyes, there is nothing to prevent them from "adjusting" their clinical decisions accordingly. And they are more likely to get away with it than commercial insurers, because the public tends to trust doctors more than it trusts insurance companies.

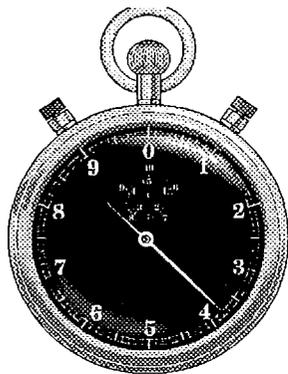
So capitation represents an ethical risk because it can lead to undercare. And the IPA style of managed care represents an ethical risk because the plan does not carry any risk and does not provide any health care itself. And for-profit ownership represents an ethical risk because the organization's first loyalty is to its stockholders. Combine the three risks, and you've got a problem in the making.

The argument can be made that any one incentive is not going to turn a plan or provider into "Murder, Incorporated." Besides, the goals are laudable: Stretch Medicaid dollars. Protect patients against unnecessary care. Create efficiencies in the system by encouraging powerful competition. Reduce wasteful excess capacity. Who can argue with such objectives.

The problem is when incentive after incentive is piled onto providers, who are carrying most of the financial and ethical risk. A primary-care physician whose practice is lagging a little - and many physicians can use a few more patients these days - may be willing to accept more Medicaid

See Bad Thing, page 18

Quick Reads.....



- A survey of 1,437 women conducted for Prudential HealthCare by Women's Healthcare Consultants found that 89% consider cost when picking a health plan, with less than one-third considering quality rankings. However, freedom to pick a physician and choice is a high priority. Sixty-six percent are concerned with how easy it is to switch physicians and 48% are concerned whether their child's physician is in the network. (Hospitals & Health Networks, 11/20/96)
- Columbia/HCA is being sued by two former employees who claim that workers in Columbia/HCA's Nashville, TN clinics were being told to perform work outside their training. The plaintiffs, a registered nurse and laboratory technician, allege that nurses were taking x-rays and analyzing blood samples, while office managers were giving flu shots. (Modern Healthcare, 12/2/96)
- Median physician net income (after expenses, before taxes) increased 6.7% in 1995, offsetting a 3.8% decrease the previous year. These opposing results for the last two years illustrate the danger of drawing long-term conclusions based on change in one year alone. (The statistics in this report are for nonfederal patient care physicians, excluding residents.)
- The long-term trend away from self-employment and toward employee status continued in 1995. The proportion of employee physicians grew from 36% to 39%. Nearly all of these additional employees came from the ranks of self-employed physicians, whose market share dropped to 55% from 58%. Since employees generally earn less than self-employeds, the trend is one that would tend to restrain increases in average physician income. The percentage increase in income for self-employeds was greater than the increase for employees in 1995. ■

Reprinted from *The Link*, AMA Department of News & Info

After many years of practice, board certification is an honor

Editor's Note: PCMS received the following letter from Lisa Russell, Clinic Manager for DeMaurice Moses, MD.

Dear Editor: I have worked with **Dr. Moses** for over eight years, first as his private practice office manager, and now as the clinic manager. I am writing to you to tell you of a great accomplishment recently achieved by Dr. Moses. After nearly 30 years practicing pediatrics in Puyallup, Dr. Moses took his examinations to become Board Certified. He studied, read and researched in preparation. At 63 years of age, he was concerned that he was too old to do well on an exam designed for younger physicians. I cannot describe the joy we all felt when we received word that he had passed! Not only had he done well, but in the Critical Care component of the exam, he received an almost perfect score.

I felt compelled to notify you of this great feat because as modest as Dr. Moses is I know he would not tell you himself. I am very proud of him! It is a good thing to know that physicians, too, have obstacles to overcome and even after 30 years are never too old to go after their dreams. ■

Wulfestieg elected president of Northwest Academy

Carl Wulfestieg, MD has been elected President of the Northwest Academy of Otolaryngology and Head and Neck Surgery. The Academy has approximately 160 members and meets quarterly.

Wulfestieg will serve as President for one year. He has served as Program Coordinator for two years and Secretary/Treasurer one year prior to being elected President. ■

**Have you or your colleague:
Received an award?
Been elected to an office?
Been chosen for an honor or appointment?**

Please let us know. Send news of career-related accomplishment to PCMS Bulletin, 223 Tacoma Ave South, Tacoma, 98402, or fax to 572-2470. Deadline is the 15th of the month preceding publication.

Bad Thing *from page 16*

patients. That's good. A plan encourages the physician, through financial incentives, to practice conservative care. That can be good. The physician must compete with many other physicians for managed care contracts, so he or she offers ever-bigger discounts. That's good, neutral or bad, depending on your perspective.

At some point, it starts getting a little dicey, ethically speaking. And the end-point can be a crush of incentives so perverse that Albert Schweitzer would be tempted to skimp just a little.

Many principles that have served proprietary firms well in the commercial world can serve patients ill in the health care world. This means that good business practices may not be so good in health care.

Apply this principle to health care, and you get health plans, providers and provider systems avoiding "expensive" patients - people who are disabled, blind, chronically mentally ill, otherwise chronically ill, pregnant, very old or have a history of disease. One man who makes his money training recruiters for proprietary managed care plans told his students, "Knock on their doors. Be observant. If you see a physical problem, you don't need to sign those people. If you see someone who's very pregnant, you don't need to sign those people... Do not create a risk situation for the company" (New York Times, Oct. 2, 1995). Good business thinking, perhaps. But somebody has to take care of those patients. Who will it be?

Then there are the mergers, the acquisitions, the spinoffs, the stock options. If a plan or system's value is measured in

"...the end-point can be a crush of incentives so perverse that Albert Schweitzer would be tempted to skimp just a little."

terms of "covered lives," then the game is not to compete on the basis of cost or - heaven knows! - quality, but rather to corner as many "lives" as possible.

So we see plans and systems buying and selling each other with gay abandon, maximizing profit, squeezing those greedy providers. And walking off with 20 percent or 30 percent of the revenue without having done a single immunization.

And if a market is just too unprofitable, you don't have to go into it. Or if you're in it, you can get out of it. Who's to stop you? If certain plans don't make enough money, sell them. If certain hospitals or group practices are not bringing home the bacon, sell them or close them down. Many hospitals in the

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country need to be closed or converted, but I'm not sure this is the most sensitive way to go about it. Likewise, we have too many specialists, but just casting them to the winds may not be a good idea.

In the end, health care isn't just another business. To look at a town's providers as simply a good or bad investment is too cold an approach. To view the success of a health care organization only in terms of the value of its stock is too simplistic. To make life and death decisions about what to close and what to keep, whom to contract with and whom to enroll on the basis of how much money is to be made is too far from the heart of health care.

There is a difference between a patient and a bowling ball. There is a difference between a physician and a real estate broker. There is a difference between a community and a market. If the emerging for-profits do not learn that difference, there will be a very high price to pay. And we will all pay it. ■

Friedman is a health care writer, lecturer and policy analyst based in Chicago.

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.

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PCMS well represented at WSMA level

PCMS is well represented on WSMA boards, councils, committees and in leadership positions.

Serving as President-Elect in 1997 is **Peter K. Marsh, MD**, Infectious Diseases. **Dr. Marsh** will serve as WSMA President in 1998.

Leonard Alenick, MD, Lakewood Ophthalmologist is an AMA Alternate Delegate, **Richard Hawkins, MD** serves as Speaker of the House and **James Fulcher, MD** as a Trustee.

Drs. Marsh, Alenick, Hawkins, and Fulcher all serve on the Board of Trustees; Dr. Marsh also sits on the Executive Committee.

Members of the Bylaws Committee include **Drs. Richard Hawkins** and **Stan Tuell**.

Drs. David Munoz, Joe Nichols, and Jon Ruckle are members of the Council on Professional Affairs. The purpose of this council is to serve as a liaison for physicians with health care payer organizations, monitor physician profiling and credentialing systems, coordinate involvement with quality assurance, practice parameter and related issues and represent physician interest in electronic data interchanges.

Dr. Mark Jergens serves on the Emergency Medical Services Standards Committee.

Dr. Charles Weatherby serves on the Finance Committee and has previously served as Trustee. He currently serves as Secretary/Treasurer of PCMS.

Serving in an advisory capacity to the Department of Labor and Industries is the Industrial Insurance and Rehabilitation Committee. **Dr. Michael Martin**, orthopedic surgeon serves on this com-

mittee.

Drs. Stanley Jackson, Puyallup plastic surgeon and **Bill Ritchie**, Tacoma, ENT both serve on the Judicial Council. This council is the final appellate body within the WSMA in interpreting the WSMA Constitution and Bylaws, grievances, disciplinary, remedial action, mediation, and ethical opinions.

Drs. Jim Blankenship and **Robert Sands** belong to the Managed Care and Mental Health Task Force.

Maria Mack, MD and **Leonard Alenick, MD** serve on the Medical Quality Assurance Commission Task Force. They review the effectiveness and efficiency of the MQAC and make recommendations how they can become more effective, efficient and accountable to the public and profession.

John Lincoln, MD, retired Group Health physician serves on the Medical Education Committee.

David Munoz, MD serves on the Medicare Liaison Committee.

Serving on the Nominating Committee are **Drs. David Law** and **Patrice Stevenson**. This is a standing committee consisting of one member from each of the state's congressional districts with the immediate past president serving as chair.

Alan Tice, MD serves on the HIV/AIDS PACE Advisory Group.

Dr. Mark Gildenhar and **Richard Hoffmeister** sit on the WAMPAC Board of Directors. WAMPAC is a voluntary committee elected by the WSMA Board of Trustees. Its purpose is to promote physicians' involvement in the political process through effective political action. ■

Hepatitis B - patient education materials available at no cost

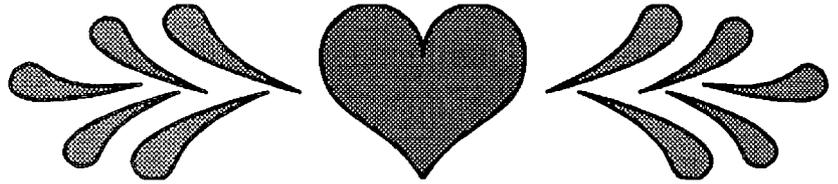
Each year about 200,000 people nationwide become infected with hepatitis B, a viral infection that attacks the liver. An estimated 1 million people in the U.S. are carriers and can pass the virus to others through contact with infected blood or body fluids.

To strengthen the effort to reduce the incidence of hepatitis B in our state, the Washington State Department of Health, in conjunction with the Centers for Disease Control and Prevention (CDC), recommends testing *all* pregnant women for hepatitis B. Routine prenatal testing would

identify an estimated 22,000 women with hepatitis B in the U.S. and could prevent most of their infants from becoming infected by administering hepatitis B vaccine and hepatitis B immune globulin (HBIG) to infants preferably within 12 hours of birth.

Free patient education materials on hepatitis B are available in English and several foreign languages.

To order your supply, please call the Washington State Department of Health, Hepatitis B Program at (360) 664-3870. ■



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1996 Directory changes

Please make the following changes to the 1996 Physicians Directory:

Ip, Stanley, MD

Change address to:
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 Puyallup, WA 983722

Perkins, Philip, DO

Change address to:
 1902 64th Ave W #201
 Tacoma, WA 98466
 Phone: 566-0839, Fax: 565-5899 ■

Applicants for Membership

Jasper, Joseph, MD, Anesthesia/Pain Medicine
 Medical School: Univ. of Cincinnati College of Med
 Internship: Tacoma Family Med
 Residency: Tacoma Family Med
 Residency: University of Colorado Health Sciences
 Center

Steele, C. Danae, MD, OB/GYN

Practices with SW Washington Perinatal Services
 Medical school: Oregon Health Sciences University
 Internship: University of Hawaii
 Residency: University of Hawaii
 Graduate Training: Thomas Jefferson University ■

Liability *from page 9*

ment, and does not hold the treating physician's judgment conclusive. However, the rule announced by the courts says:

"A physician who complies without protest with the limitations imposed by a third-party payer, when his medical judgment dictates otherwise, cannot avoid his ultimate responsibility for his patient's care. He cannot point to the health care payer as a liability scapegoat when the consequences of his own determinative medical decisions go sour."

This means that a health care provider must exercise independent medical judgment regardless of financial ramifications.

For a copy of the handouts from this educational session, "**Malpractice and Managed Care**" and "**Who gets Sued and Why,**" please call the PCMS office, 572-3667. And, watch your mail and fax for future complimentary educational programs for PCMS members and their staff. ■



the Pulse

Pierce County Medical Society Alliance

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Holiday Sharing Card -Final Report

In a climate of reduced volunteerism, reduced salaries and high demands on time and energy, with very little left for self, a big THANK YOU for putting the Alliance Fundraiser on your list of donations. We raised approximately \$13,935. This money will go a long way to helping improve the health of our community.

Late donations were gratefully accepted from: **Dr. Michael Jarvis; Dr. & Mrs. Richard Link; Dr. & Mrs. Jay Winemiller.**

A decision was made to send Holiday Sharing Cards to offices. Next year the card will be sent to the physicians home as in the past.

Mona Baghdadi



On Wednesday, December 11th, the Alliance had a Holiday Card mailing party at Nikki Crowley's house. Pictured from left are Dottie Truckey, Helen Whitney, Bev Corliss, Kathleen Smith and Nikki Crowley. Present but not pictured are Marilyn Simpson-Miskovsky, Mona Baghdadi and Fran Thomas.

February Meetings

February 3rd Board Meeting, 9:30 a.m. at Mary Bridge in the large board room. Please be on time!

February 7th General Meeting, 10:00 a.m. at Lee Skinner's, 4109 N 33rd St., Tacoma.

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 Newcomer: \$55 Student/Resident: \$25

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the Pulse

Pierce County Medical Society Alliance

President's Message

Alliance members spent the month of January enduring the trials of winter - power and phone outages, wind, rain, ice and snow and sunshine.

January 27 and 28 found some of our Board members in Olympia attending the WSMA Legislative Summit and WSMMA Winter Committee and Board meetings.

I hope to see you at Lee Skinner's home on February 7 for an informative program in decorating with found items. It's about antiques and how to incorporate them into your lifestyle. Sounds like fun! Lee's home is located at 4109 N. 33rd St. in Tacoma. Please call Karen Dimant with your reservation at 265-2516. Request a ride if you need one. Please don't stay at home.

Our next board meeting will be at Mary Bridge Large Board Room on March 3 at 9:30 am. Please be on time.

Our March General Meeting on the 28th promises to be fun and will honor past presidents. Please try to attend. Line dancing is the program. Houston's Bar & Grill at 2611 Pacific Ave in Tacoma is the place. There will be a prize for the best dressed. So mark your calendar and plan your outfit for fun!

Fran Thomas
President, PCMSA



FEBRUARY GENERAL MEMBERSHIP MEETING

FRIDAY, FEBRUARY 7, 1997

**10:00 AM SOCIAL
10:30 AM MEETING
11:00 AM PROGRAM
12:00 CATERED LUNCH**

"What's Out There, How to Find It, How to Use It"

Come into the "Rabbit Hole," an English cottage built in 1923 and visit a world of jewels and treasures. Lee says, "Life is designed and should be a great deal of pleasure. It's about second hand, not new, nor money." She will tell us "what's out there, how to find it, and how to use it." You will learn to recognize the value of antiques and how to incorporate them into your lifestyle. The Skinner's home was featured in the June, 1996 Red Cross Garden Tour. Space is limited so sign up early.

**Lee Skinner's home
4109 North 33rd Street
Tacoma, 752-9030**

**RSVP: Send an \$8.25 check by February 4 to: Karen Dimant
2518 72nd Ave Ct NW, Gig Harbor, 98335
Specify vegetarian**

Directions: From Puyallup, Federal Way, Lakewood: Take I5 to City Center exit. Take Schuster Pkwy to North 30th exit. Right on Proctor. Go 1 block, Left on North 31st, go 2 blocks, Left on Monroe, Left on North 33rd. House on right. From Lakewood, Gig Harbor, University Place: Drive north on Bridgeport/Jackson. Cross over Hwy 16. Right on 17th (Westgate) Left on Pearl, Right on North 30th, Left on Stevens, Right on North 33rd. House on left.

Main entrance thru "rabbit hole" in hedge.

Pediatric Motility Disorders Conference to be held in Tacoma

"Understanding the Challenges of Pediatric Motility Disorders" is the topic for an upcoming all day conference on Saturday, March 22, 1997 in Tacoma. The conference is co-sponsored by the MultiCare Department of Continuing Medical Education, Mary Bridge Children's Hospital and Health Center and the Children's Motility Disorder Foundation.

The keynote speaker will be Alex Flores, MD, Director of the Pediatric Motility Unit, Newton-Wellesley Hospital in Newton, Massachusetts. Other faculty will be: Carol Lynn Berseth, MD, Associate Professor of Pediatrics, Baylor College of Medicine, Houston, Texas; Raj P. Kapur,

MD, PhD, Department of Pathology, Children's Hospital and Medical Center, Seattle; David Tapper, MD, Chief of Surgery, Children's Hospital and Medical Center, Seattle; Gay Lloyd Pinder, PhD, CCC SLP, Speech Therapist, Kent; and Program Chair, Ross Kendall, MD, Chief of Pediatric Gastroenterology and Nutrition, Mary Bridge Children's Hospital and Health Center, Tacoma.

Each year millions of children in America become sick or die from consequences of GI motility disorders. This conference will help practitioners learn how to proactively participate in the care of these children. Pediatricians, pediatric surgeons, neonatologists,

general surgeons, gastroenterologists and nursing staff would benefit from attending this conference.

A sampling of topics include: the extent of GI motility disorders in children; new techniques for diagnosis; how to manage and when to refer; dysphagia, its effect on feeding problems in children and how it can be managed; the role and techniques of biofeedback in anorectal disorders; Hirschsprung's disease update; and how the neuroenteric nervous system develops and works in children.

For additional conference information, please call MultiCare CME at (206) 552-1221. ■

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COLLEGE OF MEDICAL EDUCATION

HIV Infections program scheduled for February 28

Registration remains open for the HIV Infections Update CME scheduled for Friday, February 28.

This popular program is once again developed by local HIV expert **Alan Tice, MD** and will be held at St. Joseph Hospital, South Pavilion, Rooms 3A & B.

Designed for all physicians, the conference will serve as a timely update regarding developments in HIV infections and AIDS. The course will feature national, regional and local experts.

This year's conference will include presentations on local HIV developments and will focus on elements of HIV management and treatment. The program will feature the following addresses:

- **Local resources for HIV care**
- **State epidemiology and economics of AIDS**
- **The President's Advisory Council on HIV/AIDS & more**
- **Update on anti-retroviral therapy**
- **Occupational risk and prevention of HIV**
- **Interesting cases** ■

CME and Mariners (and sun), set for Phoenix on March 5-9

At press time, the Mariners and their stadium were still a Seattle commodity. And the College's CME and Mariners program was still planned in Phoenix for March 5-9.

Last year a record five Mariner players made the All-Star Team. Alex Rodriguez led the league in batting average, runs, doubles, grandslams 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 has arranged a CME program in Phoenix during the Mariners spring training camp and the associated games. The course is directed by **Richard Hawkins, MD**.

The meeting will be held at the same hotel where the Mariners stay, the Phoenix Wyndham Metrocenter Hotel. The CME program will be held in the mornings with afternoons free to attend Mariner games in the greater Phoenix area. A block of rooms in the hotel is available at very competitive rates. To take advantage of these savings, you must make your reservations soon, as our conference dates are during peak season. **THE COLLEGE'S RESERVED BLOCK OF ROOMS WILL BE RELEASED AFTER FEBRUARY 5, 1997.**

Reservations can be made by calling (602) 997-5900 or by fax at (602) 943-6156. You must identify yourself as part of the C.O.M.E. group. ■

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
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 Rifenberg, 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

Trauma *from page 4*

in the emergency room. It could have been an OB one night and an ENT the next. The cardiology work in this state moved the system to treating them on the scene, stabilizing them and moving them to the emergency room which was the early beginnings of the system. Within the last 15 years separating medical emergencies and trauma and handling them differently in the street has been a major unrecognized change in pre-hospital care. "Actual treatment of trauma patients is now to the point that we recognize the critical nature of getting their definitive care as soon as possible," said Billingsley. And, trauma became a separate issue, surgeon's became more skilled, and the need and emphasis for trauma increased, at the same time of heightened competition and cost reduction.

"The surgeons in this town have done a phenomenal job of providing care. The specialists, particularly critical care, have provided phenomenal support for years." The system has changed, we are now sending patients out of town and we are faced with a difficult question of what to do.

The task force was an important first step and they have involved individuals outside the medical arena in studying the issue with an eye to a solution. **"What has still not occurred, but is most important, is to address a system that does not jeopardize the medical care provided by any institution if they elect to provide trauma care,"** noted Billingsley. "The issue needs to be resolved long term and then the hospitals will support it," he believes. **"We need a physician or medical leader, a champion and we need a community leader, a champion,**

which means physician as well as community leadership."

Dr. Herman thinks that the state mandated requirements of a Level II system had a major role in the demise of the Pierce County system. He strongly believes that single designation is essential to the success of a system for Pierce County. "With only 700 patients per year, the only efficient way to enable the expertise is with one hospital providing the care", Herman said. "That number of patients handled between two hospitals would only frustrate everyone."

He also believes that the pre-hospital system should be tightly organized and controlled. Clear lines of authority are necessary and currently there is no organized system. You have to have the ability to do anything for a patient within 30 minutes. Peer review is crucial, he added.

Acknowledging the public visibility, political attention and cost estimates that the issue now has, he thinks it is unrealistic to expect the leaders of a couple of hospitals and the medical community to commit themselves in public to what the real concerns are. "In order to do this most effectively, a business leader bringing a group of leaders to-

gether would be best. In private meetings, with the assurance that neither hospital would be financially hurt, people could reach consensus.

"There can be no compromise on the essentials and all the components have to be put in place," Herman contends. "If not, it will fail," he added.

The next step appears to be pushing decision makers. Going to the political leadership and convincing them that there is enough public support to warrant an action committee. Funding discussions included talk of a sales tax that would equal one-tenth of one percent and reap 6 million dollars. That is the minimum amount that can be requested and would require approval by a vote of the citizenry. "There are other communities that have successfully gone to taxation to fund a trauma system," said Biskey, "but keep in mind that Pierce County would have to ask for a tax to fund a system that will be used by the entire region," she added. "This could be a problem."

Dr. Harris noted that the Society would be meeting with the various trauma participants in the near future. ■

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BULLETIN

March, 1997



PCMS Members from the 26th District met with Representative Pat Lantz (D-26) at the WSMA Legislative Day in Olympia. They included (back row, left) Drs. Scott Carleton, David Bales, (unidentified guest) and Mason Cobb. (Front row, left) Dr. Mimi Pattison, Representative Lantz and Mrs. Fran Thomas.

See pages 5-6

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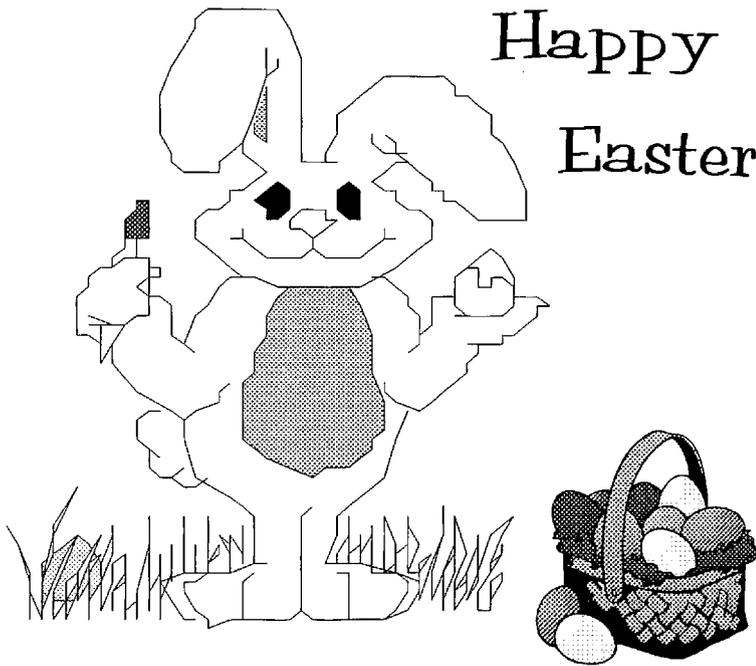
Aging, Richard Waltman; **AIDS**, John Van Buskirk;
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Happy
Easter

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A message from your President.....

"Medical discussions often political"



*Stanley C. Harris, MD
President, 1997*

Recently a 53 year young woman was referred to me for a breast lump that she and her family doctor had found on a routine examination. Her annual mammograms had been normal over the past 8 years and she had no apparent risk factors of breast cancer.

Obviously she was worried about this new development but since she had been following all the **guidelines** for breast cancer surveillance she was hopeful it was nothing. I found a large, very suspicious lump with signs suggesting advanced disease. The needle aspiration biopsy was non-diagnostic. I recommended an excisional biopsy as I explained that the needle biopsy and the mammogram don't tell us the whole story. My biopsy confirmed she had a very aggressive breast cancer which already was invading her lymphatic and blood vessels.

This is a too frequent scenario that we surgeons and physicians face. It raises several questions. Why does this happen? Why don't we find these cancers sooner? What went wrong? It must be somebody's fault. Unfortunately the sad truth is that we do not have all the answers and certainly do not have all the solutions. The practice of medicine is still very much an art and not a science. Despite the public's desire and demand for infallible, error-free cookbook care, real care demands a well trained practitioner who exercises sound clinical judgment which certainly must be modified as the situation demands.

The recent furor in the news media and in the Congressional hearings about mammograms is a case in point. At issue is the age at which women should begin yearly mammograms for breast cancer surveillance. The media and public were incensed that the medical "experts" were unable to come to an agreement. They assumed that this was a further example of the weaknesses in the care provided by the medical profession. The general public does not seem to understand that this is a political discussion and not a medical one. There is no "right" answer. The question is in reality, one of economics. The sensitivity and specificity of the mammogram test is not 100% so the cost of performing unnecessary exams and biopsies is not trivial. The prevalence of breast cancer is much higher in the greater than 50 year old female so by placing the recommended age higher, the trauma and expense of false positives and false negatives are reduced. Unfortunately, some cancers would and are missed in the less than 50 year old group. In a perfect world with unlimited wealth, every woman after puberty would get yearly mammograms.

But even this would be imperfect. The patient I cared for had everything done that was recommended for surveillance, but clearly the cancer was not found by a routine screening mammogram. We have not developed the "magic bullet" test which will detect all breast cancers and is 100% accurate. Clinical judgment is still a very necessary ingredient and mammogram **guidelines** are just that. Certainly a mammogram is a very essential cornerstone of our present attempts to detect breast cancer, but it is just one of the pieces in the puzzle.

We must continue our efforts to treat our patients as best as possible and to renew our efforts to educate the public as to realistic medical expectations in the coming millennium. We might not be perfect but we continue to do the best we can. ■

Stanley C. Harris, MD

Summit *from page 5*

Appropriations Committee, recalled Dr. Tanbara removing an obstruction from his infant daughter's throat nearly 32 years ago.

Following the afternoon of meetings with the legislators, WSMA hosted a reception at the Holiday Inn, providing members and legislators an opportunity to become acquainted on a more social level. ■



27th District members pose for the camera while waiting to see Representative Sullivan (D-29). Left to right: CHCDS physicians, Drs. John Gray and Rob Killian; Drs. Richard Hawkins and George Tanbara



Left to right: Drs. Mark Gildenhar, Leonard Alenick and Mahmood Sarram, 28th District voters, met with Representative Gigi Talcott (R-28) who sits on Appropriations and Rules Committees



Medalia Internist David Bales, MD talks with one of his Representatives, Tom Huff (R-26), at the reception. Huff chairs the House Appropriation Committee



Several members met with Senator Rosa Franklin (D-29) because of her interest and involvement with the Pierce County trauma issue



Representative Steve Conway (D-29) shares a good laugh with Puyallup Pediatrician Don Russell and Tacoma Family Physician Richard Hawkins

Board Member Profile

Wishing on a Star

by Judy Wagonfeld

Less than twenty-four hours after opening his rejection from Harvard University, the Lincoln High School student was summoned to the principal's office. But why? This senior, a jock and scholar who loved math and science, towed the line. Trouble didn't know his name.

In fact, at home, **Charles Weatherby** addressed his father as "Sergeant Major, Sir," the elder's military title. Sergeant Major brooked no shenanigans, either in the army or from his two sons - he was a softy with the three daughters. He demanded the young-uns respect their mother (and him) and behave properly. A reprimand by the principal would not be taken lightly.

Fortunately, a phenomenal surprise awaited. There sat two men, itching to award him four years at Washington State University and a crack at the University of Washington Medical School. How they garnered news of the rejection and appeared remains a mystery. Weatherby didn't care; he signed the dotted line.

As a grade schooler in Virginia, the idea of such an offer would be akin to wishing on a star. Transferred from the Northwest, the Weatherbys encountered a pre-civil rights South. Kids schooled off-base in segregated schools. Whites attended nearby. Black children boarded buses for a long trip. Passing the white school, Weatherby wondered why.

Blacks, he knew, were told they weren't smart enough for the white schools. Sergeant Major "Dad" didn't buy that; he filed a lawsuit to permit students at his children's school to take entrance tests. His offspring passed but never attended the white schools. The army shipped the family to Germany - perhaps, Weatherby wonders, as retribution for rocking the boat. Ironically, in Germany the base schools were already integrated.

Weatherby exhibits a deep, caring attitude that permeates his life and fills his calendar. Motivating students, especially Black students, draws him to talk up education and medical careers. Coaxing kids to study, he aims to direct them in a way that may be lacking at home; luring them to envision the future.

As a Steward in his Episcopal church, he assists in managing church affairs and heads the kids' usher program. As a team doctor for Lincoln High and a physician at state athletic events, he encounters more youth. And why not? Once, as a student, he was there; capturing the state track championship and accepting help to move ahead. An energetic skinny kid, he also played football and basketball. Now, he says, "I watch."

Watch and drive, drive and watch. It defines a parent and Weatherby gets no slack. It's a shared commitment with his wife



*Charles Weatherby, MD
PCMS Secretary/Treasurer 1997*

Shauna, a nurse practitioner at Planned Parenthood.

Until their oldest daughter Charla could drive, conversations consisted of, "Who should I pick up?", "What time is football over?", etc. Now, Charla, a senior at Curtis High School, hauls the boys between her intensive ballet sessions; a brief parental respite before she heads to college in the fall. Still to transport are Alonzo, a tenth-grader who sings in the Church choir and Carlton, a seventh-grader who plays basketball.

Hardly a newcomer to medical politics, Weatherby knows the legislative ropes. Each January he participates in Olympia's Doctor's Day and works regularly to get physician voices heard. Trauma care, domestic violence, and the enrollment hold on Basic Health concern him. He believes family practice faces an upward struggle against the overwhelming task of preventive medicine; helping people to take control of their lives and beat the demons of smoking, alcohol, lack of exercise and overeating.

"Patients come demanding what they want done," he said. People are aware of sophisticated medical technology and want it. "They

See "Weatherby" page 22

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

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Welcome new PCMS Members

Chang, Pilin, MD

Pediatrics

Practices with CHCDS at 1213
South 11th, Tacoma 98405
Medical School: Medical College
of Wisconsin
Internship: Children's Hospital of
Wisconsin
Residency: Children's Hospital of
Wisconsin

Esuabana, Asuquo, MD

Family Medicine

Practices with CHCDS at 1215
South 11th, Tacoma 98405
Medical School: Kubanskii Medi-
cal Institute (Russia)
Internship: Flower Hospital
Residency: Flower Hospital

Ho, Eleanor, MD

Ob/Gyn

Practices at 1408 3rd St SE, #200,
Puyallup 98373
Medical School: St. Louis Univer-
sity School of Medicine
Residency: St. Louis University
Medical Center

Jasper, Joseph, MD

Anesthesia/Pain Medicine

Medical School: University of
Cincinnati College of Medicine
Internship: Tacoma Family Med.
Residency: Tacoma Family Med.
Residency: University of Colorado
Health Sciences Center

Moussan, Oussama, MD

Gastroenterology

Practices with Drs. Hurst &
Reinertson at 104-A 23rd Ave SE,
Puyallup 98372; 841-3933
Medical School: Aleppo Univer-
sity (Syria)
Internship: Albany Medical
College
Residency: Albany Medical
College
Graduate Training: Albany
Medical College

Noble, H. George, MD

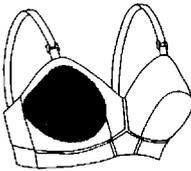
Pediatric Surgery

Medical School: Yale School of
Medicine
Internship: University of Chicago
Residency: University of Chicago
Graduate Training: Children's
Orthopedic Hospital

Schmitz, Bradley, MD

Internal Medicine

Practices with Allenmore Internal
Medicine Associates, 1901 South
Union, Tacoma 98405, 552-4810
Medical School: University of
Wisconsin
Internship: Blodgett Memorial
Medical Center
Residency: Blodgett Memorial
Medical Center ■



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Pierce County Medical Society

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March General Membership Meeting

Tuesday, March 11, 1997
Social Hour: 6:00 pm
Dinner: 6:45 pm
Program: 7:45 pm

Landmark Convention Center
Temple Theatre, Garden Room
47 St. Helens Avenue
Tacoma

“The Fragile Physician”

Physician Impairment: From Prepared through Impaired to Repaired

Sponsored by The Foundation for Medical Excellence
Accredited for Category I AMA Credit

This presentation dispels the myths surrounding the prevalence of impairment among healthcare providers by providing facts about physician impairment, describing drug use patterns among doctors and within the various specialties, and examining problems particular to physicians. Dr. Hankes discusses various impairment programs, legal considerations, treatment outcomes and possible effective prevention strategies.

presented by: **Lynn Hankes, M.D.**
Director of the Washington Physicians Health Program
and a specialist in chemical dependency treatment

(Registration required by March 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. Name for name tag: _____

Signed: _____

Thank you!



Pierce County Medical Society

invites you and your spouse/guest to the

Retired Member Luncheon

Friday, March 7, 1997

Lunch: 12:00

Program: 12:45

Fircrest Golf Club

6520 Regents Boulevard W

University Place

“Delivering Health Care to the Remote Islands of the South Pacific”

presented by:

Stan Flemming, D.O.
Family Practice/Adolescent Medicine
University Place



Honiara

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Since 1985, local physician and Army Reservist, Stan Flemming, has led over 15 missions to Southeast Asia, delivering health care to some of the most remote regions of the rim. From the deep jungles of Thailand to the tropical islands of Vanuatu, providing health, hope and opportunity has been a key focus.



Noumea

NEW CALEDONIA

(Registration required by March 3. Please mail this form with payment to PCMS, 223 Tacoma Ave South, 98402, or call 572-3667)

Please reserve _____ lunch(es) at \$11 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. Name for name tag: _____

Signed: _____

Thank you!

PLU Coach, Frosty Westering believes everyone is a "winner"

Everyone is a winner, including the people that don't know they are winners, according to Frosty Westering, PLU Football Coach and speaker at the February General Membership Meeting. Westering pumped the crowd with his optimistic philosophy that you "make the big time where you are." Most people think that the big time is a place you have to get to. But, according to Westering, you can make it anywhere, because the big time is a trip. It is a process of something that goes on day by day by day. And, once you learn how to get on a new road, not the road to success but the successful road, it changes the way you think and the way you feel and it then changes the way you act.

"The problem with athletics is that if you don't win, you lose, said Westering. "What a crime that people believe that there is only one winner and everyone else a loser." At PLU they don't talk about winning very much, he said. But, "we talk about excellence and we talk about being the best you can be and about helping teammates be the best they can be. And, when this happens, we can play anybody and win."

The biggest competitor that everyone has to face their entire life is their self. "World records are not broken by people who don't think they can," said Westering. "Once people understand that they only have to challenge themselves and nobody else, then they start doing things they have never done before."

Westering, a motivational speaker and full professor with a doctorate in Education, told the audience that "the big time is not a figment of your imagination but it is something in your heart. It is something in your mind. Today is the day. You don't have a good day, you make it a good day. It is a choice. The way we deal with disappointments is the kind of person we are. And, on average, a person deals with seven disappointments daily." ■



Vice-President Larry Larson, DO and speaker Coach Frosty Westering visit with attendees after the meeting



Secretary/Treasurer Charles Weatherby, MD greets Dr. Stan Mueller and his wife Julia

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<http://www.ama-assn.org>
 Washington State Medical Assoc.
<http://www.wsma.org>
 Pierce County Medical Society
<http://www.pcmswa.nwrain.com>
 American Medical Informatics Association
<http://amia2.amia.org/>
 American Society of Anesthesiologists
<http://dewey.anes.ucla.edu/>
 British Medical Journal
<http://www.tecc.co.uk/bmj>
 Carnegie Mellon U.
<http://www.cmu.edu>
 Clinical Trials mailing list. To subscribe, send e-mail to marjordomo@world.std.com with message "subscribe clinical_trials (your e-mail address)"; contact: Paul Bleicher, MD, PhD (moderator) bleicher@world.std.com
 Convention sampler, links
<http://www.meded-ciba.com/netter/library.html#convention>

Don't know the author, publisher or ISBN? Guide for in-print medical information, with software and CD-ROM
<http://www.lo.com/medsmart>
 Economist
<http://www.enews.com/magazines/economist>
 Electronic Journal of Surgery & Specialty Medicine
<http://www.galactica.it/ejs>
 Excite (search service)
<http://www.excite.com>
 HazDats! Agency for Toxic Substances & Disease Registry database.
<http://atsdr1.atsdr.cdc.gov:8080/hazdat.html>
 Health policy page. Articles, reports & information on health care policy in America.
<http://epn.orgn/idea/health/html>
 Health statistics groups
[gopher://nisp.ncl.ac.uk/00/lists-k-o/minitab/files/list-of-lists](http://nisp.ncl.ac.uk/00/lists-k-o/minitab/files/list-of-lists)
 Hospital Web
<http://dem0nmac.mgh.harvard.edu/hospitalweb.html>

Infoseek (search service)
<http://guide.infoseek.com>
 Internet Guide for the Health Professional
<http://NewWindPub.com/medguide/>
 Journal of Health Politics, Policy & Law
<http://www.pitt.edu/~jhppl/jhppl.html>
 Journal of Image Guided Surgery
http://igs.slu.edu/igs/igs_home.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>
 Lycos (search service)
<http://www.lycos.com>
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<http://www.pslgroup.com/MEDSITES.htm>
 M.I.T. (university)
<http://web.mit.edu>
 Navigator for medical sites
<http://www.medsitenavigator.com>
 NN/LM PNR Health Info. Resources Guide
<http://www.nlm.nlm.nih.gov/guides.html>
 National Center for Infectious Diseases
<http://www.cdc.gov/ncidod/ncid/htm>

What: An evening of Christian fellowship for Doctors, Dentists and health care people (and spouses)
When: 7:00 pm, March 21st (Friday)
Where: The home of Dr. Steven Teeny
Purpose: Explore starting Pierce County Chapter of the Christian Medical and Dental Society
Speaker: Drs. Paul & Margaret Brand (Dr. Brand is the author of several books: "Fearfully and Wonderfully Made" and "In His Image")
Sponsors: Drs. Robert Stuart, David Ricker, J.D. Fitz, John Clapper, Glenn Deyo and Michael Jackson
Please RSVP : to the Teeny home (565-9460) or office (582-7257)

See "bookmarks" page 13

Computer News

"Bookmarks" from page 12

Oaths, codes, ethics, patient rights

<http://ccme-mac4.bsd.uchicago.edu/CCMEPolicies/index>

Outbreak! Remember "The Ebola Page" It expanded.

<http://ichiban.objarts.com/outbreak-unreg/index.html>

Physician Search Services. Merritt, Hawkins & Assoc.

<http://www.practice-net.com/practiconet.html>

Radio Days. Experience the sounds of the 20's, 30's, 40's and 50's.

<http://www.otr.com/>

Resources of Scholarly Societies (lists health associations)

http://www.lib.uwaterloo.ca/society/healthsci_soc.html

Robert Stuart, MD: Heavy on reviews of medical CD-ROMs

<http://www.harbornet.com/folks/superdoc>

Rx Writer for Windows

<http://www.rust.net/~skindell/medscrip.html>

Searchable drugs, jobs, CME

<http://www.medical-web.com/>

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>

Toxicology Cases

<http://tigger.uic.edu/~crockett/Cases/Allcases.html>

University of Chicago

<http://www.uchicago.edu>

UW Radiology CME

<http://www.rad.washington.edu/>

Virtual Hospital

<http://vh.radiology.uiowa.edu/>

Washington State Hospital Assoc.

<http://www.wsha.org/>

WebCom (access provider)

<http://www.webcom.com>

WebCrawler (search service)

<http://www.webcrawler.com>

Whole Brain Atlas

<http://www.med.harvard.edu/AANLIB/home.html>

Yahoo! People Search

<http://www.yahoo.com/search/people> ■



Send E-mail addresses to PCMS

Have a new or a changed e-mail address? Please forward your address to PCMS and be put on the electronic network. Fax your address to 572-2470, call us at 572-3667 or send it electronically to pcmswa@pcmswa.org. And, visit our home page at www.pcmswa.org. ■

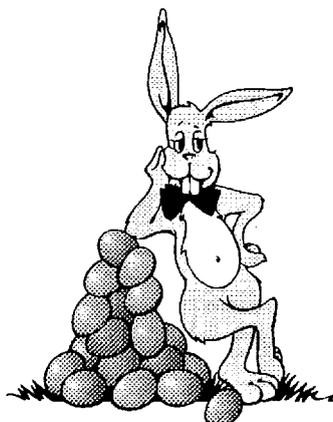
Introductory computer classes will be offered

PCMS is currently making arrangements with Computer Connections for another offering of computer classes for members and staff. Due to the excellent participation in the last series, future classes will be offered.

Computer Connections is a highly regarded Tacoma business that conducts training classes in numerous computer applications. Only five persons per class. A real hands on experience.

Sessions will include Introduction to the Computer and to the Internet. Cost of the sessions will be approximately \$15 per hour and sessions will be held twice for two hours each.

Please call the PCMS office, 572-3667, for more information and registration information. ■



Welcome Applicants for Membership

Hickey, Deborah, DO

Psychiatry

Medical school: Michigan State University - College of Osteopathic Medicine

Internship: Letterman Army MC

Residency: Walter Reed Army MC

Practices at: 1902 64th Ave West,

Tacoma 98466, 566-0839

Jeffers, Duane, MD

Internal Medicine

Medical School: Univ. of Alabama

Internship: Madigan Army MC

Residency: Madigan Army MC

Residency: Walter Reed Army MC

Practices with Internal Medicine

NW, 1112 South 5th St, #B,

Tacoma 98505, 272-5076

1996 Directory changes

Please make the following changes to the 1996 PCMS Physicians Directory. Thank you.

Dorman, Cynthia, MD

No longer in practice

Gibson, Robert, MD (Retired)

Deceased

Levant, Jonathan, MD

Change home address to:

101 Rainbow Dr, #8652

Livingston, TX 77351

Renn, John, MD

Change address to:

201-15th Ave SW, #D

Puyallup 98371

Sarrafan, Ali, MD

Change address to:

3850 S Meridian

Puyallup 98373

Rao, Jerome, MD

Change Home Address & phone to:

3008 North 13th Street

Tacoma 98407

756-6666

Snodgrass, Cecil, MD

Change address to:

120-14th Ave SE

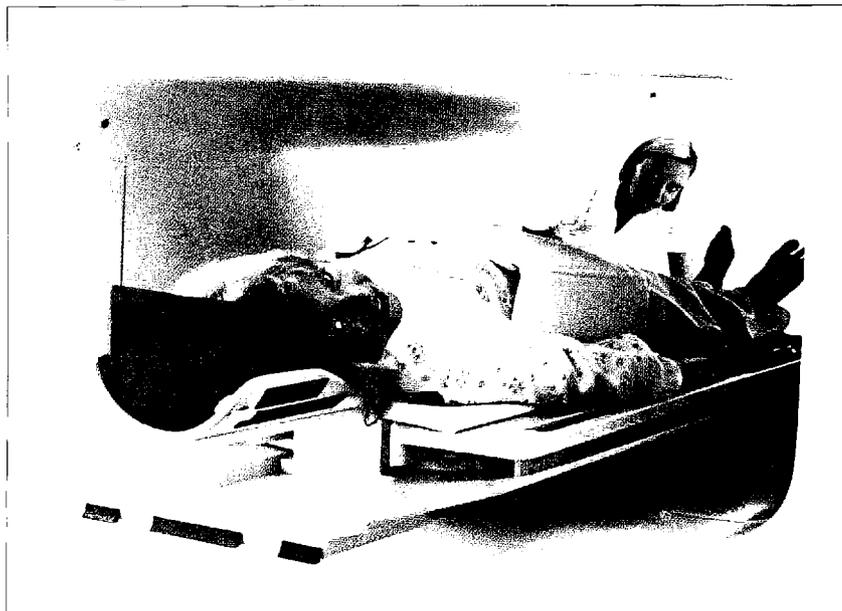
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Fax: 770-9982



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Saturday: 8 am - 5 pm

Finding the humor in medicine

Q. What does HMO stand for?

A. This is actually a variation of the phrase, "Hey, Moe!" Its roots go back to a concept pioneered by Dr. Moe Howard, who discovered that a patient could be made to forget about the pain in his foot if he was poked hard enough in the eyes.

Q. Do all diagnostic procedures require pre-certification?

A. No. Only those you need.

Q. I just joined a new HMO. How difficult will it be to choose the doctor I want?

A. Just slightly more difficult than choosing your parents. Your insurer will provide you with a book listing all the doctors who were participating in the plan at the time the information was gathered. These doctors basically fall into two categories - those who are no longer accepting new patients and those who will see you but are no longer part of the plan. But don't worry, the remaining doctor who is still in the plan and accepting new patients has an office just a half day's drive away.

Q. What are pre-existing conditions?

A. This is a phrase used by the grammatically challenged when

they want to talk about existing conditions. Unfortunately, we appear to be pre-stuck with it.

Q. Well, can I get coverage for my pre-existing conditions?

A. Certainly, as long as they don't require any treatment.

Q. What happens if I want to try alternative forms of medicine?

A. You'll need to find alternative forms of payment.

Q. My pharmacy plan only covers generic drugs, but I need the name brand. I tried the generic medication but it gave me a stomach ache. What should I do?

A. Poke yourself in the eye.

Q. I have an 80/20 plan with a \$200 deductible and a \$2,000 yearly cap. My insurer reimbursed the doctor for my out-patient surgery but I'd already paid my bill. What should I do?

A. You have two choices. Your doctor can sign the reimbursement check over to you or you can ask him to invest the money for you in one of those great offers that only doctors and dentists hear about, like windmill farms or frog hatcheries.

Q. What if I'm away from home and I get sick?

See "Humor" page 22

March meeting will dispel physician impairment myths

Plan on attending the March General Membership meeting to hear Dr. Lynn Hankes, Director of the Washington Physicians Health Program speak about physician impairment.

Dr. Hankes, a specialist in chemical dependency treatment, will provide facts about physician impairment, describing drug use patterns and problems specific to physicians. He will discuss various impairment programs, legal considerations, treatment outcomes and possible effective prevention strategies.

The meeting will be held on Tuesday, March 11 at the Landmark Convention Center, 47 St. Helens Avenue, Tacoma. The social hour begins at 6:00 pm, dinner at 6:45 and the program at 7:45.

The program is accredited for one hour of Category I AMA credit. Cost is \$18 and includes dinner.

To register for the program, or for more information please call the Society office, 572-3667.

Spouses and guests welcome! ■



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Dena Hollowwa 584-1615

Nominations for WSMA leadership positions open

WSMA is accepting nominations for the following listing of Board/Committees and Task Forces.

Please call the PCMS office, 572-3667 for more information about each position and/or to submit your name or the name of a colleague for nomination

House of Delegates

Board of Trustees

Executive Committee

Bylaws Committee

Council on Professional Affairs

Emergency Medical Services

Standards Committee

Finance Committee

Grievance Committee

Industrial Insurance and Rehabilitation Committee

Insurance Regulations Task Force

Interspecialty Council

Judicial Council

Large Group Advisory Task Force

Managed Care and Mental Health Task Force

Medicaid Liaison Committee

Medical Quality Assurance Commission Task Force

Medical Education

Medical Student Governing

Council

Medicare Liaison Committee

Membership Credentialing Committee

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COLLEGE OF MEDICAL EDUCATION

Mariner CME registration still open

The College's CME program in Phoenix during the Mariners spring training camp and the associated games is still open. The course is directed by **Richard Hawkins, MD.**

The meeting will be held at the same hotel where the Mariners stay, the Phoenix Wyndham Metrocenter Hotel. The CME program will be held in the mornings with afternoons free to attend Mariner games in the greater Phoenix area.

Call the College at 627-7137 for more information. ■

Allergy, Asthma & Pulmonology CME set for April 11

The College's first ever CME program featuring subjects on allergy, asthma and pulmonology is set for Friday, April 11 at St. Joseph Hospital. The course is under the medical direction of **Alex Mihali, MD.**

A brochure with details regarding the conference is scheduled to be mailed in early March. ■

Internal Medicine Review 1997 Scheduled for March 13 and 14

The Tacoma Academy of Internal Medicine's annual two-day CME program is open for registration. The program offers a variety of timely internal medicine topics. The review was organized this year by **Needham Ward, 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.

To register, or for more information regarding this popular program please call the College for a brochure at 627-7137.

This year's program includes presentations on the following:

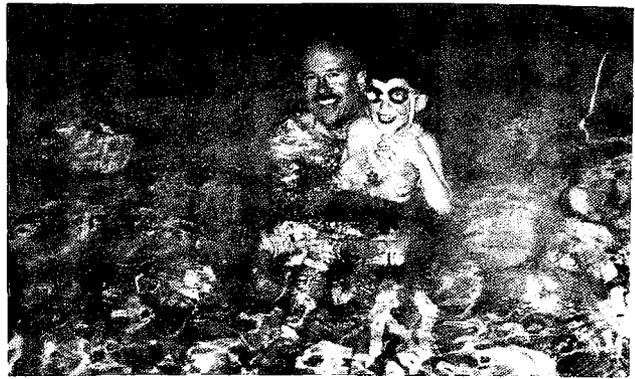
- ▶ Current Status of Laproscopic Surgery
- ▶ Cardiovascular Disease in Women

- ▶ Serotonin: Obesity & Depression
- ▶ Arteriosclerotic Heart Disease: Nature of Angina
- ▶ GERD and Managed Care: Cost-Effective Treatment
- ▶ Vascular Biology & Heart Failure
- ▶ Coronary Artery Disease: Stabilization Using Risk Factor Modification
- ▶ Genetic Screening for Cancer Diagnosis: Is This Ready for Prime Time?
- ▶ Viral Infections: A Case-Based Approach
- ▶ Improved Treatments for Depression in the Medical Setting
- ▶ Drug-Drug Interaction
- ▶ Update on Asthma
- ▶ Update on the Treatment of Type II Diabetes
- ▶ New Advances in Chronic Pain Management ■

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
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 Rifenberg, 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



Dr. Todd Nelson makes a point during his presentation to physicians on Diagnostic Imaging



Father, Dr. Don Shrewsbury and son, Reid, have a good time together in the spa after skiing



Left: Conference Director, John Jiganti, smiles as great skiing has complimented his successful CME course



Left: Dr. J.D. Fitz and son Michael, pose for the camera during a lunch break on Blackcomb Mountain



Left: John and Suzy Jiganti and two of their sons, Zach and Max pose before hitting the slopes on a beautiful day on Blackcomb Mountain



Left: Dr. Kevin Schoenfelder talks with faculty member Dr. Bob Osborne, following his lecture on Current Issues in Venous Disease

Participants find great skiing and quality CME at Whistler



Phil Craven, MD, makes a point in current infectious diseases lecture

CME at Whistler, the College of Medical Education's winter resort program, was a huge success with great skiing and quality CME.

The program brought together a number of Pierce County physicians in 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.

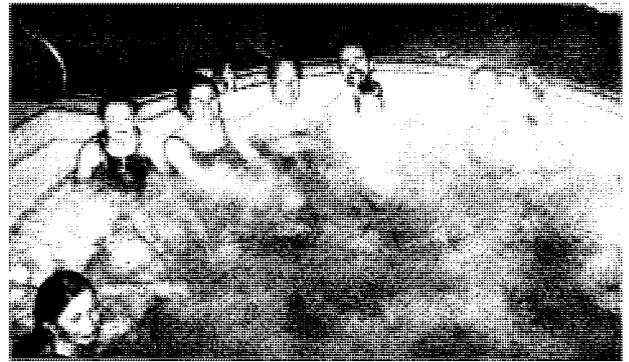
Conference attendees particularly enjoyed the rare opportunity to have in-depth discussions about clinical situations.

Out of the classroom, conference participants and their families enjoyed snow, great dinners and relaxation. The program was directed by **John Jiganti, MD.**

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



Drs. Bill Martin and Pat Donley discuss snow conditions and the next day's CME at Wednesday evening reception



Drs. Peter Krumins, Mark Craddock and Drew Deutsch with members of their families enjoy the spa after skiing



Drs. Peck and Alex Mihali with friends and Dr. Mihali's daughter Melissa, stop to enjoy the sun and scenery



Drs. Thomas Miskovsky and George Gilman are all smiles in anticipation of the next day's skiing on Blackcomb Mountain



the Pulse

Pierce County Medical Society Alliance

Past-President's will be honored at March meeting

The following Past-President's will be honored at the March General Meeting. We are grateful for their contribution to PCMSA.

Mrs. Ralph Schaeffer	1932
Mrs. Edgar F. Dodds	1932-33
Mrs. I.L. Carlsen	1933-34
Mrs. D. H. Bell	1934-35
Mrs. Weldon Pascoe	1935-36
Mrs. W. B. Penney	1936-37
Mrs. John F. Steele	1937-38
Mrs. John W. Gullikson	1938-39
Mrs. Darcy M. Dayton	1939-40
Mrs. J. B. Robertson	1940-41
Mrs. H. J. Whitacre	1941-42
Mrs. James Egan	1942-43
Mrs. Charles Trimble	1943-44
Mrs. Miles Parrott	1944-45
Mrs. George Moosey	1945-46
Mrs. S.E. Light	1946-47
Mrs. Lester Baskin	1947-48
Mrs. S.F. Herrmann	1948-49
Mrs. Ross D. Wright	1949-50
Mrs. Edward Anderson	1950-51
Mrs. Stefan S. Thordarson	1951-52
Mrs. Everett Nelson	1952-53
Mrs. Robert Lantieri	1953-54
Mrs. Eugene Hansen	1954-55
Mrs. George S. Kittredge	1955-56
Mrs. T.H. Duerfeldt	1956-57
Mrs. Thomas B. Murphy	1957-58
Mrs. Robert W. Florence	1958-59
Mrs. Joseph B. Harris	1959-60
Mrs. J. Robert Brooke	1960-61
Mrs. Kenneth E. Gross	1961-62
Mrs. Herman S. Judd	1962-63
Mrs. Homer Humiston	1963-64
Mrs. Sherman Pinto	1964-65
Mrs. Merrill J. Wicks	1965-66
Mrs. George C. Gilman	1966-67
Mrs. Robert E. Burt	1967-68
Mrs. Philip Grenley	1968-69
Mrs. Murray L. Johnson	1969-70
Mrs. Ralph A. Johnson	1970-71
Mrs. Herbert C. Kennedy	1971-72
Mrs. J. Lawrence Smith	1972-73
Mrs. John R. Alger	1973-74
Mrs. Ronald Spangler	1974-75
Mrs. J. Gale Katterhagen	1975-76
Mrs. Melvin Henry	1976-77
Mrs. Robert B. Whitney Jr	1977-78
Mrs. Gilbert Roller	1978-79
Mrs. Vernon O. Larson	1979-80
Mrs. Donald C. Weber	1980-81
Mrs. James N. Crowley	1981-82
Mrs. Walter Arthur	1982-83
Mrs. Roy Virak	1983-84
Mrs. Harry Lawson	1984-85
Mrs. Ray L. Miller	1985-86
Mrs. James P. Duffy	1986-87
Mrs. Kenneth Graham	1987-88
Mrs. Matthew White	1988-89
Mrs. David E. Wilhyde	1989-90
Mrs. Thomas K. Jones	1990-91
Mrs. Ronald Benveniste	1991-92
Mrs. John Dimant	1992-93
Mrs. Theodore A. Manos	1993-94
Mrs. Peter Kesling	1994-95
Mrs. D. Andrew Loomis	1995-96
Mrs. William J. Thomas	1996-97

Philanthropic Update

Thanks to the success of the Holiday Sharing Card (\$13,900!) we were able to disburse the following funds on February 14:

\$4,000 Trinity Neighborhood Clinic; \$2,500 YWCA Encore Program; \$1,500 PLU School of Nursing Wellness Clinic Adolescent Program; \$500 American Lung Association of WA (Asthma Camp Camperships); \$500 Pierce County AIDS Foundation for Essential Needs Bags. The balance was used for our "Baby Think It Over" program. We are in the process of determining which school to distribute the next set of dolls. We've had very positive feedback from teacher, Bob Barlow at Mason Middle School regarding the dolls and his family life classes. Caroline Ullman of the News Tribune is working on an article about the program.

If your service and health-related Pierce County organization would like to be considered by the PCMS Alliance as a recipient for philanthropic funding, you may now obtain an application by writing Fran Thomas, 3224 Horsehead Bay Dr NW, Gig Harbor 98335. Proof of 501(3) IRS rating is required. All applications must be requested directly from Fran. Application deadline is September 1, 1997.

President's Message

Our February meeting at Lee Skinner's home was a great success. In fact, there's a follow up trip planned for February 26th to meet her in Seattle for some bargain antique shopping! We also received her "secret" recipe for "lemon coolers".

LaVonne Stewart Campbell reminded us of the YWCA's "Rags to Riches" wearable art fundraiser March 6-9th. Some of us will be in Coer d'Alene, Idaho for the WSMAA Board meeting.

There is concern for the future of the Alliance in Pierce County. We've had trouble re-seeding our Alliance Garden this year. March is the end of our membership drive. That means no more solicitation phone calls! However, we need VOLUNTEERS for Mona's 97-98 Alliance Board and Committee or we may have to "cut the fat" on activities next year. Please give Toni or Mona a call if you have any job you know you'd love to do or one that would give you a real "stretch" like mine did this year!

Coming up -

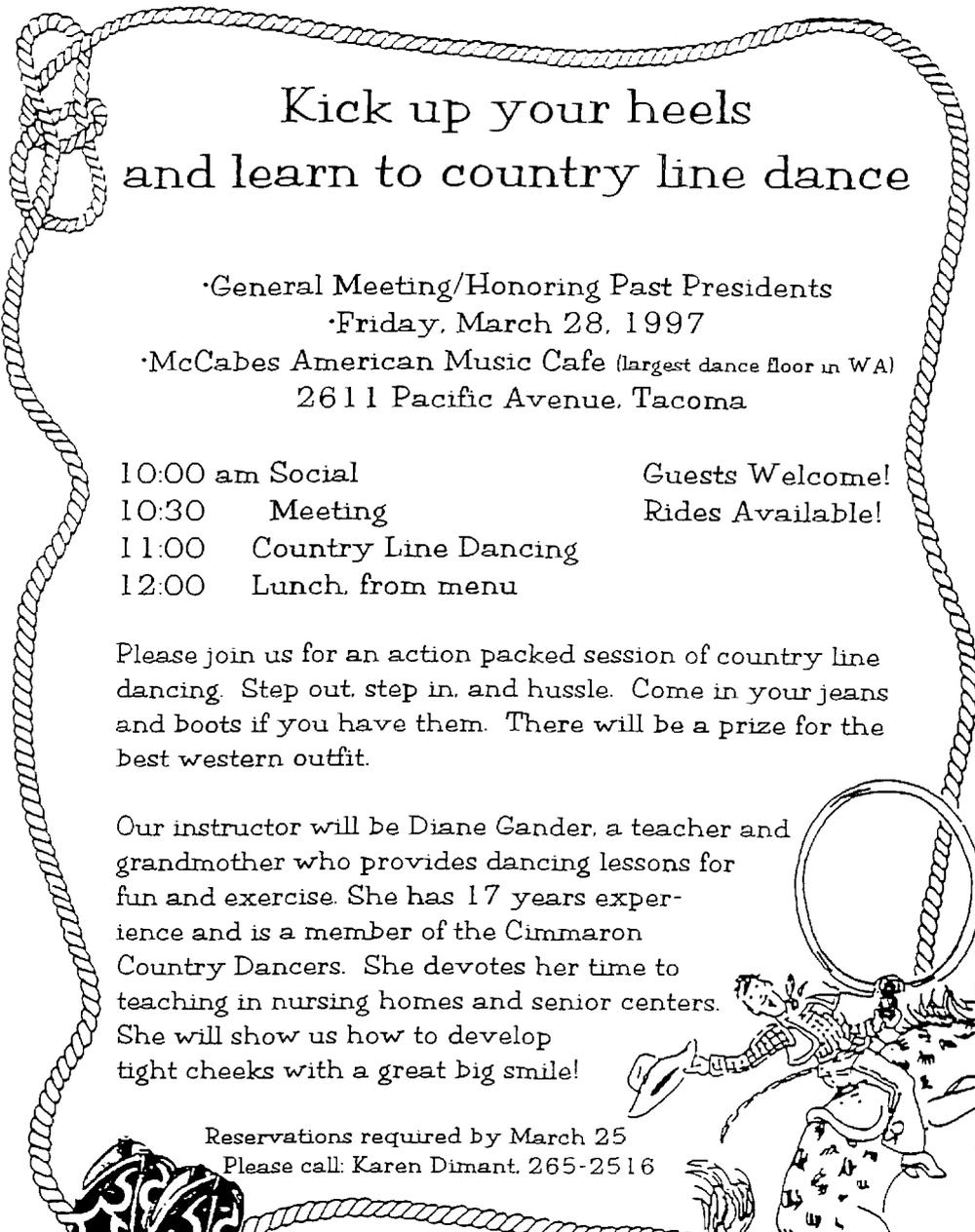
March 3 - Board Meeting at 9:30am at MBLBR.

March 7 through 9 is the WSMAA Board Meeting in Coer d'Alene, ID

March 28 - General Meeting at 10:00am at McCabe's American Music Cafe (Houston's).

Remember that this meeting will honor past presidents. Hope to see you there for a lesson in line dancing. ■

Fran Thomas


 the **Pulse**
Pierce County Medical Society Alliance


Kick up your heels and learn to country line dance

·General Meeting/Honoring Past Presidents

·Friday, March 28, 1997

·McCabes American Music Cafe (largest dance floor in WA)

2611 Pacific Avenue, Tacoma

10:00 am Social

Guests Welcome!

10:30 Meeting

Rides Available!

11:00 Country Line Dancing

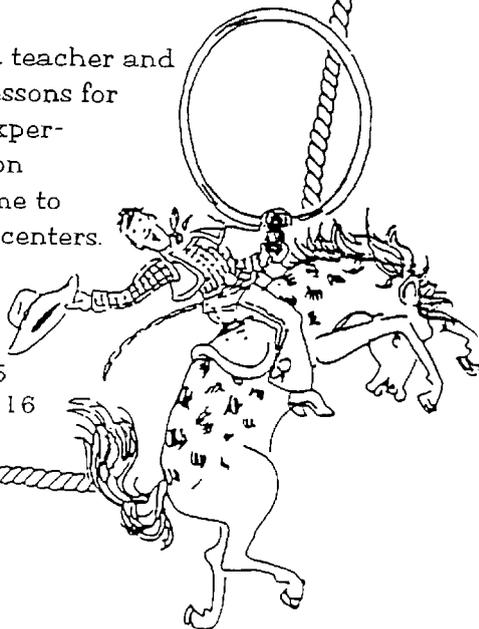
12:00 Lunch from menu

Please join us for an action packed session of country line dancing. Step out, step in, and hussle. Come in your jeans and boots if you have them. There will be a prize for the best western outfit.

Our instructor will be Diane Gander, a teacher and grandmother who provides dancing lessons for fun and exercise. She has 17 years experience and is a member of the Cimmaron Country Dancers. She devotes her time to teaching in nursing homes and senior centers. She will show us how to develop tight cheeks with a great big smile!

Reservations required by March 25

Please call: Karen Dimant, 265-2516



"Humor" from page 15

A. You really shouldn't do that. You'll have a hard time seeing your primary care physician. It's best to wait until you return, and then get sick.

Q. I think I need to see a specialist, but my doctor insists he can handle my problem. Can a general practitioner really perform a heart transplant right in the office?

A. Hard to say, but considering that all you're risking is the \$10 co-payment, there's no harm giving him a shot at it.

Q. What accounts for the largest portion of health care costs?

A. Doctors trying to recoup their investment losses.

Q. Will health care be different in the next century?

A. No, but if you call right now, you might get an appointment by then. ■

"Weatherby" from page 7

don't want to stop smoking. They want a pill to fix it. They want an MRI for shoulder pain - instead of waiting for a sore muscle to heal." Part of the dilemma arises, he believes, because "employers switch insurers and employees get no education about what's covered," or how to seek help; a situation he finds disillusioning.

Prior to the widespread dissemination of medical facts, people accepted a health care professional's advice. It was cheaper, easier, quicker, though not necessarily better.

"When I was seven, my three-year old brother passed away," Weatherby explained. The boy had been ill but, at the time, a woman waited for her husband to seek medical assistance; particularly in the rigid military lifestyle.

"My father came home and they rushed my brother to the hospital. They never brought him home," he said.

What later surprised Weatherby was discovering his mother's lack of information. On the day of his medical school graduation, Weatherby's mother came up to him. She didn't congratulate him or speak. With tears in her eyes, she handed him his brother's death certificate and said, "Now you can tell me why my baby died."

There on aged paper, in words she could not understand, the cause of death was written. "Bowel intussusception." Nineteen years of wondering ended by asking for a simple answer. That ability to help is why Charles Weatherby went into medicine. It's why he's in family practice and it's why he stays. ■

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Family Practice part-time physician ASAP. Gig Harbor/Tacoma office. Resumes to: Dr. Finkleman, 6718 - 144th Street NW, Gig Harbor WA 98332.

Group Health Cooperative of Puget Sound is currently seeking a full-time family practitioner for our Tacoma South Medical Center. Obstetrics not required. We are a 50 year-old consumer-governed managed care organization located in the Pacific Northwest emphasizing preventive care. For further information, call 800-543-9323 or fax CV to (206) 448-6191.

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For sale or lease - Class A 5,800 square foot office building in University Place. Ted Sipila KMS 383-9712.

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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.

Great Opportunity to practice medicine in your own office building, one block from Tacoma General Hospital. On-site parking, easy access. 2400 sq. ft. plus additional 1000 ft. for storage. Two or three consultation offices with 7 or 8 examination rooms. Business office with modern systems installed. Available after May 1997. Interested parties contact **Dr. David Bemiller** or **Dr. Wayne Curl** at 383-2309.

GENERAL

Mountain Cabin For Sale: Greenwater, 15 minutes to Sunrise entrance to Mount Rainier, 20 minutes to Crystal Mountain Skiing. Architect's personal getaway. Has received three

design awards and published in Sunset and Home Magazines. Compact spectacular design, sleeps four. \$105,000 furnished. No agents. 582-3130. ■

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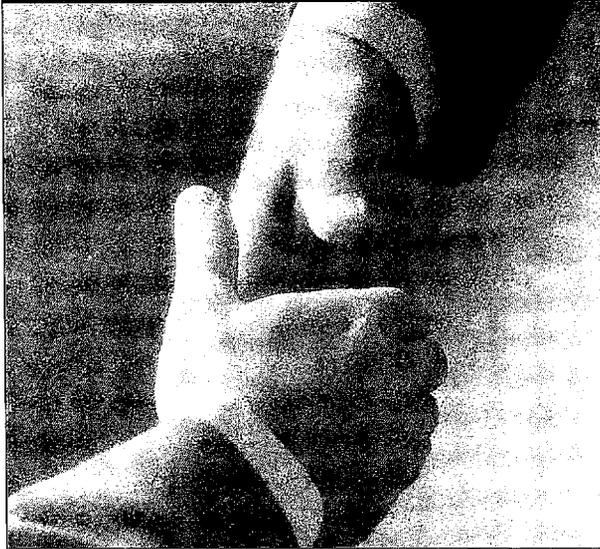
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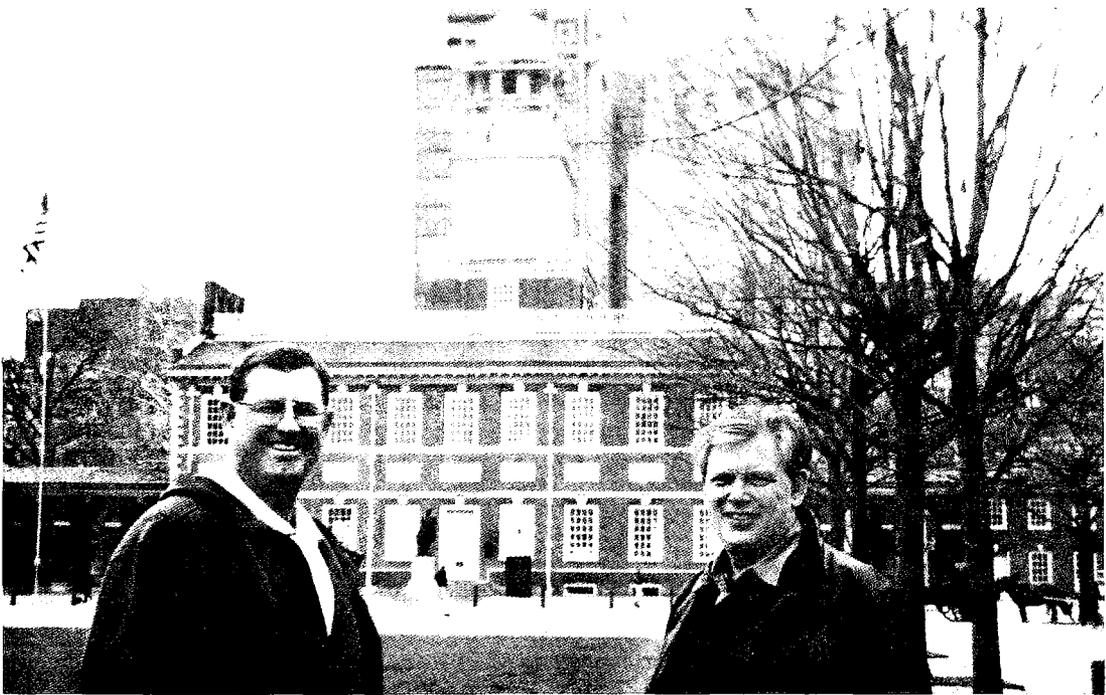
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BULLETIN

April, 1997



President Stan Harris, MD (left) and President-elect Jim Wilson, MD visit Independence Hall at their recent trip to Philadelphia and the AMA Leadership Conference in March

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 Lawrence A. Larson, DO.....Vice President
 Charles M. Weatherby.....Secretary/Treasurer
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 AMA Alternate Delegate: Leonard Alenick, MD

Executive Director: Douglas Jackman

Committee Chairs:

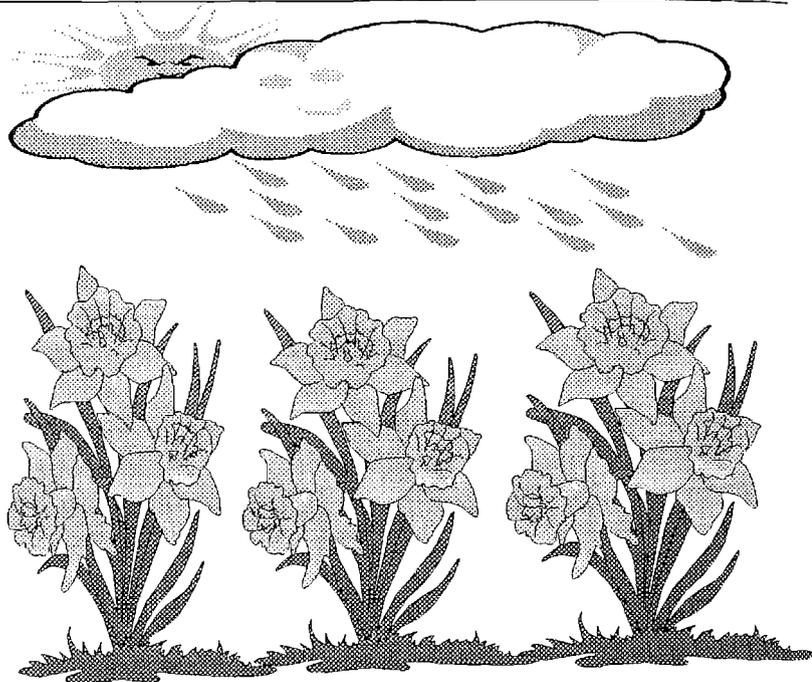
Aging, Richard Waltman; **AIDS**, John Van Buskirk;
Bylaws, Stanley Tuell; **Budget/Finance**, Charles
 Weatherby; **College of Medical Education**, Gary
 Taubman; **Credentials**, Susan Salo; **Emergency
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Presidents Page.....

Pride in the "art of medicine"

It was his 85th birthday but he strolled about the room with a youthfulness that belied the many years of hard work and service. It was wonderful he was able to enjoy the sunshine and relaxation of Sun City after a busy and productive life. He had formally retired just a short seven years ago after a mere 50 plus years as a general practitioner in a small town in Montana. Not that he just sat around now and did nothing. His mind was sharp as he still remembered most of his patients' names and the many children he had delivered. He would still get calls from old patients requesting his assistance with various and sundry problems, not just related to medicine. Everyone still called him "Doc" and held him in the highest regard.

He wasn't born with a silver spoon in his mouth. His father was a poor farmer in southern Minnesota who did not complete the third grade but was a champion checkers player. His mother was a big boned woman who had finished eighth grade in Norwegian schools. Doc was one of five children and spent his youth struggling on the farm helping the family survive. The Depression was real to his family for the farm was lost. Throughout all the hardship, he managed to complete high school and attend college in North Dakota and was accepted to medical school at the University of Minnesota. After completion of his training, which culminated in an internship, he took a job in Livingston, Montana, a small

railroad town. He had plenty of debt despite working full time during school. They did not have "free money" in those days. He quickly got settled into his life's ambition and with his wife Orris, set about raising a family of four boys and two girls. World War II caused a four year break in his practice as he and almost every able-bodied male defended their country. Upon his return, he again gladly accepted his role of caring for the small rural community. He was very active locally and was the Democratic county chairman for many years. He served in the state legislature as a senator and also was the President of the Montana Medical Association. He was never one to shy away from work or responsibility. He was a proud man, and rightfully so.

When he began his practice, there were no antibiotics nor many of the other modern conveniences we present day physicians take for granted. He made house calls on a regular basis armed with his "black bag" full of various remedies. With whatever potions were available and a will to care for sick patients, he did the best he could to relieve pain and suffering. Not all of them could be cured, but all received a comforting hand, and most received the ever present hypo of incredible concoctions. After the advent of antibiotics, some things changed, but the dedication of this man to his patients never wavered. Clearly the mind-boggling advances in medicine



*Stanley C. Harris, MD
President, 1997*

made the clinical outcomes better in many cases but it did not change the "hands on" brand of care his patients expected. It was very common for him to be unable to go on vacations because one of his obstetrical patients was due to deliver any day. As the years went by, he found himself delivering grandchildren of babies he had brought into the world many years before. He truly enjoyed the practice of medicine. Those around him could sense that and his patients were the most loyal in the world. He understood the "art" of medicine and did not lose sight of the patient.

As practice shifted more to the sterile "science" of medicine and the government regulation increased with the passage of Medicare, things changed. Some of the changes were obviously for the better, but not all. Doc now received reimbursement from the government for his "free" care, and he no longer bartered payment in chickens and pigs. Unfortunately, the expectations of patients changed as well, and small town medicine was severely criticized. He was sued just one time in all his years of practice by a big-city

See "art" page 4

Art (from page 3)

Easterner passing through. Despite the growing frustrations, he continued his faithful service as long as patients would come for care. Finally, he retired. He had seen it all.

He truly loved his work and his patients. He lived the life of an unselfish doctor and had always practiced the art of medicine with whatever tools he had available. He made me very proud. You see, he is my father. I can only hope that I can be half the doctor he is and was. The frustrations of medicine have certainly increased, but we must not lose sight of the fact that we are special people who have a duty to our profession and to our patients. He loved being "Doc," and so do I. ■

1800+ Physicians represented in new WSMA contract negotiation service

The WSMA's new negotiation service - WSMA Representation Services represents over 1800 physicians, 900 of which are in group practices and networks, in contract negotiations with state health care carriers. This free WSMA member service works on your behalf with progressive carriers to ameliorate some of the negative features of provider agreements.

In addition to representing your interest with carriers, it will also save you from some contract negotiation and transaction costs. Representation in the Service is **not** automatic. WSMA-RS needs your authorization to be repre-

sented. Please call the PCMS office, 572-3667 and an authorization form will be faxed to you. Or, for more information you may call Lori Preston at 1-800-552-0612. ■

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"Malignant Denial"

by Judy Wagonfeld

"She's just not herself. She needs a vacation."

"As long as he drinks off-hours, it's none of my business."

"Sure he's disruptive, but he brings in the bucks."

"I can drink at night and be just fine in surgery in the morning."

"Get off my back. Everyone makes mistakes. It's the nature of the business."

Excuses. Cover-ups. Avoidance. Red flags. Off-hand remarks every physician has made or heard. Behaviors that Lynn Hanks, MD, Director of the Washington Physicians Health Program (WPHP) aims to correct. Myths he's on a crusade to dispel. The uphill nature of his battle was starkly evident from the low turnout for his talk on *The Fragile Physician* at the March General Membership Meeting.

"I practice Missionary Medicine," he told the audience. "My job is to protect the public from physicians afflicted with chemical dependency, mental disorders and neurological impairment." Currently, his office serves upwards of 380 clients. Impeding his goal, he says, is the MD, defined in his verbiage as *malignant denial*.

Hanks talks a mile-a-minute. Crisply, he articulates data projected from overheads, whisking it away faster than the eye can read. He whips through slides as though they're subliminal messages. He speaks in down-to-earth terms, leaving nothing untouched.

Discussing chemical monitoring by observed micturation, he describes the process as "eyeball to uretha." Gory photos depict a doc who exsanguinated from a botched femoral cutdown intended for drug injection.

In a rapid-fire delivery he

expounds as zealously as a football coach. Garbed in a powersuit he wears as comfortably as scrubs, he's imposing and dynamic; a presence far beyond what his slight, fit frame might suggest. His depth of skill and compelling charisma explains his success.

"Physicians make lousy patients," he said. "No matter the disease we need to modify treatment programs for them. In WPHP, we use 'benevolent coercion' to get individuals into the program." Coercion is essential because these folks are suffering from a disease which tells them they are not sick. They do not realize they and their patients are in jeopardy. Physicians don't reach out for help because of guilt or shame," he said. "**Colleagues must be willing to become your brother's and sister's keepers.**"

That means not turning your back. It does not mean confronting the individual usually a counterproductive exercise. Hanks hammers home his message that, "this is no ordinary person you're dealing with." Masters at denial and cover-up, they're used to giving orders and have difficulty 'going from the vertical to the horizontal position.' Trained to be depended on by others, they have no identity other than "physicians." Losing that scares the heck out of them,

see MD page 6

Washington Physicians Health Program for Chemical Dependency is comprised of treatment and a five year contract which include:

- ◆ **Total abstinence**
- ◆ **Behavior monitoring**
- ◆ **Weekly to monthly verbal communication**
- ◆ **Unannounced chemical monitoring**
- ◆ **Work place monitoring**
- ◆ **Participation in AA or NARC**

Full compliance guarantees and maintains confidentiality. Washington Physicians Health Program must report to appropriate agencies if the physician is:

- ◆ **Not responding to treatment**
- ◆ **A danger to self or others**
- ◆ **Not contract compliant**

"MD" (from page 5)

Hankes says, because "if you are what you do and you don't do it, you aren't."

Colleagues who deny or cover up fail their physician role of "helper" Hankes believes. Impaired physicians are sick and need to bear the consequences of their actions. Avoidance is grossly unfair. It leads to a downward spiral of career devastation, DWIs and family dysfunction. Stepping in begins recovery and the re-building of a life.

Hankes emphasizes it takes only one telephone call-anonymously if so desired-to get the ball rolling. Like reporting child abuse, it's an obligation to the troubled individual. Calls come from physicians, colleagues, spouses, hospital administrators, lawyers, and judges. A single call does not necessarily result in immediate intervention. It does allow Hankes' staff to begin discreet inquiries with "our connections" to gain corroboration.

Then comes "tough love", the intervention and "invitation" to WPHP's five-year contract. Signing on provides 100% confidentiality and a safe haven for recovery. No reports go to WSMA, data banks, insurance carriers or licensing agencies *as long as the physician adheres to the contract* (see box). The agencies' implicit trust in WPHP's independence arises from its 95% recovery rate and under 5% relapses. (Statistics are not yet available for the one-year old psychiatric program.) They know Hankes calls the shots, telling clients, "I won't lie to you or for you." He's up-front and expects them to be compliant and honest.

"Stress can exacerbate a problem or provoke a relapse," Hankes believes, however, "we don't know

that chronic stress causes chemical dependency." "It is clear that stress can act on the neurological system, but drinking," he says, "results not from stress alone, but from a combination of chemical imbalance and a constellation of psychological traits."

"Chemical dependency outside the workplace, Hankes said emphatically, "sooner or later spills over to the job." He regards a single episode of alcohol on the breath at work or consistent off-hours heavy drinking as high-risk, indicating impairment. He compares it to an airline pilot who, in clear weather, lands a plane perfectly. But, he says, "throw in windshear and he's in big trouble." Similarly, physicians do fine on routine stuff but toss in a tough case and you get mistakes and malpractice.

It's the "now you see it, now you don't" syndrome and it is dangerous. Textbook progression curves smoothly from "early" to, as Hankes says, "too late". In reality the pattern is a zig zag, sawtooth affair. Better, worse. Okay, bad.



Lynn Hankes, MD; Director of WPHP and Estelle Connolly, MD; member Medical Quality Assurance Commission



Drs. Hugh Larkin and Guthrie Turner complete paperwork for accreditation after the meeting

Sociable, isolated. Calm, disruptive. Standard care, short cuts. Up and down. Mood swings, altercations, slurred speech. Hankes pleads with physicians to help such colleagues and protect the public.

"If you don't reach out, the alcoholic will eventually be locked up or covered up. If you do reach out, the alcoholic might sober up," he says. Be responsible and call (800) 552-7236. Hankes is waiting. ■

PCMS representatives attend AMA national leadership conference

Attendees to the AMA National Leadership Conference helped celebrate AMA's 150th anniversary in Philadelphia, its birthplace. **Drs. Stan Harris**, PCMS President and President-Elect **Dr. Jim Wilson**, internist, represented PCMS with the other 1200 representatives of county and state medical societies and associations from all over the country. The meeting was held March 16-18.

Reports from AMA lobbyists on Capitol Hill informed attendees that the administration is planning deep cuts in Medicare and that Senator Hatch has introduced a professional liability bill.

Futurist, Frank Feather told the group that you can't manage the past, only the future and that the information revolution is shaking society to its roots. "The revolution changes every aspect of our lives," he said. When all is said and done, tomorrow's healthcare system will be customer-focused, convenient, courteous, reasonable priced, informative, and easy to use.

Three excellent sessions included, "The Role of Ethics in Medicine Today and the next Century," "Care Decisions at the End of Life," and "Ethical Issues in Medical Practice Systems."

Harvard Professor, Regina Herzlinger, author of *Market-Driven Health Care: Who Wins, Who Loses in the Transformation of America's Service Industry*, closed the meeting with her thoughts on who the winners and losers will be in the health care transformation. They include:

The Winners:

- Focused physicians...focus, focus
- Resist the edifice complex
- Focus on breadth over depth

- Will lower costs
- Don't resent customers
- Will measure results, their own and the competition
- Will be ethical

The Losers:

- Will concentrate on bricks and mortar and be site focused systems
- Will think that big is beautiful but it will not be the best avenue ■

Clarification on controversial treatment of drug resistant *Streptococcus Pneumoniae* (DRSP) Infections

Editor's Note: This article was submitted by Infecions Limited (Drs. David McEniry, Peter Marsh, Philip Craven, Lawrence Schwartz, James DeMaio and Alan Tice)

On February 27 a fax was sent regarding drug resistant *Streptococcus pneumoniae* (DRSP) infections, recommending empiric vancomycin for treatment of patients with suspected pneumococcal pneumonia. These are controversial recommendations; we submit the following clarification:

The magnitude of the problem with DRSP infections are unknown. However, DRSP infections other than meningitis and otitis media usually respond well to penicillins or cephalosporins and most current recommendations do not include vancomycin either for empiric treatment of community acquired pneumonia or for documented DRSP pneumonia if the patient is responding to standard therapy. Widespread

vancomycin use would likely promote colonization and infection with vancomycin resistant enterococcus, an organism which has become a problem in our community, and could lead to vancomycin resistance in more virulent organisms such as DRSP or *Staph. aureus*. Vancomycin plus ceftriaxone is recommended for empiric therapy of meningitis in communities where DRSP is prevalent, when CSF data suggest pneumococcal meningitis, and should be continued if CSF grows a DRSP strain resistant to ceftriaxone. Physicians should increase their use of pneumococcal vaccine (most DRSP strains are vaccine serotypes) and influenza vaccine in high risk populations. Furthermore, physicians can reduce the pressure for development and spread of drug resistant bacterial pathogens by reducing the unnecessary prescription of antibiotics for upper respiratory and other infections. ■

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Community Health Care (formerly CHCDS) celebrates ten years

Drs. Tanbara, Demirjian, Weatherby and PCMS recognized by Community Clinics

In celebration of a decade of service to the community, the Community Health Care (CHCDS) clinics recognized many volunteers, staff and persons and organizations responsible for creation of the Community Health Care Delivery System.

Dr. George Tanbara, Tacoma pediatrician, who was most instrumental in the creation of the clinic system, was honored as the recipient of the 1997 Community Service Award. Dr. Tanbara has been a strong supporter of the clinics over the years and has served on its Board of Directors three different periods and is currently serving his fourth. **Dr. Keith Demirjian** was recognized for his service as the first Chair of the Board of Directors for the clinics. **Dr. Charles Weatherby** followed him and provided care and assistance numerous times. The Society and many of its members assisted in the development of the clinics and was recognized for its important role.

In 1996, the clinics saw 14,515 patients. Thirty-three percent of the patients were under age 19, thirty-eight percent were 25-44 years of age, twelve percent were 45-64 years of age and 7% were over age 65.

The ethnic and race breakdown of the patients seen by Community Health Care clinics was 61% Caucasian, 16% Hispanic, 15% African-American, 3% Asian/Pacific, 1% American Indian and 4% other. The clinics have a budget of nearly \$5 million annually.

The clinics have always provided care to low-income and unemployed and have provided access to

patients who historically have had difficulty accessing health care. Pierce County is fortunate to have Community Health Care as part of the health care community. ■



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State trauma funding bill moves through legislature

Senator Lorraine Wojahn's proposed legislation, SB-5127, that would provide funding for trauma care services, was passed through the Senate and has been assigned to the House Finance Committee.

Chair of the PCMS - EMS Committee and member of the Pierce County EMS Council, **Mark Jorgens, MD**, testified February 26 on behalf of the Medical Society before the Senate Ways and Means Committee. He urged approval of the legislation that would generate approximately \$35 million on a state-wide basis for trauma services.

In 1990, the legislature passed a trauma care act which set in place a new system for the referral and treatment of traumatically injured patients in the state. In this state, trauma is the leading cause of death from birth to age 44 and the third leading cause of death for all categories. One of the problems identified at the time of enactment of the 1990 legislation was the financial burden assumed by the designated trauma hospitals in

providing extremely expensive care for patients who have no insurance. Currently, about 16% of trauma patients state-wide are uninsured and 18% bill Medicaid. The numbers are much greater here in Pierce County than around the state.

Wojahn's bill would have car dealers collect a \$15 fee at the time of sale or lease of any new or used motor vehicle, \$10 of which is passed to the emergency medical services and trauma care system trust account and \$5 is retained by the car dealer as an administrative fee. In private motor vehicle transactions, the \$10 fee is collected at the time of title transfer and is also forwarded to the emergency medical services

and trauma care system trust account. A \$10 fee is also collected upon the sale of the new or used motor vehicle to a rental car business.

Senator Rosa Franklin (D-29) has also introduced legislation that would fund a study on the cost of trauma care services provided to patients who are unable to pay for their care in designated trauma care centers in the state. The study would include all costs, charges, expenses, and levels of reimbursement associated with designated trauma care services.

The study would report its findings and recommendations to the legislature by July 1, 1998. ■

CPT Information Services available

Are you having trouble assigning a code to a procedure? Do you often need your CPT coding questions answered right away? Wouldn't it be nice if you could call someone for the answers? The AMA's newest service, CPT Information Services (CPT-IS), gives you this opportunity.

Beginning in January 1997, the official CPT coding clarification you've been looking for will be only as far as your phone or fax. Staffed by AMA Health Information Specialists, this subscription-based service will offer accurate, up-to-date CPT coding information to billing personnel, office managers, physicians and other medical record professionals. CPT-IS officially opened to the coding community-at-large in January 1997. This service is available via subscription pack-

ages or through a pay-per-inquiry basis only. Whether you call from a very small office or a large hospital, there are subscription packages available to meet your needs. To receive complete details on subscription packages, call our CPT-IS fax line at (800) 252-4336.

As an added benefit to your AMA membership, you are entitled to four complimentary inquiries. To access your complimentary inquiries, call (800) 634-6922 during 9 a.m. and 1 p.m. central time. All that is required when you call is your medical education number.

To receive complete details on subscription packages call our CPT-IS fax line at (800) 252-4336. To subscribe to CPT-IS call our Customer Service Department at (800) 621-8335. ■

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How to contact state, national lawmakers

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 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. The hotline makes it easy to leave a message or voice an opinion to lawmakers, even if you don't know their individual telephone number. It also provides an easy way to learn the status of a bill, which committee it's before, whether it's been scheduled for a floor vote or survived various deadlines for action. You may also call the hotline to learn the topics, time and location of committee meetings.

A legislative meeting schedule is published weekly on Thursday. Mail subscriptions cost \$10 per year. For more information or a subscription form, call 1-360-786-7344.

Internet users may reach the Legislature at: **leginfo.leg.wa.gov** Users can view legislation and send e-mail to lawmakers and staff. Internet users also will have access to the state constitution, state laws, a list of legislators and a session calendar. The governor's home page can be viewed at **http://www.wa.gov/governor**

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. **E-mail: president@whitehouse.gov**

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. 20510-4701. Phone: 202-224-3441 (D.C.) or 451-0103 (Bellevue). Fax: 202-224-9393. **E-mail: senator_gorton@gorton.senate.gov**

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. **E-mail: senator_murray@murray.senate.gov**

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. Adam Smith (D-9th District), 1505 Longworth Office Building, Washington D.C. 20515. Phone: 202-225-8901 (D.C.) or 360-951-3826 (Tacoma). Fax: 202-225-5893.

State offices: The phone number of **Governor Gary Locke's** office is 360-753-6780, Olympia. Write to him at: Legislative Building, PO Box 40001, Olympia, 98504-0001. His Fax is 360-753-4110. His home page address is **http://www.wa.gov/governor**

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 House has no central Fax number.

Legislators, by district, Olympia phone number and e-mail address:

2nd District (South Pierce County)

Sen Marilyn Rasmussen-D, 786-7602

rasmusse_ma@leg.wa.gov

Rep Roger Bush-R, 786-7824 bush_ro@leg.wa.gov

Rep Scott Smith-R, 786-7912 smith_sc@leg.wa.gov

25th District (Puyallup, Sumner, Milton)

Sen Calvin Goings-D, 786-7648 goings_ca@leg.wa.gov

Rep Jim Kastama-D, 786-7968 kastama_ja@leg.wa.gov

Rep Joyce McDonald-R, 786-7948 mcdonald_jo@leg.wa.gov

26th District (NW Tacoma, Gig Harbor, South Kitsap)

Sen Bob Oke-R, 786-7650 senate_26@leg.wa.gov

Rep Pat Lantz-D, 786-7964 lantz_pa@leg.wa.gov

Rep Tom Huff-R, 786-7802 huff_to@leg.wa.gov

27th District (North Tacoma, East Side)

Sen Lorraine Wojahn-D, 786-7652 wojahn.lo@leg.wa.gov

Rep Ruth Fisher-D, 786-7930 fisher_ru@leg.wa.gov

Rep Debbie Regala-D, 786-7974 regala_de@leg.wa.gov

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Rep Maryanne Mitchell-R, 786-7830

mitchell_ma@leg.wa.gov

Rep Tim Hickel-R, 786-7898 hickel_ti@leg.wa.gov

Labor & Industries works with PCMS Committee to resolve issues

The L&I TaskForce committee was formed in September 1996. The members of the committee are three L&I Tacoma Service Location staff and five PCMS physicians. The committee holds monthly meetings on the first Tuesday of the month. If you have any questions or concerns that you would like the committee to address, please notify Dr. Bill Ritchie, chair or Doug Jackman, Executive Director.

One of the major issues that has been brought to the committee's attention is the inability to contact the L&I claims managers. To assist the physicians' office staff, **an L&I directory is now available at the PCMS office.** The L&I directory is updated every 90 days. The directory includes the names of the claims unit supervisor, claims managers, billing clerks, and the nurse consultant assigned to the unit. If the physician believes his/her concerns are not addressed appropriately by the assigned claims manager, he/she may contact the unit supervisor.

Jody Moran, Program Manager of Claims Administration attended the February meeting. After a discussion with the physicians, Jody acknowledged that many problems do exist. She plans to address the problems to the L&I administration staff to help work toward a solution. The problems were as stated: the use of independent medical examination, often when the patient is in treatment. Also, the physician is unaware of a pending IME which creates problems with referring to a medical specialist consultant. Secondly, the physician's request to change the initial ICD-9 code that was provided at the time of

the initial evaluation in the emergency room, is denied. Often, the initial ICD-9 code creates delay of medical treatment and adds to time loss. Because of an inaccurate ICD-9 code, the consultant is denied payment by the claims manager saying the consultant is unrelated to the industrial injury condition. The field nurse consultant has met with the unit supervisors to address the problems of consultation referrals. The claims unit supervisors have agreed to discuss this issue with the unit claims managers.

According to WAC 296-20-035, a consultation does not require the claims manager's approval, except for a psychiatric consultation referral. Also, the WAC does state, at the time of a pending IME, the attending physician is advised to refrain from referring the patient for a consultation.

The frequency of independent medical examinations has been a major issue of discussion. The physicians on the committee have indicated that their offices are not

contacted when the claims manager requests an IME. The L&I staff have now contacted the claims unit supervisors to request this issue be placed on the claims unit monthly meeting agenda. Also, the L&I staff suggested, to avoid IMEs, the attending physician consider consultation referrals. At the February meeting, the physicians learned that employers can request IMEs. The Tacoma Service Location, Risk Management Service is available to assist the employer to work with the attending physician.

Bob Perna, Washington State Medical Association staff member attended the March meeting. Bob currently states the WSMA/L&I committee is working on various issues to resolve communication barriers. He will inform the WSMA/L&I committee of the PCMS committee goals.

Please contact the PCMS office, 572-3667 if you have any issues of concern you would like to place on the agenda or if you would like a copy of the monthly minutes. ■

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Resolutions for WSMA sought

If you have ideas or policy changes that you would like the WSMA House of Delegates to consider, now is the time to submit them. This is your opportunity to help set WSMA policy.

The House will review all resolutions submitted in writing at their annual meeting in September. The meeting will be held September 25-27 in Yakima.

If you have an idea or thought but are uncomfortable putting it in resolution form, please call Doug Jackman at the Society office, 572-3667. You can fax your resolution to him at 572-2470 or send by e-mail to pcmswa@pcmswa.org. ■

Dr. Lovy writes on arthritis and Hepatitis C

Michael R. Lovy, MD; Rheumatologist and PCMS member was recently appointed to the Executive Committee of the Western Regional American College of Rheumatology.

In the last year, he has published an article describing a pattern of arthritis that occurs with hepatitis C and has presented research giving evidence that the occurrence of this type of arthritis in patients with hepatitis C is probably related to genetic predisposition based on HLA typing. He has worked with members of the Department of Rheumatology at the University of Washington where he serves as clinical associate professor.

Dr. Lovy has also published on the use of bone densitometry in diagnosing reflex sympathetic dystrophy as well as hypogonadism occurring in rheumatoid arthritis, and clinical limitation of the use of bone densitometry in the diagnosis of osteoporosis. ■

Congratulations: Sabrina Benjamin, MD

Sabrina Benjamin, MD, internist and new PCMS member recently gave birth to a baby girl. Baby Benjamin was born happy and healthy and we congratulate the family and wish Dr. Benjamin well with her new baby. ■

Will a disability put you out of commission?



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PRESENTED BY: DANIEL O'CONNELL, MSW, PH.D.

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In this two hour program physicians learn what communication practices are associated with the likelihood of malpractice litigation and how to use communication as a risk management tool. Studies conducted over the last five years have shed clear light on why patients do or do not sue and underscore the importance of physician-patient interaction preventing formal complaints or litigation. The speaker, Daniel O'Connell is a practicing psychologist, Mental Health Department, Pacific Medical Center, Seattle and instructor at the UW School of Medicine.

The Foundation for Medical Excellence (TFME) is a public, non-profit foundation that works with state medical boards and presents a wide variety of educational programs throughout the Northwest.

OBJECTIVES:

- Understand communication practices and identify those that are most likely to avoid malpractice litigation
- Learn how to improve patient-physician interaction with an eye to preventing formal complaints or litigation

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As an organization accredited by the Oregon Medical Association to sponsor continuing education for physicians, The Foundation for Medical Excellence certifies that this program meets the criteria for two hours of Category I credit of the Physicians' Recognition Award of the American Medical Association.

REGISTRATION INFORMATION

To register for this program please fill out the registration form below and mail to Pierce County Medical Society, 223 Tacoma Avenue South, Tacoma, WA 98402, or send by fax to 572-2470 or 572-9379. For additional information and directions, please call PCMS at 572-3667.

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Computer news: More sites to visit via e-mail

To send a postcard by some of the world's great artists check out <http://postcards.www.media>.

Numerous health care organizations are meeting the **Intranet** challenge. Healthon (<http://www.healthon.com>) which is led by Netscape founder, Jim Clark, has developed an international interface to exchange information between corporate employers, managed health plans, and providers. Companies such as Physicians Online (<http://www.po.com/>) and Alliances Interactive (<http://www.medsources.com/>) are uncovering ways for the health

care industry to mirror the Intranet communication success of business and industry and virtually integrate clinical and

information systems of networks of physicians.

Watch next month's *Bulletin* for more information. ■

Legislative Health Clinic needs volunteer doctors for a day at the Capitol

The WSMA is seeking doctors willing to spend a day in Olympia. The Legislative Health Clinic is staffed by volunteer, on-call physicians willing to donate their time and expertise. By serving as a legislative doctor, you can visit the Capitol campus, sit in the gallery and watch democracy in action, or just take your favorite

book and read.

Physicians of any specialty are invited to participate in this program. You will be given a beeper to wear while you are "on duty" to tour the campus.

For more information, please call Winnie Cline at the WSMA Olympia office, 1-800-562-4546. ■

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- Bill Dean 272-4013
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Dr. Stan Flemming speaks to retired members at luncheon

Stan Flemming, D.O., was the featured speaker at the March 7 Retired Members Luncheon. The group meets three to four times each year at the Fircrest Golf Club and after visiting and lunch they enjoy a featured speaker. Travel, hobbies and other entertainment type topics are always their preference. And, Dr. Flemming did not disappoint them.

He served as Medical Director and Deputy Director of the five CHCDS clinics after arriving in Tacoma in 1990. In 1992 he was elected State Representative from the 28th Legislative District (Lakewood) and served two years in the state legislature. He served as the first Mayor for the City of University Place, and currently serves on the city council. He is a Colonel in the Army Reserve and served in the Desert Storm conflict. And, by profession he is a family practitioner at Family Health Center in University Place and Medical Director of Cascade Community Health.

He spoke to the retired members about his travel and medical service in the Pacific Rim. Units go to countries that are allies of the U.S. and have asked for help. The service units provide environmental engineering, training, immunizations and monitoring in addition to general medical care. This exposes soldiers to different cultures and customs and involves lots of teaching and training.

In 1985 the teams included one physician, two medics and seven volunteers for one village. From 1988-93 they added another physician, dentist, veterinarian, and many nurses and cared for 1,100 patients per village. The villages are extremely isolated and remote. Their hierarchy places monks in the most esteemed

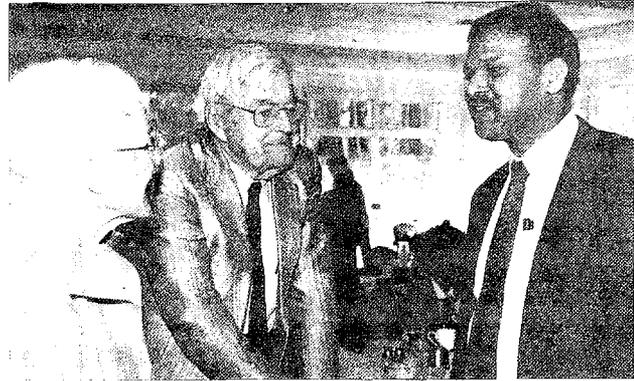
position, with teachers and principals second. The educational level is very low. In these villages care goes first to the animals and the elderly. Children are last, unlike the system in America.

In 1995, teams almost doubled in size with more physicians, dentists, nurses and veterinarians providing care. Dr. Flemming said the team leaves base camp at approximately 5 a.m. and goes to the village and works a full day.

Travel is by aircraft or truck. "We don't leave the site until everyone has been seen," he said. "Some wait in line for eight to nine hours."

The most difficult part is the heat. The average temperature is 110 degrees with the highest at about 130. Teams work for ten days. One team member has sole responsibility for making sure that everyone providing care drinks lots of water and electrolytes.

Doctors care for all patients from pediatrics to geriatrics. And,



Dr. Stan Flemming, (right) speaker for the luncheon, visits with Dr. and Mrs. Ken Sturdevant, from Sumner, after the program



Dr. Stan Sollie (center) and wife Dagny, heard Dr. Flemming speak on health care in remote islands of the Pacific Rim

they receive on the job training in veterinary medicine and dental care. "There is a tremendous amount of teeth extractions," he said. So, the increase in dental providers was welcomed.

One of the biggest challenges according to Dr. Flemming was educating natives that you cannot use one facility as both a bathroom and a kitchen.

One of the biggest delights in his travels, "the sunsets are wonderful," he marveled. ■

Welcome Applicants for Membership

Afrassiabi, Ali, MD

Anesthesiology

Practices with Allenmore Anesthesia Associates, 900 Sheridan Road #109, Bremerton, 98310, 360-479-3657

Medical School: University of WA

Internship: Sacred Heart Med Ctr

Residency: University of Southern California

Cyr, Mary, MD

Family Practice

Practices with Sumner Family Medicine, 1518 Main Street, Sumner, 98390, 863-6338, Fax 863-8518

Medical School: Creighton Medical School

Internship: Maine Medical Center

Residency: East Maine Med Ctr

King, Diana, MD

Family Practice

Practices at 6716 Eastside Drive NE, Tacoma 98422, 925-1744, Fax 927-3913

Medical School: University of WA

Internship: Tacoma Family Med

Residency: Tacoma Family Med

Roussel, Paula, MD

Family Practice

Practices at 2420 South Union #240, Tacoma 98405, 759-9683

Medical School: Penn State College of Medicine

Internship: MS Hershey Med Ctr

Residency: MS Hershey Med Ctr

Graduate Training: Tacoma General Hospital

Vadakekalam, Jacob, MD

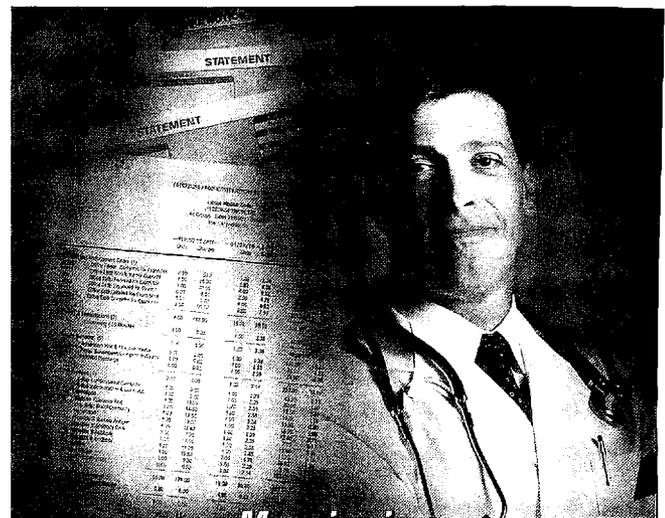
Endocrinology

Practices with Endocrine Consultants, 1628 South Mildred #104, Tacoma 98465, 565-6777, Fax 565-8777

Medical School: St. Johns Medical College (India)

Residency: Mayo Graduate School

Graduate Training: University of Wisconsin ■



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COLLEGE OF MEDICAL EDUCATION

Surgical Update CME, April 18-19

The very popular dissections, demonstrations and lectures presented annually by the Tacoma Surgical Club are set for April 18 & 19. The programs will be held this year at Tacoma Community College.

On Friday afternoon, dissections and demonstrations on cadavers will be performed for health care providers and interested students.

Beginning Saturday morning, several short lectures and dissections featuring the latest developments in surgery will be presented by local physicians and Army Medical Corps doctors. The 66th annual program is directed by **James Riftenberg, MD.**

Cardiology CME for Primary Care set for May 2

A one-day cardiology update focused for the primary care provider is scheduled for May 2. The conference is complimentary. The program is set for Rooms 3A & B, South Pavilion at St. Joseph Hospital. The conference has been organized by **Marilyn Pattison, MD.**

Asthma, Allergy and Pulmonology CME scheduled for Friday, April 11

The College's first CME program featuring subjects on allergy, asthma and pulmonology is set for Friday, April 11. The course is under the medical direction of **Alex Mihali, MD.**

A one-day update designed for the primary care provider, this program will focus on diagnosis and management of common pulmonology, allergy and asthma problems.

This program is complimentary to all area physicians. An annual conference, it has been developed with support from local pharmaceutical companies which will be acknowledged.

The program will be held at Jackson Hall, and will include presentations on:

- **Management of Outpatient Pneumonia**

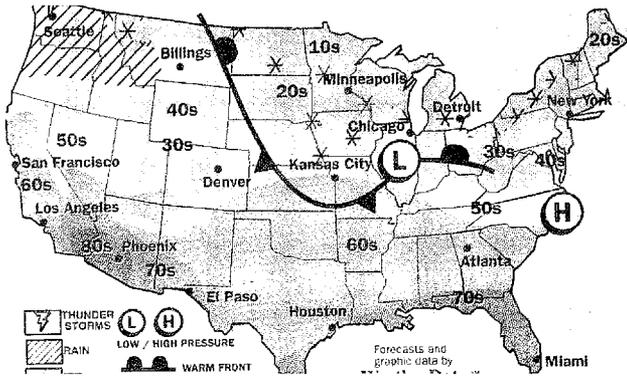
- **Refractory Sinusitis: When Surgery's Appropriate**
- **NIH/WHO Guidelines in the Treatment of Asthma**
- **Treatment Options for Seasonal Allergic Rhinitis**
- **Leukotrienes: New Treatments for Asthma**
- **Acute and Chronic Sinusitis**
- **Update on COPD**

For registration information or to request a copy of the program brochure, call the College at 627-7137.

Although no registration fee is required, physicians wishing to attend must complete and return a registration form.

The conference is anticipated to fill so early registration is encouraged. ■

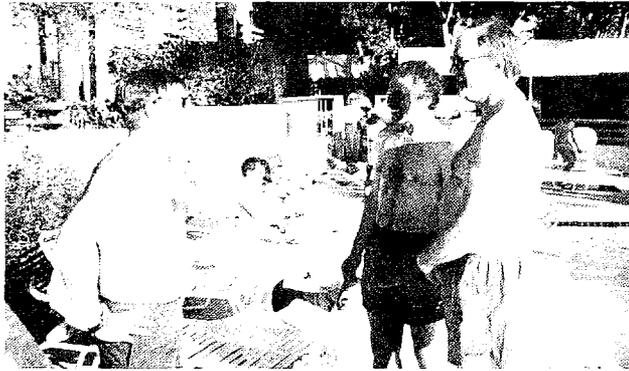
<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Friday April 11	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Saturday April 19	Surgical Update 1997	James Riftenberg, MD
Friday May 2	Cardiology for Primary Care	Marilyn Pattison, MD
Thursday, Friday June 19 and 20	Advanced Cardiac Life Support	College of Medical Education



Weather map from Phoenix "Republic" newspaper. What do those stripes over Washington signify? Note 80s by Phoenix



Dr. Larry Schwartz and son, Elliot, enjoy the hotel pool after family exploring in the Phoenix/Tuscon area



Drs. (L-R) Andy Levine, Jonathan Hurst and faculty member Ron Graf share Mariner observations around the hotel pool



Dr. Frank Senecal enjoys the hotel pool with daughters Maura and Clare and Dr. Ettlenger's son, Adrian



Left: After 35 pitches, Mariner Randy Johnson waves to the appreciative crowd on his return to the dug out



Left: CME speaker and Mariner Orthopedic consultant Larry Pedegana talks with manager Lou Piniella

Sun, great baseball and quality CME in Phoenix



Larry Schwartz, MD, addresses physicians in one of his two lectures

CME and Mariner Spring Training, the College of Medical Education's first program of its kind was a huge success with sun, great baseball and quality CME.

The program brought together a number of Pierce County physicians in Phoenix for family vacations and CME. A number of physicians outside Pierce County also joined the group.

The program featured a pot-pourri 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 the sun, baseball and exploring Phoenix. The program was directed by **Richard Hawkins, MD**.

The College is reviewing its plans to offer this CME program next year and would appreciate your input. Please call 627-7137. ■



Mariner catcher Dan Wilson returns to the dug out after a successful sacrifice fly to right field



Dr. Bob Ettlinger and son Adrian have a great time in the pool after returning from the Mariner game



Spectators gather around the Mariner dug out prior to the game. Jay Buhner warms up in the background



Dr. Dick and wife, Sara Bowe, with granddaughter talk with Mariner pitcher Derek Lowe in the hotel spa



the Pulse

Pierce County Medical Society Alliance

MARK YOUR CALENDAR:

Board Meeting - April 7 at 9:30am in the MBLBR

WSMAA House of Delegates - April 27 in Spokane

Joint Board Meeting - May 6 at 10:00am at Tacoma Golf & Country Club

General Meeting - May 16, The Herb Farm ■

Philanthropic Update

The Baby Think It Over dolls, funded by the Alliance, have been extremely successful in the Tacoma School District where they have been used to date. Twenty additional dolls have just been ordered for the Peninsula School District. They will be used by the district's three high schools - Gig Harbor, Peninsula and Henderson Bay. All three schools are anxious to receive the dolls and are very appreciative of the Alliance for funding the project.■

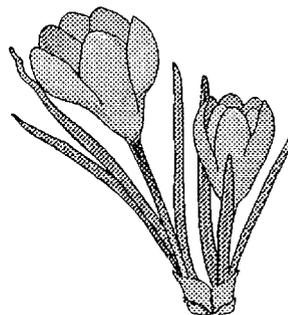
February Meeting at local English Cottage educational as well as fun

On February 7, the Alliance had their general meeting, "What's Out There, How to Find It, How to Use It," at the home of Lee Skinner. Her "Rabbit Hole" English cottage was built in 1923 and was full of antique "jewels and treasures." She spoke about antiques (including how to recognize their value) and designs and how to incorporate them into your lifestyle.

Skinner told the group, "life is designed and should be a great deal of pleasure. It's about second hand, not new, nor money."

The Skinner's home was featured in the June 1996 Red Cross Garden Tour. The visit included a catered luncheon.

Pictured above is **Kathleen Smith** (standing) who presented Lee (sitting) with a thank you gift.■



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 Newcomer: \$55 Student/Resident: \$25

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Name: _____ Address: _____

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the Pulse

Pierce County Medical Society Alliance

President's Message

Returning from the Washington State Alliance Board Meeting in Coeur d'Alene, Idaho, I found that we are not alone in our membership problems. The state is also down and looking for a president-elect. **Nikki Crowley, Kris White, Helen Whitney, Patty Kesling and Kathleen Smith** joined me in Coeur d'Alene. A fun time was had by all.

Mona's Board for next year is mighty slim. **Sue Wulfestieg** has agreed to be treasurer for one more year and **Kathleen Forte** will again do the by-laws and I will be past-president. There's room for many volunteers - secretary, membership, programs, the list goes on .

Please call **Toni Loomis, Mona Baghdadi** or me if there's a job that interests you. Mona promises



*Fran Thomas
PCMSA President
1996-1997*

to have a "fun" year.

I've sent out 33 invitations to past-presidents. Maureen Faust, our state president and Linda Milsow, our state president-elect will be joining us for our line dancing lesson at McCabes American Music Cafe on March 28th.

A special thank you to **Kris White** for writing us another PACE grant for more Baby Think It Over dolls. There's many school districts we haven't reached in Pierce County. Franklin Pierce is our next target area.

All Board members please plan to attend the joint Board meeting for the installation of next years Board on May 6 at Tacoma Golf and Country Club. I have a cool thank you planned and don't want you to miss it.

Our last meeting will be a road trip to the Herb farm on May 16th. We're due there by 11a.m. for a tour. More details and directions will follow in May's *Bulletin*. ■

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Tacoma 98407

1996 Directory changes

Please make the following changes to the 1996 PCMS Directory.

Chung, Timothy, MD
Change address to:
1901 S Union, #B-5003
Tacoma, WA 98405

Galbraith, Charles, MD (Retired)
Change address to:
18801 N 89th Ave
Peoria, AZ 85382

Gillespie, James, MD
Change status to Retired

Patterson, Jeffrey, MD
Change address to:
11311 Bridgeport Way SW, #205
Lakewood, WA 98499 ■

Madigan sponsors Toxicology CME

Madigan will sponsor a four-day course in toxicology on July 24-27. The Comprehensive Review in Toxicology (CRIT) course will be taught by Peter D. Bryson, MD.

CRIT has been presented in more than 80 cities in the United States, Canada, Puerto Rico and South America. It has proven to

be an extremely popular course and evaluations have been uniformly superlative. The course is pending approval for 20 hours of AMA and ACEP Category I CME. Fees are \$125 for physicians, \$75 for nurses. For more information and registration please contact Sally Nowak at 206-968-1250. ■

A new book for every doctors' waiting room

Just off the press! "An All-American Medical Hall of Fame," a book written by H.S. Smith, emeritus member of the American Association for Medical Society Executives (AAMSE).

Smith's desire in writing the book was to record for present and future generations some of

the advances that the profession has brought about during the 19th and 20th centuries to the art and science of medicine in America.

The book sells for \$24.95, is 160 pages and can be ordered by writing to H.S. Smith, 605 Thunderbird, Chesterfield, MO 63017. (314) 469-6539. ■

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Group Health Cooperative of Puget Sound, a large 50-year-old HMO, is currently seeking family practitioners/internists to work in urgent care settings in Olympia and Tacoma. Permanent part-time/full-time opportunities. For further information, call 800-543-9323 or fax CV to (206) 448-6191.

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.

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"Summer on Lake Chelan" The July 4-11, 1997, time share condo week in Wapato Point is for rent. \$875 - 1 bedroom, sleeps 5. Call (206) 851-2217.

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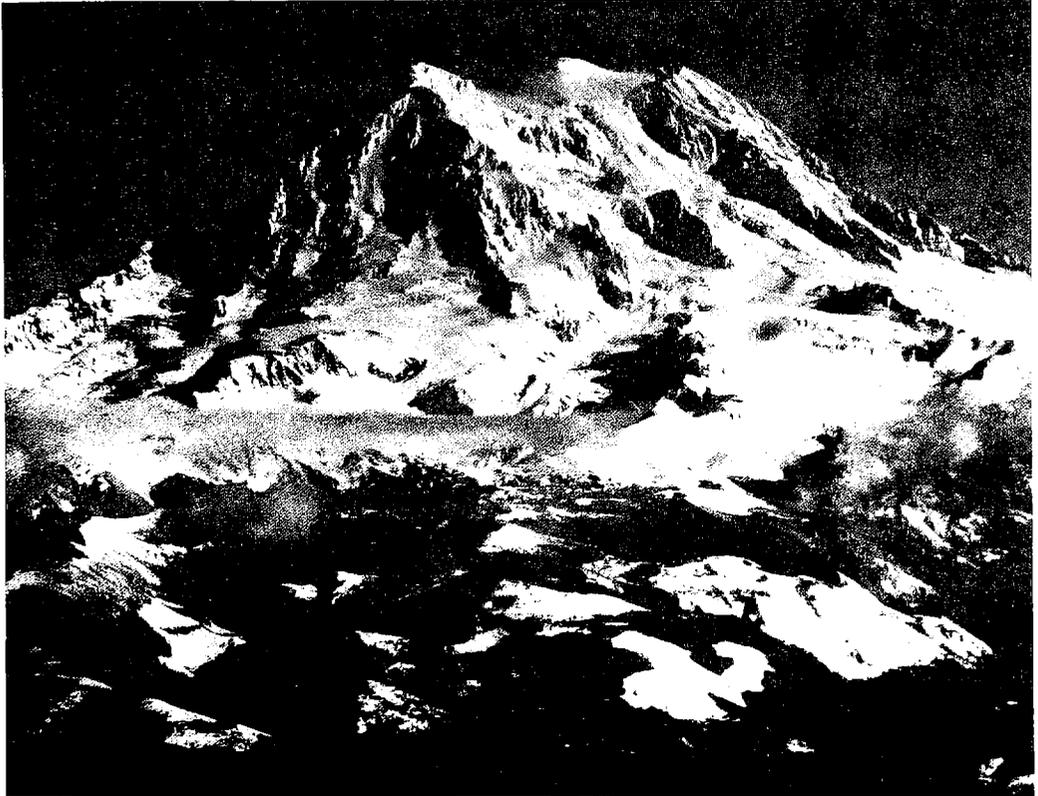
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BULLETIN

May, 1997



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Presidents Page.....

Medicine's voice must be big and strong

As most of you know by now, I am a political conservative. I believe that if a person tries hard enough and doesn't make excuses, he or she can accomplish almost anything. Obviously it requires making some difficult choices along the way and postponing a lot of early gratification. I do not feel that the government is the solution to all of the obstacles one normally meets on the road of life. I have expressed my opinions on many different occasions and have for most of my life been involved in some way or another in positions where my views could be expressed, if not acted upon.

Obviously, I have been extremely upset with the changes being forced upon our medical profession. But rather than just sit back and complain, I have tried very hard to be involved in the issues so I could at least have enough information to make an intelligent conversation on the various subjects. I am not so naive, however, to ever believe that what I say individually will change the future of medicine.

I remember vividly how incensed I became that our own WSMA political action committee contributed money to the Mike Lowry gubernatorial campaign. It appeared that the committee was loaded with physicians who wanted to give away the farm and move directly to socialized medicine in the state of Washington. But the movement towards an all encompassing health care plan was also very much in the

spinning minds of the people in the White House and Congress too. Health care reform was being fashioned by Hillary and the rest of the non-medical clan without the input of any real practicing physicians. The medical professional organizations did not keep quiet, however, and ultimately the entire process failed because it was so poorly conceived that the people rejected it.

The point I am leading up to in a very round about way is that our lives and our profession are now completely at the whims and mercy of our political leaders. At the recent AMA leadership conference which Jim Wilson and I attended with Doug Jackman, we heard several speakers from the Clinton administration and bipartisan congressional members who tried to articulate the future of medicine as they saw it. It had nothing to do with the one on one doctor-patient relationship, but completely depended upon the bottom line and how the ultimate socialized medicine could be made affordable. It was quite evident that no sacred cow would be sacrificed to perform a meaningful budget balancing. The entire cost control would come from the hides of the "provider," you and me.

It is all politics and the game is to stay in power. I may sound extremely cynical but it is the truth. In the current environment of spineless legislators and presidents, any group with money who does not protect their interests is fair game for the wizards in



Stanley C. Harris, MD
President, 1997

Washington, DC. My biggest fear is that a goofy bunch of lawmakers will enact some horribly ill conceived law that will totally ruin medicine.

At the leadership meeting I heard that the AMA felt last year was the best ever in getting legislation passed in the way they wanted, meaning that it was good for us, the physicians. I, however, had a difficult time feeling good about their successes since I couldn't think of a single piece of legislation that passed that improved our lot a bit. Then it was pointed out to me that the 25% cut in Medicare reimbursement was originally set much higher!!! It was only through the efforts of the AMA and other specialty groups lobbying and testifying that these changes were held to what they were. I have no doubt that the non-medical types would gladly strip our incomes down to levels lower than most blue collar jobs and feel good about it.

Suddenly it became so crystal clear to me why I had to be a member of the AMA! It is the biggest and strongest voice of medicine today and it is 100% committed to preserving our

See "Profession" page 4

PCMS office recently remodeled

The PCMS office, located at 223 Tacoma Avenue South, north of downtown Tacoma has recently been remodeled. Purchased in 1990, interior work was sorely needed to modernize and update the badly dated decor. Fresh paint, tan with white trim, and new carpeting has lightened, modernized and dramatically improved the office.

Membership Benefits, Inc. (MBI) the for-profit subsidiary of PCMS owns the building and paid for the improvements.

PCMS tenants, including the Pierce County Dental Society, the American Lung Association of Washington, the Pierce County Nurses Association, and Chase Economics, are pleased with the improvements. The Pierce County Dental Society Board of

Trustees holds their monthly meetings in the conference room.

The complete remodel, just being completed as the *Bulletin* goes to press, took about two weeks. Our apologies if you experienced any difficulties accessing the office by phone or fax during the confusion.

Drop by and see the results. We think you will be pleased. ■

Send E-mail addresses to PCMS

Have a new or a changed e-mail address? Please forward your address to PCMS and be put on the electronic network. Fax your address to 572-2470, call us at 572-3667 or send it electronically to pcmswa@pcmswa.org. And, visit our home page at www.pcmswa.org. ■

Online Resources

For information on Intranet resources tap into the following online resources:

Intranut - <http://www.intranut.com/>

The Intranet Journal - <http://www.intranetjournal.com/>

Complete Intranet Resource - <http://www.intrack.com/intranet>

Brightware - <http://www.brightware.com/>

Netscape - http://home.netscape.com/comprod/at_work/white_paper/intranet/vision.html

Webmaster - <http://www.webmaster.com/>

WebMaster - http://www.cio.com/WebMaster/wm_irc.html

Cyberquest - <http://www.cyberquest.com/RonAder/intra.htm> ■

Profession from page 3

profession at the highest levels. While I certainly do not believe in all that the organization has done, it is a voice that is heard loudly in Washington and it is an articulate educator that is indispensable in the policies of today.

The truth is, on most issues, members of Congress are totally dependent upon the lobbyists for both sides of the issues. I feel that AMA is doing a very nice job and is ever vigilant for our best interests, while at the same time not losing sight of the fact that we care for patients and our patients are very important to us. My message is straight and simple. The AMA needs you, and more importantly, you need the AMA. Whatever your political leanings, we must remain involved and informed. Our futures depend on it. ■

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

Trauma issue stirs successful legislative battle as '97 session ends

April 8, April 12, April 22, April 23, April 26, just a few of the recent days that the trauma care issue made headlines in the local paper, *The News Tribune*.

Then Monday, April 28, "*Bill will help county restore trauma care*" read the headline reporting on one of the last actions of the 1997 legislative session.

The debate and battle over this issue, familiar to Pierce County, has been happening at the state level in the legislature.

At the heart of the matter, of course, is funding. Nobody would ever argue that having a trauma center is not vitally important, but who pays for it and how it gets paid for, have been unanswered questions for some time.

Senator Lorraine Wojahn (D-27), sponsor of Senate Bill 5127, believed that a \$15 fee on car sales, with \$5 going to the car agency, would be the ideal way to fund trauma care. All was well until Representative Mike Carrell (R-28) differed and offered an alternative which would levy a \$20 surcharge on speeding tickets. He believed that it would make more sense to target the people causing the trips to the trauma center - speeders.

As if their differences in funding mechanisms weren't enough, the pair also disagreed on how the discussions should take place - publicly or privately as well as who should attend. Wojahn wanted to discuss their differences publicly while Carrell wanted to talk behind closed doors. Wojahn believed that there is nothing private about a legislative meeting, but when lobbyists, reporters and photographers showed up, Carrell left the meeting.

The objection to Carrell's proposal was raised primarily by judges, courts, police, cities and counties who all say that higher fines for speeding tickets would only cause more appeals, more court hearings and more unpaid fines. The minimum ticket would increase from \$65 to \$85, and even at \$65 many fines remain unpaid.

Senator Alex Deccio (R-Yakima) offered to lower the car registration fee to \$10 if Carrell would drop his proposal, but Carrell declined because he wanted some form of fees and fines combined. With bad motorists being a primary cause of traumatic injuries and traffic accidents accounting for almost half of trauma's patients, he is determined that fines be levied.

A committee was formed to work on a compromise, and, Pierce County's stake in the issue was evidenced by the representatives involved: Wojahn, Carrell, Senator Shirley Winsley (D-Fircrest), Representative Steve Conway (D-Tacoma), Deccio (Chair, Senate Health and Long-Term Care Committee) and Representative Joyce Mulliken (R-Ephrata).

Carrell's proposal marked the first \$10 of a moving-violation fine for trauma care. But, judges often reduce fines for people that show up in court to contest them. This would cut the amount of money that goes to cities and counties, which they are concerned about. According to *The News Tribune*, Deccio, a former county official, said he would not risk that.

Carrell stated publicly that he wants trauma care. But, he saw Wojahn's funding method as a tax increase on Washington citizens.

And, if the car fee is a tax increase it would require a public vote or a two-thirds majority in each chamber of the Legislature for passage.

But, after all the turmoil, both sides finally agreed on a way to raise money to fund trauma care. With House and Senate approval by votes of 70-28 and 45-3 respectively, a combination of fines for speeding and fees on car sales were both approved as funding mechanisms. A \$5 surcharge on speeding violations and a \$6.50 fee on car sales will raise \$11.5 million to reimburse hospitals, doctors and ambulance companies that provide emergency medical treatment to uninsured and underinsured patients.

There was lots of argument and time spent discussing how much money auto dealers should receive for collecting the fee on car sales. Three dollars or \$2.50? Finally, someone brought it to their attention that they were arguing over fifty cents. Accord was quickly reached at \$2.50 for dealers and \$4 for the trauma fund.

The bill now awaits signature by Governor Gary Locke to become law. Although he hasn't indicated his intentions, the new law, including fees would take effect January 1, 1998.

Tacoma/Pierce County and other communities will have to find local sources of revenue for trauma as the bill requires they raise 25% of their own money to be eligible to receive state funds.

The new fees are projected to raise \$11.5 million and some legislators feel this will not be sufficient. So, maybe the issue that never goes away will be back for further discussions next year.

Columbia/HCA experiencing difficulties

An El Paso, Texas jury awarded a physician \$6.5 million in damages after he alleged that Columbia/HCA's business tactics harmed his practice. A. Lee Schlichtemeier, MD alleged that he and his business partner had developed plans to start a cancer center when Columbia improperly made advances to his partner, convincing him to withdraw from the partnership and invest in Columbia's El Paso operations. The jury agreed with the plaintiff's allegations that Columbia had conspired to defraud Schlichtemeier and awarded \$1.4 million in compensatory damages on top of \$5 million punitives.

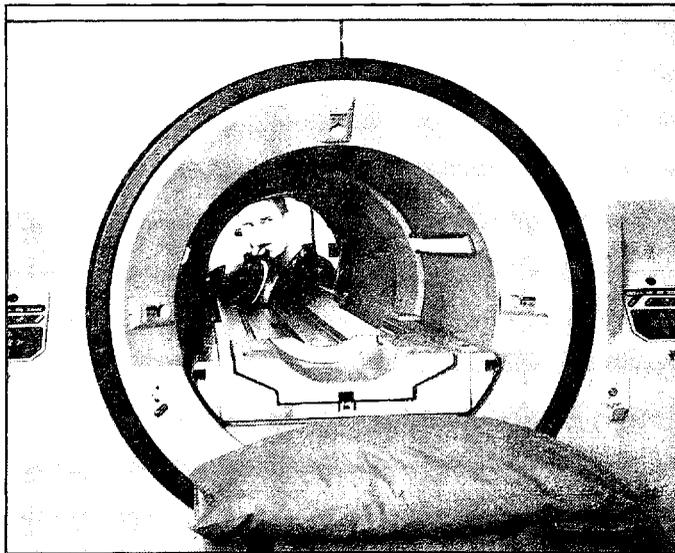
And, Federal agents raided Columbia/HCA facilities and physician offices, seizing truckloads of medical records and billing documents. Although officials refused to disclose whether Columbia and its physicians are being investigated for potential fraud and abuse and self-referral violations, speculation to this effect was rife. Representative Pete Stark (D-CA) indicated that he believed the raid is part of what promises to be a much wider investigation of Medicare fraud. Columbia's stock plummeted, dropping ten percent in the three days following the raid. (MARKET TRENDS) ■

Pierce/King insurance merger complete

The merger of Pierce County Medical Bureau and King County Medical Blue Shield has been finalized. The new company, Regence Washington Health, will insure 1.1 million members.

Regence is currently an affiliate of the Benchmark Group which includes Medical Service Bureau-Blue Shield of Idaho and Blue Cross/Blue Shield of Oregon. The Utah and Montana plans will join Benchmark, pending approval. Ultimately, Benchmark will change its name to The Regence Group, and become a multi-state insurer. ■

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Pierce County Medical Society

CLINICAL CONCEPTS OF PAIN

WEDNESDAY, MAY 21, 1997, 7:00 - 8:00 PM

LANDMARK CONVENTION CENTER
47 ST HELENS AVENUE

ONE HOUR AMA CME CREDIT

PRESENTER: JOHN D. LOESER, M.D.

PROGRAM:

Pain has been defined as, "an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage." Pain is responsible for more office visits than anything other than the common cold; it is the most common cause of disability in the working years. Health care for pain may be one of the causes of disability and the need for additional care. New concepts of pain are required if physicians are to deal effectively with this complaint. This presentation will focus on concepts and emphasize treatment strategies.

The speaker, John D. Loeser, M.D., is a nationally recognized expert in the treatment of pain. He is Director of the Multidisciplinary Pain Center at the University of Washington School of Medicine, where he also serves as Professor of Neurological Surgery and Anesthesiology.

The Foundation for Medical Excellence (TFME) is a public, non-profit foundation that works with state medical boards and presents a wide variety of educational programs throughout the Northwest.

OBJECTIVES: PARTICIPANTS WILL:

- Learn how controlled substances are currently used for pain management
- Understand the efficacy of a variety of treatment approaches to chronic and acute pain
- Acquire new ideas for managing difficult pain syndromes

CME CREDIT: 1 HOUR

As an organization accredited by the Oregon Medical Association to sponsor continuing education for physicians, The Foundation for Medical Excellence certifies that this program meets the criteria for one hour of Category I credit of the Physicians' Recognition Award of the American Medical Association.

REGISTRATION INFORMATION

To register for this program please fill out the registration form below and mail to Pierce County Medical Society, 223 Tacoma Avenue South, Tacoma, WA 98402, or send by fax to 572-2470 or 572-9379. For additional information and directions, please call PCMS at 572-3667.

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REGISTRATION FORM

NAME _____ PHONE _____

ADDRESS: _____ CITY _____ ZIP _____

NAMES OF STAFF PEOPLE ATTENDING: _____

REGISTRATION FEES ARE WAIVED FOR PCMS MEMBERS & STAFF. COST FOR NON-MEMBERS IS \$35
REGISTRATION DEADLINE IS FRIDAY, MAY 16, 1997
FAX TO: 572-2470 OR MAIL TO: PCMS, 223 TACOMA AVE SOUTH, TACOMA 98402. THANK YOU!

On the lighter side... Internet humor

An engineer is killed in an auto accident and reports to the pearly gates. St. Peter checks his dossier and says, "Ah, you're an engineer - you are in the wrong place." So, the engineer reports to the gates of hell and is granted entrance.

After a while the engineer becomes dissatisfied with the level of comfort in his surroundings and starts designing and building improvements. Soon, he has installed air conditioning, flush toilets and escalators, and the engineer becomes an extremely popular guy.

One day God calls Satan on the telephone and says with a sneer, "So, how is it going down there?"

Satan replied, "Oh, things are going great! We have air conditioning and flush toilets and escalators, and there's no telling what our engineer will come up with next."

God said, "What!! You have an engineer?? That is a mistake -- he should never have gotten down there, send him back up here where he belongs!"

Satan replied, "No way. I like having an engineer on staff and I am keeping him."

God said, "Send him back up here or I'll sue."

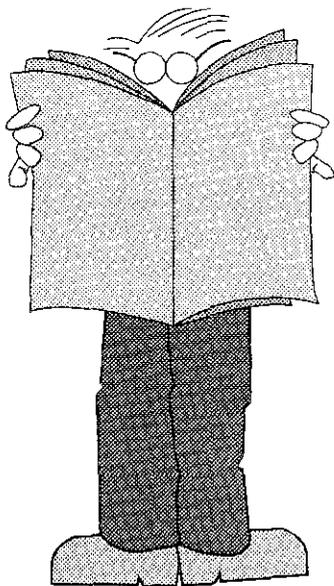
Satan just laughed and said, "Yeah, right. And just where are YOU going to get a lawyer?" ■

WSMA Resolutions due

If you have ideas or policy changes that you would like the Washington State Medical Association House of Delegates to consider, now is the time to submit them. This is your opportunity to help set WSMA policy.

The House will review all resolutions submitted in writing at their annual meeting in September. The meeting will be held September 25-27 in Yakima.

If you have an idea or thought but are uncomfortable putting it in resolution form, please call Doug Jackman at the Society office, 572-3667. You can fax your resolution to him at 572-2470 or send by e-mail to pcmswa@pcmswa.org. ■



Heard the news?

As of April 1, Pierce County Medical and King County Medical Blue Shield are officially joined as one company — Regence Washington Health.

Our plans for the future include improved products and services, expanded provider networks and cost savings from integrated systems.

Meanwhile, you may continue to use the same phone numbers to contact the same people in the same offices you have in the past. We are working hard to maintain our customer service with as little disruption as possible.

We look forward to continuing and improving our relationship with you.



Regence
Washington Health

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Legislature does no favors for medicine in '97 session

• As this issue of the *PCMS Bulletin* was going to press, the Legislature had just adjourned. After several contentious meetings, Senator Lorraine Wojahn's (D-29) trauma bill, SB5127, survived the battle of the budget and will provide about \$11.5 million on a statewide basis for uncompensated care to reimburse physicians, hospitals and other healthcare providers. Local communities will be responsible for gathering 25% of the funding to qualify for state support. (See related trauma story, page 5)

Drs. Stan Harris and John Rowlands have scheduled a meeting with County Executive Doug Sutherland to discuss possible funding mechanisms. Sutherland was quoted in *The News Tribune* as saying, "I doubt that a sales tax or levy increase is realistic."

• A major disappointment of the session was the Governor, House and Senate agreeing to remove \$19 million from the budget for funding of interpreter services to physicians and other healthcare providers. In other words, it requires physicians to provide interpreter services within their current Medical Assistance payment rates, which they consider the "payment is sufficient for services provided." They, the Governor and legislators, contend that this is the same procedure as done in most other states. We will have more on this issue in the June *Bulletin*.

• The 1997 budget will add 11,500 slots to the Basic Health Plan. WSMA was lobbying for an additional

20,000. It is estimated that there are 60,000 additional eligible in the state for the program. Premium prices for the non-subsidized Basic Health Plan will take a significant jump for the 1998 plan year. The 1997 average non-subsidized BHP monthly premium rate of \$108 will increase 55% to \$168.

• Watch for additional legislative results in the PCMS Fax News. ■

Jack J. Erickson, MD dies at 76

Dr. Jack Erickson, retired family practitioner and PCMS member died on April 9, 1997 in Tacoma.

Dr. Erickson was born in Utah and received his BA, MS, and MD degrees from the University of Utah. He interned at St. Joseph Hospital and practiced in the Parkland area from 1953 until his retirement in 1987. He had been a member of the Medical Society for 44 years.

He was active in the community and belonged to numerous organizations including the Parkland Rotary, Parkland Volunteer Fire Department, Eastern Star, Ancient Landmark Masonic, Afifi Temple Shrine and Elks Lodge 174.

Dr. Erickson is survived by his wife Phyllis of Gig Harbor. Mrs. Erickson served as a Pierce County Council representative for many years as well as a state legislator.

Dr. Erickson also leaves three sons and one daughter, four granddaughters and one great granddaughter.

PCMS sends condolences to the family. ■

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Welcome Applicants for Membership

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.

Angello, Debra, MD
Cardiology
 Practices with Cardiac Study Center; 1901 S Cedar #301, Tacoma 98405; 572-7320
 Medical School: UCLA
 Internship: University of Pennsylvania Hospital
 Residency: St. Vincent Hospital
 Graduate Training: Oregon Health Sciences University

Bernhardi, Louis, DO
Radiology
 Practices at 8112 112th St Ct E, Puyallup 98373; 848-0767
 Medical School: Kirksville College of Osteopathic Medicine
 Internship: Fort Worth Osteopathic Hospital
 Residency: Fort Worth Osteopathic Hospital
 Residency: Naval Regional Medical Center

Au, Allen, MD
Radiology
 Practices at 8112 112th St Ct E, Puyallup 98373; 848-0767
 Medical School: University of Lingnan, China
 Internship: St. Anne Hospital
 Residency: Kwongtung Provincial Hospital, China
 Residency: University of Illinois

Cook, Elizabeth, MD
Physical Medicine & Rehab
 Practices at 1515 MLK Jr Way, Tacoma 98405; 572-2663
 Medical School: Bryn Mawr College
 Internship: Albert Einstein Medical Center
 Residency: Temple University Hospital
 Graduate Training: Mayo Clinic

Austin, George, MD
Pathology
 Practices with Pathology Associates of Tacoma, 315 MLK Jr. Way, Tacoma 98405; 552-1043
 Medical School: University of Wisconsin-Madison
 Internship: Virginia Mason Hosp.
 Residency: Univ. of Washington
 Fellowship: Laboratory of Pathology

Moore, Donna, MD
Physical Medicine & Rehab
 Practices at 900 Pacific Ave, Bremerton 98337; (360) 373-9119
 Medical School: Chicago Medical School
 Internship: Univ. of Washington
 Residency: Univ. of Washington
 Fellowship: Univ. of Washington

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We're pleased to welcome

Cynthia B. Dorman, M.D.

Dr. Dorman is a primary care physician, Board Certified in Internal Medical. She attended the UCLA School of Medicine and completed her training, including a Fellowship in General Internal Medicine, at the Harbor-UCLA Medical Center. Dr. Dorman emphasizes preventive medicine and encourages her patients to play an active role in maintaining their health. Dr. Dorman has same-day appointments available. Please call 274-TEAM (8326) for an appointment.

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Nyreen, Mark, MD
Thoracic/General Surgery
 Practices at 11225 Pacific Ave S, Tacoma 98444; 538-9244
 Medical School: St. Louis University School of Medicine
 Internship: Madigan Army Medical Center
 Residency: Madigan Army Medical Center
 Graduate Training: Brooke Army Medical Center ■

See "Memory & Mourning" at new Washington State History Museum

The New Washington State History Museum in Tacoma is currently featuring "Memory and Mourning: American Expressions of Grief" through June 8, 1997.

The exhibit will allow you to explore through words, art, photographs, artifacts, music and compelling hands-on workshops the customs and attitudes Americans have shown toward death throughout the ages.

Says Deborah Smith, curator of the exhibit, "In the 19th century, people remembered they were human and mortal and prepared for death... Today we put off writing wills and buying cemetery plots. We don't even think about growing old anymore."

And, says local expert **Stu Farber, MD**, "it will be an excellent opportunity for our community to begin a discussion on end-of-life issues within a broader context. I encourage you to invite co-workers, friends, and family to attend."

This fascinating exhibit is more than just photographs - it is an exciting visual art tour as well.

One of the ways we cope with death is through expression in artistic media. Works by numer-

ous artists will show how they have expressed concepts of death and grief. Hundreds of objects and artifacts are displayed: nineteenth-century quarantine signs, a Desert Storm uniform, Civil War objects and video-taped interviews with people from a variety of ethnic and religious groups, each of whom describes the mourning customs and traditions of his or her people.

Along with the exhibit, you and your family can enjoy exciting programs and activities. You'll

listen to storytellers, poets and musicians share their insights about death, AIDS and spiritual healing...join award-winning teacher, Jim Robbins, in a special hands-on art class tailored for kids, and more.

The New Washington State History Museum is located at 1911 Pacific Avenue in Tacoma.

For a list of activities and more information about the exhibit, please call them toll free at 1-888-238-4373. ■

1997 Physicians Directory changes

Akamatsu, Toshio, MD

Change status to: Retired

Blackburn, Michael MD

Correct Fax #: 770-3833

Lazarus, Marlene, MD

Change address to:

1408 3rd St SE

Puyallup, WA 98372

Phone: 770-9929

Fax: 770-9942

Lenihan, John, MD

Change address to:

314 MLK Jr Way, #104

Tacoma, WA 98405

Shields, William, MD

Change address to:

2914 S Alder St

Tacoma, WA 98409-4819

Thompson, Frederick, MD

Please add:

Spouse: Cindy

Physicians only: 572-8939

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New coding software available

"Code Manager," new coding software produced by the American Medical Association, is available in two versions: a CPT only version and a complete version that contains CPT, ICD-9, HCPCS, relative value units and medicare payment rules. Computer retrieval of codes does away with the need for cumbersome reference books.

The software is ideal for personnel who need coding data while entering medical service and charge data. It comes with convenient "help" and tutorial information.

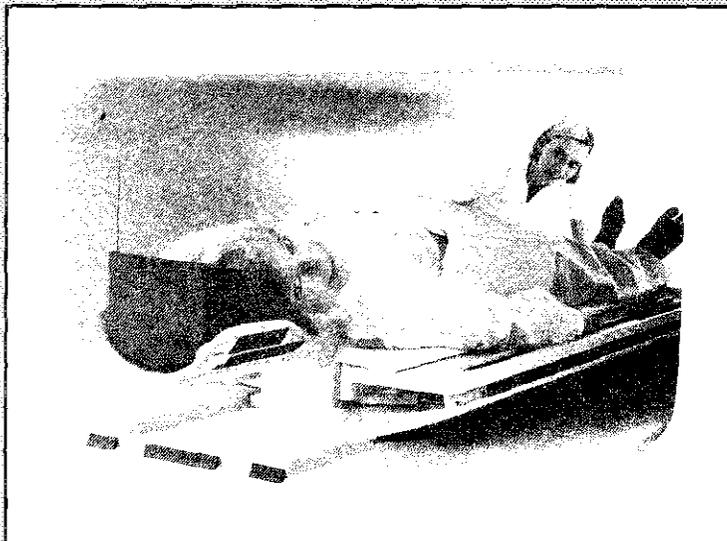
To order a copy, call the AMA at 1-800-621-8335. ■

1800+ Washington physicians represented in negotiation service

WSMA's new Representation Services represents more than 1800 Washington physicians (900 of them in group practices and networks) with state health care carriers. However, representation is **not** automatic. WSMA-RS needs your authorization. For an authorization card, call Lori Preston at the WSMA Seattle office, 800-552-0612.

WSMA-RS, free to WSMA members, works with carriers to ameliorate some of the negative features of provider agreements. It also can reduce physicians' contract negotiation and transaction costs. ■

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COLLEGE OF MEDICAL EDUCATION

Registration for June ACLS course now available

Registration for the College of Medical Education's Advanced Cardiac Life Support (ACLS) course on Thursday and Friday, June 19 and 20 is open. The course brochure with registration information was mailed in early May.

The course offers 12 hours of Category I CME credit. The two-day 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. ■

1998 CME "resort" options numerous, under review

Hawaii, Whistler, Phoenix, or all three?

In the spring of 1998, opportunities for the very popular and traditional CME resort programs are numerous, maybe too numerous.

The College is undertaking a study to determine which resort CME options should be offered. The options include the CME in Hawaii, CME at Whistler/Blackcomb, and the newest resort program, CME and Mariner Spring Training.

An interest survey of PCMS members via fax is planned. The survey will ask a number of questions designed to determine if two or all three of the programs should be offered. The review will help decide which programs will have adequate registration and insure financial stability.

In addition to concerns about the bottom line, a survey regarding attendance is also important because the College is at considerable risk in each program as it guarantees a block of rooms at the resort location. Failure to meet the guarantees in some cases is significant - in the thousands of dollars.

It is likely (but not assured) that

the CME at Hawaii program will be offered. It is offered every other year and is scheduled for 1998. However, it has a unique problem of its own because more than previous years, identifying conference dates which match multiple school districts spring vacations is very difficult.

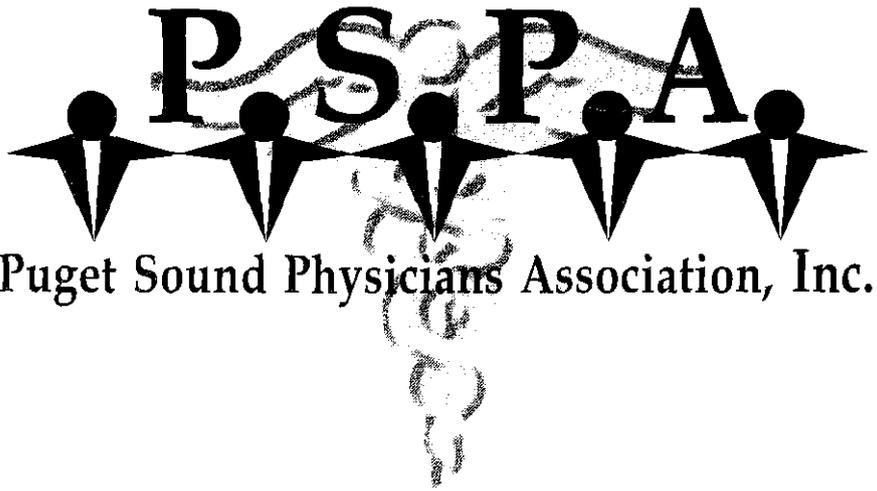
The ski CME program, offered virtually every year for the last seven years has leveled off in attendance. The survey will measure continued interest and see if some might prefer to attend *only one program* (i.e., Hawaii vs. Whistler/Blackcomb)

Finally, the new resort CME program in Phoenix will undergo an interest review. Offered for the first time in March 1997, the program had a small attendance but generated very enthusiastic evaluations from those attending.

The survey will also include questions regarding specifics in each of the three resort programs. Because each program requires major organizational effort and includes financial risk, the College must have data to assist in planning.

Accordingly, when the fax arrives at your office, please take a few minutes to help us make informed decisions and offer quality resort CME in 1998. ■

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
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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Retention of medical records advised indefinitely, if possible

If you are ever in the position of defending your treatment decisions in court, it is essential that you possess the relevant medical records. Without them it is very difficult to prepare an adequate defense. How long, then, do you need to keep medical records and X-rays on your patients?

There are no statutory or regulatory provisions that specify how long physicians must retain medical records other than a requirement that records be kept at least one year after receipt of a medical record release authorization, a request to examine and copy records, or a request to correct or amend the medical records.

The statute of limitations, or the period of time after treatment during which a patient may bring suit against you, provides some guidance. Currently, the statute of limitations for adults is three years, or one year after the date of discovery of an alleged injury, whichever period expires later. In no case can a suit be filed more than eight years after treatment. There is no limitation, however, on the time period in which an incompetent person, such as a severely brain-damaged patient, can file a lawsuit. The statute of limitations for minors is in question. At this time it is

possible that a minor has eight years after reaching majority to file a claim or lawsuit, for a total of 26 years from birth. Regardless of the statutory time period, courts are reluctant to dismiss cases solely on statute of limitations grounds.

We suggest the following practical guidelines to establish the minimum number of years medical records and X-rays should be kept:

- 5 years from the date of a patient's death
- 10 years from the date of a patient's last visit to you
- 20 years from the date of birth
- Appointment books and computer scheduling should be retained for at least ten years. They are frequently the only source of information about canceled appointments, no-shows, or other pertinent information about a physician's schedule.

If you want to be absolutely safe, you should never destroy medical records. Certainly, if you are aware of problems with a patient's care or have reason to believe you may be sued, you should retain all relevant medical records indefinitely. ■

"An Update from Physicians Insurance" as printed in *WSMA Reports*



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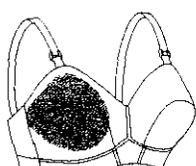
Pierce County Medical Society Alliance

MARK YOUR CALENDAR:

Joint Board Meeting - May 6 at 10:00 am at Tacoma Golf & Country Club

General Meeting - May 16, The Herb Farm. Car pool, meet at Sam's Club parking Lot in Fife at 9:15 a.m. (See enclosed insert) ■

(See flyer page 18)



After breast surgery think of us.

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Philanthropic Update

"Baby Think It Over" dolls very popular in local schools

by Fran Thomas

Kris White has written another PACE grant to help us fund dolls for Franklin Pierce High School next year. We received thank you's from Bob Barlow and his students at Mason Middle School. It's been an experience!

Their one complaint was the key which the Baby Think It Over company has changed and made easier to use in its later models.

Caroline Ullman wrote a great article for the *Tacoma News Tribune's* April 2nd Family Page. I hope you didn't miss it.

On Friday, April 4th, I met with the three Family Life Skills teachers of the Peninsula School District and gave them 20 mixed ethnic and gender Baby Think It Over dolls. They were beyond thrilled!

Their new semester begins Monday and they will have

babies, not eggs to use in their classes. Lyn Iverson of the Peninsula Gateway - the local paper - was there taking notes.

She's going to take a baby to work and home to get a real feel of what the students experience before writing her article about them.

Four dolls went to Marilyn Boyle who has 109 at-risk students at the Henderson Bay Alternative High School. The remaining 16 dolls were divided equally between Linda Aro of Gig Harbor High School and Bobbie Chapman of Peninsula High School.

On Friday, April 11th I will meet with the General Advisory Committee of the Peninsula School District and make a formal presentation. I'm hoping Kris White, our grant writer, will accompany me. ■

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 Newcomer: \$55 Student/Resident: \$25

This year you can charge your dues on your credit card: Visa MC # _____

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the Pulse

Pierce County Medical Society Alliance

President's Message



Fran Thomas
PCMSA President
1996-1997

Another month down and two to go but who's counting!

What a fun time at McCabe's American Music Cafe. Thirteen past presidents attended and received flowered bookmarks as we continue with the gardening theme. They were:

Denise Manos 93-94;
Karen Dimant 92-93;
Karen Benveniste 91-92;
Mary Lou Jones 90-91;
Kris White 88-89;
Ginnie Miller 85-86;
Nikki Crowley 81-82;
Marny Weber 80-81;
Helen Whitney 77-78;
Sherry Johnson 69-70;
Lorna Burt 67-68;
Ruth Brooke 60-61;
Anita Parrott 44-45.

Three members received a corsage for being paid Alliance members for over 50 years - **Ruth Brooke** 57 years, **Virginia Garred** 59 years and **Anita Parrott** 53 years (honorary).

We had three special guests -

Maureen Faust from Vancouver and President of WSMAA; Lind Milson from Spokane and President-Elect of WSMAA and Jackie Jensen our Southwest Regional Vice President from Olympia and soon to be President-Elect for WSMAA.

Diane Gander taught us two complete line dances and demonstrated her Norwegian clogging skills. She was great - my shins hurt!

Karen Dimant and Helen Whitney won 1st and 2nd place for the best dressed line dancers.

We voted on Mona's slate of officers which is quite slim at this time. They are:

Mona Baghdadi - President

Sue Wulfestieg - Treasurer

Kathleen Forte - By Laws & Historian

Fran Thomas - Immediate Past President ■

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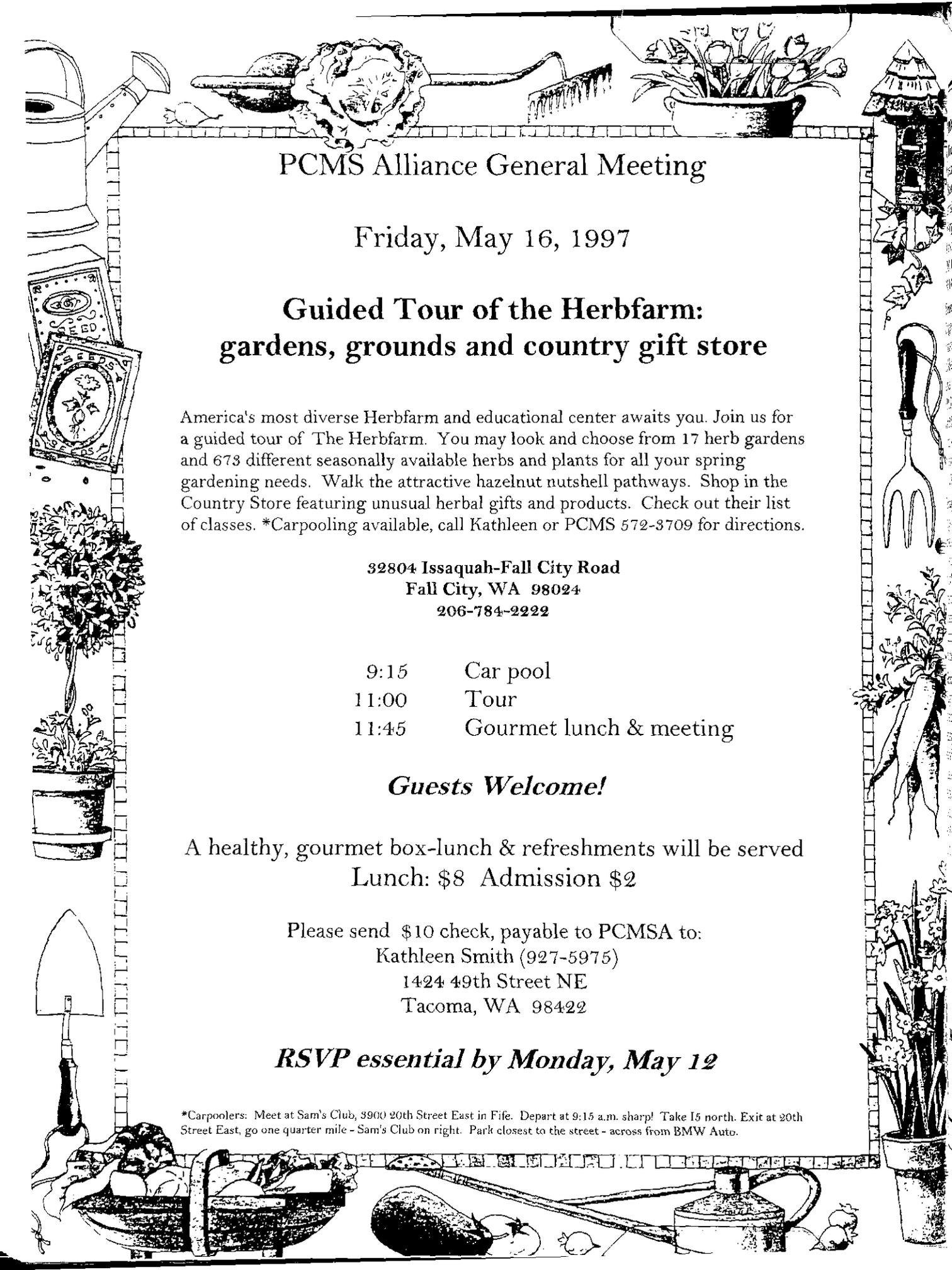
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PCMS Alliance General Meeting

Friday, May 16, 1997

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9:15 Car pool
11:00 Tour
11:45 Gourmet lunch & meeting

Guests Welcome!

A healthy, gourmet box-lunch & refreshments will be served
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RSVP essential by Monday, May 12

*Carpoolers: Meet at Sam's Club, 3900 20th Street East in Fife. Depart at 9:15 a.m. sharp! Take I5 north. Exit at 20th Street East, go one quarter mile - Sam's Club on right. Park closest to the street - across from BMW Auto.

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Group Health Cooperative of Puget Sound is currently seeking a consultative internist for a hospital-based position in the Seattle area. We are a busy staff-model HMO located in the Seattle area for 50 years. For further information, call Medical Staffing Services at (800) 543-9323 or fax CV to (206) 448-6191.

Group Health Cooperative of Puget Sound, a 50-year-old staff model HMO, currently has a position available in our Federal Way Medical Center for a family practitioner. Full-time position located south of Seattle. For information, call (800) 543-9323 or fax CV to (206) 448-6191.

Group Health Cooperative of Puget Sound is currently seeking a board prepared or board certified emergency room physician. We are a busy staff-model HMO located in the Seattle area for 50 years. For further information, call Medical Staffing Services at (800) 543-9323 or fax CV to (260) 448 6191.

Group Health Cooperative of Puget Sound is currently seeking an orthopedic surgeon interested in locum tenens opportunities for our Redmond facility. We are a staff-model HMO located in the Pacific Northwest for 50 years, with a strong emphasis on preventive medicine and quality management issues. For further information, call Medical Staffing Services at (206) 448-6543 or fax CV to (206) 448-6191.

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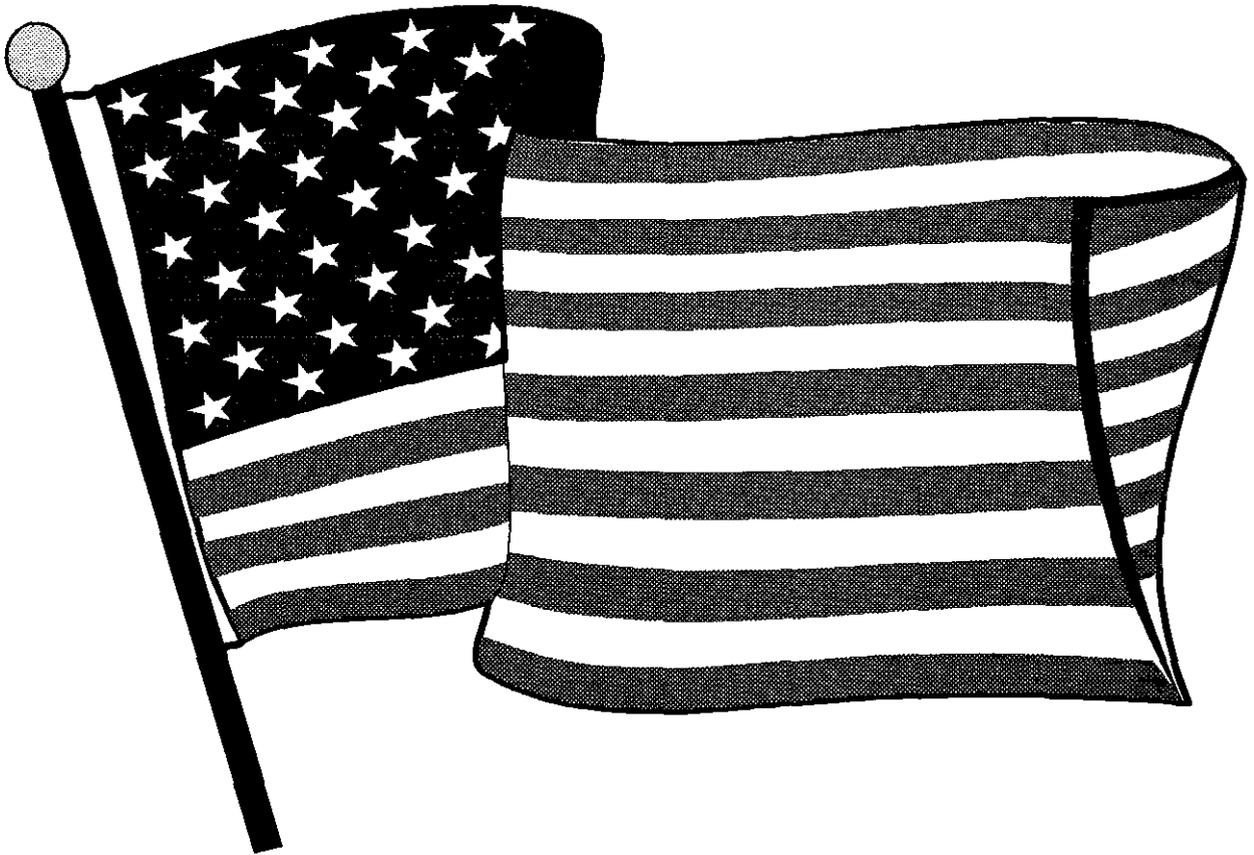
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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

June, 1997



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June 14, 1997

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 delivery of medicine and the betterment of the health
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PIERCE COUNTY MEDICAL SOCIETY
BULLETIN

June, 1997

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"To Be or Not To Be"

Certainly one of the biggest issues the medical community has had to contend with over the past two years has been the management of trauma casualties in Pierce County. It has raised all kinds of arguments within the medical community and the general public. I have been intimately involved with the issue and continue to be amazed at the complexity of the matter and lack of understanding by the non-players.

The major issue in my mind was that the care delivered was quality care, but was sub-optimal. The individuals and the hospitals were doing the best they could with what they had to work with. It is difficult to ascertain whether the care is actually effective or not. The present system of transporting multiple traumatized patients to Harborview is probably a system that provides better outcomes despite the gut feeling many people have to the contrary.

There have been several obstacles to providing adequate trauma care in Pierce County. The surgeons are tired of competing for resources on a catch as catch can basis in the hospitals and tired of the very substantive compensatory shortfall for their efforts. The hospitals are feeling the crunch of generalized decreases in reimbursement and are very legitimately concerned about the solvency of their institutions if they were to designate as a Level II trauma center. Meanwhile, the public lacks any interest or real awareness of trauma services in

Pierce County and expects the status quo with no commitment on their part.

With the recent signing of the statewide trauma funding bill by Governor Locke, a first step in the resolution of the problem of trauma care in Pierce County is at hand. However, it would be very shortsighted to say that money is the entire solution. There remain



*Stanley C. Harris, MD
President, 1997*

expected to be borne by the physicians and hospitals?

"With the recent signing of the statewide trauma funding bill by Governor Locke, a first step in the resolution of the problem of trauma care in Pierce County is at hand.....There remain several stumbling blocks to developing a quality trauma care system for Pierce County."

several stumbling blocks to developing a quality trauma care system for Pierce County. Among them are whether the hospitals will share designation or have one assume the entire load, and, whether the surgeons presently in the community will be able and willing for any amount of money to again care for multiple traumatized patients? Certainly a trauma surgeon would be needed to direct and manage the system and would he or she be willing to fill that gap? Would the present EMS system agree to medical control by physicians to direct pre-hospital care? Would the community support the system and provide the sustained funding or would the shortfall again be

I don't know the answer to these questions. I realize that my life is much better because I am not having to go out each night I'm on call to care for trauma patients. We do not have the data to support the assumption that the present system is not optimal. It might be the present system of transporting patients to Harborview is the best and the most cost effective. In a perfect world, Madigan Army Medical Center, with its new facility and a 24-hour a day housestaff, would probably be the logical solution to the current dilemma. The final solution might just be something totally different from what we so far imagine. I hope, however, that a solution exists. ■

Communication: A Risk Management Tool CME helps doctors avoid lawsuits and patient complaints

Learning how to avoid patient complaints and lawsuits was the focus of the recent CME program, "Communication: A Risk Management Tool." Presented by the Medical Society in cooperation with the Foundation for Medical Excellence and Bayer Institute for Health Care Communication, the program received very favorable evaluations from participants.

Over 50 physicians learned that the two primary reasons that patients sue are unexpected outcomes and a mistrustful relationship. Studies have shown that lawsuits cannot be predicted based on clinical care. Relationship issues have proven to be very important in patient satisfaction and hence lawsuit filings.

Course director, Dan O'Connell, Ph.D. noted that only one in every 30 calls made to an attorney actually becomes a lawsuit. O'Connell is a practicing psychologist in the Mental Health Department, Pacific Medical Center, Seattle and instructor at the University of Washington School of Medicine.

Patients form opinions from both physician attitudes and

physician communication practices. Attitudes are quickly assessed by verbal as well as nonverbal communication that says, "I'm too busy to pay attention to you," or "I am superior to you," or "I don't make mistakes," etc.

"Interaction matters," he said. Interaction should include an inquiry process based on curiosity and respect. Providing complete and accurate information is vital. "Families often complain that not enough information is provided," O'Connell said.

He reviewed several aspects of the two critical components for a good patient/physician relationship. First, the role the clinician establishes with the patient and second, the interaction that takes place between the clinician and the patient. The relationship then includes the technical, which is the "doing for" the patient and the human, or "being with" the patient.

The technical roles are the scientist, who must understand, figure out, and decide, and the artisan, or doing procedures. The human roles are the companion,

who sits with, cares and goes on the journey with the patient, and the helper, or advocate and champion.

A critical component in the relationship is patient understanding. To help assure the patient understands, O'Connell suggested using the language of the patient or language you know the patient understands. Visuals and/or metaphors were also recommended. Ask the patient to clarify or express back to you his or her understanding.

The relationship can be complex, because many factors are at play such as gender, education, marketing, other health care professionals or information, etc. But, remembering that the communication practices of the clinicians accounts for the majority of lawsuits against them can make the effort well worthwhile.

"The unexpected in medical care is usually trouble," said O'Connell. Try to understand what happens to families when unexpected things happen to someone they love. Good communication can prevent surprises. ■



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1. Pierce County claims are delegated to L&I Units G & J.
2. For billing or payment questions, contact the Medical Treatment Adjudicator.

<u>Unit G</u> : 360-902-6552	<u>Unit J</u> : 360-902-6551
	360-902-6553
3. For authorization of diagnostic or surgical procedures, contact the assigned claims manager. Please review the claims directory for the assigned claims manager's telephone number. The claims unit directory is updated on a quarterly basis and is available from the PCMS office (572-3667).
4. In the event the claims manager is unavailable, a Customer Service Representative (CSR) is available in each unit to direct your questions or concerns to the appropriate staff. There are two CSR at the Tacoma Service Location (TSL).

Unit G CSR: 360-902-4518	TSL CSR: 253-596-3947
	TSL CSR: 253-596-5647
Unit J CSR: 360-902-4482	
CSR: 360-902-4503	
CSR: 360-902-6455	
5. For assistance in regard of the process to request an authorization (i.e., diagnostic or surgical procedures). Contact the Utilization Review Nurse Coordinator 360-902-6791. In addition, the contracted Utilization Review Supervisor can be contacted at 360-754-7191, ext. 206 to help with any questions in regard to the authorization process.
6. For any questions of an immediate nature, contact the unit supervisors.

<u>Unit G</u> : Sherrilyn McClune	360-902-6413
<u>Unit J</u> : Carl Singleton	360-902-6445
7. The Field Nurse Consultant, Tacoma Service Location, can be contacted at 253-596-3904 or on pager 253-597-1892 for any questions or concerns.

Helen Vandergriff, BA, BSN, MS
Field Nurse Consultant

Surgeons stance unwavering for single trauma designation

The next step for trauma care in Pierce County was discussed at a well attended meeting of Tacoma surgeons who told PCMS leadership that they will accept nothing other than single designation for trauma care. They are willing to provide surgical services, but only within the scope of trauma guidelines and that includes one facility; a philosophy that was repeated numerous times throughout the discussion. Trauma care guidelines are developed by the American College of Surgeons and are used as the standard of care.

The meeting, held May 20, was chaired by President **Stan Harris, MD** and Past President **John Rowlands, MD**, to help determine what direction PCMS should take with county leadership in finding resolution to the trauma care issue.

It is clear that the solution was not the passage of legislation that will fund trauma care statewide in the amount of \$11.5 million. With Pierce County trauma care costs estimated at \$3.5 million, the funding issue is far from resolved. County Executive Doug

Sutherland is organizing leaders from hospitals, the Medical Society, insurance companies and local government to work on the funding problem. One possibility is a one-tenth of one percent raise in the sales tax which would generate an estimated \$6 million. But, the funding issue, only one difficulty, is not a problem that the surgeons feel they can, or should, solve.

"We are committed to providing surgical service," they said, but there needs to be commitment from others as well, particularly the hospitals and the community. Just because there is some money available from the state, they refuse to return to an adequate system that has, in the last two years, seen further deterioration. "Without enough money to do trauma care in one hospital, why would we ever want to do it in two," someone asked.

Ideally, they agreed, there needs to be a champion for this cause. A trauma director that could bring the players together, secure funding, educate the public, etc. A trauma center that would run

independently of hospitals and be administered by trauma surgeons. Ideally.

"Without enough money to do trauma care in one hospital, why would we ever want to do it in two?"

Realistically, they felt the next step would be to meet with the hospital administrators. It makes sense to sit down with the hospitals and work this out because the ball is in the medical community's court. A unified stance from the medical community is necessary if trauma care is to move forward in Pierce County. ■

After 40 years of practicing orthopaedics it is with great pleasure and satisfaction that I announce my June 30th, 1997 retirement. I have selected The Orthopaedic Clinic, Doctors Bargren, Kunkle, Rajacich, and Hall, to assume the care of my patients. I have greatly enjoyed my past professional years and the opportunity to be a part of a very excellent medical community. Wishing you all the best.

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Board Member Profile: Patrice Stevenson, MD

"Tune in Next Week"

by Judy Wagonfeld

Work. Some folks live by it; others by avoiding it. As an unknown author quipped, "The human race is faced with a cruel choice: Work or daytime television."

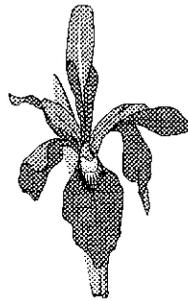
No analytical crises there for Patrice Stevenson. She vaulted to the work line. Not as second choice, escape, or a power trip. But because, as Noel Coward said, "Work is much more fun than fun." Stevenson's anchor in a swirling life of medicine and three children.

"We thought it was good to have one parent home, and as long it wasn't me, that was fine," Stevenson explains. Craig, an economics major, figured "Mr. Mom" made financial (and emotional) sense. Fresh from top-secret Air Force and Boeing jobs, he chose to manage three kids (now 4th, 3rd, and kindergartner) and dabble at kitchen design, bookkeeping, volleyball refereeing, and Cub Scouts. To ward off the crazies, Craig says, he'd like a part-time job with summers off to play on Lake Tapps. Not Patrice.

"After a week on vacation, I'm ready to get back to work," she said. Vacations are "Type A, doing something," such as scuba diving at medical meetings. Mere blips on a path begun as a candy-striper at Good Samaritan's Rehabilitation Unit. Promoted to ward clerk, Stevenson stayed through college; living at home in Puyallup and majoring in biology at Pacific Lutheran University. Medicine captivated her; not nursing as "they did gross stuff as far as I

could see." Physical therapy looked interesting, but "doctor looked best." Hating to sew eliminated surgery and, through UW Medical School and Los Angeles training, she says, "I never found a specialty I liked better than rehab."

Back at Good Sam, Stevenson landed in pediatric rehab by default; "my qualifications being



that I was a mom and a physiatrist." Sitting amid iris paintings, faux-iris plants, and stuffed animals, she wears a hot turquoise jacket over black pants and a turtleneck. Aqua and silver earrings accentuate cropped dark hair and a warm smile. There, in her yellow-beige office overlooking Puyallup, a fecund lipstick plant latches onto the walls like a sure-footed mountain goat. Crimson-red, lipstick-shaped blooms dangle; forbidden fruit prospecting for barren lips. Doggedly, deep green tentacles advance, reflective of the resolute progress of rehab patients in a field where minute changes make news. It's not drama and adrenalin. It's slow and steady; adaptive instead of curative, preventive instead of instant fix. The tortoise versus the hare.

"They don't make TV shows about rehabilitation," Stevenson



laughed. *Chicago Hope* and *ER* demand action. People won't, "tune in next week to see a finger move." However Stevenson does just that.

"When I was a ward clerk, spinal cord injuries stayed in 8-9 months," she said. "Now it's 60 days, barely time to adjust psychologically." She tells of sending a ventilator-dependent man to his mobile home in Yelm with his wife as caretaker; accomplished by practice in the unit's mock apartment. Helping people 18 months to 92 challenges Stevenson. It's the "chaired" gang members (shot, not to kill, but to put in a wheel chair), the drug-addicted pain people and unmotivated work-injured patients that frustrate her.

"Unfortunately, L&I pays you to be sick. Carpal tunnel takes L&I people twice as long to recover as non-L&I," she said. "If a doctor tells 'em to rest, boy, that's gospel and they're going to. But if you tell them to exercise, that's a much harder sales pitch."

There's no danger of Stevenson malingering. "I had three C-sections and came back to work in two weeks," she said, "I was going crazy staying at home." Racing back and forth, she breastfed each child. Phoning, "I'd say I'd be home in ten minutes but it would

See "Stevenson", page 8

Physicians and interpreters services - a closer look at the issue

Editor's note: This information was compiled from "Physicians and Interpreters Services" which was prepared by the WSMA. It is a document available on the WSMA Homepage, wsma.org; or PCMS will fax you a copy on request.

The 1997 Supplemental Budget and the Operating Budget for the next biennium, which becomes effective July 1, 1997, eliminates \$18.5 million from the budget for interpreter services. Only minimal funding remains to "expand availability of 'interpreter lines' which providers may call toll-free to access interpreter services in more than 100 different languages."

Only Washington and Texas have provided funding through their respective Medicaid programs for these services. Since its

implementation in 1992, the Washington program paid funds on a fee-for-service basis directly to interpreters who were approved as providers by the state Medicaid agency.

Currently, the Medical Assistance Administration, the state agency which administers the Medicaid program in Washington State, is developing policies and procedures to deal with the impending budgetary change.

The loss of funding will affect Medicaid clients covered under the traditional Medicaid fee-for-service program and those covered under the Healthy Options (managed care) program.

Is a physician required to provide interpretation services to limited English proficiency

Medicaid patients? Yes, if the physician receives payment under Medicaid, or under any other health care program which receives financial assistance from the federal Department of Health and Human Services, the physician is required to provide interpreter services to limited English proficiency patients, which are necessary to ensure effective communication. Such services are to be provided at no expense to the patient. Failure to provide such interpreter services at no cost to the patient may constitute prohibited discrimination on the basis of national origin under Title VI of the Civil Right Act of 1964.

Further, a physician who fails to ensure adequate and effective

see Interpreter, page 16

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In Memoriam

H. James Davidson, Jr., MD

1942-1996



After a career in the trenches that included a tour as a naval medical officer near DaNang and twenty-four years as an emergency physician in Tacoma, **Jim Davidson** died of non-Hodgkins lymphoma early last summer.

By choice, Jim's farewell was with his family in his favorite alpine meadow, abundant with wild flowers and facing Mt. Rainier.

For an emergency department memorial service, his daughter prepared a display of photos and reflections on his life from letters he wrote.

Among the pictures, we saw a promising young catcher who was at the time being scouted by the majors. In another we witnessed a crewcut high school student in front of the Wichita, Kansas Federal Building protesting the income tax. In another we glimpsed a proud young father enjoying a day on the beach with his daughter.

Alongside these scenes from a life well-lived, Jim touched on some of the issues he held dearest, such as:

"I am not at all sure that baseball, for all it has meant to me, for all the nostalgia, for all the great players, for my grandfather and my father and my several uncles and for my younger self who lived and breathed and died the game in a way understandable only to those who know fanatics, is, in the end, much more than a game...Still, I've enjoyed it...just to watch Ted Williams swing is still a definitive art form which I could watch for hours and still be thrilled."

"Well, it's April and here I am, trying to adjust to a world with only professional basketball in it, working and keeping up with the Clintons, the latter being a full-time job in itself...My initial experience and early fascination with politics came (at the age of four) in the Arkansas Democratic primary of 1946 when a distant in-law ran for governor. I was carted around to many, many gatherings of the pre-TV era, characterized by even more flesh pressings than our present campaigns. Far from bored I was absolutely mesmerized and went busily about Aunt Edyth's neighborhood passing out 'Jack Holt for Governor' literature, much to the amusement of her neighbors. Although Jack Holt lost to a guy named Sid McMath who went on to distinguish himself as arguably the most venal governor in the history of a state whose history makes this a truly distinguishing performance, I had been baptized in the waters of Hattie Caraway, Orville Faubus, Uncle Matt McGrell and finally Bill Clinton."

"Mother and I went over to Dash Point State Park today on a low tide and walked in the water up to the scout camp and eventually back. We sat on the beach and let the incoming tide chase us back once it got high enough that the colder water, unheated by the warm sands, got to us. Really delightful. As we were sitting there remarkably by ourselves for so nice a day, a heron began a glide descent from about 3/8 of a mile down the beach, never flapping a wing until he touched down perfectly on the beach...absolutely beautiful. I am constantly and wonderfully surprised when some one of nature's creatures does what it does with such ease, grace and beauty."

Walking the beach one recent evening, I stopped to watch a heron come down from the sky in an effortless glide that recalled Jim's lines. Seeing it settle into its lonely stance, an unmistakable silhouette in the twilight, I felt in touch with Jim's solitary spirit, watchful, honest and uncompromising.

Often times since his death, I am reminded of Jim in little events that recall his native honesty and his insistence that language be a careful and accurate representation of experience. Frank and opinionated, bound to a stringent code of honor and integrity, living life with a singular focus on being true to himself, he was a man who left an impression.

Watching the heron study the water in the fading light, I think of Jim, the head slightly cocked, the look, the voice, the presence of mind. ■

Don Mauer, MD

1997-99 state budget impacts healthcare in many ways, including interpreter services

The 1997 legislature increased funding for the Basic Health Plan (BHP) but only by 8,000 slots in the very final hours of the session. The 8,000 slots were funded by an additional \$17.8 million, making total funding for the BHP \$339 million in 1997-99. Total subsidized enrollment will be \$138,000. The BHP covers low-income working people on a sliding fee scale, based on income.

As of April, 1997, the waiting list for the BHP was 88,409. This has increased significantly from the list of 16,000 in October, 1996. More than 70% of current enrollees' family incomes are between zero and 124% of the federal poverty level.

The monthly premium for BHP patients was raised from \$10 to \$12 for people from 66% to 100% of the federal poverty level. Co-payments increased from \$8 to \$10 for office visits, from \$50 to \$100 for hospital admissions, from \$25 to \$50 for emergency room visits and from \$8 to \$25 for outpatient surgeries. Children whose family income is below 200% of the federal poverty level will continue to be covered by Medicaid, at no cost to their families.

The WSMA, physicians and Friends of the BHP Coalition, worked very hard for increased BHP funding. With a legislature that announced publicly a priority to cut taxes, they were pleased to get any increase in funding for the Basic Health Plan.

Another cut the legislature made was to legal immigrants who arrive after August 22, 1996. They will be ineligible for food stamps, SSE, welfare and Medicaid.

A major impact of the budget for physicians will be the failure of lawmakers to provide any state funding for federally mandated interpreter services. Physicians will have to pay for interpreter services from their own pockets or negotiate with health plans to get reimbursed for the service. There is speculation that the actions of the legislators will create a severe access to care problem for non-English speaking and deaf patients. (See article page 8)

The 1997 legislature's final budget was \$112 million under Initiative 601 spending limits. ■



Enjoy Presenting?

Interested in helping present a medical specialty session?

The WSMA annual meeting will be held September 25-27 in Yakima, the "Palm Springs" of Washington.

"Scientific Medicine, Compassionate Care," is the theme of the 107th gathering for the association.

If you are interested in helping present a medical specialty session, contact Patti Smith, at WSMA, 1-800-552-0612. ■

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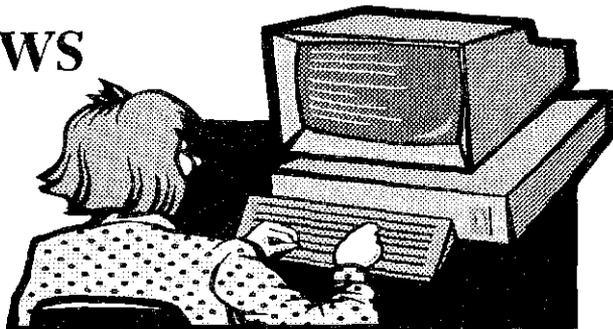
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We are working to fine-tune the system that will send the PCMS Fax News electronically without printing the entire list of email addresses. Once this glitch is worked through, the PCMS Fax News will be sent to you via email rather than fax machine. ■



Where to find reliable cancer information/resources on the Internet

Reprinted from JAMA, May 14, 1997

CancerNet:

<http://cancernet.nci.nih.gov>

PDQ:

<http://cancernet.nci.nih.gov/pdq.htm>

NCI Cancer Information Service:

<http://cancernet.nci.nih.gov/occdocs/cis/cis.html>

The National Cancer Institute Cancer Centers Program:

http://cancernet.nci.nih.gov/global/glo_pt.htm#nci-designated

Cancerlit Topic Searches:

<http://cancernet.nci.nih.gov/canlit/canlit.htm>

NIH Gopher Cancernet Menu:

<gopher://gopher.nih.gov:70/11/clin/cancernet>

American Cancer Society:

<http://www.cancer.org/>

CanSearch:

<http://www.access.digex.net/~mkragen/index.html>

Cancer Care, Inc.:

<http://www.cancercareinc.org/> ■

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Centers for Disease Control and Prevention

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Food & Drug Administration

<http://www.fda.gov/>

National Cancer Institute

<http://www.nci.nih.gov/>

National Institutes of Health

<http://www.nih.gov/>

National Library of Medicine

<http://www.nlm.nih.gov/>

Oncology Database/University of Pennsylvania

http://cancer.med.upenn.edu/about_oncolink.html

Steve Dunn's CancerGuide

<http://cancerguide.org>

Newsgroup

<alt.support.arthritis>

Traveler's Choice

<http://www.intmed.mcw.edu/travel.html> ■

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.

1997 Physician Directory changes

BeMiller, David, MD

Change address to:
PO Box 428
Seaview, WA 98644

Bleiweiss, Milton, MD

Send all mail to home address
3110 Narrows Drive
Tacoma 98407

Boudwin, James, MD (Retired)

Change address to:
959 S Sand Dune Ave SW
Ocean Shores, WA 98569-9467

DeLeon, Felino, MD

Change address to:
3716 Pacific Ave, #D
Tacoma, WA 98408-7836

Farber, Stuart, MD

Change address to:
Tacoma Family Medicine
521 MLK Jr Way
Tacoma, WA 98405
Phone: 552-2949

Overfield, W. Dale, MD

Change fax to: 841-0284

Sarrafan, Ali, MD

Change status to:
Retiring, 8/1/97

Sturdevant, Kenneth, MD (Retired)

Change address to:
4401 6th Pl SE, #A
Puyallup, WA 98374 ■

Stevenson from page 7

be an hour and a half. Craig supplemented or they would have starved."

At home, she focuses on the kids, dividing and conquering their activities; uni-cycling, Camp Fire, Cub Scouts, and soccer. Recounting twelve childhood Camp Fire Girls years, she speaks of her commitment to its Puyallup board, to the YWCA's *Smart Club* which promotes math and science for girls, and to head injury prevention.

Stevenson's specialty entails subpoenas and depositions. Though patients claim they'll never sue, six months and a lawyer later, they hit up everyone in their path. Bluntly she says, "I don't like lawyers." Of her sister in Arizona she teases, "She's the failure; she's an attorney." Despite the suits, Stevenson thrives on rehabilitative medicine's positives.

"I hate to read. I haven't read a book for fun since Laura Ingalls Wilder in sixth grade," she said, but enjoys movies and cooking for

her Christmas extravaganza. Charging into a five-day "vacation" marathon of eighteen hour days, she whips up mountains of baked goods, meatballs, and Swedish delicacies to feed 75-110.

Other times Stevenson's caught up at work. Taunting her habitual lateness, a gift watch says, "So, I'm late." It's one of forty in a collection her husband initiated with a wedding watch. Stevenson thought a second watch superfluous, but it was a gift and, "You change earrings and necklaces so why not your watch." Today's version, face flanked by silver hearts (a Valentine gift), hangs loosely on a band of multi-colored beads.

Despite the collection, Stevenson appears to ascribe to the belief that, "People who are late are often so much jollier than the people who have to wait for them." (Edward Lucas) And joyful Stevenson is, immersed in rehabilitation medicine. Tune in next week—or year. She'll be there. ■

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BRIDGES: A center for grieving children, help for grieving families

Whether it is sudden, or follows a long illness, a death in the family is a tremendously stressful experience for a child. Concepts are bewildering, emotions overwhelming. The grief that children feel is compounded by their inability to express it and family members may unintentionally isolate themselves as they struggle with their own emotions.

The resulting silence surrounding the death does not mean that the grief has been reconciled - instead, it has created an emotional burden that may have lifelong implications, including illness, anger, depression or behavioral problems.

Since 1988, help has been available in our community at BRIDGES: A Center for Grieving Children. The three staff members and more than 60 volunteers involved in the BRIDGES program have guided hundreds of children and families on their journey toward healing. BRIDGES offers peer support groups for families with children ages 4-18 who have lost a parent or sibling. The goal is that bereaved children will reconcile the death of their loved one and that the tragedy will become a turning point toward a productive and healing future.

A child's unreconciled grief may surface in any of these ways:

- short attention span
- unpredictable behavior
- anger outbursts
- changes in school performance
- sleeping or eating disturbances

In twice-monthly sessions facilitated by trained volunteers, children are encouraged to express their feelings through *discussion and specially-designed*

activities, supported by the trust and understanding of others their own age. Children in the Discoveries program cope with the serious illness of a family member and children involved in BRIDGES groups begin to reconcile the death of a loved one. There is also a group dedicated to the needs of families who have experienced the trauma of violence. Parents participate in a separate support group during the sessions.

Children grieve differently than adults, so BRIDGES activities are tailored to their developmental level. Some need the physical outlet provided by the gym and 'commotion room' where they can

pummel a punching bag or kick a ball.

Program Director Bev Hatter, MSW, notes that one-third of children currently referred to BRIDGES have experienced the sudden or violent death of an immediate family member. "We are seeing much angrier kids," Hatter says. "Many have great difficulty talking about the circumstances of the death - it may be several sessions before they even discuss it. Eventually though, they will build trust in the group as a safe place where they can speak the unspeakable."

BRIDGES is a program of Associated Health Services. For more information, call 272-8266. ■



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Practices at 4700 Pt. Fosdick Dr. NW, #201, Gig Harbor 98335; 857-6218

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Internship: University of North Dakota

Residency: University of North Dakota

Killian, Robert, MD

Family Practice

Practices with Community Health Care, 1213 S 11th, Tacoma 98405; 597-3813

Medical School: University of Utah

Internship: Highland Hospital/University of Rochester

Residency: Highland Hospital/University of Rochester

Permann, Jennifer, PAC

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The new disability-based exemption for naturalization

The Immigration and Naturalization Service (INS) recently passed new regulations allowing legal residents with disabilities to apply for an exemption from the requirement that they know how to speak, read and write English and have knowledge of U.S. history and civics in order to naturalize. It is expected that large numbers of immigrants will be applying for this exemption, particularly in light of recent changes in federal benefits laws restricting eligibility for legal residents who are not citizens.

In order to apply for the disability exemption, a naturalization applicant must submit a medical certification form completed by his or her doctor. The following is a brief summary of the disability exemption and of the doctor's role in helping a patient apply for it.

Who is Eligible for a Disability Exemption -

An applicant must have a medically determinable physical, developmental or mental impairment which causes him or her to be unable to learn English and/or U.S. history and civics. "Medically determinable" is defined as an impairment resulting from anatomical, physiological or psychological abnormalities which can be shown by medically acceptable clinical and laboratory diagnostic techniques.

The following conditions must also be met in order for an applicant to be eligible for an exemption:

- (1) In the case of development disabilities, the disability must have manifested itself before the person reached the age of 22;
- (2) The disability must be ex-

pected to last at least 12 months;

- (3) The disability must not be the result of illegal drug use.

The Doctor's Role in the Application Process -

The INS relies on the medical opinion of the applicant's doctor when deciding whether the disability exemption should be granted. *The doctor must be a medical doctor or clinical psychologist licensed in the U.S.* The doctor's opinion is provided by completing INS Form N-648

doctor for supporting documentation. Thorough and easily understandable answers will therefore save the applicant and the doctor valuable time. Note that by signing and submitting the N-648, the applicant agrees to release his or her medical records for purposes of the naturalization application.

Tips on Completing the N-648 Form -

Although it is important to list the specific medical diagnosis, it

"The INS relies on the medical opinion of the applicant's doctor when deciding whether the disability exemption should be granted."

(Medical Certifications for Disability Exceptions), which asks the doctor to:

- (1) describe the physical, development or mental impairment (mental impairments require DSM diagnosis);
- (2) explain how the impairment makes it difficult for the applicant to learn English and/or U.S. history and civics;
- (3) state whether the impairment is expected to last at least 12 months;
- (4) describe his or her medical experience or qualifications to diagnose the applicant's condition;
- (5) state whether the disability resulted from the use of illegal drugs;
- (6) state that the information is truthful and given under penalty of perjury.

If the information in the certification is insufficient, the INS officer may contact the certifying

is equally important to explain the disability in simple terms easily understandable to an INS examiner who has had no medical training.

In responding to Question 3 on the N-648, the doctor should explain the severity of the disability, describe its symptoms or effects in detail, and state **specifically** how it impairs the applicant's ability to learn English and/or U.S. history and civics (i.e. loss of memory, poor concentration, etc.). The INS is looking for a **clear nexus** between the disability and the patient's inability to learn. If you simply provide a *diagnosis without making this nexus clear*, the INS will return the form for additional information.

All applicants with disabilities, whether granted the disability exemption or not, are entitled under the law to accommodations which allow them to participate in

See Naturalization, page 20

Interpreter from page 8

communication with any patient who has limited English proficiency may face potential medical malpractice liability exposure for failure to obtain informed consent.

Does the physician bear the responsibility to pay for foreign language interpreter services? Neither Title VI of the Civil Rights Act of 1964 nor the regulations implementing its provisions specifically address who bears the responsibility for paying for foreign language interpreter services, except that, when foreign language interpreter services are required, they must be furnished at no cost to the patient.

Do the foreign language inter-

preter service requirements in the Medicaid Healthy Options (managed care) contract apply directly to physicians? Yes, as the requirements to provide these services exist in federal law, and physicians receive payment through the Medicaid program, the interpreter service requirements in the Medicaid Healthy Options contract apply directly to physicians. These requirements apply to Medicaid clients covered through either the Healthy Options (managed care) program or the traditional Medicaid fee-for-service program. However, as explained above, federal law does not specify who bears the financial responsibility to pay for foreign language interpreter services.

Do similar requirements also apply to hearing-impaired, speech-impaired and visually-

impaired Medicaid patients? Yes, if a physician or physician group receives payment under Medicaid, or under any other health care program which receives financial assistance from DHHS, and if the physician or group employs 15 or more persons, the physician or group is required to provide appropriate auxiliary aids, which may include interpreter or reader services, to hearing, speech and visually impaired patients as necessary to ensure effective communication.

For additional information, please call for your copy of Physicians and Interpreters Services. Additional information regarding the status of payment for interpreter services will be published in the *Bulletin* as it becomes available. ■

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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Can advertising to patients put physicians at risk?

Changes in health care reimbursement have caused health care providers to confront increasing market pressures. Consequently, many providers now seek to increase their income by advertising directly to patients. Medical advertising takes many forms, including television commercials, infomercials, promotional videotapes, seminars, newspaper ads, Internet websites, direct mail, brochures and calls from marketing representatives.

Medical advertising can attract not only patients but legal problems. Poorly written advertising can lead to actual or implicit guarantees of results, unrealistic patient expectations and breach of promise claims. False or misleading advertising can also give rise to claims under the Washington Consumer Protection Act or the Federal Lanham Act.

"Medical advertising can attract not only patients but legal problems."

Who is at risk? Problematic advertisements are most common in the more elective areas of medical practice. These include plastic surgery, weight-loss medications or surgery, ophthalmic refractive surgery, male genital enhancements, substance abuse and behavioral health treatment, and hernia repair.

Yet questionable medical advertising is not limited to individual clinicians. Health care facilities and health care plans can also run into problems when they advertise qualifications of medical staff, availability of technology,

response times, scope of services available and claims processing.

What makes an advertisement questionable? The primary liability problem with medical advertising is a written or spoken

Avoid absolute, unqualified statements. Save copies of all promotional materials as well as any material supporting the advertising claims. Also save tests, testimonials, and endorse-

"The primary liability problem with medical advertising is a written or spoken statement that seems to guarantee a particular result or creates unrealistic expectations."

statement that seems to guarantee a particular result or creates unrealistic expectations. Using unqualified terms such as "100% guaranteed," "no complications," "100% safe and effective," or "perfect success rate" can create both a guarantee and inappropriately high expectations in the mind of a patient. If an ad promises that a procedure will result in "no complications," a patient who experiences complications could file a claim for breach of promise.

In fact, an ad recently published in Seattle-area media stated that a specific medication is "100% guaranteed to cure" a particular condition. Even if the treatment has a high success rate, it should not be represented as if it works in every case.

In a malpractice claim, advertising materials can be admitted as evidence to prove the existence of a guarantee. A jury that sees a newspaper ad or videotape suggesting hucksterism may have a lesser opinion of the defendant physician.

How can you avoid false advertising? Most importantly, make sure that all promotional materials are accurate and not misleading.

ments cited in your advertisements. Such documentation could be critical in successfully defending a claim of false advertising.

Some of these exposures arising out of patient care are covered by your professional liability policy. Other business exposures are more likely to be covered by your general liability policy.

Conclusion. Advertising can be helpful in getting new patients. Be sure that your ad informs prospective patients of available services yet does not create false expectations. ■

Reprinted from Physicians Risk Management Update, March/April, 1997; Physicians Insurance Exchange

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- ▼ MENTAL HEALTH COUNSELING & PSYCHIATRIC CARE
- ▼ SUPPORT GROUPS
- ▼ TRANSPORTATION
- ▼ EMERGENCY GRANTS
- ▼ DELIVERED FOOD BAGS

Centralized intake for support services for people living with HIV/AIDS in Pierce County is now performed by the Pierce County AIDS Foundation.

- ▼ Contact the HIV Services Coordinator by calling 383-2565. An appointment to meet with the patient will be made within 3 days of initial contact unless patient is unable to schedule within that time. Persons other than patient making call will be asked to verify patient's permission to exchange information and receive services.
- ▼ The HIV Services Coordinator will meet with the patient for an intake interview at PCAF; home and hospital visits are possible. Patients must provide the following information:
 - ▼ Picture ID
 - ▼ Social Security Card
 - ▼ Verification of HIV status
- ▼ During the intake interview, eligibility for services, patient's immediate needs, and future needs will be discussed. For approximately two weeks, the HIV Services Coordinator will assist the patient until permanent assigned to a case manager is arranged. During this time, HIV classification information will be obtained. The patient will select a case management provider agency from the following: Associated Health Services; Good Samaritan Home Health; Olsten Kimberly Quality Care; Pierce County AIDS Foundation; St. Joseph's Franciscan Hospice.

To schedule time for the HIV Services Coordinator to meet with your staff, please complete the bottom portion of this form and return it to the address listed at the right. You will be contacted to schedule a training for your staff. Thank you for your interest.

Pierce County AIDS Foundation
625 Commerce Street, Suite 10
Tacoma, Washington 98402
Attn.: HIV Services Coordinator
or call 383-2565
or fax the form to 597-6682

YES...The staff at the following office/clinic would like HIV/AIDS resource information:

Name of clinic/practitioner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Contact person: _____

**HIV/AIDS PREVENTION AND CARE SERVICES
AGENCIES IN PIERCE COUNTY
February, 1997**

AIDS HOUSING ASSOCIATION - TACOMA (Gary Pieterman)	572-6125
Client advocacy and volunteer support for residents Housing for people living with AIDS (Three Cedars - 4 bed facility)	
COMMUNITY HEALTH CARE (Robert Kinch)	597-4550
Dental care HIV Counseling & Testing Nutrition counseling Primary medical care Psychiatric care services	
PEOPLE OF COLOR AGAINST AIDS NETWORK (Derrick Harris)	272-2577
Outreach/prevention services to gay & bisexual men of color	
PIERCE COUNTY AIDS FOUNDATION (Jeannie Darneille)	383-2565
AIDS Peer Education eXchange (APEX), youth-to-youth prevention program Case Management services for people living with HIV/AIDS <u>Client Assistance Programs:</u> Emergency grants; home cleaning/personal hygiene supplies; home-delivered food bags; housing assistance, emergency motel vouchers, rent subsidies; transportation assistance HIV counseling/testing, nutrition counseling, and psychiatric care provided on site by CHC staff Information and referral, technical assistance Intake for all persons living with HIV/AIDS into care services system in Pierce County Living with HIV/AIDS seminars; socialization opportunities Mental health counseling for individuals, couples, families; support groups Peer outreach with men who have sex with men, women, and youth Resource Center (books, periodicals, video library, brochures, posters, internet access) Volunteer practical/emotional support for clients and families	
PLANNED PARENTHOOD	572-4321
HIV Counseling and Testing (sliding fee=\$25-\$45; medical coupons)	
POINT DEFIANCE AIDS PROJECT (Dave Purchase)	272-4857
Advocacy for syringe-exchange clients Information and referral Outreach to injection drug users Syringe exchange	
REACH (Susie Slonaker)	851-7779
Camp for children affected by HIV/AIDS Prison outreach and services, Purdy Treatment Center for Women Spiritual support for people and families affected by HIV/AIDS	
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT (Nancy Hall)	591-6476
Educational presentations, materials Information and referral OASIS center for gay/lesbian/bisexual/transgender and at-risk youth Partner notification; restrictive measures Planning; Surveillance/Epidemiology	
TACOMA URBAN LEAGUE (Tina Saxton)	597-6469
Education and outreach; presentations and community-building Information and referral Methadone treatment & counseling referral Outreach to sex-traders (From Me to You)	

In addition to the **PIERCE COUNTY AIDS FOUNDATION** (see above for detail), the following agencies provide case management services to people living with AIDS:

ASSOCIATED HEALTH SERVICES (Bev Hatter)	552-1837
GOOD SAMARITAN HOSPICE/HOME HEALTH (Patty Berke)	841-5668
OLSTEN KIMBERLY QUALITY CARE (Blanche Jones)	475-6862
ST. JOSEPH'S FRANCISCAN HOSPICE (Mark Rake-Marona)	591-6715

Professional Humor:

Courtroom scene: Lawyer cross-examining Pathologist: (Alameda, California, DA's office)

LAWYER: Before you signed the death certificate, had you taken the pulse?

PATHOLOGIST: No.

LAWYER: Did you listen to the heart?

PATHOLOGIST: No.

LAWYER: Did you check for breathing?

PATHOLOGIST: No.

LAWYER: So, when you signed the death certificate you weren't sure he was dead, were you?

PATHOLOGIST: Well, let me put it this way. The man's brain was sitting in a jar on my desk. But I guess it is possible he could be out there practicing law somewhere!

Disability from page 15

the naturalization process. If you believe your patient requires an accommodation in order to participate in the naturalization interview, such as having a family member present, sign language interpretation, or provision of a wheelchair accessible interview site, it is helpful to make a note of this on the N-648.

The N-648 is signed by the doctor under penalty of perjury. Note that as long as you do not knowingly provide false information to the INS, you cannot be subjected to any civil penalties or liabilities. This certification is no different from the truthfulness standard required for signing other government forms and insurance claim statements.

In regard to Question 6, you do not have to be a specialist, as long as you are familiar with the causes and symptoms associated with your patient's disability. This experience may come from treating other patients or from medical training.

For additional information or assistance, please call Kate Laner of NW Immigrant Rights Project at (253) 383-3951 or (206) 587-4009. ■



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*The MGMA Cost Survey: 1996 Report Based on 1995 Data is a report summarizing expense, revenue and staffing information on U.S. medical groups.

COLLEGE OF MEDICAL EDUCATION

Registration for June ACLS course still available

Registration for the College of Medical Education's Advanced Cardiac Life Support (ACLS) course on Thursday and Friday, June 19 and 20 is open. The course brochure with registration information was mailed in early May.

The course offers 12 hours of Category I CME credit. The two-day 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. ■

Revamped Surgical Update CME, dissections result in success

The revamped 66th Annual Tacoma Surgical Club activities were a huge success. The changes were directed by Club President, **Dr. James Rifenbery**.

This year's Friday afternoon dissections and demonstrations were moved to Tacoma Community College (TCC) and handled by advanced anatomy and physiology students from TCC. The students were trained by local surgeons and invited guests from the Army Medical Corps.

Over 400 students and health care providers enjoyed the demonstrations utilizing actual cadavers. Ivonna McCabe, Associate Dean for Sciences, organized the

campus logistics.

On Saturday, surgeons and other physicians took part in the CME program, which included addresses by local surgeons and Dr. Ron Nichols, Professor of Microbiology and Immunology, Dept. of Surgery at Tulane School of Medicine in New Orleans, Louisiana.

The CME program this year included actual demonstrations which were projected onto a huge screen for participants to observe.

The annual Surgical Club dinner held at the Tacoma Country and Golf Club concluded the two days of events. ■

1998 CME "resort" survey results, decisions will be available soon

Survey results and decisions relating to which "resort" CME programs will be offered in 1998 and the corresponding dates and locations, will be available soon.

In the spring of 1998, opportunities for the very popular and traditional CME resort programs are numerous, maybe too numerous.

The College is conducting a survey of the PCMS membership to help determine which resort CME options should be offered. The options include CME in Hawaii, at Whistler/Blackcomb,

and the newest resort program, CME and Mariner Spring Training in Phoenix.

The survey was designed to help decide which programs will have adequate registration and insure financial stability.

In addition to concerns about the bottom line, a survey regarding attendance is also important because the College is at considerable risk in each program as it guarantees a block of rooms at the resort location. Failure to meet the guarantees in some cases is significant - in the thousands of dollars. ■

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Thursday, Friday June 19 and 20	Advanced Cardiac Life Support	College of Medical Education



It's Independence Day at PSPA

Call now to find out more about IPA membership.

253•815•8500
ext. 230

Commission Against Domestic Violence working to establish Emergency Shelter Network

A workgroup of the Pierce County Commission Against Domestic Violence is developing an Emergency Shelter Network (ESN) for victims of domestic violence. The ESN is a collaboration between the Domestic Violence Help Line, the YWCA Women's Support Shelter, Family Renewal Shelter and the creation of a new safehome/motel program to provide appropriate emergency shelter to all victims of domestic violence in Pierce County.

The workgroup is focusing on two major areas of concern, 1) the limited shelter capacity throughout Pierce County, and 2) the many victims of domestic violence whose needs are not currently being met.

Draft screening procedures and policies are in the works and the workgroup is asking for help from the community to ensure that they adequately address the emergency shelter needs of those victims of domestic violence in our county.

You may call the Commission at 591-7660. ■

PierceCounty
Domestic Violence Helpline
 253/798-4166
 TDD: 253/798-6050
 800/764-2420

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the Pulse

Pierce County Medical Society Alliance

Garden Angel thank you's

Mona - For saying yes to being President and organizing a most successful Holiday Sharing Card and helping me with the Joint Holiday Dinner and Basket and for being my right hand helper this year.

Kathleen (Smith) - For a year of great programs and a super fashion show and for your timely notices in the Bulletin.

Kris - For taking on County membership as well as State, plus all your work on domestic violence.

Kathleen (Forte) - For keeping a "cool" scrapbook history of our year and opening your home to meetings.

Bev - For taking such detailed Minutes and getting them to me on time, plus taking on the post office bulk mailings - a tremendous undertaking in itself!

Patty - For making and donating a wonderful italian gourmet basket for the AMA-ERF raffle in Spokane and being there as corresponding secretary for me!

Sue - For keeping the books in order, making such super treasurer reports and finding us a Dues Secretary for next year.

Janet - For being Dues Treasurer one more time and working full-time - not an easy task.

Toni - For all your work on the successful Street of Dreams and beating the bushes for nominations and for finding us a school and teacher in which to place our first Babies.

Margaret - For running a successful and economical Zero-K Marathon.



The March General Meeting was held at McCabe's. It was an action packed session of line dancing with an excellent turnout. Past Presidents were honored and Karen Dimant took home first prize for best dressed.



20 Baby Think It Over Dolls were presented to the Peninsula School District. Pictured L to R: Marilyn Boyle (Henderson Bay Alternative High) Fran Thomas, Linda Aro, (Gig Harbor High), Bobbie Chapman (Peninsula High)

Nikki - For all your legislative tree, newcomer, planning and developing. For volunteering your home for mailings. Poinsettias, etc. The list goes on...

Denise - Great pictures - a wonderful way to remember our year.

Ginnie - For your work with Encore and Ry New Beginnings and opening your home to us. For all your helpful advice.

Alice (Yeh) - For getting your notices in the Bulletin and saying

"yes" to a small job.

Alice (Wilhyde) - For the wonderful yearbook, stationary, flyer - all generated on your computer. What would we do without you. Thanks for all your ideas and guidance.

Sue (Asher), Lisa, Tanya - Thanks for all your support, especially in producing and editing our Pulse pages in the Bulletin and all the last minute labels we need. We couldn't have done it without you. ■



the Pulse

Pierce County Medical Society Alliance

President's Message



Fran Thomas

This is it - my final entry as Alliance President. What a growing experience this year has been for me and what a wonderful Alliance Garden we have grown.

On May 6th at the Tacoma Golf and Country Club, **Helen Whitney** helped install **Mona Baghdadi** as President, **Sue Wulfestieg** as Treasurer, me as Past-President, **Kathy Samms** as Dues Treasurer, **Kathleen Forte-By** laws and **Mary Cordova**, who is unsure what job she'll tackle, to lead the Alliance.

Along with the gavel, I presented Mona with a magic wand - in hopes that "Mona's Magic" will produce volunteers needed to continue the wonderful programs and projects the Alliance does.

Our Baby Think It Over project has been a huge success. We have placed 35 babies in Pierce County this year and hope to place even more next year. We could not have done this without your generous support. Thank you.

Thanks for giving me a chance to grow this year. I did and I enjoyed it. Now I'm wishing the same for Mona. I'll be there with my red boa to assist her and hope that many others will join me in another Alliance adventure. Thanks for all your support. ■

Philanthropic applications available

If your service and health-related Pierce County organization would like to be considered by the PCMS Alliance as a recipient for philanthropic funding, you may now obtain an application by writing to:

Fran Thomas, 3224 Horsehead Bay Drive NW, Gig Harbor, WA 98335.

Proof of 501(3) IRS rating is required. All applications must be requested directly from Fran.

Application deadline is September 1, 1997. ■

Congratulations, 1997 Graduates!!!

Angela Maria Clabots, daughter of Drs. Joe and Teresa Clabots, is graduating from Bellarmine Prep. with honors. She is going to Santa Clara University.

Charles E. Granquist, son of Dr. Carl and Mrs. Margaret Granquist, is graduating from the University of Washington with a Bachelor of Arts degree in Sociology.

Jennifer Christine Griffith, daughter of Dr. Thomas & Mrs. Marie Griffith, is graduating from Pacific Lutheran University with a degree in Biochemistry and Math. She is going to Zambia, Africa next year as a missionary to teach math at Mukinge Girl's school.

Sarah Huddleston, daughter of Dr. John Huddleston and Dr. Sandra Reilley is graduating from Charles Wright with a National Merit Scholarship. She is going to the University of Washington Honors Program.

Janis Puracal, daughter of Dr. Daisy Puracal is graduating from Henry Foss High School. She is going to NYU School of Business.

Mary Roos, daughter of Dr. William and Mrs. Ruth Roos, is graduating from Bellarmine Prep. She is going to Gonzaga University. She is an Elks Teenager of the Year for Tacoma 1997.

Heather Thorntan, granddaughter of Dr. Jim and Mrs. Ann Blankenship, is graduating from Wilson High School with a National Merit Scholarship. She is going to Western Washington University.

Charla Weatherby, daughter of Dr. Charles and Mrs. Shauna Weatherby, is graduating from Curtis High School. She will attend Boston University.

Shauna Weatherby, wife of Dr. Charles Weatherby, is receiving her Masters in Public Health from the University of Washington.

Sue-Ann Yasayko, daughter of Dr. Harry and Mrs. Bea Yasayko, is graduating from Cornell University with a Bachelor of Arts degree in Biology.

Jessica Yeh, daughter of Dr. Hsushi and Mrs. Alice Yeh, is graduating from Henry Foss High School. She is going to MIT to study engineering. She is a Washington Scholar for the 27th District.

It's time to reform Medicare. But please...



Be fair about it.

We all recognize the need to bring Medicare spending under control.

But what's the fairest way to do it?

Some people in Congress are advocating deep cuts in reimbursements to physicians. That's one way to cut costs. But is it fair? And, more importantly, will it really reform Medicare?

Some very influential voices in government and the press don't think so. Here's a sampling of what they say:

Congressional Budget Office: In a 1996 report on deficit reduction, the CBO warned that with across-the-board cutting in Medicare, some beneficiaries "...might find that they no longer had access to some medical services in the traditional fee for service sector."

The New York Times: In an editorial, the *Times* criticized policy makers who "...pretend that physician reimbursements can be cut without affecting health care—as if both doctors and hospitals can be slammed without hurting anyone except the providers of care."

Physician Payment Review Commission: In its annual report to Congress, PPRC said the current Medicare reimbursement formula for physicians "...will set increasingly unrealistic target rates of expenditure growth...."

Physician cuts alone will not do the job. And the cuts that are currently proposed would actually hurt physicians by rolling back reimbursements so far that they don't even match inflation growth.

That's not fair. It's not fair to physicians, and it's not fair to patients, who ultimately pay the price under such drastic cuts.

What we need is real reform. Real reforms will offset the need for deep, unfair cuts to physicians. The American Medical Association has a plan for reform that offers fiscal stability, expanded choices for patients, a new system of funding graduate medical education, and, above all, fairness.

To learn more about our plan, call 1-888-AMA-1997.




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Group Health Cooperative of Puget Sound, a 50 year old staff model HMO, currently has a position available in our Federal Way Medical Center for a family practitioner. Full-time position located south of Seattle. For information, call (800) 543-9323 for fax CV to (206) 448-6191.

Group Health Cooperative of Puget Sound is currently seeking an internist to provide night coverage at our designated hospital. Virginia Mason. Coverage for emergency room and ICU included. For further information, call (206) 448-6543 or fax CV and cover letter to (206) 448-6191.

Pediatrician wanted. Rapidly growing community in Southeast King County has patient base to fully support pediatrician. Call Rita Dyer (360) 825-1389.

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 year-round recreational opportunities. Contact Rebecca Sullivan, MD, Medical Director, Puyallup Valley Healthcare, 407 - 14th Avenue SE, Puyallup, WA 98371, (206) 848-6661, Ext. 2811.

Group Health Cooperative of Puget Sound is currently seeking an orthopedic surgeon interested in locum tenens opportunities for our Redmond facility. We are a staff-model HMO located in the Pacific Northwest for 50 years, with a strong emphasis on preventive medicine and quality management issues. For further information, call Medical Staffing Services at (206) 448-6543 or fax CV to (206) 448-6191.

GENERAL

Mountain Cabin For Sale: Greenwater, 15 minutes to Sunrise entrance to Mount Rainier, 20 minutes to Crystal Mountain Skiing. Architect's personal getaway. Has received three design awards and published in Sunset and Home Magazines. Compact spectacular design. sleeps four. \$105,000 furnished. No agents. 582-3130.

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

July, 1997

Cordell Bahn, M.D.

has run every

Sound to Narrows

for

25 years

see story page 10



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PIERCE COUNTY MEDICAL SOCIETY

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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Editorial Committee: David S. Hopkins, (Chair) Stanley Tuell, W. Ben Blackett, Richard Hawkins
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July, 1997

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Presidents Page.....

"Should Physicians Advertise?"

A few weeks ago the PCMS was able to have five "shakers and movers" from the community participate in the Mini-Internship program. The program, begun in 1992, is open to members of the community who would benefit from an exposure to the everyday practice of medicine as performed by local physicians. The goal is to bridge the communication gap between the public and the medical profession. The attendees follow several different physicians for half day segments for two days to get an actual understanding of what each one does daily. The intern groups come from business, politics, regulatory organizations, media, labor, clergy, education, law, the insurance industry, and patient advocacy or social service agencies. As usual it went without a hitch due to the detailed and dedicated guidance of our own Sue Asher and Doug Jackman. All of the participants felt it was a very worthwhile endeavor that gave them a new appreciation of the life and times of a busy practitioner.

Why do we really have this program? Obviously this educational program is a form of advertising that we hope will influence the feelings of the participants favorably on issues of medical importance

and policy. Is this bad? Absolutely not!! Many of the decisions made by us all are very heavily slanted due to what we have heard or read or experienced through advertising.

As medical professionals we have tended to look upon advertising ourselves and our strengths as unethical. Times are changing and while I am very uncomfortable with the



Stanley C. Harris, MD
President, 1997

clearly influenced by clever advertisements.

As medical professionals we have tended to look upon advertising ourselves and our strengths as unethical. Times are changing and while I am very uncomfortable with the concept, it just might be necessary for our survival.

concept, it just might be necessary for our survival. Browse any newspaper or magazine and one can find whole pages touting the advantages of belonging to a particular group.

The reality of the times forces us to change our attitudes. A doctor on a salary and the fee-for-service primary care or specialist are faced with different decisions regarding advertising. The individual patient has very little understanding of who is a "good" or a "bad" doctor. The patient's decision as to who to choose as their physician or surgeon is

I know that advertising has been very effective for many of the local doctors.

Do I do it? Not so far. Will I do it? Probably. Will I like it? Probably not. Is it unethical? Of course not. Will it ultimately make a difference? I do not know as I hope I will continue to receive the vast majority of my patients from physicians who personally know me and judge me by my results, not by my media exposure. Medical practice continues to change and we are forced to change with it. I hope it is all for the better. ■

Dr. Sparling shares memories in preparation for retirement

Dear Colleagues:

On June 30, I am joining the ranks of those known as retired physicians, and my wife and I are very happy that this will allow us to have a full summer's vacation - the first I have had since before high school. The plans are rapidly coalescing! But before I leave on vacation, I have a few memories to share.

When I arrived in Tacoma in 1960, I found a congenial group of medical colleagues who were uniquely focused on the goal of providing the best health for all the children and youth of the larger community. I received an immense amount of help from them in achieving an unanticipated degree of success, happiness and, - I hope - usefulness as a part of both the medical and larger communities. **Homer Clay**, then president of the Pierce County Pediatric Society welcomed me to its meeting on my first day in Tacoma. **Dave Hellyer**, **Charlie Kemp** and **George Kittredge**, with all their modesty, introduced me to their ideals of community service and group practice organization. **George Tanbara** exemplified the quality and high ethical standard

of medical care and service which remains a hallmark of our community. He, along with **Steve Sanderson**, Mary Bridge's first radiology director, and **Tom Murphy**, introduced me to my first extracurricular activity at Mary Bridge - cardiac catheterization. And **Bill Norton** put me to work on school health activities.

In the years since, it has been my privilege to be involved in the organization of the Mary Bridge Emergency Department, the Newborn Intensive Care Service, and, along with **Buck Moses**, the Hilltop Pediatric Clinic, the predecessor of the current Community Health Care system. In these and other activities, and in almost daily consultations regarding patients, I have made a number of professional friends which continues to amaze me both by its size and by the quality of each of the individuals. It is impossible to name you all, but my thanks go out to each of you, and to my associates and staff at Lakewood Pediatrics and all of my patients and their parents, from whom I have learned and with whom I have cried and laughed for many years of wonderfully enjoyable medical practice in

Tacoma.

I don't plan to leave or get totally out of the loop. I will help

you provide what I hope will be comparable support for my replacement, **Sumner Schoenike**. The importance to me of the PCMS will not diminish. With your permission I will continue to be your representative on the Board of Health. I am anxious for your input regarding this responsibility. After my wife and I have taken several long-postponed trips, visited our grandchildren more than recently, and savored the beauty of the alpine meadows and sandy beaches of Western Washington more than in recent summers, I will see you again and become involved in a few part-time activities. Meantime, thank you for all the marvelous years!

My thanks to you and all the PCMS staff for your help and support over the years. ■



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Termination of the patient without explicit request

by Drs. Michael R. Jackson and Kenneth A. Feucht

Beneath the surface of the land known for splendid springtime glory is a deadly reality: in 1995 more than 50% of all patients that died while under medical care were hastened to their death by

The American Medical Association and more than 50 other state and national medical societies stand opposed to active euthanasia and PAS. The US Congress has voted to ban federal funding

"In reality, true compassion sits at the bedside, struggles through difficulties as they arise, and works to alleviate pain as it comes"

their doctor. Dutch physician Richard Fenigsen reports that of a total 115,000 deaths 57,800 or 50.2% resulted from euthanasia, assisted suicide, lethal overdose of morphine and withdrawal or withholding of non-futile life-support. In 62% of cases this was done without the patients consent or knowledge. This is the real world laboratory where physician assisted suicide (PAS) has become routine and anything but rare.

Perhaps this is why Timothy Quill, the doctor who took the case in favor of assisted suicide to the US Supreme Court, now has stated publicly, "Physician assisted suicide is a bad option.

The Dutch government recently sponsored the *Remmelink Commission* which reviewed 49,000 cases of physician assisted suicide. They found that in more than half "decisions that might or were intended to end the life of the patient were made without consulting the patient." They call this "termination of the patient without explicit request." Most doctors in the Netherlands now accept this, and think it good that the family doctor bring up the lethal alternative as a "therapeutic option."

of assisted-suicide. At the same time "the man on the street" along with popular columnists are far more likely to side with the Netherlands and even Jack Kevorkian. Why?

To begin with the truth is not being told. Even in Holland, the acknowledged world leader in euthanasia, life seems to be going on as it always has. But assisted death in this flatland has quietly gone out of control. It is the doctors who inform the patient, decide on euthanasia, choose their consultants, decide to follow or disregard some of the "rules", keep the record, compose the reports on which their actions are judged, or decide not to report the case at all. Consider the fact that in 1995 of the almost four thousand deaths caused by intentional overdose of morphine not a single case was reported to authorities as required by law.

Another part of the explanation is found in the deceptive way that statistics regarding euthanasia are generated. Beginning in 1995 when a patient has died of a morphine overdose, her death is not recorded as due to euthanasia if the doctor, when asked, simply states that the lethal medicine was

given "without the intention but reckoning with the probability, or certainty, of causing death," or "without the intention but in the hope to cause death." In reality, more than ever have been actively euthanized while the cold truth is obscured by design.

Killing, however dressed up, is ultimately an expedient. It is always cheaper, quicker and even emotionally easier to choose to believe one is doing the right thing by "ending the suffering." In reality true compassion sits at the bedside, struggles through difficulties as they arise, and works to alleviate pain as it comes. This requires the kind of care for the individual which actually maximizes the dignity of those at the end of their lives. This is not always easy. However, the seductive alternative has proven deadly.

This June the U.S. Supreme Court will rule on whether doctors should be allowed to end the lives of their willing patients. If the message from that flatland of slippery slopes teaches us anything it is that we would do well to remember the ancient physician's dictum: *primum non nocere*—above all do no harm. ■

Editor's Note: Drs. Kenneth A. Feucht and Michael R. Jackson are founders of the Physicians for Compassionate Care Education Foundation, Washington Chapter, which formally incorporated in Tacoma in March. The association was first organized in Oregon in reaction to Measure 16, a 1994 initiative that sought to give doctors the authority to prescribe lethal drugs to terminally ill patients.

Mini-Internship allows leaders to learn about being a doctor

What would a newspaper reporter, a city council woman, two attorneys and a newspaper editor have in common? They were all participants in the recent PCMS sponsored Mini-Internship program. And, they all got a very close, inside look at the practice of medicine in Pierce County. Agreeing that two days is a big chunk of time for a busy professional, Kathleen Merryman, (TNT reporter) Georgia Sabine, (Puyallup City Council member) Daryl Graves, JD, (President, Pierce County Bar Association) Tom Quinlan, JD, (President, Young Lawyers Association) and George Pica (Editor, Pierce County Business Examiner) also agreed that the benefits and experience the program provides were well worth the time.

"I could not be more pleased," said Graves. "I see medical professionals in a more human light than I did, as I was treated with very high regard, even when

I was expecting otherwise."

The interns spend one half day with four different "faculty" physicians. Faculty members for the program included **Dr. Mason Cobb** (pediatric surgery), Bruce Gilles and Marsden Stewart (anesthesia), **Bill Dean** (urology), **Vern Nesson** (pulmonology) and **Mike Regalado** (ER). PCMS President **Stan Harris, MD** moderated the get acquainted and debriefing dinners before and after the program.

The interns agreed that the medical profession could do a much better job of telling their

story. Many eyes were opened to realities of the profession not seen from a patient side. Providing medical care often includes teamwork and coordination, requires counseling and detective work, demands long hours and even includes government and insurance control over reimbursement. All observations made by the five interns "watching" physicians at work.

If you would like to serve as a faculty member for a Mini-Internship program, please call Sue at the Society office, 572-3667. ■

Dick Hoffmeister, orthopedist, retires

Closing out a career of 20 years in private practice and 20 years in the military, Tacoma orthopedist, **Dick Hoffmeister, MD** retired on June 30, 1997. A surprise retirement and birthday party, given by his orthopedic colleagues honored him for his medical contributions to the community and his patients during his tenure in Tacoma and Pierce County.

Dr. Hoffmeister was Deputy Commander, Madigan Army Medical Center when he retired from the Army to set up practice in Tacoma in 1977.

He has been extremely active in organized medicine, particularly the Washington State Orthopedic Society as well as Pierce County Medical Society and the Washington State Medical Association.

He spent an inordinate amount of time serving as co-chair of the WSMA Legislative Committee in 1995-1996. The group met weekly during the legislative session. They also met every other Satur-

day with the WSMA Inter-specialty Council keeping the membership



Dick Hoffmeister, MD

informed of the many pieces of legislation being considered in Olympia.

He served as a PCMS Alternate Delegate to the WSMA House of Delegates numerous times and has been a very active participant in WSMA activities.

Dr. Hoffmeister and his wife Juley plan to travel and maintain their lovely flower garden.

PCMS congratulates **Dr. Hoffmeister** on his retirement and wishes him well. ■

WSMA Resolutions due

If you have ideas or policy changes that you would like the Washington State Medical Association House of Delegates to consider, now is the time to submit them. This is your opportunity to help set WSMA policy.

The House will review all resolutions submitted in writing at their annual meeting in September. The meeting will be held September 25-27 in Yakima.

If you have an idea or thought but are uncomfortable putting it in resolution form, please call Doug Jackman at the Society office, 572-3667. You can fax your resolution to him at 572-2470 or send by e-mail to pcmswa@pcmswa.org.

Board Member Profile: Nicholas Rajacich, MD

"Phone Booth to the Sound"

by Judy Wagonfeld



Clark Kent entered a phone booth and emerged as Superman. **Nick Rajacich, MD**, standing in a gas station phone booth, thumbed the *Yellow Pages* and emerged a Tacoman.

Enroute from Everett to Olympia interviews, "Mary Bridge Children's..." jumped off the page and nagged. Back in Toronto, he rang up MultiCare. An array of transfers ended with John Coombs who said, "Your call is fortuitously timed. The pediatricians are after me to find someone..." like you. Fate.

Rajacich readily rejected a "publish or perish" UC Davis offer for the Tacoma opportunity of combining adult and child orthopedics; a goal since his knee operation during college. His wife Melinda insists he came for the steelhead.

Catching Nick Rajacich ranks close to snagging that elusive steelhead. Voice mail messages, like fish and lure, dangle unconnected. But persistence pays; a concept this big, gentle, football kind of guy appreciates. After all, he grew up on Chesapeake Bay sailing and fishing; and despite his failure at warding off seasickness, he sailed on a Navy team.

Rajacich's extended family is a procreative and remarkably look-alike bunch. One year his mother gained four grandchildren; all towheads like the rest of the ten grandkids. In wall-hung black and white reunion photos, there's his mother, Rajacich with Melinda and three children, his brother and sister-in-law with three, and

his sister and brother-in-law with twins (she now has a second set). Color photos portray Rebecca and eight-year old Hannah in ballerina attire, and the smiling, impish five and three year olds.

Garbed "conservatively professional" in a green sport jacket, white shirt and tie, Rajacich leans back in his chair. Despite a hectic schedule, he focuses on chatting. Calls get held, no interruptions occur. Good lessons from childhood.

"My dad was a hospital administrator. He was always involved beyond the scope of the hospitals," Rajacich said, explaining his role on the trauma care panel and belief that our trauma care situation is an embarrassment. Hospitals, he says, have responsibilities to their constituency. Political bickering won't fix us when we're critically injured.

Rural oriented at heart, the family lives on two and a half acres along Clover Creek, sharing the site with a resident bald eagle. Nature remains central to Rajacich's life; fishing an elixir to his soul. He owns three boats; not fancy hunks, but practical fishing versions; a row boat for lakes, a power boat for the Sound, Neah Bay, and Westport, and a driftboat for steelhead adventures. The last he built from a kit. A relative of the raft, it remains upright even in Class 3 rapids - or so he says.

In an alluring watercolor by Melinda a tugboat strains against a white-capped sea; capturing the rugged individualism once the essence of Puget Sound. An

etching of a woman conveys a contemplative mood. Formerly a nurse at St. Joseph's Burn Unit, Melinda now applies her compassion and fortitude to artful expression, beekeeping, stints as Volunteer Disaster Coordinator for the Red Cross, raising three children, and driving - Spanaway - St. Patrick's - Spanaway - St. Pat's - Spanaway...

Activity's innate to this two-some. On the board of Puget Sound Fly Fishers, they organize gatherings. For the Festival of Trees, Melinda designs and they construct his group's tree. Through Rotary Club, Rajacich works on Scout-o-rama and has hosted exchange students from Russia and Finland. As a physician, he volunteers at Spanaway Lake's football games and at area-wide boxing matches. Occasionally, he and Melinda sneak in dinner and a movie or slip off to ski. Otherwise, it's kid things, Maryland, and fishing.

"We've talked about my wife so much I feel like we're doing a story on her," Rajacich concluded. He views Melinda as the artist and he the mechanic; obviously awed by her diverse talents, gleaned without entering a phone booth once. Rajacich, on the other hand, sticks with what he knows; fixing bones and patiently awaiting the next bite.■

Eugenia Colen, MD American Lake VA retiree, dies at 74

Eugenia Colen, MD, wife of **John Colen, MD** died on May 24, 1997. She had been a PCMS member since 1969 and practiced for many years at American Lake Veterans Hospital.

Dr. Colen was born in Indonesia and came to the United States with her husband in 1952. After receiving her postgraduate training at the University of Pittsburgh, she came to Tacoma in 1958.

Golf, art and painting were her favorite hobbies and she belonged to and was active in numerous professional and civic organizations.

She retired from American Lake in 1987 and served as a consultant for the State of Washington until her death. She was 74 years old.

PCMS extends condolences to her husband, John, and children. ■

Clinical Concepts of Pain CME reminds physicians to see pain patients regularly

Over 50 physicians attended the Clinical Concepts of Pain CME program offered at no charge to PCMS members in May. The course was taught by John Loeser, MD, Director of the Multidisciplinary Pain Center at the UW School of Medicine where he also serves as Professor of Neurological Surgery and Anesthesiology. The course was cosponsored by The Foundation for Medical Excellence.

Dr. Loeser discussed pain concepts and touted their importance for diagnosis and treatment. He also discussed the difficulties and complexities involved when dealing with pain patients and noted that "people don't vary in their thresholds, they vary in their responses." There is no black and white.

He covered several rules about pain behavior. Notably, that all pain behaviors are real. You then need to ask why does this person manifest pain behavior. And what factors are playing a role in the pain, such as environment, social,

culture, etc. All must be included in the pain assessment.

He told physicians in treating chronic pain patients that they must see the patient regularly, have a patient management plan, try alternative therapies, take detailed chart notes, and assess outcomes. Patients on drugs for pain should be treated until you get the desired results, just as when you are treating with antibiotics. ■

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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.

In Memoriam

Jack Erickson, MD

1920-1997



Jack Erickson died on April 9, 1997 in Tacoma. Jack was born in Utah in 1920. His early schooling was in Salt Lake City and it was during this time he decided he wanted to become a physician.

He worked his way through the first years of the University of Utah but in January 1942, the Army summoned him and he was sent to the Aleutian Islands in Alaska with the U.S. Army Medical Corps. Returning from Alaska, he married *Phyllis* and continued his schooling under the GI Bill and received a BS, a MS in microbiology and a MD, the latter in 1951 from the University of Utah. In 1951-1952, he interned at St. Joseph's Hospital in Tacoma. He remembered those days at St. Joe's fondly all of his life.

Jack had come to Tacoma because he wanted a general practice and he began in a store front on Pacific Avenue in Parkland and then moved to a wonderful new office on Garfield Street. For over 35 years his office was open to everyone. He liked people and those who came to see him were the center of his medical life: *to listen to, examine, advise and help.* He was not only a caring physician but a responsive, honest, dutiful practitioner. To keep current he was always a student. He particularly valued his certification by the AAFP.

Jack invested himself fully in everything he did. He belonged to civic, benevolent and fellowship organizations which included the Elks Lodge, Afifi Temple Shrine, Parkland Rotary (including time as president), Masonic Home Board member, Parkland Volunteer Fire Department and the original Board of Freeholders for Pierce County. He was a staunch ally of Phyllis in her professional career as an office holder on school boards and in local and state political offices.

There was also his loving family: wife of over 50 years, Phyllis; his sons, Dr. Kent, Kirk and Kevin; daughter, Kendra Kuehn; granddaughters, one great-granddaughter and a very special friend - his mother-in-law, Teresa Miller. He treasured the days at Clear Lake with his family and in later years with Phyllis at Green Valley.

Jack was a part of what has been called *the American Century*, a time of exceptional achievement. He lived his life in the finest traditions of medicine. It was good to be called his friend. ■

Theodore Apa, MD

Number 3028: "A" for Attendance

by Judy Wagonfeld

He didn't mean to cast shame on his military compatriots. He just wanted to clear his head by a nightly jog along Korea's Eisenhower Boulevard. Misstepping, he twisted his ankle - and broke his unit's perfect safety record.

It was the mid-sixties and running "wasn't cool" says the perpetrator, **Cordell Bahn, MD**. Forms required answers; the safety officer rattled off questions.

"Just what were you running from?" he asked unable to grasp the concept of "running." Convincing him proved a tough sell.

Thirty-some years later Bahn persists in making statistics. Like 12,000 other panting folk, he ran this year's 25th Sound to Narrows (STN) 12K course. **For the 25th time**. He's attacked those asphalt curves and hills in suffocating heat, pelting rain, and a few spectacular days. Even during his three years in Bend, Oregon, he returned.

"It's a ritual I can't miss," Bahn explained. His daughter's graduation several years ago in Minnesota, scheduled for STN day, jeopardized his annual hit. As if receiving a dispensation, the graduation miraculously moved a week ahead, securing his perfect record.

At first the STN served as a competitive, qualifying event for San Francisco's Bay to Breakers race. This is his only race and Bahn runs to participate, not compete. "My best time was one hour and two minutes," he said, adding, "that was in my youth." This year he slogged in at, "a

blistering one hour eighteen minutes" - hardly shabby for a sixty-one year old guy. Speed doesn't matter, he says, but admits a twinge of envy hit when two women passed by, chatting without panting.

At STN #1, only three hundred plus people pounded the pavement. Organizers required runners to secure medical approval. So **Jack Nagle**, Bahn, and a few others set up shop in Point Defiance's Pagoda, whipping out cursory physicals right before the race. Those were the days - prelitigation era. Now, people merely sign a waiver.

Bahn runs two miles every other day, to the delight of his two black labs who trot along. Three months before STN he ups that to five miles and he's ready to go. Ten minute miles; a steady and slow lifetime sport. No matter how crummy he feels before exercising, he says, "I always end up feeling better when I'm finished." He views running as a private contest with yourself; sage advice garnered from his father.

"My father was a phys ed instructor. He emphasized endurance sports such as tennis, running and swimming," Bahn said. "He always said, 'Cordell, you admire those football muscle guys now, but I guarantee you those muscles will be gone in five years.'" Kind advice to a kid not on the team. But those gut feelings turned out to match research.

Bahn remains trim and fit but wasn't always so. He painfully remembers comments from classmates and his thin older



*Cordell Bahn, MD
has run all 25
Sound to Narrows*

sister's condemning voice saying, "Hey, look at what Chubby's eating over there." Then he shot up a foot in a year, as if dough stretched thin, quieting them all.

In his practice Bahn encourages post heart surgery people to exercise. During one STN, a former patient jogged ahead. When Bahn finally caught up, he teased him about beating his doctor being a bit unfair and perhaps he'd let too much blood through those arteries. This year Bahn's partner **Gil Johnston** invited past patients to run. They made T-shirts and about a dozen folk ran, fulfilling Bahn's belief that "running makes you feel better about yourself."

Bahn's wife Robbi Krumm, a teacher at Henderson Bay High School in Gig Harbor, joins him but runs at her own pace (slower, Bahn says, and expects us to believe). Aside from exercising, other breakneck pace hobbies occupy time; a single engine Mooney plane and a race car. It was the Mooney, housed at Tacoma Narrows Airport, where Robbi visited an employee friend, that brought Bahn and Robbi together. Though they ski, fly, and run, they socialize in a world of vintage car fanatics. Each

see Bahn, page 14

Sound to Narrows keeps members running for health and fun

Three PCMS members and two spouses finished in the top 200 in the men's and women's divisions of the 25th running of the hugely popular Sound to Narrows run, sponsored by *The News Tribune*. Over 10,000 participants registered for the event this year.

Tacoma orthopedist **John Jiganti, MD** was the first PCMS member to cross the line and he did it in a very admirable time of 44:52, finishing 55th overall. Jiganti also finished 7th in the 35-39 age bracket. Great job!!

Finishing 107th overall and just missing being in the top ten of the 40-44 age group by six seconds was Gig Harbor pediatrician, **Tom Herron, MD**. Herron ran the race with a time of 46:52. Jiganti and Herron both improved their times over 1996 when they ran it in 46:27 and 46:59 respectively.

And, the perennial top finisher overall and in his age group, **Dr. Ron Taylor**, finished third in his age group of 50-54, and 153 overall. **Taylor**, a general surgeon in Tacoma ran a 48:39 and last

year completed the course in 48:24.

The Jiganti family did very well for the day. Dr. Jiganti's wife **Suzy** did a very respectable 59:58 and his sister **Teri Stewart (John)** ran an excellent 57:14. ■



(More 'Sound to Narrows' page 12-14)



John Jiganti, MD, first PCMS member to cross the line ran an excellent 44:52. Last year he ran it in 46:27



Tom Herron, MD ran the race in 46:52. He missed being in the top ten of his age bracket by six seconds



Ron Taylor, MD finished third in his age group and ran a 48:39, finishing 153rd overall



Ken Graham, MD retired family practitioner now has time for lots of jogging, biking, and fishing

Congratulations to all Sound to Narrows walkers and runners

Other finishers in the 12K run include **Cordell Bahn**, Sarah Bargren, Donna Bjarke, **Shirley Deem**, **Robert Ettlinger**, **Kenneth Graham**, Eric Hautala, Laura Hautala, Adrienne Hogan, **Gil Johnston**, Susan McCloskey, Lisbet Nordestgaard, **Michelle Ost**, Ken Ost, Eric Rone, **Maan Salloum**, Jennifer Tobin, Lisa Tobin, Andrew Tobin, **John Vaccaro**, Marcia Vaccaro, Susan Wulfestieg and **Hsushi Yeh**.

Pictured below, clockwise from top left are: Drs. Bill Jackson, Tacoma radiologist; Don Russell, Puyallup pediatrician; John Hautala, University Place pediatrician; Jim Rooks, Tacoma otolaryngologist; Jim Rifenberg, Tacoma general surgeon; and Gil Johnston, Tacoma cardiovascular/thoracic surgeon.



Many members complete the course in an hour's time or less

Completing the 12K (7.45 mile) course in an hour or less were Drs. **David Law**, 56:10; **Mike Priebe**, 57:10; **Aksel Nordestgaard**, 57:53; **James Schopp**, 58:03; **John Lenihan**, 58:06; **Martin Goldsmith**, 58:46; **John Bargren**, 60:01; and **Mark Craddock**, 60:27;

Just missing the one hour mark were Drs. **Pat Hogan**, 1:01; **Don Russell**, 1:02; **Robert Alston**, 1:06; **Jim Rifenberg**, 1:06; **Thomas Charbonnel**, 1:07; **Mark Taylor**, 1:07; **Jim Rooks**, 1:09; **Alan Tice**, 1:11; **Bill Jackson** and **John Hautala**, 1:12.

Contratulations to all runners!

Pictured below, clockwise from top left are: Drs. Aksel Nordestgaard, David Law, John Lenihan, John Bargren, Mike Priebe, and Pat Hogan



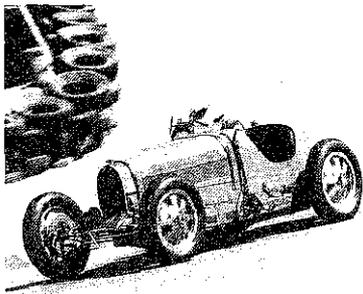
5 K (3.1 mile) participants have twice the fun, half the work

The 5K finishers include **Dr. Michael Bateman**, wife Marie, and children; **Lee Bergmann, PA-C**; Merlene Betteridge; Margaret Colman, Charles and MaryBeth Cox; Virginia Craddock; **Dr. Patty Kulpa**, Allison Rone, **Dr. Craig Rone**, Penny Rooks, and **Dr. Jim Schneller**. Kudos to **Larry Vidrine, MD** for serving as a volunteer for the run.

PCMS offers 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. ■

"Bahn" from page 10

August they head for the Monterey Historic Auto Races where Bahn races the 1926 French racing blue Bugatti (pictured at right) in a gentleman's race that celebrates the cars. The driver is irrelevant.



Then there's duck hunting, which Bahn describes as a time to visit his cronies at their eighty-year-old club near Aberdeen, sit in a cold wet blind, and swap lies.

"Once," he said, "I got my limit." Probably too busy with tall tales. But one, his hunting mates should believe. It deserves silver, the classic 25th anniversary award. A record, without limits, that's made to be broken yearly. ■



Craig Rone, MD finisher of the 5K run, ran the 3.1 mile course in 31:26



Drs. Ken Graham and Henry Retailiau rest on a training ride for the Seattle to Portland bicycle event.



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In Memorium

Robert Gibson, MD

1917 - 1997

This is a memorium for both a man and physician. The distinction often becomes enigmatic in that the "raison d'être" is inter-meshed with the persona. I remember Bob as both a surgeon and as a friend.

Herodotus wrote "ars longa, vitae breva" it is with this aphorism in mind that I regale the life and times of **Robert Gibson** - man and surgeon. Bob had the fortune to practice and live through the golden age of medicine during his five decades of medicine. He saw the dawn of the age of antibiotics, the perfections of sophisticated diagnostics, the evolution of advanced surgical techniques, the era of the decline of ward medicine and the county hospital. He embodied the spirit of medicine, as Hippocrates cautioned, "He passed his life and practiced his art with purity and holiness. He consecrated his life to the service of humanity and practiced his profession with conscience and dignity. He held to the premise that the health of his patient will always be his first consideration."

Bob also understood that physicians are only people. He knew only too well that we are not deities whose word is the final and absolute end. He recognized that our knowledge is often tenuous and our understanding empiric and sometimes imperfect. He was a healer of the sick, comforter of the afflicted, a true brother to mankind - his name was truly physician.

I first met Bob in the fall of 1975. I was a shy, retiring, reticent young lad that had an office several doors down from him in the Tacoma Medical Center. He embraced me as a colleague and counseled me on the intricacies of medical practice in the All-American city of Tacoma. I recall the many hours spent in his office discussing a wide range of topics and heeding the wisdom from whence he spoke. Bob was a mainstay of the Doctor's Hospital contingent and he introduced me to the host of practitioners that I worked with for the ensuing 14 years. He welcomed me into the brotherhood of physicians and to this end, I owe him a debt of gratitude for the modicum of professional success that I enjoyed.

Over the years, I had the privilege of serving with Bob on numerous medical committees and boards. He was always free of giving his time to further medical knowledge and improve our services to patients. The countless hours of uncompensated time were given freely and performed with excellence and professional competence. He was always fair and understanding and lent an air of charm and dignity to any proceeding.

Bob had impeccable medical credentials; having trained in surgery at the prestigious Mayo Clinic and did that institution proud. He was also subspecialty trained in colon-rectal surgery and was a charter member of that nationwide group. He was an extraordinarily skilled surgeon that wielded a scalpel with a rapier like precision. He exuded confidence tinged with humility and inspired confidence in his colleagues and patients alike.

One of my most vivid memories of Bob stems from my early encounters with him in the O.R. I wandered into one of the O.R.'s at the Doctor's Hospital and witnessed, what for a better expression, the Mutt and Jeff Show. There was big, tall Bob and his partner in crime, little Sam Adams elbow deep in someone's abdomen. I was struck by the amicable lilt that pervaded this atmosphere. There were none of the usual surgeons tirades, no imperious commands to the staff, none of the machinations that I often observed in the presence of

See "Gibson" page 16

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
- Bill Dean 272-4013
- Ronald Johnson 841-4241
- Mrs. Jo Roller 566-5915
- Robert Sands 752-6056
- F. Dennis Waldron 272-5127
- *CHAIR

**Confidentiality
Assured**

"Gibson" from page 15

surgeons. What I saw was two highly skilled men performing their art with amazing speed and accuracy. They were affable, calm and dignified. They were for want of a better term, men 'comfortable in their own skins'. I have carried this image of Bob throughout the ensuing 20 years. I learned to respect and admire him, qualities that I assigned to few other men.

Bob was the quintessential surgeon and portrayed the ideal image: tall and blessed with a handsome visage topped by the flowing white locks. A poster for the AMA. He was kind, understanding and possessed a wry sense of humor yet exuded confidence and dignity that is rare in these days and times.

Bob was also my neighbor and friend. I lived several doors down from him and Jean on Garfield Road. I had the pleasure of dining and visiting their home on many occasions. Their home is a beautiful brick edifice with one of the finest gardens in the Northwest. Bob was a gracious host and a charming raconteur. He was somewhat of a renaissance man embracing a wide swathe of interests. He loved literature and art, was a gourmet, an oenophile and possessed an encyclopedic knowledge of the art, history and practice of medicine. He was charming and kind and had the ability to make a guest feel at ease.

One cold blustery evening as I was departing my home, I observed something that epitomized the essence of Robert Gibson. I observed Bob literally half carrying his housekeeper, Helen, to his car. Helen was aged, crippled, and blind from the ravages of age and diabetes. Here was Bob escorting her to and from his home, arranging her medical care and performing above and beyond the call of duty. This struck me as the pinnacle of 'nobese oblige' and to me summarized the man.

Bob was one of the last of a breed of physicians that I fear may not pass our way again. A noble dedicated man who was indeed a 'good guy' in all matters. Bob was a willing trustee for many years of Annie Wright Seminary and dispensed sagacity and lent wise counsel to his fellows. We need not mourn his passing but celebrate his life. We all remember his service to God, twice to his country and always to his community as a healer. He fulfilled his destiny as a native son. He lived a full and bountiful existence and passed into eternity with the seeds of immortality engrained in his son. No father could ask for more.

It is now the time to bid good-bye. The word 'farewell' is the saddest in our language, yet there are sentiments that refuse to be confined to that word. We will all say 'Good-bye, Bob' and will endeavor to exemplify the spirit manifested in your life in bearing the grief at your parting. ■

Douglas MacLeod, MD

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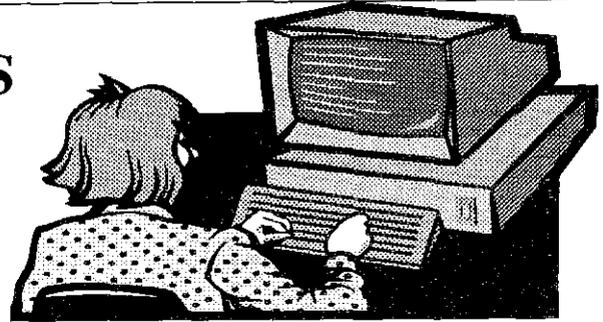
COMPUTER USER NEWS

Check out these really fun web spots

Traveling to a strange city is stressful. So, before your trip, use **MapQuest** (<http://www.mapquest.com>) to get detailed maps for any addresses you'll be visiting, be they business or residential. Plot out some spare-time shopping at **BigBook Directory Search** (<http://www.bigbook.com>). Type in the destination city and your category of interest - say, fishing - and BigBook will report back with a list of local tackle shops and even map them out for you. Finally, the **Weather Channel** (<http://www.weather.com>) will help you pack so that you'll be dressed functionally (if not fashionably) for your travels.

Keeping up with current events on busy days is difficult. Stop by **Mercury News Service** (<http://www.merc.com>) and subscribe to their NewSpot service. Summary news in the categories you specify will be delivered daily to your e-mail box. You'll be up on the latest happenings even on those days when their isn't time to visit CNN's website (<http://www.cnn.com>)

If you'd like to know what books have been written about a particular topic try **Amazon Books** (<http://www.amazon.com>) billed as "Earth's biggest bookstore." It is too cool for words. Other helpful book-research sites include the **Library of Congress** (<http://marvel.loc.gov>), **Books Out of Print** (<http://www.roedref.com/boop.html>), **BookWire** (<http://www.bookwire.com:80>) and **Book Web** (<http://www.ambook.org>) ■

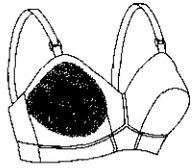


Medsite Navigator netsite update

Just released is a new "look and feel" at MN (Medsite Navigator). The site is being built around Hubs of information, such as Search Engines, Medline, Databases, etc. On almost every page, you can submit links, comments, and questions. You can also report bugs (they know they have a few!) such as typos or links that don't work.

Also added is a new FREE Medline, called PubMed, to the Medline Hub. Try it out, it's really fast and complete. There may be no need to go anywhere else! <http://www.medsite-navigator.com/medline/medline.html>

And, the Journals section has been revamped. Check them out, you will find over 1,000 links to on-line journals and newsletters in science and medicine. <http://www.medsitenavigator.com> ■



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surgery
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Send E-mail addresses to PCMS

Have a new or a changed e-mail address? Please forward your address to PCMS and be put on the electronic network. Fax your address to 572-2470, call us at 572-3667 or send it electronically to pcmswa@pcmswa.org. And, visit our home page at www.pcmswa.org.

We are working to fine-tune the system that will send the PCMS Fax News electronically without printing the entire list of email addresses. Once this glitch is worked through, the PCMS Fax News will be sent to you via email rather than fax machine.

Thank you for your patience and understanding. ■

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PCMS welcomes new members

Afrassiabi, Ali, MD

Anesthesiology

Practices with Allenmore Anesthesia Associates, 900 Sheridan Road, #109, Bremerton 98310, (360) 479-3657

Medical School: U of W

Internship: Sacred Heart Med Ctr

Residency: U of So. California

Angello, Debra, MD

Cardiology

Practices with Cardiac Study Center, 1901 S Cedar, #301, Tacoma 98405; 572-7320

Medical School: UCLA

Internship: University of Pennsylvania Hospital

Residency: St. Vincent Hospital

Graduate Training: Oregon Health Sciences University

Au, Allen, MD

Radiology

Practices at 8112 112th St Ct E, Puyallup 98373; 848-0767

Medical School: University of Lingnan, China

Internship: St. Anne Hospital

Residency: Kwongtung Provincial Hospital, China

Residency: University of Illinois

Austin, George, MD

Pathology

Practices with Pathology Associates of Tacoma, 315 MLK Jr Way, Tacoma 98405; 552-1043

Medical School: U of Wisconsin

Internship: Virginia Mason Hosp.

Residency: U of Washington

Fellowship: Laboratory of Pathology

Bernhardi, Louis, DO

Radiology

Practices at 8112 112th St Ct E, Puyallup 98373; 848-0767

Medical School: Kirksville College of Osteopathic Medicine

Internship: Fort Worth Osteopathic Hospital

Residency: Fort Worth Osteopathic Hospital

Residency: Naval Regional Medical Center

Cyr, Mary, MD

Family Practice

Practices with Sumner Family Medicine, 1518 Main St., Sumner 98390; 863-6338

Medical School: Creighton

Internship: Maine Medical Center

Residency: East Maine Med Ctr

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New Members, continued....

Jeffers, Duane, MD

Internal Medicine

Practices with Internal Medicine Northwest, 316 MLK Jr Way Tacoma 98405; 272-5076
 Medical School: University of Alabama/University of Nevada
 Internship: Madigan Army MC
 Residency: Madigan Army MC
 Graduate Training: Walter Reed Army Medical Center

King, Diana, MD

Family Practice

Practices at 6716 Eastside Dr NE, Tacoma 98422; 925-1744
 Medical School: Univ. of Wash.
 Internship: Tacoma Family Med.
 Residency: Tacoma Family Med.

Nyreen, Mark, MD

Thoracic/General Surgery

Practices at 11225 Pacific Ave S, Tacoma 98444; 538-9244
 Medical School: St. Louis University School of Medicine
 Internship: Madigan Army MC
 Residency: Madigan Army MC
 Graduate Training: Brooke Army Medical Center

Roussel, Paula, MD

Family Practice

Practices at 2420 S Union #240, Tacoma 98405; 759-9683
 Medical School: Penn State College of Medicine
 Internship: MS Hershey Med Ctr
 Residency: MS Hershey Med Ctr
 Graduate Training: Tacoma General Hospital



Steele, C. Danae, MD

Ob/Gyn

Practices with SW Washinton Perinatal Services, 314 MLK Jr Way, #402, Tacoma 98405; 552-1037
 Medical School: Oregon Health Sciences University
 Internship: University of Hawaii
 Residency: University of Hawaii
 Graduate Training: Thomas Jefferson University

Vadakekalam, Jacob, MD

Endocrinology

Practices with Endocrine Consultants at 1628 S Mildred, #104, Tacoma 98465; 565-6777
 Medical School: St. Johns Medical College (India)
 Residency: Mayo Graduate School
 Graduate Training: University of Wisconsin ■

Welcome, Applicants for membership

Dagg, Steven, MD

Family Practice

Practices at 1720 E 44th St, Tacoma 98404
 Phone: 471-4554
 Medical School: Tulane Medical School
 Internship: Swedish Hospital
 Residency: Swedish Hospital

Kuntz, Christopher, MD

Ophthalmology

Practices at 2622 S Meridian, Puyallup 98373
 Phone: 848-3546
 Medical School: University of San Francisco School of Medicine
 Internship: Univ. of Washington
 Residency: Univ. of Washington ■

1997 Physician Directory changes

Please make the following changes in your copy of the 1997 PCMS Physician Directory:

Irish, Thomas, MD

Change suite to #200

Koukol, Dennis, MD

Change address to:
 PO Box 1168
 Orting, WA 98360-0168

Lambing, James, MD (Retired)

Change address to:
 4427 7th St Pl SE
 Puyallup, WA 98374
 (253) 445-4223

Lyons, Michael, MD

Change suite to #207

Mackey, Charlotte, MS, CCC-A

(Audiologist)
 Change address to:
 7424 Bridgeport Way W #305
 Tacoma, WA 98467
 Phone: 582-3377

Sarrafan, Ali, MD (not retired)

Practicing at: 3850 S. Meridian
 Puyallup, 98373, 840-1840

Schlepp, Gregory MD

Change suite to #207 ■

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Medical Placement Service

The solution for all your staffing needs

We provide for you:

- ▶ 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

CME offerings on Internet

SearchCME is an Internet database that indexes current continuing medical education conferences throughout the world. Every year physicians have many decisions to make regarding medical conferences they desire to attend because they are required to complete a minimum number of continuing education credits annually. SearchCME solves the problem for physicians of having to sort through brochures in the mail or having to research conferences by individual sponsoring institutions.

The SearchCME database, updated daily, maintains current continuing medical education conferences, searchable by date, location, specialty, keyword and sponsoring institution. The database is a centralized information source of conferences put on by over 500 separate institutions in more than 40 different countries throughout the world.

You may visit the site at <http://www.searchCME.com> or contact Sandie Taft at 801-571-6548 or email sandie@inconnet.com for more information. ■

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Whistler CME dates scheduled

The dates for the annual CME "resort" ski program in Whistler, B.C. have been set for Wednesday, January 28 through Sunday, February 1, 1998. The actual accommodations and CME program are in planning. A program brochure will be available in September. ■

CME with Mariners still under review

Offering a second CME and Mariner Spring Training program in Phoenix next March is still under consideration. However, better numbers and commitment are required.

For the first time, the College offered a three-day CME program in early March tandem with Mariner Spring Training and pre-season games. The program got rave reviews but the actual registration was low and bottom line did not meet expectations.

A recent interest survey indicated increased interest but short of the required numbers. Options to insure the program's success are under review. ■

Interest survey confirms Hawaii, Whistler CME resort programs

Over 140 PCMS members returned a survey featuring questions about the College's "resort" CME programs.

The results confirmed high interest in the annual program in a ski area (Whistler) and the semi-annual program in Hawaii (last year on Maui). The results demonstrated growing interest in continuing a CME program tied in with *Mariner Spring Training* in Phoenix. However, the results are inconclusive and require further study.

Accordingly, planning for CME programs at Whistler and in Hawaii in 1998 are underway. Announcement of specific sites and dates is expected in the August Bulletin. Program brochures should be available before September 1.

Surveys were returned from

over 80 physicians who had attended previous College "resort" programs and about 60 who had not. Response to initial plans in attending next year equaled 55 attending the Whistler program and 52 attending a Hawaii program. Only 28 would plan on traveling to Phoenix.

Physicians were split when questioned if they would include their children in their travel plans. Hotel cost thresholds were gathered and will be valuable in selecting conference sites.

Specific island preference was equally split between the islands of Maui and Kauai followed by interest in the the island of Hawaii.

Many respondents offered valuable suggestions for topics to be included and many expressed interest in speaking. ■

Common Office Problems CME October 3, schedule selected

The College's traditional and very popular CME program entitled *Common Office Problems* is scheduled for Friday, October 3, 1997.

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:

- Type II Diabetes: New Pharmacologic Therapies
- Update on HIV Treatments: Protease Inhibitors
- Evaluation and Treatment of Osteoporosis
- Treatment or Referral: Common Fractures
- Firearms and the Physician
- Anti-Depressant Selection
- Stroke Management
- Coughing Kids: When to Treat
- Joint Aspirations and Injections ■

Domestic Violence Helpline handout cards available

Pierce County Domestic Violence Helpline cards are available and can be used as handouts to patients in instances of suspected abuse. The cards are regular business card size and are printed on both sides, as shown at right.

One side gives the phone numbers to call for help, including a toll free number.

The other side notes services such as safe places to talk, shelter referrals, and safety planning. Referrals include support groups, legal assistance, low income housing and clinics, etc.

The Helpline is sponsored by the Pierce County Commission Against Domestic Violence.

For more information, or to order a supply of the business cards for your office, call Ann Eft at the Commission Against Domestic Violence, 798-3502. ■

PierceCounty
Domestic Violence Helpline
253/798-4166
TDD: 253/798-6050
800/764-2420

There's NO EXCUSE for Domestic Violence

**Safe place
to talk**

**Shelter
Referrals**

**Safety
Planning**

24-Hour Line

Referrals for:

- support groups
- legal assistance
- low income housing
- low income clinics

Please call.

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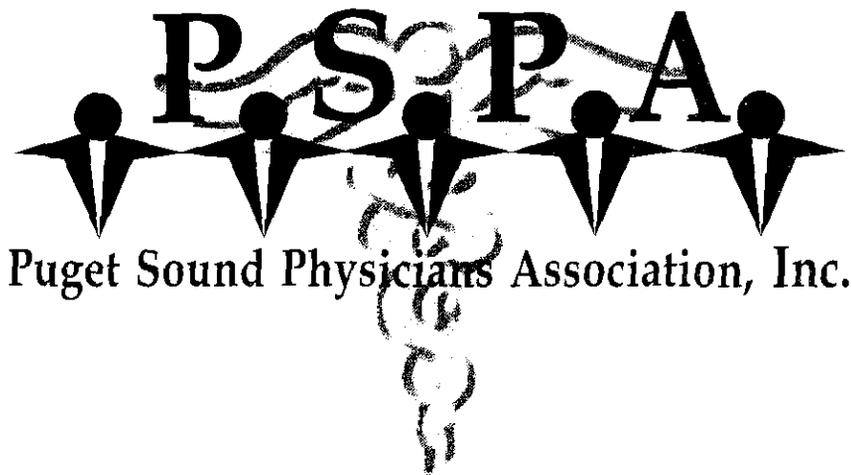
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the Pulse

Pierce County Medical Society Alliance

1997-1998 meeting dates, times, topics

Board Meetings are from 9:30 am to 11:30 am at Mary Bridge Childrens Health Center, 311 South L Street (the old Mary Bridge Childrens Hospital) in TOA3. The meetings will be on:

September 8

October 6

November 3

December 1

Please be on time!

The **programs** for 1997-98 are:

September 19 - a nature walk lead by **Alice Wilhyde** at Point Defiance Park. Box lunch.

October 17 - a fashion show at Tacoma Golf & Country Club.

November 21 - holiday shopping in Seattle. We will carpool and lunch at Palomino's.

December 9 - is the Joint Holiday Dinner with the Medical Society at the Shoraton Hotel.

February - an evening meeting - Computer info night. Getting on-line for the year 2000. **Cindy Anderson**, Alliance member, will be our speaker.

March 21 - a tour of Washington State Museum of History followed by lunch across the street at Grassi's Garden Cafe.

April - is the House of Delegates in Olympia.

May 15 - a visit to Molbaks Nursery and St. Michelle Winery followed by lunch at Red Hook Brewery. ■

New officers installed at May meeting

On Tuesday, May 6, **Fran Thomas** turned over the presidency to **Mona Baghdadi**. **Helen Whitney**, past state president gave Fran her past president pin and Mona received her county president pin.

Fran received a statue of a little girl holding flowers in her skirt for her garden as a present.



Fran Thomas (left) turned over the presidency to Mona Baghdadi and pins her with the county president pin



New officers were installed for 1997-1998. Pictured from left: Helen Whitney, past state president; Mona Baghdadi, President; Fran Thomas, Past-president; Sue Wulfestieg, Treasurer; Kathleen Samms, Dues Treasurer; and Kathleen Forte, 3rd VP, Bylaws/Historian

More Alliance news page 26



the Pulse

Pierce County Medical Society Alliance

President's Message

Greetings.

Well, I am finally here in the hot seat! Actually being president is better than I thought it would be. I am very glad I had leadership training in Chicago last October. It helped put things in perspective.

For those of you who do not know me, I was born in Dublin, Ireland and that is where I met my husband Tarek, originally from Egypt, who was attending medical school



there. Tarek did his specialty training in the U.S. and we were lucky enough to be able to stay and now call Gig Harbor home. We have two children, a girl age 12 and a boy age 10.

I have been a member of the Alliance for seven years. Throughout this time I have been very active working on a variety of community projects. I am a member because I believe in our mission statement; we are dedicated to the health and quality of life of all people. Growing up in Ireland, the adage - it takes a village to raise a child was taken seriously. I learned that one of the worst sins was to walk on by when someone had a need, it could be me tomorrow. Believe me the Irish have a way of telling a tale that beats the best graphics of our time.

Pierce County is not without its needs. We have our social ills. I feel good knowing in some way I am helping to make a positive contribution. Domestic violence is one of those ills that eats away at

See "President" page 26

1997-1998 officers/leadership

1997-1998 Board of Directors

President: Mona Baghdadi, 851-6306

President Elect:

1st VP Programs: By committee

2nd VP Membership: By committee

3rd VP Bylaws/Historian: Kathleen Forte, 759-6381

4th VP Arrangements: Yolanda Bruce, 265-8190

Recording Secretary: Lynn Peixotto, 851-3831

Corresponding Secretary:

Treasurer: Sue Wulfestieg, 759-8492

Dues Treasurer: Kathy Samms, 265-6723

Past President: Fran Thomas, 265-2774

Committee Chairs

AMA-ERF: Karen Dimant, 265-2516

Finance/Philanthropy: Fran Thomas, 265-2774

Mailing: Alice Yeh, 756-0578

Newcomers: By committee

Nominating: Fran Thomas, 265-2774

Planning/Development: Nikki Crowley, 922-7233

Pulse/Bulletin: Mona Baghdadi, 851-6306 / Sue Asher, 572-3667

Student Recognition: Alice Yeh, 756-0578

Support: Helen Whitney, 564-4345

Special Events/Fundraisers

Holiday Sharing Card: Alice Wilhyde, 572-6920/Helen Whitney, 564-4345

Holiday Dinner with PCMS: By committee

Entertainment Books: By committee

Phone Reservations: Yolanda Bruce, 265-8190/Mona Baghdadi 851-6306

Yearbook: Alice Wilhyde, 572-6920

Health Agencies/Coalitions

Domestic Violence TaskForce: Kris White, 851-5552

Baby Think it Over: Fran Thomas, 265-2774

YWCA OutReach Programs

Support Shelter: Lavonne Stuart-Campbell, 841-3638

Encore Program: Ginnie Miller, 759-7434

Legislation: Nikki Crowley, 922-7233 ■



the Pulse

Pierce County Medical Society Alliance

PCMSA wins PACE Public Education Grant from WSMA to fund more babies

PCMSA has been awarded a \$2,000 public education grant from the WSMA Patient Awareness and Community Education Program (PACE).

The grant is to be used to help expand PCMSA's "Baby Think It Over" doll campaign. The goal of the project is to educate teens about the difficulties, inconveniences and realities of caring for an infant 24 hours a day. The "Baby Think It Over" doll is the first realistic infant simulator.

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.

The Baby Think It Over dolls have been very popular in the Tacoma and Peninsula school districts where they are currently used. The \$2,000 grant will buy eight more dolls that hopefully can be used in the Parkland/ Spanaway area.

In a letter to **Kris White**, Mary Gregg, MD, Chairperson of the PACE Steering Committee asked that a brief final report on the project be submitted to WSMA at the conclusion of the project.

If you are interested in helping with the expansion of this worthwhile project, please call Kris White 851-5552, or 596-8194 (vm), or Fran Thomas, 265-2774. ■

Baby Think it Over program. The recent newspaper articles have certainly made our community aware of our serious commitment to the health of teens.

If you would like to know more about the Alliance, please call me or join us for one of our social programs. The Alliance is a strong, pro-active organization that offers friendship, leadership training to develop new skills, and an opportunity to participate in community service.

Until next time, enjoy your summer. ■

Mona Baghdadi



Many thanks, Fran Thomas

Thank you to **Fran Thomas**, Past-president, for all her hard work and dedication to Alliance this past year.

You are appreciated! ■

Oops! We goofed

When we switched from having our own newsletter, *The Pulse*, separate from *The Bulletin* there was a gap in communications. Some of our members were inadvertently omitted from the list of mailing labels. We are sorry for the error.

Please accept our apologies and know that we are correcting the mistake. ■

Congratulations to 1997 graduates

Jennifer Fulcher, daughter of Dr. Jim and Ane Fulcher. Graduating from Bellarmine Prep School with honors. Jennifer will be attending Boston College in the fall.

Scott Ritchie, son of Dr. Bill and Marge Ritchie. Graduating from the University of Washington, majoring in accounting. Plans to take the CPA exam and secure employment. ■

President from page 25

the heart of a family. Together with Pierce County Coalition of Domestic Violence we are helping to make a difference.

I am excited about the year ahead. At my first board meeting, together we planned our social programs and our goals for the year. One of our goals is to raise \$20,000 for our philanthropic fund. This will enable us to make a significant contribution to several projects. We are also working closely with the Pierce County School districts on the

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Group Health Cooperative of Puget Sound is currently seeking an orthopedic surgeon interested in locum tenens opportunities for our Eastside (Redmond) facility. This is a referral-based practice in a well-established managed care organization. For further information, call (206) 448-6543 or fax CV and cover letter to (206) 448-6191.

Pediatrician wanted. Rapidly growing community in Southeast King County has patient base to fully support pediatrician. Call Rita Dyer (360) 825-1389.

OFFICE SPACE

CALL NOW!! Park your car or bike and walk right in this new ground level 1200-1500 sq ft office at 12th and Union, ideal for one or two physician practice with x-ray and lab facilities in building. Available September 1. Liberal building allowance and guaranteed competitive rent. An additional 4200 sq ft ground level suite will be available January 1, 1998. Inquiries: Dolores 256-2182 at Dr. Lovy's office.


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August, 1997

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September 25-27, 1997
Yakima, Washington



1997 ANNUAL MEETING

See story page 8

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PIERCE COUNTY MEDICAL SOCIETY BULLETIN

August, 1997

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"Hats off to the Docs"

In 1992 the Medical Society conducted their first Mini-Internship program. Held twice annually, the program is designed to give community leaders insight to the medical profession. Interns (community leaders) spend two days with four different physicians observing the practice of medicine from the physician's side.

The June program featured a News Tribune reporter, a Business Examiner editor, two attorneys, and a Puyallup legislator. I moderated the introductory and debriefing dinners held before and after the program, and recently received a letter from attorney Daryl G. Graves, an intern. As President of the Pierce County Bar Association, Mr. Graves readily accepted his invitation to participate in the program. With his letter he sent me a copy of his President's Page which appeared in the July, 1997 issue of the Tacoma-Pierce County Bar News.

It is reprinted here in its entirety and speaks well for the time and effort we put forth to conduct our Mini-Intern programs.

President's Column:

The legal and medical professions are often said to be "at odds," "antagonistic" or even "enemies." Whether you subscribe to those descriptions or not, most will agree that criticism, fear and negative perceptions often exist in the relationship between the legal and medical professions.

The Pierce County Medical Society's Mini-Internship program

in which I participated June 9 & 10th, is a big step toward fostering empathy and understanding between the two professions. The program is repeated two times per year with members of the community accompanying practicing physicians from all medical fields (family and internal medicine, pediatrics, obstetrics/gynecology, emergency medicine, surgery, pulmonology, urology, anesthesiology, etc.). Interns spend half a day in one-on-one placement with physicians, rotating through four assignments during the two day project. They are encouraged to ask questions and comment freely during their visits. I was fortunate to be assigned to **Mason Cobb, MD** (pediatric surgeon), **Bill Dean, MD** (urologist), **Bruce Gilles, MD** (anesthesiologist) and **Mike Regalado, MD** (emergency room physician).

The Pierce County Medical Society's rationale for the program is that it is an effort to establish ongoing and open communication between health care providers and the community to help resolve conflicts and devise constructive methods of containing costs without sacrificing patient care. The program is designed to achieve those ends by exposing the humane concerns of physicians through first hand experience for interns and giving the physicians input from the broad spectrum of community representatives.

Particularly noteworthy is the Society's willingness to host a practicing attorney in surgery, a



Stanley C. Harris, MD
President, 1997

urologist's office and the emergency room at Good Samaritan Hospital. Some might say it is like putting the fox in the henhouse. The Pierce County Medical Society disagrees. They believe physicians receiving input and feedback from local legal representatives fosters communication, empathy and understanding. My experience in their program proves they are right. I was treated with open and honest candor. I was welcome with each practitioner and in each facility. I was encouraged to ask questions and comment freely.

The program was well organized and well run. It began with an introductory dinner and ended with a debriefing dinner, giving both the interns and the physicians an opportunity to share their personal and professional perspectives and give honest, open feedback. I congratulate the Pierce County Medical Society for an excellent and worthwhile program.

Daryl Graves, JD

President

Tacoma-Pierce County Bar ■

Letter demonstrates challenging issues that Medical/Legal Committee arbitrates between physicians and attorneys

The Medical-Legal Advisory Committee consists of members of PCMS and the Tacoma-Pierce County Bar Association. Its purpose is to resolve grievances between physicians and attorneys. The Committee has functioned extremely well over the years in resolving grievances between the two professions.

Dr. Nick Rajacich, Tacoma orthopedist co-chairs the Committee with attorney Dan Kyler. Below is a letter that Dan Kyler received from a fellow attorney. The Committee will ask the physician for his/her viewpoint on the matter and discuss it and reach a conclusion and ask the physician or attorney to comply with its decision. If an agreement cannot be reached, the Committee will set up an arbitration board consisting of one physician, one attorney and a third arbitrator who shall be neither a physician or attorney. The decision of the arbitration board is final and binding on all parties. As a rule, most grievances are resolved in an amiable fashion and very few go into arbitration.

This letter is in follow-up to our phone conversations of the last

two days. This letter will summarize what my office has gone through in scheduling a video perpetuation deposition.

I have a trial beginning in Pierce County Superior Court in June. In April, my legal assistant left a message with the doctor's office regarding his testimony at trial. The person she spoke with indicated that she was pretty sure the Doctor would not testify live but would prefer a deposition. Someone was to get back to us. No one did.

Several subsequent messages were left and finally, due to a lucky phone call, my legal assistant spoke with the person in the doctor's office who actually schedules conferences, depositions, etc. She confirmed on Friday, May 9th that the Doctor would not do a live testimony at trial, nor would he do a video deposition. When asked what his normal procedure was, she stated he does a regular deposition and works it out with the attorney. My legal assistant set a phone conference for me to discuss this with the Doctor on the morning of May 12th. I did speak with him that morning. He made it very

clear that he had an aversion to the legal system. In his opinion, a video deposition was not necessary and he would not do one simply because it was my preference or it made his testimony more effective. I called and spoke with you that day.

The afternoon of May 12th, we received a voicemail message from the doctor's assistant advising that he had reconsidered and would consent to a video tape deposition at a cost of \$1,500 and to be scheduled after his office hours.

As we discussed on the phone, this is a fairly straightforward claim in terms of medical issues. It involves a bimaleolar ankle fracture which required the surgery placement of hardware and a year later, the removal of hardware. My client had a good recovery so there is not a big issue with respect to general damages, pain and suffering, permanent impairment, etc.

I feel \$1,500 is excessive for a deposition that will probably take no longer than an hour. I would appreciate the committee looking at this. ■

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Medicare reform legislation will create sweeping changes

As of July 25, Congressional negotiators were close to agreement on major elements of Medicare reform legislation that would save \$115 billion in spending over five years.

The House-Senate conference committee crafting the bill had agreed to include the House's broader Medicare medical savings account demonstration, which would allow up to 500,000 participants and cap deductibles at \$6,000.

As for implementing practice expense relative values, GOP conferees also agreed on a Senate-based one-year "special rule" in 1998 that would begin shifting payments to primary care physicians and away from surgeons.

Among managed care pay reforms, negotiators decided to "carve out" graduate medical education dollars from Medicare payments to health plans in favor of direct distribution to academic medical centers. While the AMA backs that move, it opposes the committee's apparent decisions to accept Senate language that would limit dual-eligible cost-sharing to Medicaid rates and to drop the House's tort reform package. Language on provider-sponsored organizations was in flux but appeared to grant states initial certification authority and establish a fallback federal system. Conferees weakened a Senate provision to permit non-participating physicians to privately contract with patients; the AMA would oppose altered language that grants review of contracts to the Health Care Financing Administration.

The legislation would also include "gag rule" protections in

Medicare managed care plans and a new fee-for-service option without balance-billing rules. Congress hopes to have the final bill to the White House this month.

Other key proposals being negotiated are:

- Raise the eligibility age to 67, phased in over 24 years beginning in 2003
- Switch to a single Medicare conversion factor in 1998
- Vary Medicare premiums based on a patient's income, using a "means test"
- Delay implementation of the hotly contested changes to the Practice Expense values in the Resource Based Relative Value System
- Increase fraud and abuse penalties; anyone convicted of three health care-related crimes would be excluded permanently from Medicare and Medicaid participation
- Establish a new home health benefit under Part B (primarily to address HCFA's fraud concerns);

require surety bonds for durable medical equipment suppliers, home health agencies, comprehensive outpatient rehabilitation facilities (CORFs) and rehabilitation facilities

- "Carve out" graduate medical education (GME) and indirect medical education (IME) payments made to teaching hospitals serving Medicare managed care enrollees
- Create rural hospital initiatives, with an expansion of the Rural Primary Care Hospital program to all states
- Expand Medicare coverage of preventive services, including annual mammograms for all women age 40 and over, colorectal cancer screening, diabetes screening tests, bone mass measurement tests, an annual Pap smear and screening pelvic exam for women who are at high risk for cervical cancer, an annual prostate cancer screening test for men over age 50
- Broaden ability to shift financial responsibility for patients with other medical insurance ■

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Governor Locke responds to PCMS regarding interpreter service

In early May, Dr. Stan Harris, PCMS President wrote Governor Gary Locke asking him to reconsider legislation that would remove \$18.5 million from providing interpreter services and make physicians and other health care providers responsible for interpreter reimbursement.

Below is the Governor's response outlining actions the state has taken so physicians will not be reimbursing interpreters.

Dear Dr. Harris:

Thank you for contacting my office to share your views about funding in the 1997-1999 biennial budget for interpreter services. I appreciate this opportunity to respond.

I began the 1997 legislative session with very clear priorities: improving public education; increasing access to affordable health care; designing a new welfare program that promotes personal responsibility while also maintaining a fair and adequate safety net; maintaining job training; and providing tax relief for homeowners and businesses. The initial budget approved by the Legislature fell short in several of these areas - particularly for education, health care and compensation for teachers, faculty, state employees and vendors. So, I vetoed several sections of that budget and asked lawmakers to work with me on a compromise.

The Legislature met my challenge in many areas. The "second" budget will be better for public education and will increase enrollment in the Basic Health Plan. We also will continue the Workforce Retraining Program (job-training for dislocated

workers), provide a modest investment toward protecting the environment and improving our management of water resources and maintain various human-service programs that are vital for many disabled and elderly people.

The final budget reduces funding for Medicaid interpreter services by \$18.5 million (\$7.6 million General Fund-State). However, the DSHS Medical Assistance Administration (MAA) has decided to continue reimbursing providers for interpreter services and will accomplish the needed savings by using several cost-reduction strategies which are expected to result in the required savings while maintaining necessary services to clients. The strategies will include close monitoring of the use of interpreter services; eliminating the travel-time reimbursement; capping the number of units per client per day; claiming additional federal money that is available for other public entities; implementing new contract requirements and imposing a 45.2 percent

ratable reduction. MAA also will monitor services to assure that clients are receiving needed interpreter services. These changes will be implemented as soon as possible after July 1, 1997.

Compromise is an integral part of the legislative process. While I am disappointed in certain aspects of the final budget, I am pleased with the general outcome. This budget holds growth in state spending to the lowest in 25 years. It keeps us within the spending limits of Initiative 601, leaves a prudent reserve of approximately \$400 million, and doesn't short-change education and programs that help working families. We also adopted a welfare-reform strategy that I hope will lead to successful self-sufficiency for thousands of families. I look forward to building on these accomplishments in the future.

Thank you, again, for contacting me. Please continue to share your views and ideas with me.

Sincerely,
Gary Locke
Governor ■

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Thank you!

Brief highlights in medicine from around the nation

Massachusetts doctors fight for-profits' control - Instead of watching for-profit companies exert greater control over their practices and medical offices, Massachusetts physicians have begun organizing to fight what they call the industrialization of medicine. "We feel that the doctor-patient relationship is in danger of being totally destroyed," said Steffie Woolhandler, MD, one of 22 physicians on the Ad Hoc Committee of Defend Health Care.

Clinton backs move to ban genetic discrimination - Washington - The movement to ban health insurers from using genetic information to deny or limit coverage has gained muscle with the announcement of two new proposals - one by President Clinton - to out-

law the practice. Clinton announced July 14 that he will work with Congress to enact legislation preventing what proponents call genetic discrimination by health insurers. On July 17, Representative Cliff Stearns (R-FL) unveiled a bill with similar goals.

New data bolster case for tort reform - As Congress continues to grapple with the details of a final budget reconciliation package, supporters of tort reforms such as a cap on noneconomic damages in health care liability cases rolled out new data showing up to \$800 million in federal savings such reforms could reap. But even reform advocates admit the new figures may be too little too late, with tort reform's chances in a final budget deal dim.

Narrowing the access gap for AIDS drugs - Washington - Federal and state lawmakers, along with public health advocates, seek to expand health insurance coverage in order to bring effective new AIDS drugs to those in need.

Giving pain the attention it's due - New York - From childhood injuries to end-of-life care, physicians need to do a much better job of identifying the causes of pain and treating it effectively, said a panel of experts convened by the AMA.

Columbia/Value Health merger - Boston - A Massachusetts Superior Court justice last month dissolved the preliminary injunction enjoining the merger of Columbia/HCA and Value Health Inc., allowing the deal to move forward. The action came after Value Behavioral Health Inc., a subsidiary of Value Health, sold its 50% interest in the Massachusetts Behavioral Health Partnership to its partner, FHC Option Inc. of Norfolk, VA.

Exceeding immunization goals - Washington - The Centers for Disease Control and prevention says the nation has exceeded immunization goals set in 1993. The CDC reports more than 90% of two-year-olds received the recommended vaccine doses for diphtheria, tetanus, measles, polio and Haemophilus influenza. President Clinton announced a new collaborative effort to establish immunization registries. "This is a day to celebrate, a day to congratulate, a day to feel good about the progress we've made in childhood immunization rates," AMA President Percy Wootton, MD said at the White House. "It's also a day to look forward to what more we can do tomorrow." ■

Compiled from "AMNews", Editorial, Top Story, 8/4/97

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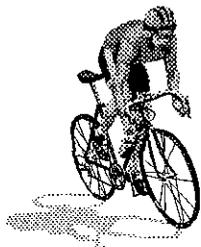
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Two-hundred miles of wind and rain



The 18th Annual Seattle to Portland Bicycle Classic turned into one of the worst rides in the history of the event. Ask PCMS members: **Don Shrewsbury, Bill Martin** and wife **Karyl, Pat Hogan** and daughter **Adrienne, Henry Retailiau, Ken Graham** and **Dave Wilhyde** about the cold rain

and wind that followed them for the 200 mile route. Many riders became hypothermic with the long, wet riding.

All of the above riders rode to Longview the first day which is a 144 mile ride or about 10-12 hours in the saddle. Most of the 8,000 two-day riders stop at Centralia (96 miles) or Winlock (111 miles). In past years the rain has been intermittent and reasonably warm, but this year was the miserable year.

John Loesch, who was riding with **Ken Graham** and **Henry Retailiau** hit the wheel of the bike in front of him, crashed and broke his collar bone. There were numerous accidents along way because of the constant rain, chill and loss of concentration.

Some of the group is planning a ride from Tacoma to Centralia in mid-October. They will leave from the Tacoma AMTRAK station, ride the 55 miles and return by train late afternoon. It is relatively flat and makes for a great ride. Lots of stops and no hurry to get there. A mailing will go out to those members on the PCMS Bike Club mailing list.

If you haven't been receiving the occasional mailings, give the office a call at 572-3667 and ask to be put on the Bike Club listing. ■



L to R: Henry Retailiau, Ken Graham, Pat Hogan and daughter Adrienne at the 50 mile Tacoma rest stop. Only 100 more miles to go for the day



L to R: Dr. Ken Graham, John Loesch, and Dr. Henry Retailiau are happy that the rain stops momentarily

Sound to Narrows list of PCMS runners gets longer



Dr. Todd Nelson, radiologist with Diagnostic Imaging NW, finished the Sound to Narrows 7.6 mile run in an excellent time of 57:29. He was inadvertently omitted from the under one-hour listing in the *July Bulletin*.

Also omitted was Jeanine Stewart, daughter of **Dr. John (Jack) Stewart**, orthopedist, who ran the 5K run in a time of 23:48. She was the seventh finisher overall.

Congratulations and our apologies for the omissions. ■

Personal Problems of Physicians

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Wheelchairs needed

Pierce County offices are in need of wheelchairs to use in their facilities. They often have to accommodate disabled people who do business in the County-City Building, Annex, Remann Hall, Health Building and other facilities.

They receive numerous requests for wheelchair use and only have one available.

If you know anyone who has a wheelchair that they no longer need and are willing to donate it to the county, please contact Dick Zierman, 798-7700. ■

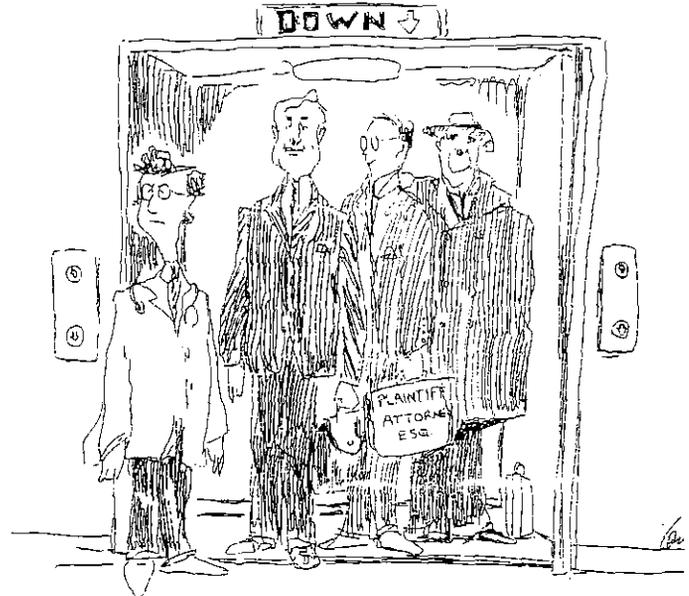
Asthma and Allergy Foundation has information available

The Asthma and Allergy Foundation of America, Washington State Chapter has numerous pamphlets and information available such as, 'Rise Above your Asthma or Allergies,' 'Serving your Special Needs,' 'Hayfever,' as well as a quarterly publication The Peakflow Gazette.

The Foundation can be reached at 1-800-778-AAFA, Fax: 206-286-6604, or by email: cdselvar@aol.com.

Their Seattle address is 4012 NE 60th Street, Seattle, WA 98115. ■

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Computer User News

Check out these really fun web spots

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Some **key medical sites**: http://oja.anes.hscsy.edu/perf/medical_links

The Virtual Hospital: <http://vh.radiology.uiowa.edu/>

To find an **e-mail address**: <http://www.Four11.com/>

To **use Internet as a phone**: Must have a microphone and a voice card
<http://www.vocaltec.com/>

National Speakers Association: <http://www.nsaspkr.org.index.html>

Children's Hospital of Dallas. Just about as cute as a web site can get.
Animated train, excellent navigation: <http://www.childrens.com/>

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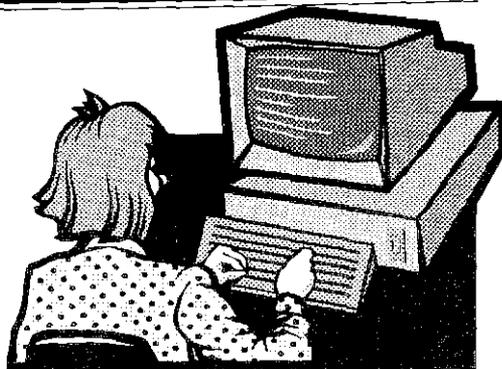
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We are working to fine-tune the system that will send the PCMS Fax News electronically without printing the entire list of email addresses. Once this glitch is worked through, the PCMS Fax News will be sent to those with email rather than fax machine.

Thank you for your patience and understanding. ■

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Richard Huish, MD retired ob/gyn dies

Richard Huish, MD, retired ob/gyn died on July 23 in Tacoma after a brief illness. He was 65 years old.

Dr. Huish joined the Medical Society in 1964 after completion of his residency at the University of Washington. He completed his Internship at San Joaquin General Hospital in Stockton, CA after graduation from the University of California Medical School. He served in the Army Medical Corps from 1957 to 1960.

Dr. Huish delivered over 10,000 babies during his distinguished career in Tacoma. He quit delivering babies in 1986 when Gary Nickel, MD, joined his practice. He said at that time that he was ready for a good night's sleep.

After retirement, he and his wife Rogene, spent two years in Jerusalem, Israel. They worked with 200 Brigham Young University students and faculty at the Center for Mid-Eastern Studies. Dr. Huish served as the physician and Mrs. Huish worked in the office. On holidays they traveled. Last year they spent on a mission for the Church of Jesus Christ of Later-day Saints in Moscow, Russia.

Dr. Huish will be missed by the medical community, his former colleagues and the many, many patients he served.

He is survived by his wife, Rogene, six children and 16 grandchildren, many friends and former patients. ■

Alan Tice, MD promoted at UW

Alan Tice, MD was recently promoted to Clinical Associate Professor of Medicine at the University of Washington School of Medicine.

The promotion is in recognition of his contributions to the department's teaching and academic programs.

Dr. Tice is also active in the College of Medical Education programs as he is program director for the annual HIV physician education course and the annual Infectious Diseases course sponsored each year by Infections Limited.

Congratulations, Dr. Tice. ■



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WSMA Resolutions due

If you have ideas or policy changes that you would like the Washington State Medical Association House of Delegates to consider, now is the time to submit them. This is your opportunity to help set WSMA policy.

The House will review all resolutions submitted in writing at their annual meeting in September. The meeting will be held September 25-27 in Yakima.

If you have an idea or thought but are uncomfortable putting it in resolution form, please call Doug Jackman at the Society office, 572-3667. You can fax your resolution to him at 572-2470 or send by e-mail to pcmswa@pcmswa.org.

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versity School of Medicine
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Health Foundation
Residency: Creighton/Nebraska
Health Foundation
Fellowship: Columbia Presbyte-
rian Medical Center

Etzkorn, Eugene, MD Internal Med/Infectious Diseases

Practices at 3611 S "D" St, #5,
Tacoma 98408; 474-0751
Medical School: New York Medi-
cal College
Internship: Letterman Army
Medical Center
Residency: Letterman Army
Medical Center
Fellowship: Brooke Army Medical
Center

Michel, Terrel, MD Ob/Gyn

Practices at 1706 S Meridian, #130,
Puyallup 98371; 848-1574
Medical School: Louisiana State
University
Internship: Madigan Army MC
Residency: Fitzsimmons Army MC
Fellowship: Walter Reed Army MC

Pauwels, Judith, MD Family Medicine

Practices at TFM, 521 MLK Jr Way,
Tacoma 98405; 552-2900
Medical School: U. of Wisconsin
Internship: St. Michael Hospital
Residency: St. Michael Hospital

Wolf, Charles, MD Family Practice

Practices at 9505 S Steele St,
Tacoma 98444; 597-6800
Medical School: Temple University
School of Medicine
Internship: Madigan Army MC
Residency: Madigan Army MC ■

1997 Physician Directory changes

Please make the following changes to the 1997 Physician Directory:

Benjamin, Sabrina, MD

Change office address to 316 ML
King Jr Way #304, Tacoma 98405

Dorman, Cynthia, MD

Change phone number to:
274-8326

Esuabana, Asuquo, MD

Change office address to: 1102
South I Street, Tacoma, 98405

Ho, Eleanor, MD

Delete; will be doing residency
training in Seattle

Jasper, Joseph, MD

Add office address:
316 MLK Jr Way, Tacoma, WA
98405; 564-2009 (PO Box is for
billing, billing phone #588-7911)

Jeffers, Duano, MD

Change office address to 316 ML
King Jr Way #304, Tacoma 98405

Munoz, David, MD

Change office address to 316 ML
King Jr Way #304, Tacoma 98405

Regimbal, Joseph, MD

Change office address to 316 ML
King Jr Way #304, Tacoma 98405

St. Clare Hospital

Change phone number of ER
Dept. to: 589-8700

Sparling, David, MD (Retired)

Change address to:
3633 Soundview Dr West,
Tacoma, WA 98466 ■

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Mike Huiros, MD
PSPA Board of Directors



COLLEGE OF MEDICAL EDUCATION

College Board announces 1997-1998 CME schedule

The College of Medical Education's Board of Directors announced its CME schedule for 1997-1998 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. ■

Whistler, Hawaii CME dates and locations set

Dates and locations for the College's two "resort" CME programs have been confirmed.

For the Whistler course, the Radisson Blackcomb Suites (an assortment of condominiums in the Blackcomb area) will again be the site of this very popular winter CME event. The program is scheduled for January 28-February 1, 1998.

For the Hawaii course, the Aston Wailea Resort has been selected for this semi-annual event. The program is scheduled for the week of April 6-10, 1998. Greatly reduced rates have been secured at the hotel on the island of Maui.

The College has a block of rooms at the Aston (formerly the Maui Inter-Continental Wailea) with ocean views at \$160 with a second adjoining room for children at a rate of \$99.

Program brochures for both courses with details on the CME program, registration procedures and hotel/flight reservations will be available in early September. ■

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Friday October 3	Common Office Problems	Mark Craddock, MD
Friday, November 14	Office Gynecology	John Lenihan, MD
Friday, Friday, December 5	Infectious Diseases Update	Alan Tice, MD
Friday January 23, 1998	Cardiology for Primary Care	Marilyn Pattison, MD
Wednesday-Sunday January 28-February 1	CME at Whistler	John Jiganti, MD
Friday, February 27	Review of HIV Infections	Alan Tice, MD
Thursday & Friday March 12 - 13	Internal Medicine Review	Vernon Nesson, MD
Monday - Friday April 6 - 10	CME at Maui	Mark Craddock, MD
Saturday, April 25	Surgery Update 1998	Allen Yu, MD
Friday, May 1	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 5	Nuts, Botls & Innovation in Gastrointestinal Disease IV	Gary Taubman, MD Rick Tobin, MD
Thursday - Friday June 25 - 26	Advanced Cardiac Life Support	College of Medical Education



the Pulse

Pierce County Medical Society Alliance

President's Message

To the medical spouse in your house! Why become a member of Alliance?! Because we need your support.

Our commitment to community service is very real. As I look back on the years Alliance has been active in this county, we can be proud of the strength and support past and present members have made in Pierce County.

Our most recent impact on the community has been with our "Baby Think It Over" teen program. This program is not just designed to torment teens (as the

young man said, who recently disrupted baseball to tend to his baby) but to open dialogue between lifeskills educators and students on

issues such as responsibility and respect.

One of our goals this year is to continue to support our middle and high schools lifeskills programs. At this time the demand far exceeds the funds. With your support, we can make a difference.

On the social side of things, we have a variety of programs scheduled for fall and I invite you to take a little time for yourself each month to attend a stress-free event that you didn't have to plan. Please join us this year.

The reward for you is more than receiving your personal membership book and being part of a very lively, pro-active group locally,

See "President" page 18

1997-1998 officers/leadership

1997-1998 Board of Directors

President: Mona Baghdadi, 851-6306

President Elect:

1st VP Programs: By committee

2nd VP Membership: By committee

3rd VP Bylaws/Historian: Kathleen Forte, 759-6381

4th VP Arrangements: Yolanda Bruce, 265-8190

Recording Secretary: Lynn Peixotto, 851-3831

Corresponding Secretary:

Treasurer: Sue Wulfestieg, 759-8492

Dues Treasurer: Kathy Samms, 265-6723

Past President: Fran Thomas, 265-2774

Committee Chairs

AMA-ERF: Karen Dimant, 265-2516

Finance/Philanthropy: Fran Thomas, 265-2774

Mailing: Alice Yeh, 756-0578

Newcomers: By committee

Nominating: Fran Thomas, 265-2774

Planning/Development: Nikki Crowley, 922-7233

Pulse/Bulletin: Mona Baghdadi, 851-6306 / Sue Asher, 572-3667

Student Recognition: Alice Yeh, 756-0578

Support: Helen Whitney, 564-4345

Special Events/Fundraisers

Holiday Sharing Card: Alice Wilhyde, 572-6920/Helen Whitney, 564-4345

Holiday Dinner with PCMS: By committee

Entertainment Books: By committee

Phone Reservations: Yolanda Bruce, 265-8190/Mona Baghdadi 851-6306

Yearbook: Alice Wilhyde, 572-6920

Health Agencies/Coalitions

Domestic Violence Task Force: Kris White, 851-5552

Baby Think it Over: Fran Thomas, 265-2774

YWCA OutReach Programs

Support Shelter: Lavonne Stuart-Campbell, 841-3638

Encore Program: Ginnie Miller, 759-7434

Legislation: Nikki Crowley, 922-7233 ■



the Pulse

Pierce County Medical Society Alliance

1997-1998 meeting dates, times, topics

Board Meetings are from 9:30 to 11:30 a.m. at Mary Bridge Childrens Health Center, 311 South L Street (the old Mary Bridge Childrens Hospital) in TOA3. The meetings will be on:

September 8, October 6

November 3, December 1

Please be on time!

The **programs** for 1997-98 are:

September 19 - a nature walk lead by **Alice Wilhyde** at Point Defiance Park. Box lunch.

October 17 - a fashion show at Tacoma Golf & Country Club.

November 21 - holiday shopping in Seattle. We will carpool and lunch at Palomino's.

December 9 - is the Joint Holiday Dinner with PCMS at the Sheraton

February - an evening meeting - Computer info night. Getting on-line for the year 2000. **Cindy Anderson**, Alliance member, will be our speaker.

March 21 - a tour of Washington State Museum of History followed by lunch across the street at Grassi's Garden Cafe.

April - is the House of Delegates in Olympia.

May 15 - a visit to Molbaks Nursery and St. Michelle Winery followed by lunch at Red Hook Brewery. ■

President from page 17

statewide and nationally but you can take comfort in knowing that the social ills that trouble all of us - domestic violence and teen pregnancy to name a few - are being actively fought either in coalition or independently in some manner by the Alliance.

Mona Baghdadi, President ■

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PIERCE COUNTY MEDICAL SOCIETY BULLETIN

September, 1997



The Fannie C. Paddock Memorial Hospital Tacoma, Washington

CHAS. McCUTCHEON, M. D., Superintendent

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 - 4 **Dr. Ettlinger, Tacoma Rheumatologist, published in prestigious journal**
 - 5 **"Ethics and Managed Care: What's Law Got To Do With It?" September General Membership Meeting**
 - 6 **WSMA Annual Meeting, September 25-27 in Yakima will involve a host of Pierce County doctors**
 - 7 **In My Opinion: "Healthy Options is unfair to specialists" says Chris Jordan, MD**
 - 8 **PCMS welcomes many new members**
 - 15 **College of Medical Education plans Hawaii program for next spring and reminds you to plan early**
-

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 Lawrence A. Larson, DO.....Vice President
 Charles M. Weatherby.....Secretary/Treasurer
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 Marilyn Pattison, MD
 Nicholas Rajacich, MD
 Don Russell, DO
 Patrice Stevenson, MD
 Gary Taubman, MD
 Mona Baghdadi, PCMSA President

WSMA Representatives:

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 AMA Alternate Delegate: Leonard Alenick, MD

Executive Director: Douglas Jackman

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Bylaws, Stanley Tuell; **Budget/Finance**, Charles
 Weatherby; **College of Medical Education**, Gary
 Taubman; **Credentials**, Susan Salo; **Emergency
 Medical Standards**, Mark Jergens; **Ethics/
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 Of Physicians**, John McDonough; **Program**,
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 Lawrence Schwartz; **Sports 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
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PIERCE COUNTY MEDICAL SOCIETY **BULLETIN**

September, 1997

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*On the cover: The Fannie C. Paddock Memorial Hospital, 1902,
 now known as Tacoma General Hospital*

Presidents Page.....

"Home Health Services - A nicety or necessity?"

Perhaps I am a little sensitive, but I find it very troubling to read newspapers and magazines that criticize the health care profession. The recent "scandals" exposing the waste of money on home health care and the accusations of fraud against Columbia-HCA are only the most recent cases in point. We are told that millions of dollars are being wasted by doctors recommending unnecessary home health care providers' visits, and Medicare has supposedly been bilked by the huge for-profit hospital corporation through DRG up-coding and home health care fraud. I don't know whether the accusations are true or not, but I do know that if the problem exists, it is partially our own fault. I want to address the home health issue.

As you all know, I am a general surgeon, and like all in my specialty, frequently care for elderly or not so elderly Medicare patients who suffer from a multitude of medical illnesses and social problems. A particular patient caused me a lot of heartache and provides insight into the home health care issue. I was called to the ER late one night to see an 80 year old woman who suffered from an acute bowel obstruction. At surgery a 12-inch segment of small bowel was dead and resected. Post operatively, the patient did very well and did not require any special care. She was discharged home where her two daughters-in-law could care for her.

That is when the problems began. The family did not feel comfortable with her at home and mentioned that to me when I saw her in the office a few days later.

She complained of the usual post-op pains and fatigue. I found a small wound infection which I easily and quickly opened in the office. I considered her very fortunate to have such a minor complication considering the more serious problems she could have developed. This was not making her ill, but it was tender and would require local wound care at home. The adult women were fully capable of caring for the patient. I explained in detail how the wound should be cared for and made an appointment to see the patient in two days to see if things were progressing well. She missed her next appointment and when she finally saw me three days later, her son was present and quite abusive to my staff and to me. The wound looked terrible and it was clear that the care was not being performed by the family. I again explained the importance of good wound care and attempted to take care of the wound. The son became very upset during the cleaning of the wound and he explained that the reason she had missed the previously scheduled appointment was because I hurt her. And besides that, the wound care should have been done by a visiting nurse instead of asking the family to do so since they aren't doctors! He then proceeded to threaten me and forbid me from caring for his "poor mother" anymore. I bit my tongue while he proceeded out of the office with his mother. I called her primary care doctor to assure that she would get wound care and explained the encounter. A few months later I received a copy of a letter the son had sent to Medicare, AARP, and the primary



*Stanley C. Harris, MD
President, 1997*

doctor exposing me as insensitive in my treatment of elderly patients!!!!

This vignette is an example of the problems we face every day since Medicare pays for home health care. As far as the families are concerned, it is all free. If only I had ordered a visiting nurse to do all of the dirty work so the family would not have been inconvenienced. But, being concerned about appropriate utilization of resources, I did not think it was indicated. The family easily could have cared for their mother, but did not wish to do so. Home care is very expensive and should not be glibly or indiscriminately ordered.

I agree with the media when they say that home health care is being over-utilized. We are part of the problem since it is much easier to acquiesce to the demands of the inconvenienced family than get into the mess in which I found myself. Unfortunately, the public must realize that Federal expenditure on health care is a zero sum game. It's not free. The more funds wasted on home health means there are less for outpatient and inpatient care for Medicare and Medicaid patients. I wish I could hide my head in the sand and avoid any

See "Home Health" page 4

Health plan practices watched by AMA

Last year, a number of county medical societies worked with the AMA to obtain information concerning health plan practices, such as gag clauses and denials in authorization for care, that posed quality or ethical concerns to patients and physicians. Through documentation, we were able to establish an invaluable databank.

Health plans currently contend that gag policies that chill the ability of physicians to provide full informed consent to patients are a relic of the past. In 1996 and early 1997, some plans denounced gag policies publicly and took steps to eliminate them. But, clearly, the battle has not been won. The AMA has uncovered continuing examples of serious gag problems, including two recent contract provisions in Colorado and Kentucky. Our

efforts to protect a patient's legal right to receive full medical counsel and a physician's ethical and legal duty to provide such counsel must continue. We ask for your renewed support in forwarding and sharing any information you may obtain with us regarding gag policies or other unethical or clinically inappropriate practices.

If you have contracts, letters, bulletins or other relevant communications, please share them with us. Please contact AMA attorneys Evamarie Norey or Carol O'Brien if you wish to discuss these issues or would like more information. Their numbers are available by calling the PCMS office, 572-3667.

Thank you for your invaluable help. We look forward to working with you. ■

Opportunity to buy stock in United Physicians

Unified Physicians of Washington (UPW) mailed its latest stock prospectus to all Washington State Medical Association members August 14. All physicians are urged to review the offering and make their individual investment decisions well in advance of the

closing date of September 30, 1997.

Unified Physicians is raising additional capital to meet state mandated net worth requirements and operating funds necessary to significantly grow its commercial enrollment (i.e., sell health care policies to businesses.)

In its first year and a half in business, Unified Physicians has over 45,000 insured members but much of the membership is government programs. The goal is to significantly increase the percent of business in commercial products.

Anyone with questions about the offering can call Jim Peterson, President/CEO at (800) 418-0357 or Leonard B. Alenick, M.D., Vice Chairman at (206) 582-0525. ■

Dr. Ettlinger published in prestigious journal

Tacoma Rheumatologist **Robert Ettlinger, MD**, and several colleagues from around the nation participated in a study that evaluated the safety and efficacy of a novel tumor necrosis factor (TFN) antagonist. The original study was reported in the July 17 edition of the *New England Journal of Medicine*.

TFN is a proinflammatory cytokine involved in the pathogenesis of rheumatoid arthritis, and antagonism of TFN may reduce the activity of the disease. In the multicenter, double-blind trial, 180 patients with refractory rheumatoid arthritis participated by receiving injections of either a placebo or one of three doses of TFR:Fc twice weekly for three months. Treatment with TNFR:Fc led to significant reduction in disease activity.

The conclusion of the trial was that TNFR:Fc was safe, well tolerated and associated with improvement in the inflammatory symptoms of rheumatoid arthritis. The study is available in the NEJM website: www.nejm.org.

This study points to the importance of private practice physicians conducting successful research and trials that warrant recognition. If you have or are participating in a research project that you would like your PCMS colleagues to know about, please contact the Medical Society office. 572-3667. ■

Home Health *from page 3*

conflict with patients and their families, but I think it is up to us, the physicians, to carefully and appropriately control the use of home health visits. It is important for us to educate the public that patients and their families do not automatically receive home care. We must continue to oversee this huge industry and use this service for the appropriate patients. ■



Pierce County Medical Society

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invites you and your spouse/guest to the

September General Membership Meeting

Tuesday, September 9, 1997

Social Hour: 6:00 pm

Dinner: 6:45 pm

Program: 7:45 pm

Landmark Convention Center

Temple Theatre, Roof Garden

47 St. Helens Avenue

Tacoma

ETHICS AND MANAGED CARE WHAT'S LAW GOT TO DO WITH IT?

presented by:

Annette Clark, MD, JD

Associate Professor of Law

Seattle University, School of Law

***Election of four at-large members
of 1998 Nominating Committee
will be conducted***

(Registration required by Sept 5. Mail this form to PCMS, 223 Tacoma Ave So, Tacoma 98402, fax to 572-2470 or call 572-3667)

Please reserve _____ dinner(s) at \$19 per person (tax and tip included)

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I will be bringing my spouse or a guest. Name for name tag: _____

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Thank you!

WSMA 107th Annual Meeting will feature controversial talks "Scientific Medicine, Compassionate Care," theme for doctors meeting in Yakima

Physician assisted suicide, medical marijuana, and gun trigger locks are among the topics that will be discussed, debated, argued and voted on at the WSMA Annual Meeting in Yakima, September 25-27. The House of Delegates will deliberate policy for the statewide organization.

Scientific Medicine, Compassionate Care is the theme of the meeting, which will include 13 delegates from Pierce County. They are: **Drs. Stan Harris, John Rowlands, James M. Wilson, Jr., Lawrence A. Larson, Charles Weatherby, Don Russell, Nick Rajacich, Marilyn Pattison, Andy**

Levine, Gary Taubman, Patrice Stevenson, Keith Demirjian and David Law. Alternate Delegates include **Drs. Mason Cobb, Michael R. Jackson, Maria Mack, Cecil Snodgrass, Michael Young, Federico Cruz-Uribe, Robert Killian, Vita Pliskow and Alan Tice.** WSMA Representatives are **Drs. Leonard Alenick, Richard Hawkins, James Fulcher and Peter Marsh.**

Significant strides in medical technology and patient care have been made over the years, but recent dramatic changes in delivery and financing of health care have left many physicians

searching for answers and looking to colleagues for counsel and opinions. But, "there is no doubt that all physicians must continue to share the ethical foundation of our profession and our commitment of compassionate care," said Nancy Purcell, MD, WSMA President.

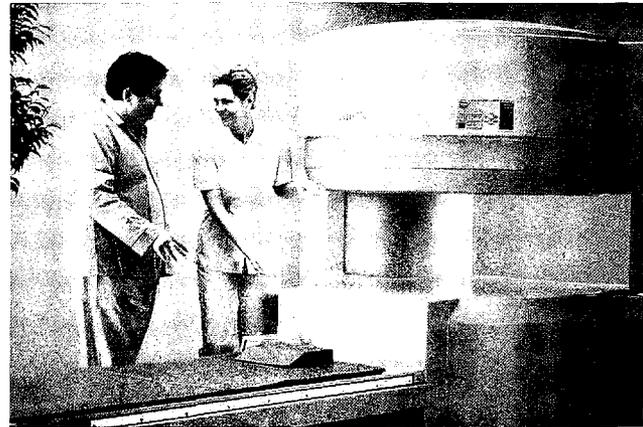
Albert Jonsen, MD, UW Medical School ethicist, will open the meeting by exploring the ethical issues posed by an industry in transition, the ethical role of the profession in the marketplace and what should be our vision for the future. ■

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"In My Opinion"

Healthy Options is unfair to specialists

Editor's Note: The following "opinion" piece was submitted by Chris Jordan, MD, General Surgeon. Please feel free to submit your opinions on medically related topics to the Bulletin for publication.

I have lost a lot of sleep over the Healthy Options plan. It really bothers me. I hate to say "no" to any patient or plan and I think that most physicians feel that way. However, there comes a point when you just have to draw the line.

The Healthy Options plan is a managed care plan. The patient now has an insurance company and a primary care physician to whom they have been assigned. The insurance plan and the primary care physician are responsible for the care of that patient. The primary care physicians are capitated and for their efforts they are now adequately reimbursed as compared to the old DSHS system. By many reports, I have heard that their reimbursement is very close to commercial rates. That is good. The insurance plans are also making a profit and they are

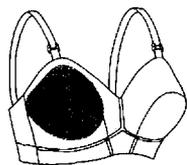
actively seeking out more Healthy Options business and that is okay too. However, Healthy Options is a terrible plan for a specialist. Unlike the insurance company and primary care physician, there is no potential for any gain for a specialist. It often won't even cover the cost of overhead expenses, since reimbursement rates are fixed at less than half that of a commercial plan. Is this fair?

No one is very sympathetic to "rich doctors" when it comes to complaining about reimbursement. Most people however live up to their incomes with mortgage payments, car payments, college tuition and so on and it is very difficult to go backwards. In my specialty of general surgery, we took about a 15% cut in pay when the commercial plans switched to an RBRVS system. Now we are looking at 20-40% cuts from Medicare. The last few years most insurance plans have frozen their reimbursement rates, so without even a cost of living raise, we are going backwards even further. Meanwhile overhead expenses continue to climb.

Andy Dolan, an attorney who is well known to physicians has said that "the game has changed" and it is now business (PCMS Bulletin, February 1997). Physicians need to stand up and say "no" when the deal does not make good business sense. Until physicians start to say "no," the payers will continue to ratchet down reimbursement in order to stay competitive.

I have drawn a line and said "no." This was not just with Healthy Options plans but also with Aetna and Champus and other plans that did not make good business sense to me. It hasn't been easy and I feel badly when one of my regular referring physicians calls and I have had to decline to see a new patient. I hope they can understand and that in the long run I am hoping that it will help all of us.

I hope someone can come up with a fair solution to the Healthy Options problem. Otherwise, access to specialists will only get worse. I would also like to challenge you to draw your own "lines" and to say "no" occasionally. You may be glad you did! ■



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Arroyo, Julian, MD; Orthopedics

5605-100th St SW, Tacoma 98499; 582-7257
Medical School: Creighton University
School of Medicine Internship: Creighton/Nebraska Health Foundation
Residency: Creighton/Nebraska Health Foundation
Fellowship: Columbia Presbyterian Medical Center

Decker, Carl, MD; Resident

Medical School: Chicago Medical School
Internship: Madigan Army Medical Center (currently)

Cook, Elizabeth, MD; Physical Medicine & Rehab

1515 MLK Jr Way, Tacoma 98405; 572-2663
Medical School: Jefferson Medical College
Internship: Albert Einstein Medical Center
Residency: Temple University Hospital
Fellowship: Mayo Clinic

Dagg, Steven, MD; Family Medicine

Community Health Care
1720 E 44th St, Tacoma 98404; 471-4553
Medical School: Tulane Medical School
Internship: Swedish Hospital
Residency: Swedish Hospital

Etzkorn, Eugene, MD; Internal Medicine

3611 S "D" St, #5, Tacoma 98408; 474-0751
Medical School: New York Medical College
Internship: Letterman Army Medical Center
Residency: Letterman Army Medical Center
Residency: Brooke Army Medical Center

Fahy, Edward, MD; Pediatrics

2111 S 90th St, Tacoma 98444; 539-9700
Medical School: Michigan State University College of Human Medicine
Residency: University of New Mexico Hospitals

Hilby, Coral, MD; Family Practice

4700 Pt. Fosdick Dr NW, #201
Gig Harbor 98335; 857-6218
Medical School: University of Washington
Internship: University of North Dakota
Residency: University of North Dakota

Killian, Robert, MD Family Practice

Community Health Care,
1102 S "T" St, Tacoma 98405; 597-3813
Medical School: University of Utah
Internship: Highland Hospital/University of Rochester
Residency: Highland Hospital/University of Rochester

Kuntz, Christopher, MD; Ophthalmology

2622 S Meridian, Puyallup 98373; 848-3546
Medical School: UC San Francisco School of Med
Internship: University of Washington
Residency: University of Washington

Michel, Terrol, MD; Ob/Gyn

1706 S Meridian, Puyallup 98371; 848-1574
Medical School: Louisiana State Univ., New Orleans
Internship: Madigan Army Medical Center
Residency: Fitzsimmons Army Medical Center
Fellowship: Walter Reed Army Medical Center

Moore, Donna, MD; Physical Medicine and Rehab

900 Pacific Avenue, Bremerton 98337; (360) 373-9119
Medical School: University of Washington
Internship: University of Washington
Residency: University of Washington
Fellowship: University of Washington

Pauwels, Judith, MD; Family Medicine

Tacoma Family Medicine, 521 MLK Jr Way
Tacoma 98405; 552-2900
Medical School: University of Wisconsin
Internship: St. Michael Hospital
Residency: St. Michael Hospital

Pormann, Jennifer, PA-C

314 MLK Jr Way, #501, Tacoma 98405; 572-3722
Medical School: George Washington University

Wolf, Charles, MD; Family Practice

Group Health, 9505 S Steele Street
Tacoma 98444; 597-6800
Medical School: Temple University School of Medicine
Internship: Madigan Army Medical Center
Residency: Madigan Army Medical Center ■

Computer User News

Check out these really fun web spots

CitySearch www.citysearch.com

Yahoo! local.yahoo.com

Fodor's www.fodors.com

Common Errors in English www.wsu.edu:8080/~brians/errors/index.html

Healthfinder www.healthfinder.gov

A Prairie Home Companion phc.mpr.org/index.html

Backpacker Magazine's Basecamp www.bpbasecamp.com

National Park Service's Visit Your National Parks www.nps.gov/parks.html

National Gallery of Art www.nga.gov/home.htm

Smithsonian Institution www.si.edu/newstart.htm

Amazon.com www.amazon.com

Barnes & Noble www.barnesandnoble.com

Roget's Thesaurus www.thesaurus.com

Bartlett's Familiar Quotations www.columbia.edu/acis/bartleby/bartlett/

Elements of Style www.columbia.edu/acis/bartleby/strunk/

Health Insight www.ama-assn.org/insight/

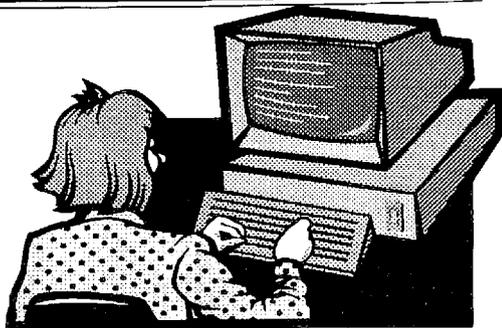
The Economist www.economist.com ■

Send E-mail addresses to PCMS

Have a new or a changed e-mail address? Please forward your address to PCMS and be put on the electronic network. Fax your address to 572-2470, call us at 572-3667 or send it electronically to pcmswa@pcmswa.org. And, visit our home page at www.pcmswa.org.

We are working to fine-tune the system that will send the PCMS Fax News electronically without printing the entire list of email addresses. Once this glitch is worked through, the PCMS Fax News will be sent to those with email rather than fax machine.

Thank you for your patience and understanding. ■



Net tip for the paranoid

Keep watch on (and Delete) Netscape's History File. Daniel H. Isaacs of Pittsburgh informs us that if you type **about:global** in Netscape's Location box, you get a list of all the Web sites you've visited in who-knows-how-long. What you're looking at is the contents of Netscape's history file.

To keep your surfing private, delete the file **netscape.hst** in the Netscape directory. ■

From PC World 9/27/97

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AMA celebrates women, now 21% of the profession

In recognition of the AMA's seventh annual Women in Medicine Month the Association will launch a national Congress for women physicians.

The AMA designates Women in Medicine Month, this year themed, "Women in Medicine: Breaking New Ground," to highlight the accomplishments of women in the profession and their increased numerical growth and significance in the medical workforce.

The national AMA Women Physicians Congress will focus on expanding the role and influence of women in organized medicine and the profession as well as

addressing critical women's health and professional issues such as gender-based income disparities and the complexities of balancing professional and family responsibilities.

Women entering the medical field has fueled the growth in physician supply. Since 1970, the number of females has skyrocketed growing 425%, while the number of male physicians has grown 79%. Today, there are almost 150,000 women physicians or 21% of all U.S. physicians.

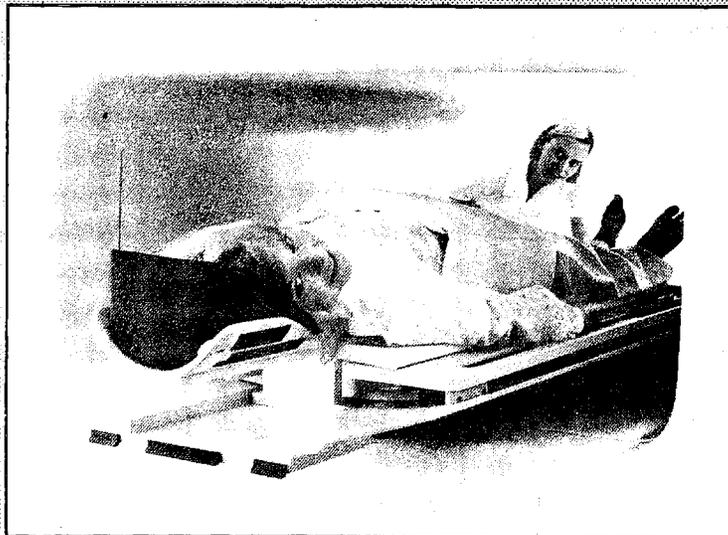
"Women are becoming more visible across the entire face of medicine," said Dr. Nancy Dickey, the AMA president-elect. "This

diversity benefits both patients and the medical community. Just as we need the perspective of several generations, we need the wisdom of both genders."

The AMA is the largest organization of women physicians in the nation and women continue to represent the fastest-growing segment of AMA membership, outpacing other demographic groups in both numbers and market share.

Membership among medical student and resident physicians is especially strong, reflecting the surge of women entering the field in recent years. Women comprise 42% of medical school students. ■

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Dr. Early retires



James Early, MD Internist, retired from his active clinical practice in Lakewood as of September 1, 1997. He opened his practice in 1961.

After graduating from Albany Medical College he entered the USAF and received appointment as an Aerospace Examiner then advanced to Flight Surgeon and spent two years of active duty in Japan.

Dr. Early was an active PCMS member. He served as President in 1975, Trustee 1972-73, WSMA Delegate 1974-1976, as well as serving on the Credentials, Ethics, Grievance and Budget & Finance Committees. He also chaired the MSPC Appeals Board in 1986-88.

He was also active in the Lakewood Rotary Club as well as the Washington Lung Association and Washington and American Thoracic Societies.

PCMS extends congratulations and wishes Dr. Early a long, healthy and enjoyable retirement. ■

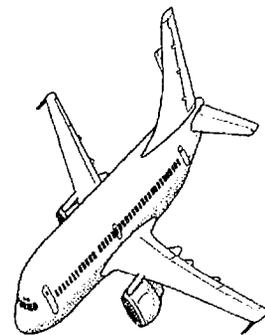
Pilot of air crash will be featured speaker

United Airlines pilot to speak at October General Membership Meeting

On July 19, 1989 United Airlines Flight 232 departed Denver at 2:09 p.m. At approximately 3:16 p.m. the flight notified Minneapolis Air Traffic Control Center that the number two engine had failed and the aircraft was marginally controllable. This flight, piloted by Captain Al Haynes, eventually crashed in Iowa.

You will want to hear Captain Haynes speak about how 184 people survived the crash landing, and how this miracle can be credited to five main factors.

Luck, communications, preparation, execution, and cooperation. Luck was that the airplane remained flyable, with good weather, location, and time of day. Quick and total response by air traffic control, cockpit and cabin crew training, proper intra-communications training among ground units and proper use of available facilities contributed to the communications factor. A live drill leading to improvements and better planning for a disaster coupled with thorough training of



the cabin and cockpit crews prepared everyone for this seemingly impossible disaster. Everyone responded as their training dictated and exerted a total team effort coupled with complete cooperation from every agency involved as well as the general population. These factors allowed what at first appeared to be a non-survivable accident to become one in which most of those aboard survived.

Please mark your calendar for Tuesday, October 14 at the Landmark Convention Center to hear Captain Al Haynes. A meeting notice will be mailed to you soon. ■

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Physician Directory changes

Please make the following changes to the 1997 Physician Directory:

Ames, Gerald, MD

Change Tacoma office address to:
1802 S Yakima #208, Tacoma, WA 98405

Chang, Pi Lin, MD

Change office address to:
1102 S "I" St., Tacoma, WA 98405-4559

Early, James, MD

Change status to: Retired 9/1/97
Send business correspondence to:
PO Box 39681, Lakewood, WA 98439-0681

Eggen, Robert, MD

Add fax number: 472-0685

Frister, Sandra, MD

Change physicians only number to: 848-9800

Knittel, William, MD

Change physicians only number to: 848-9800

Origenes, Maurice, MD (Retired)

Change address to:
6568-4th Ave NE, #28, Seattle, WA 98115-6471
(206) 729-6957

Park, John C., MD

Change office address:
9312 S Tacoma Way, #150
Tacoma, WA 98499-4403

Richardson, Catherine, MD

Change Tacoma office address to:
1802 S Yakima #208, Tacoma, WA 98405

Schmidt, J. Rodney, MD

Change office address to:
5920-100th St SW, #3, Tacoma, WA 98499-2751
582-6432 is fax and physicians only line ■

PCMS Member writes poetry

September Sunday Afternoon at the Pool

*A breath of haze is lying
over the pool's abandoned waters
where a few yellowed cotton wood leaves,
fallen too early, are floating
in serene unconcern.*

*Each blade of grass
still carries the weight of August's crushing heat.*

*One white butterfly
alights on the last purple dahlia
to kiss it good-by till next spring.*

*One lone bather rises
from his deckchair,
steps to the pool's edge
raises his arms*

*and dives in head first as usual;
he loves the water, warm and reassuring;
length upon length he swims
at last, shivering,*

*he climbs out,
wraps himself in his colorful towel
and walks home through the falling dusk.*

*At home - t.v.? a book? a letter?
Loneliness, his steady companion
hurts worst on Sunday. ■*

Gerhard Drucker, MD (9/14/96)

Editor's Note: Dr. Drucker, Family Practitioner, practiced in Pierce County for 41 years before his retirement in 1982.

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Robert Sands	752-6056
F. Dennis Waldron	265-2584
*Chair	

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PCMS says goodbye to longtime members

Dr. F.W. (Bill) Hennings, general practitioner in Tacoma from 1942 until his retirement in 1982, died on August 15, 1997 after a long illness. He was 82 years old.

Dr. Hennings received his medical degree from the University of Chicago (Rush), did his internship at Tacoma General Hospital and then joined Western Clinic. He later opened a private practice in University Place until his retirement.

Hunting, fishing, and farming occupied his retired years and he was an avid environmentalist. He worked hard to preserve the Nisqually delta and prevent it from becoming a super port.

Dr. Hennings leaves his wife, Beth, their three sons, four grandchildren and one great-granddaughter. Donations may be forwarded to the Nature Conservancy.

PCMS extends condolences to Dr. Henning's family. ■

Dr. Carl O. Granquist, general practitioner, died on July 30, 1997 at home. He was a PCMS member since 1958 and retired in 1978 after twenty years of practice in Puyallup. He was 81 years old.

Dr. Granquist was born in Vancouver BC, Canada. He attended the University of Washington and received his medical degree from the University of Louisville School of Medicine. He completed his internship at Swedish Hospital in Seattle and his residency at Pierce County Hospital in Tacoma. He served as a medical officer in the Naval Reserve as well as Public Health officer in Adams County. He came to Tacoma in 1958 and opened his Puyallup practice.

A large family is left to grieve Dr. Granquist including his wife, Margaret, four sons and three daughters, four grandsons and eight granddaughters. Donations are directed to Good Samaritan Home Health and Hospice Service in Puyallup.

PCMS offers condolences to the Granquist family. ■

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Join your colleagues and their families for next year's spring vacation in beautiful Maui, during the College of Medical Education's "resort" conference April 6-10, 1998.

Like other College's CME at Hawaii programs in 1992, 1994 and 1996, this year's "resort" conference will be held in Maui and feature a potpourri of educational subjects of value to all medical specialties.

Unlike large national CME meetings, this program not only offers considerable savings and is custom designed for local physicians, but allows Pierce County physicians and their families to mix away from the office and enjoy one of the most beautiful spots in the world.

A program brochure highlight-

Early air reservations essential

Hawaiian spring vacation flights sell out many months in advance. A review recently suggested all flights during this time are filling rapidly.

To assure you are able to secure seats and get a reasonable price, we urge you to make your reservations NOW. A small refundable deposit will hold your seats.

The College is working with Marilyn at Olympus Travel (565-1213). Olympus has booked some seats at group rates and has access to other special options at the best rates. Call Marilyn today. ■

ing the conference particulars should be mailed to PCMS physicians soon. In addition to outlining the CME program (16 Category I hours), the brochure discusses transportation and encourages advance planning for the limited

flight options during the spring vacation demands in Hawaii. The brochure also discusses the savings and amenities of the Aston Wailea Resort, the conference site.

For additional information, call the College at 627-7137. ■

Aston Wailea Resort, with bargain children rates, is site for CME

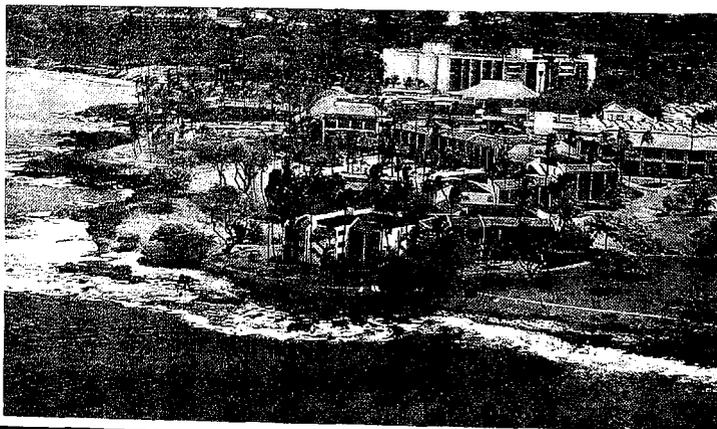
The Aston Wailea Resort, located on 1500 oceanfront acres on Maui's sun-drenched southern shore, has been selected as the site for the CME at Maui program for a variety of reasons but particularly for our ability to secure a "world class resort" at greatly reduced rates. Registrants may benefit from our negotiated group rate for **oceanview** rooms at \$160. A second adjoining room for children under 18 is available for \$99.

The Hawaiian heritage is emphasized throughout the resort. The oversized guest rooms boast private lanais with picture-perfect postcard views. Guests can take advantage of the three freshwater swimming pools and spa, two restaurants, room service, activities desk, luaus, complimentary

lei-making and other island activities.

Visitors can enjoy sailing, windsurfing, kayaking, snorkeling, scuba diving, fishing, choose from three world-class PGA championship golf courses and utilize the award-winning Wailea Tennis Club.

To take advantage of these savings, you must make your reservations soon, as our conference dates are in Hawaii's high "spring vacation" season. **THE COLLEGE'S RESERVED BLOCK OF ROOMS WILL BE RELEASED AFTER FEB. 15, 1998.** Reservations can be made by calling the Aston Wailea directly at (800) 367-2960 or (808) 879-1922. **You must identify yourself as part of the COLLEGE OF MEDICAL EDUCATION group.** ■



COLLEGE OF MEDICAL EDUCATION

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 3, 1997. The program will be held at St. Joseph's, South Pavilion, Rooms 3A & B.

The program is once again directed by **Mark Craddock, MD**

and will offer 6 Category I CME credits. A sampling of topics include: Type II Diabetes, HIV Treatments, Osteoporosis, Common Fractures, Firearms and the Physician, Anxiety Disorders, Stroke Management, Coughing Kids, Joint Aspirations and Injections. ■

Whistler registration available soon

Registration information and a program brochure will be available soon for the College's very popular CME at Whistler program.

The Radisson Blackcomb Suites has been selected for accommodations because of the very competitive rates (compared to other hotels) and the high quality of the lodging. These negotiated group rates, combined with the Canadian/U.S. exchange rate, result in major savings for the conference registrant.

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 and the Aspens.

To take advantage of these savings, you must make your reservations soon, as our conference dates are during the ski season. **THE COLLEGE'S RESERVED BLOCK OF ROOMS WILL BE RELEASED AFTER DECEMBER 15, 1997.**

Reservations can be made by calling (800) 777-0185. You must identify yourself as part of the College of Medical Ed. group. ■

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Friday October 3	Common Office Problems	Mark Craddock, MD
Friday, November 14	Office Gynecology	John Lenihan, MD
Friday, Friday, December 5	Infectious Diseases Update	Alan Tice, MD
Friday January 23, 1998	Cardiology for Primary Care	Marilyn Pattison, MD
Wednesday-Sunday January 28-February 1	CME at Whistler	John Jiganti, MD
Friday, February 27	Review of HIV Infections	Alan Tice, MD
Thursday & Friday March 12 - 13	Internal Medicine Review	Vernon Nessian, MD
Monday - Friday April 6 - 10	CME at Maui	Mark Craddock, MD
Saturday, April 25	Surgery Update 1998	Allen Yu, MD
Friday, May 1	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 5	Nuts, Bolts & Innovation in Gastrointestinal Disease IV	Gary Taubman, MD Rick Tobin, MD
Thursday - Friday June 25 - 26	Advanced Cardiac Life Support	College of Medical Education



the Pulse

Pierce County Medical Society Alliance

Community Service

Stop the Violence Fair. I am pleased that our organization has decided to participate in the October 25th program at South Hill Mall. A long range focus of both physicians and their spouses, through the AMA and AMAA is toward programs that help reduce violence. From the national level, through our state, and into our local level, the Alliance, the program is titled - SAVE (Stop America's Violence Everywhere).

On October 25th, the PCMSA will share a booth at South Hill Mall with the YWCA. We hope to use artwork from the YWCA shelter as a background for our table. This artwork is done by children as a part of the therapy necessary to work through being present when violence is happening at home. We will distribute some of the professionally prepared SAVE materials as described below.

Hands are not for Hitting placemats. On the reverse side there are suggestions for parents and teachers to use with children.

Unplug the Violence bookmarks. The Alliance received a grant from the WSMA to print them. The bookmarks stress limiting your child's exposure to media violence. They were originally donated to the entire Pierce County Library system.

If you would like to volunteer please call Kris White at 851-5552 or Mona Baghdadi at 851-6306. ■

KUDOS KORNER



Thank you and appreciation to the following members who went above and beyond the call of duty:

- ☞ Alice Wilhyde
- ☞ Nikki Crowley
- ☞ Fran Thomas

Thank you also to:

- ♣ Kathloen Smith for her help on the fashion show,
- ♣ Alice Yeh for mailing and
- ♣ Kathloen Forte
- ♣ Patty Kesling
- ♣ Helen Whitney
- ♣ Alice Wilhyde
- ♣ Fran Thomas for membership/mailing. ■

Social Calendar

Nature Walk - September 19th.

A 3 mile walk through beautiful Point Defiance Park. Meeting begins at 10 a.m. in the main picnic area. (north on Pearl, enter park and continue past Pagoda, take zoo exit and immediately turn right into parking lot near the main picnic area) Those mom's with strollers may prefer to enjoy the one mile stroll and return to the picnic/play area. A box lunch will be served around noon. For more info. call Yolanda Bruce at 265-8190 during the daytime only.

Fashion Show - October 24th.

Our annual fashion show will be held at the Tacoma Country Club in Lakewood. Benson's Apparel of Des Moines will show us their collection of clothing ranging from sportswear to stylish day/glamorous evening wear and accessories. We are looking for 8-10 models of various dress size. If you are interested in being a model for a day call Yolanda at 265-8190.

We hope to have our state president attend as well as members of the Thurston/Mason County Alliance. ■

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the Pulse

Pierce County Medical Society Alliance

President's Message

With summer coming to a close I can't help but feel a little sad. I

was fortunate to have been able to spend part of my summer holiday in the south of France. What made it special was being able to

spend uninterrupted time with my husband; now the challenge is to keep the momentum going at least until Thanksgiving!

Traveling overseas gives me the kick in the pants I need now and again to help me appreciate just how lucky I am to live in the "Garden of America" (as some Europeans like to refer to our beautiful state).

The other attitude adjustment I have made is to have less of a victim mentality when I feel that medicine is trying hard to sabotage my happiness. By that I mean the stress created when the physician in the house is consumed with patient information, scheduling surgeries, dealing with emergencies, office staff, hospital policy and the monster of trying to deal with insurance companies. A 9 to 5 day is not the norm, that's for sure! The physicians and their families that I know in Europe simply envy the medical profession in the U.S. not that the profession is perfect, but the infrastructure is close to being the best there is.

I am not the physician in our family although I also am consumed with important tasks, the difference is I have flexibility in my schedule and with good time

management I can find breathing space. For the physician in our family however, patients do not take kindly to a physician who is *not there to serve their needs*. Therefore, as a family the task at hand is to come up with creative ways of keeping a balance.

"We are here to help one another along life's journey." William J. Bennett. I like that quote and I'll try to keep that in mind. Until next time... ■

Mona Baghdadi
President PCMSA

Philanthropic fund recipients say thanks

James Schaaf, a Stadium High School junior, was recommended and accepted to participate in the National Youth Leadership Forum (NYLF) on medicine. The NYLF is dedicated to helping prepare our nation's most promising future physicians.

James joined 350 outstanding juniors and seniors from across America for an extraordinary time of discovery and mentorship at some of our country's most prominent and technologically advanced medical institutions. Furthermore, he had an opportunity to study with and learn from

medical leaders and research pioneers - visionaries and practitioners whose dedication and ability have brought them to the top of their profession.

Thanks to the contributions received from our annual "Holiday Sharing Card," we were able to send a check to James to help with expenses. In return, James sent a special thank you to the Alliance.

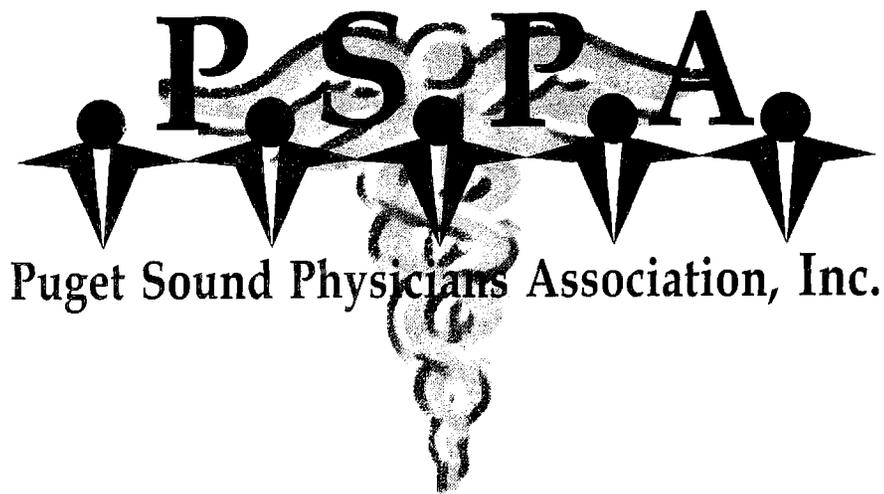
Young Jay Cummings had a great time at Asthma Camp this summer. Jay was one of two participants the Alliance sent. Jay sent us a thank you postcard to let us know how much fun he had. ■

Have a laugh!

One of our members, **Helen Whitney**, shared some funny lines in "medical records" that she came across on the internet.

The following quotes were taken from actual medical records dictated by physicians:

- I will be happy to go into her GI system, she seems ready and anxious.
- I have suggested that he loosen his pants before standing, and then, when he stands with the help of his wife, they should fall to the floor.
- Discharge status - alive but without permission.
- The patient will need disposition and therefore, we will get Dr. Blank to dispose of him.
- The patient refused an autopsy.
- Patient expired on the floor uneventfully. ■



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Family Practitioners. Group Health Cooperative of Puget Sound, a large well-established HMO located in the Pacific Northwest, is currently seeking family physicians for our Federal Way and Olympia facilities. We also have an urgent care position available in the Tacoma area. We currently serve a population of over 500,000 patients throughout the western Washington area, and often have teaching and research opportunities available. For further information, call 800-543-9323 or fax CV and cover letter to (206) 448-6191.

Locum Tenens: Urgent Care, on-call basis. \$50/hr. Federal Way area. 1-800-926-5773.

Care Management Position. Group Health Cooperative of Puget Sound is currently seeking an internist with care management experience. This is a half-time position which can be combined with a part-time inpatient practice at our designated hospital in Seattle. This is a new position and provides an opportunity to participate in the development of new systems. For further information, call 800-543-9323 or fax CV and cover letter to (206) 448-6191.

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, 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. 2811.

OFFICE SPACE

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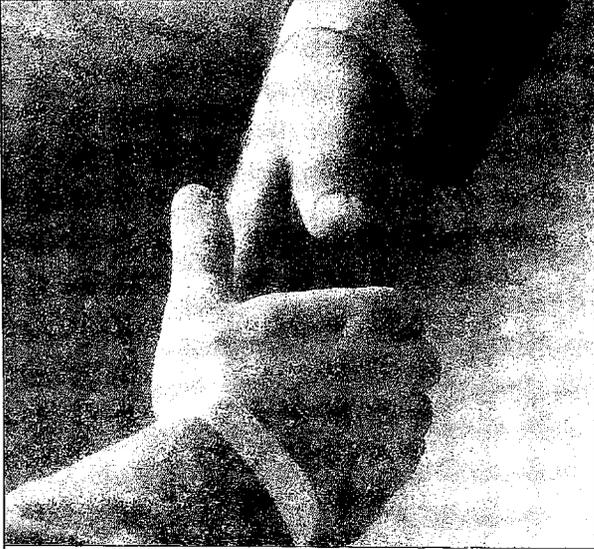
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Puyallup, WA: Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 10 hour shifts. Clinic hours are 12 noon to 9:30 pm Monday-Friday, 10:00 am - 7:30 pm Saturday, Sunday and 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.

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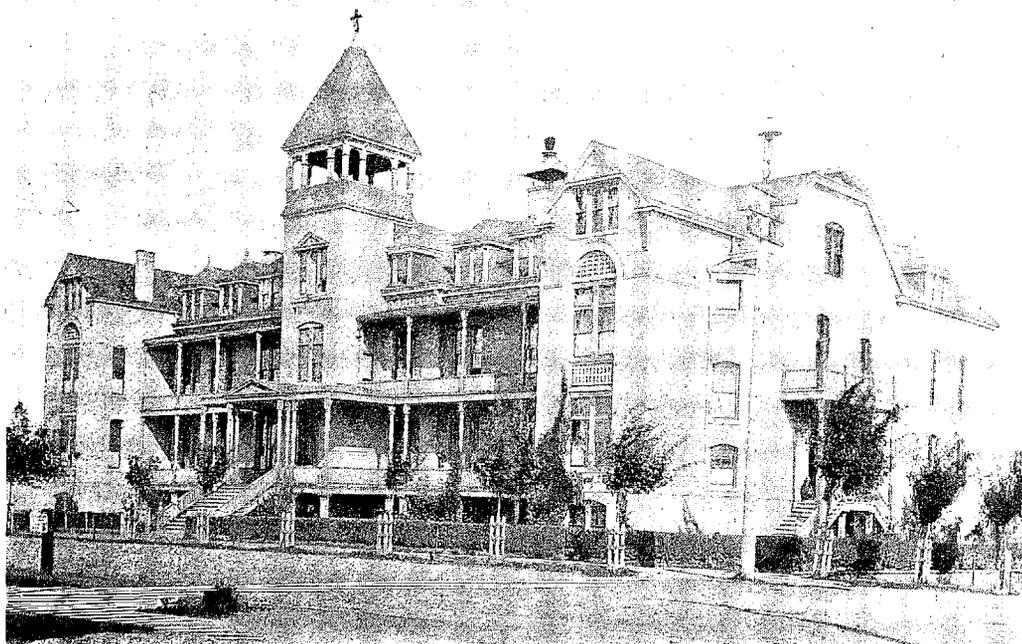
PIERCE COUNTY MEDICAL SOCIETY

October, 1997

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PIERCE COUNTY MEDICAL SOCIETY
BULLETIN

October, 1997

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On the cover: The original St. Joseph Hospital, 1902

Presidents Page.....

What should the Medical Society do?



*Stanley C. Harris, MD
President, 1997*

I was minding my own business at the scrub sink when the discussion turned to a recent Provider contract that was sent to the Pierce County physicians for their signatures. The atmosphere suddenly became quite charged as the surgeon described to me the conditions of the contract in which the insurer asked us to sign away our souls and further limit our ever shrinking reimbursements. He raised a valid point to me that perhaps the PCMS should become an active participant in the negotiations and act as our collective-bargainer in the increasingly complex morass of contracts which we are being forced to sign if we want to see any of their patients.

I admitted that it irritates me that we are unable to do anything about the not so gradual ratcheting down of reimbursements that continues to occur. Doctors are notorious for being very poor business people and are easy prey for a host of parasites that bleed us and blame us for all of the health care industry's ills. It is small wonder that the Plans have decided that we as a group will work for far less than what they have been reimbursing. After all, we routinely accept less from Medicare and DSHS, so why should they pay any more than that? In fact, we have been forced by the government to accept a mandated amount and if we should do otherwise, face criminal prosecution!!

Maybe we "professionals" should treat this situation just as any Union would and say no! That is certainly what we were told to do by the WSMA legal counsel Mr. Andy Dolan. As long as we do not say no as a group, there is no end in sight.

I explained that we were "professionals." It would be unacceptable to behave that way. We have ethical standards and societal expectations which prohibit us from acting that way. I reminded him that we are independent personalities that make up our own minds on these complex issues. We are not here to just "make a buck." We take care of patients and care for people in times of great stress and cannot take advantage of their unfortunate situations. I told him that we really provide care for virtually everyone and derive great satisfaction from doing so.

Then reality struck!! Who cares that we have businesses to run and bills to pay? The patients are becoming increasingly accustomed to receiving more and more free care from an ever increasingly protective and supportive government. They no longer must be responsible for their behavior or their self induced health problems. The hospitals are worried about their own solvency and being able to meet all the abstruse rules and regulations imposed upon them by the government and the JCAHO.

They must play the DRG-coding game or lose out to others playing the game better.

The insurers are obviously concerned only about cost savings and the bottom line. Quality of care issues are really only important if they get caught limiting care too much. The physician is ultimately responsible no matter what the reimbursements or the limitations of the plans. The federal government is only concerned about limiting the increasing Medicare budget and exposing the "fraudulent doctors" that are "raping" the system at every opportunity.

By now my hands were almost bleeding from scrubbing for so long and I had to go in and do my case. I was obviously upset with the questions raised and was further unsettled by the seemingly hopelessness of the situation. I did not think I or the PCMS could do anything about it. Fortunately, I was able to seek refuge in doing what I do best, performing surgery and taking care of patients. Unfortunately, the problem will not go away and something must ultimately be done. We must take a stand and perhaps the medical society is the logical vehicle to start the ball rolling. ■

Unified Physicians of Washington joins with Office of Insurance Commissioner to develop new business plan

Unified Physicians of Washington (UPW), formed three years ago by the WSMA, and Washington state's only physician-run insurance company, was recently under siege by the Office of the Insurance Commissioner (OIC). Due to financial problems, the OIC, on September 10, obtained a temporary restraining order allowing the state to take control of the company, pending the outcome of a court hearing.

At press time, the doctors who run UPW avoided a state takeover by agreeing to a partnership with the OIC. Insurance Commissioner Deborah Senn agreed to withdraw her petition to have the physicians' insurance company placed in receivership because of failing financial health.

The UPW Board of Directors agreed to have approval of Senn's office before making any changes and will follow a new business plan that will include major management changes. This included the ouster of UPW president and CEO, James Peterson, and CFO Mike Doris. Peterson, a former manager of the state's Medicaid program has been in the insurance business for 22 years.

UPW has been financed by the sale of stock to about 2,000 physicians and physician assistants in the state, including more than 300 from Pierce County. The company has 36,542 Medicaid/Healthy Options subscribers and 2,458 low-income individuals who use the state's Basic Health Plan. An additional 4,336 individuals are covered through private business plans. But, earlier this month, the state Health Care Authority (HCA) rejected UPW's bids to continue their two major state contracts for

1998. The rejection has been appealed and the HCA has agreed to hear the appeal in the very near future.

A possible ace in the hole for UPW is reopening of a settlement with ReliaStar, a Minneapolis company that contracted with UPW for third-party administrator services such as claims processing and billing. ReliaStar had agreed to pay UPW \$3.325 million, but Senn's office refused to approve

the settlement and said that under the new partnership negotiations with ReliaStar will be reopened.

In a press release statement issued after the settlement, Senn said she was satisfied that UPW, working with her office, had crafted a business plan to achieve the \$1 million net worth requirement under Washington state law by restructuring company finances, reducing administrative expenses, and reorganizing their management structure. ■

Medicare payments will change in 1998

New reimbursement policies in Medicare physician payment will take effect in January, 1998. The changes will include use of a single conversion factor instead of three that have been recently used to calculate Medicare reimbursement.

Those faring well, gaining average Medicare increases of more than 8% will be primary care, medical and hospital-based specialists. The surgical specialties, with the exceptions of otolaryngology and ob/gyn, will see reductions in reimbursements.

Up to \$390 million will be redirected from certain surgical codes to those that are office-based. An analysis performed by HCFA on the effect of the conversion factor and the practice expense provision on total physician net income predicted changes ranging from -3% for ophthalmology to 3% for cardiology, general internal medicine and radiology. However, within specialties, a physicians actual service mix will determine the impact of the payment changes. For example, in ophthalmology, cataract surgeons face especially deep cuts; the fee

for cataract surgery will drop 16%.

According to the Physician Payment Review Commission, a congressional advisory body, the new single conversion factor gives nonprimary, nonsurgical services a large increase. Specialties such as thoracic surgery that primarily furnish surgical services would have larger decreases than those that provide more nonsurgical services, according to the PPRC.

Office-based physicians groups, including the American Society of Internal Medicine, back the move as a way to address long-standing differences between overvalued hospital and undervalued office codes. But other physician associations raise concerns. The American Society of Cataract and Refractive Surgery noted that cataract surgery, the "largest surgical line item in the Medicare budget," is now reimbursed half of what it was in 1986 and will drop to one-third of this amount by 2002.

Cataract surgeons, especially those practicing in rural areas, eventually aren't even going to be able to afford to perform the procedure, the group warned. ■

Catch 22

"Ethics, what's law got to do with it," was the title of the presentation by Annette Clark, MD, JD, at the September General Membership Meeting at the Landmark Convention Center

by Judy Wagonfeld

Despite open windows and deck doors, the audience sweated. After beverages on the deck and a satisfying dinner, the guest speaker had a big job ahead of her!

Behind the lectern stood Annette Clark a lawyer/professor who specializes in relationships between medical ethics and law at Seattle University. However, she didn't begin in law; she first earned an M.D. from the University of Washington - an experience, perhaps, that propelled her to law school and an academic career.

How individual physicians view the corporate medical world, according to Clark, depends on an array of uncontrollable factors; age, era of training, specialty, relationship to patients, and

The physicians stood outside, an independent forming a relationship only with the patient; a two-way covenant.

"Now," said Dr. Clark, "the picture is infinitely more complex. In fact, it's hard to draw in two dimensions. It's an alphabet soup....complex network of all the different associations in a managed care contract."

Choices, controlled at the macro-level, bear little relationship to the ethics of physicians. Rather, they're based on financial, "deci-

integrity of the medical profession," Clark said. They know physicians won't go over the line of irresponsible care; that they'll fight to get the right care even if it



Speaker Dr. Clark (left), chats with attendees after the meeting, including Dr. Len Alenick, ophthalmologist

hits them, "in their own pocket in capitulated arrangements."

Recent court decisions bear out



L to R: Drs. George Noble and Jim Rooks visit on the roof garden before dinner



Visiting, L to R: Drs. Carlos Moravek, Cliff Herman Elizabeth Cook and Vita Pliskow

contractual arrangements - all loomed over by the world of Managed Care (MC). Before the current evolving systems, a triangular relationship linked the patient, insurer, and employer.

sions to reduce cost by reducing choice; the key element which equals financial risk." It's the limiting of what MCs call unnecessary services.

"Managed care relies on the

her view of separate physician and managed care responsibilities. Though physicians recommended the correct treatment in cases Clark described, the care did not

See "law" page 6

Board of Trustees endorses Handgun Safety Act (I-676)

Supporters of Initiative 676 (Handgun Safety Act) had asked the Medical Society to endorse their Initiative, which will appear on the November ballot. The legislation will require anyone with a handgun be trained in safe storage and handling of the weapon. The training will consist of either passing a written and

practical examination, passing an 8-hour course covering safe operation, or proof of receiving previous training in Washington State, another state, or the armed forces.

Board members expressed the need for such handgun education to prevent unnecessary accidents with handguns, particularly

involving children. Pediatricians cited the numerous cases of fatalities they have seen in their own practices because handguns were used inappropriately.

Other supporters of the Initiative are: Washington Academy of Pediatrics, Thurston County Medical Society, Group Health Cooperative, Washington Academy of Family Physicians and many others. Opposing the Act are: The National Rifle Association, Washington Arms Collectors and Washington Citizens Against Regulatory Excess. ■

Law *from page 5*

follow that course when insurers claimed it wasn't covered. Courts have, thus far, supported the notion that managed care insurers do not make *medical* decisions; they make *benefit* decisions - essentially taking them off the hook and hanging the physician out to dry. The managed care position, supported by the courts, is that medical quality assessment proceeds outside the benefit rules. Courts have not accepted the physician defense that, "I did what the policy allowed." They maintain that the primary responsibility of the physicians is to the patient.

Though **Vita Pliskow, MD** agreed with Clark's concerns, she would have liked a hint of ways to deal with ethical questions.

"One thing which touched me," Pliskow added, "was the business of what she worried about - that physicians currently in training are being trained and instilled with a mind-set that corporate

entities want them to have." Perhaps, Pliskow dreads, "our moral dilemmas won't even occur to them." Physicians, as 9-5 worker-bees, may not evolve as professionals with doctor-patient moral obligations.

The "bottom line," rather than quality, has emerged as the driving force of health care. It's clear it stands as a major dilemma. And it's perfectly clear that neither academics, working health professionals, or consumers have grabbed the bull by the horns. The battle remains locked inside the gate - and, it seems, Managed Care insurers have climbed the fence and tossed the key.

Now it's up to the medical profession to find it. The profession, according to one audience member, provides but cannot measure or prove what "quality care" is, so has no basis from which to fight. Before sitting down, he added, "We have met the enemy and it is us." ■

1998 PCMS Budget approved by Board

The Board of Trustees, at their September meeting, reviewed the proposed 1998 Budget and with minor changes approved the \$210,793 projected expense and revenue document. Dues will remain \$240 per year. The Society budgeted for 640 full dues paying members, the same as budgeted for 1997. Income and expenses were budgeted for \$208,720 in 1997.

Non-dues income, such as interest and MBI payments account for 28% of the budget. Every effort is made to increase the level of non-due's income to prevent a dues increase. The Society currently has 641 full dues paying members.

The Society and its affiliates Membership Benefits, Inc. and the College of Medical Education have combined total budgets of \$816,172.

If any member would like a copy of the 1998 Budget, please call the Society office at 572-3667. ■

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Tuesday, October 14, 1997

Social Hour: 6:00 pm

Dinner: 6:45 pm

Program: 7:45 pm

Landmark Convention Center

Temple Theatre, Roof Garden

47 St. Helens Avenue

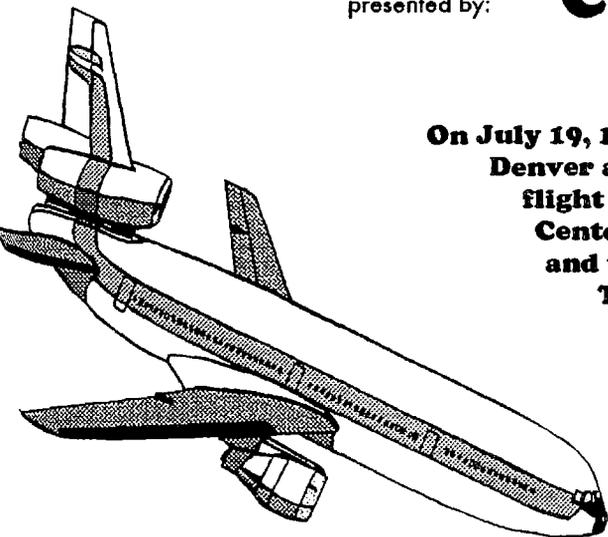
Tacoma

“The Crash of Flight 232”

presented by:

Captain Al Haynes

Pilot, United Airlines, Flight 232



On July 19, 1989, United Airlines Flight 232 departed Denver at 2:09 pm. At approximately 3:16 pm the flight notified Minneapolis Air Traffic Control Center that the number two engine had failed and the aircraft was marginally controllable. This flight, piloted by Captain Al Haynes, eventually crashed in Iowa.

You won't want to miss Captain Haynes speak about how 184 people survived the crash landing, and how this miracle can be credited to five main factors; luck, communications, preparation, execution and cooperation. Please join us!

(Registration required by October 10. Return this form to PCMS, 223 Tacoma Ave So, Tacoma, 98402
Fax to 572-2470 or call 572-3667

Please reserve _____ dinner(s) at \$19 per person (tax and tip included)

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I will be bringing my spouse or a guest. Name for name tag: _____

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Thank you!

Washington Watch: AMA wins budget victories

The AMA won several important victories in the recent budget reconciliation bill, including approval of the \$37.13 conversion factor that had been the focus of intense advocacy for months. Physicians also will benefit from progress on PSOs, MSAs and new strides on patient protections. We won another battle when members of Congress tried to derail language by Senator Jon Kyl (R. Arizona) giving Medicare enrollees the right to pay out of pocket for services from physicians who agree not to submit their reimbursement claims to Medicare for

two years. Without Senator Kyl's proposal, physicians providing services to seniors who pay out of pocket are subject to civil monetary penalties and exclusion from Medicare. In a flurry of advocacy, AMA staff and Senator

Kyl preserved the measure. AMA President Percy Wootton, MD, called it a small but vital step. "It's just one more crack in the armor of those who don't want to give our nation's seniors true choice within Medicare," he said. ■

Bike ride around mountain in one day

The extremely popular Annual RAMROD (Ride Around Mount Rainier in One Day) attracted several PCMS bike riders. The 160 mile grueling ride saw **Drs. John Jiganti, Peter Krumins, Nick Iverson, Michael Martin, Derrick**

Watermeyer, Paul Matthews and David Paley complete the ride in 10 to 11 hours.

Limited to 650 riders, the course begins at the Enumclaw Fair Grounds, goes to Eatonville, up to Paradise, down Stevens Canyon and then 12 miles up Cayuse Pass. The last 40 miles back to Enumclaw are downhill, but invariably riders have a headwind, which they had on this beautiful August day.



The group trained as time would allow. Some of them rode up to Paradise a couple times and most got in a lot of quality hill miles on the Gig Harbor peninsula. They were able to get in a couple 100 mile conditioning rides for the legs and seat in preparation for a really long day in the saddle.

Registration for the ride is not easy. Registration opens April 1 and typically the ride is filled the first day. **Dr. Jiganti** beat the odds by sending the registrations up by FedEx.

The organizers of the ride provide superb support with a lot of food and water stations. Jiganti said the group took their time and had a lot of fun. This was his second RAMROD and he and the others are looking forward to doing it again. ■

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Ironman *from page 13*

On the big day, October 26, 1996, the Hawaii Ironman, his long hoped for goal, the leg felt fine and "did not contribute to me having to walk 25 of the 26 miles in the marathon," noted Wolf.

Drinking too much water on the bike to forestall dehydration, he got sick during the run. "I felt like I would feel fine if I could only vomit up that peanut butter and jelly sandwich I ate three hours earlier," he recalled. Finally, in the middle of downtown Kona, he got sick but, unfortunately, didn't feel any relief.

"The thing I remember the most is walking all alone through the very dark Energy Lab lava fields with my sunglasses still on not being able to see a thing, since someone had walked off with my prescription glasses. Anywhere else but Hawaii and it would have been Miller time for me," he concluded.

Taking 1997 off from long distance racing, Dr. Wolf has signed up for the Ironman Canada 1998, still believing that somewhere, inside him, there is a sub-12 hour Ironman waiting to get out. ■

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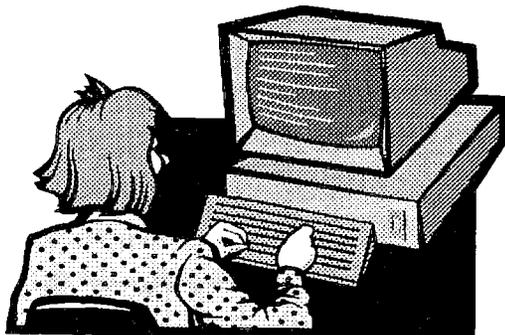
Who ya going to call? Myth busters

Where to find out about internet myths and hoaxes:

Computer Virus Myths: <http://kumite.com/myths/>

IBM's Virus hoax site: <http://www.av.ibm.com/Breaking-News/HypeAlert/>

Data Fellows' Virus hoax site: <http://www.europe.data-fellows.com/news/hoax.htm>



How to keep your PC trouble-free

Computers are evil. They make your life easier, they create a dependency, and then-just when you need them most-they eat your data. Or they catch a virus, lose important files or just plain crash, leaving you looking forward to a long cozy evening on the phone with tech support.

It doesn't have to be this way. Over the years I've learned a few tricks for keeping a PC's more malicious tendencies at bay. I'll show you how to organize your hard drive and keep it running smoothly, how to protect your data, and how to set up a regular schedule of backups and system maintenance. I'll also advise you on the essential software tools for diagnosing and curing a sick PC. You'll learn how to zap the most common bugs, what books to consult to troubleshoot your PC problems and which newsgroups to check out when you need a second (or hundredth) opinion.

I can't promise that you'll never need to call tech support again, but if you follow the advice, you'll do it a lot less often.

Hard Disk Housekeeping. Bad things eventually happen to every PC. Your power supply could conk out. Your monitor tube might blow. But if your hard disk dies and you're not prepared for it, you could lose months or even years of hard work.

The best way to prevent trouble? Organize your data so it's easy to back up. You'll also need to defrag your files and scan the drive's surface on a regular basis. And you might want to partition the disk to use its space more efficiently.

The Complete PC Toolbox. As anyone with a garage workshop knows, free tools are generally worth what you pay for them. So it is with ScanDisk, Disk Defragmenter, the Recycle Bin and many of the other utilities that come with Windows 95. To keep your PC in prime shape, you'll want to invest in some first-class diagnostic and repair utilities.

Keep your PC safe and secure. Expect disaster to strike! If you don't back up your files, monitor viruses, and protect against power dips and surges, you could lose it all. Learn three absolute essentials (and one optional step) that will preserve your data and maybe your sanity.

Your PC Tune-up schedule. Learn what needs to be done everyday, every two weeks and every month to keep your computer trouble free.

Editor's Note: The above excerpt was copied from PC World, October, 1997. It is a handy troubleshooting article that is very useful and easy to understand. For a copy of the article (ten pages), call the PCMS office at 572-3667 and it can be faxed or mailed to you

Send E-mail addresses to PCMS

Have a new or a changed e-mail address? Please forward your address to PCMS and be put on the electronic network. Fax your address to 572-2470, call us at 572-3667 or send it electronically to pcmswa@pcmswa.org. And, visit our home page at www.pcmswa.org.

We are working to fine-tune the system that will send the PCMS Fax News electronically without printing the entire list of email addresses. Once this glitch is worked through, the PCMS Fax News will be sent to those with email rather than fax machine.

Thank you for your patience and understanding. ■

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Retired members learn about traveling and medicine in Russia

Retired members, spouses, widows and/or guests met for lunch at the Fircrest Golf Club in September to see former colleagues and friends. The luncheon is held three to four times each year.

After lunch and lots of visiting, **Dr. Larry A. Larson**, pediatric allergist with Pediatrics Northwest presented slides and a talk on his recent trip to Russia. His presentation, "The Hanford Chelyabinsk Experience - A Model for Russia and U.S. Physician Exchange" not only told the story of travel to Russia but of medicine in another, less fortunate country.

Presenting with Dr. Larson were **Dr. David Sparling**, retired Lakewood pediatrician and Marina Bernat, MD, a Russian enterpreter who currently resides in Shelton. Featured guests were Olga Minakina, MD, a pediatric allergist and Assistant Professor, Ural State Medical Academy for CME and Alexander Borsuk, MD, pediatrician, Chief Physician, City Children's Hospital #8, Chelyabinsk, Russia.

Dr. Larson explained that the Chelyabinsk region had radiation exposure as it has been a nuclear weapon production sight. And, Tacoma physicians have been the first non-Russians to visit since the pollution. Out of a 1992 visit, came the Chelyabinsk Project with a major goal of establishing physician/pediatric exchange with physicians in Tacoma. Since then there have been four visits to the area by Tacoma pediatricians.

Dr. Larson made the trip in May which he said took 11 hours non-stop to Moscow. "It was a great experience and his lasting impressions will be the wonderful people, terrific hospitality, great food and all that vodka!" ■



From left: Marina Bernat, MD, interpreter from Shelton, Alexander Borsuk and Olga Minakina, doctors visiting from Russia, pose after the meeting with Barbara Sparling, wife of Dr. David Sparling, retired pediatrician

Dr. Charles McGill, and wife visit with other attendees after the luncheon that was held at the Fircrest Golf Club



1998 Physician Directory deadline nears

The 1998 edition of the PCMS Physician Directory is now in production. Forms were mailed in August to all members asking for corrected and new information. Corrections are currently being made.

The deadline for final changes is October 15. In past years, the Society has delayed production for last minute changes and additions. This has caused late distribution of the book. **This year, deadlines will be honored.**

Printing and distribution of the Directory are major projects as 4500 copies are printed and distributed. Printing and binding takes about six to eight weeks, distribution another two.

The distribution includes two bulk mails, one of the complimentary copy that goes to each member's home and all other

single book orders; and the second for orders of two books only. All other books are either delivered to the office which is completed by building, or mailed.

This year, the Membership Benefits, Inc.* Board of Directors voted to eliminate the "patients accepted line" in the Directory. Due to the increasing number of providers that physicians utilize, how quickly they change, and a new basis of patient referral, the line was eliminated.

If you have ideas for information that could be provided in the Directory or other suggestions for changes, please call Sue at the Society office, 572-3667. ■

**Membership Benefits, Inc. (MBI) is the for-profit subsidiary of PCMS. Keith Demirjian, MD is President Charles Weatherby, MD is Sec/Treas.*

Home Health *from page 9*

year or two before attending to parents and grandparents.

It finally took a law to require physicians to update their medical training...150 credits in a three year period. It did not take a law for many parents, elementary and/or middle school teachers to educate young students about pregnancy, AIDS, birth control, violence, drugs, guns, etc. Why not require that educators include in their curriculum (as in math), wound treatment with the medical profession providing the expertise?

A "nicety"? Perhaps not. However, most certainly a "necessity" if all physicians share your viewpoint on this subject and all the while expecting overwhelming, enthusiastic support from patients as well as their relatives.

The young too young? Of course not. The old too old? For this, you betcha!

Ginnie Miller

Editor's Note: Ginnie Miller is a PCMSA member and widow of PCMS member Dr. Ray Miller, a longtime Tacoma internist. She was PCMSA President, 1985-86.

Updated asthma guidelines available

The National Asthma Education and Prevention Program coordinated by the National Heart, Lung, and Blood Institute recently released the Report of the Second Expert Panel on the Guidelines for the Diagnosis and Management of Asthma.

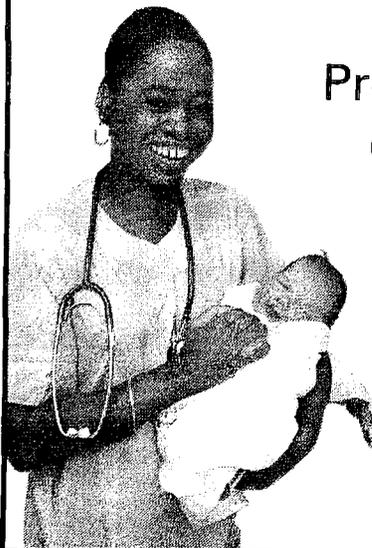
The new report provides the latest information about diagnosis, management, identifying and controlling triggers, new medications as well as helping patients manage their own disease.

Copies of the full Report can be obtained by sending a \$20 check to NHLB Information Center, PO Box 10305, Bethesda, MD, 29824. ■

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A 2.4 mile swim, 26.2 mile run and 112 mile bike: An Ironman!

In 1991, after finishing his first marathon in Penticton, B.C., **Charles Wolf, MD** started training for the Hawaii Ironman. "The hardest part of the Ironman for most participants is not doing the actual race," he says, "but qualifying to get into the event." Who would think that would be difficult? But most qualify by finishing first or second in their age group in one of a dozen or so national qualifying races. Doesn't leave too many doors open for even the dedicated sports enthusiast.

In 1992 he took a sabbatical year, from his practice at Group Health as a family physician, to train full-time. Four hours per day was full-time training. "Even with unlimited training time I didn't even come close to finishing high enough in my age group to qualify for a slot in the Ironman," he noted. So the only alternative was to apply yearly for one of the 120 slots reserved each year for "ordinary" people that are distributed by random lottery. After five years of applying for the lottery, Wolf finally got accepted for the 1996 race.

"Triathlon is more of a life-style than a sport or event which you

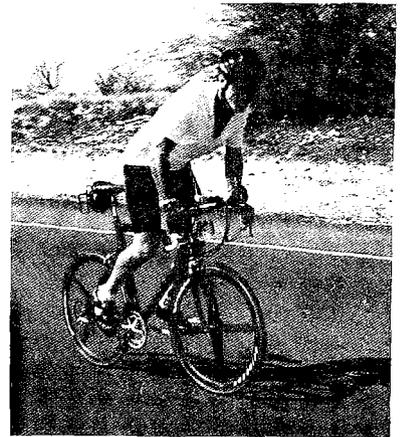


Completing the 2.4 mile swim, the first event of the Ironman triathlon

train for," he explained. Everything from workouts, diet, equipment, sleeping, etc., comes down to "will this make me go faster?" This creates risks for everything you do including a Sunday morning bike ride in which Wolf crashed while going too fast over a railroad crossing. A fractured scapula and strained rotator cuff made it difficult to raise an arm let alone

compete in a swimming event. So the first half of the summer he spent doing biking and running events. After healing nicely, Ironman Canada awaited.

At the Canada event, Wolf learned to be careful about drinks that they furnish for you such as the All Sport drink that made him sick as well as dehydrated during the bike ride. He also developed a reoccurring pain in the back of his right leg later in the season.



The bike trek, 112 miles to pedal

Self diagnosis indicated Achilles tendonitis, as it tended to improve when not used. "I knew I wasn't overtraining," laughed Wolf, "something I never had and probably never will do." After numerous attempts at remedy, including changing the crank arm lengths on his bike, anti-inflammatories, and even an adjustment by a sports chiropractor for two days before the Hawaii race, nothing seemed to stop the pain. As it turned out, "I finally learned that I had a neuroma which was getting irritated," Wolf said.

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See "Ironman" page 16

1997 Physician Directory changes

Please make the following changes to the 1997 Physician Directory:

Ames, Gerard, MD

Change office address to:
1802 South Yakima #208
Tacoma, WA 98405

Brooks, Mark, MD

Change office address to:
4620 Bridgeport Way W
Tacoma, WA 98466-4237

Phone: 564-0170

FAX: 207-4240

Hill, John, MD

Change office suite to #307

Jorgensen, Jacqueline, MD

Change status to: Retired 12/31/97

Kale, Richard, DO

Change office address to:

7509 43rd St W

Tacoma 98466-4324

Larson, Tim, MD

Relocated to Tennessee

Olojar, Michael, MD

Change status to: Retired 7/97

Statson, Andrew, MD

Change office address to:

Effective 10/20/97

2201 S 19th St, #200

Tacoma 98405

Stringfellow, Steven, MD

Change office address to:

412 Bowes Dr.

Tacoma, WA 98466

Phone: 564-6424

FAX: 564-4692

Taylor, Muriel, MD

Change status to: Retiring 5/98

Zoltani, Greg, MD

Change office address to:

11318 Bridgeport Way SW #C

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"In my opinion"

Declining reimbursement needs to stop

By Chris Jordan, MD

Because of anti-trust restrictions, medical societies cannot get involved in reimbursement issues. But that is one of the top issues being discussed by physicians in our community today.

The unfortunate 5% cut in reimbursement by one of the major insurers in Pierce County will have a significant impact on physicians in our community. To evaluate how much impact this would have on my own practice, I decided to look at ten of the most common operations done by a general surgeon and compare what I was paid around the time I first started my practice to what I am paid today. The results are frightening! (See accompanying table below).

For seven of the ten operations, I am actually paid less today than when I first started in practice. If you account for inflation, things look even worse and if you now cut things another 5%, it looks terrible!

Medicare is planning at least an 18% cut in reimbursement to general surgeons in the next 2-3 years. You can be sure the commercial insurers will try to follow the same pattern. Where does it end?

I haven't decided how to respond to all of this yet. My gut reaction is not only to say "no" but "hell no". That is not an easy thing to do. But it may be the only solution. ■

Dr. Jordan is a general surgeon who practices in Tacoma

<u>Procedure</u>	<u>Medicare</u>			<u>Local Carrier</u>		
	<u>1986</u>	<u>1987</u>	<u>Change</u>	<u>1986</u>	<u>1987</u>	<u>Change</u>
Appendectomy	619.90	528.04	- 17%	725.55	557.78	- 30%
Inguinal Hernia	505.40	434.14	- 16%	660.75	595.55	- 11%
Cholecystectomy						
and cholangiogram	930.00	799.74	- 16%	1030.25	1016.70	- 1%
Colon Resection	1104.00	1147.65	+ 4%	1502.05	1575.45	+ 5%
Modified Mastectomy	825.40	975.68	+18%	1305.30	1219.13	- 7%
Breast Biopsy	214.90	330.07	+54%	306.94	425.45	+ 39%
Umbilical Hernia	433.20	384.24	- 13%	525.30	478.98	- 10%
Ventral Incisional						
Hernia	812.50	608.88	-33%	852.45	761.12	- 12%
Small bowel resection	928.40	919.79	- 1%	1376.90	1148.69	- 20%
Nissen/Fundoplication	1113.50	1105.62	- 1%	1149.67	1380.02	+ 20%



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"In my opinion"

Dear Dr. Harris:

I have read with interest your past articles on the President's Page in the Bulletin and have commented directly to you about your human interest approach in your writing.

However, I must express a difference of opinion on the article appearing in the September 1997 issue regarding "Home Health Services - A Nicety or Necessity?" If you recall, several weeks ago, we had a discussion on this very same subject.

To begin, I need to give a bit of personal background. Decades ago (back in the early 30's and yup! that puts me in the geriatric 80's group) there were few career options for women. There was the ever present role-model of being a teacher, or becoming a housewife or to be a nurse (a profession I viewed with total dismay as I hadn't the intelligence or the stamina but most importantly, I had no desire to view, let alone treat, any kind of gaping wound).

Small aside, the MD I worked for, back in those days, was unable to teach skittery me, how to plunge a needle into an orange or that the emesis basin was only for the patient and that fainting was inconvenient. I still cover my eyes during the graphic segments of TV's E.R.

When you prescribed twice daily home care services after my June surgeries I apathetically accepted this as a matter of fact. However, when you mentioned that later on I would need to tend to the dressing myself I quickly "revived" and firmly stated I would and could NOT do it. As I recall you commented on the expense involved and to my utter

amazement my attentive and concerned youngest son, Ray, volunteered that after work, he would treat and change the last daily dressing. Ray carefully viewed your procedure and compassionately and efficiently did just that! Two months later it was my turn, as care services were canceled. I somewhat vocally (is there any other way?) protested this requirement and after a great deal of repugnance, dismay and prolonged hesitations accompanied with colorful vocabulary, made a halfheartedly attempt to do the minimum that was necessary. Apparently it was enough. I hated every moment and still cringe when applying a simple Band-Aid over this incision.

Back to your article. If any doctor ever expected me to tend to the wound for ANY of my ten daughters-in-law (or sons, or relatives, etc.) he would have no trouble understanding my words. I do have some difficulty, however, in understanding yours - "If only I had ordered a visiting nurse to do all the dirty work so the family would not have been inconvenienced." Dirty work? Inconvenienced? Is that how you view it?

Medical doctors are now experiencing a rapidly changing scenario which actually began decades ago. In my uneducated, unprofessional opinion, they ignored the signs and portent of the times and are now "reaping what was sowed". I personally have experienced a variety of medical problems, including many surgeries. This is the first time I have been asked - nay! required to treat an open wound.

Why this urge to delve into the

free home care expenses and niceties and/or necessity thereof? If there is fraud, certainly it should be investigated but in the past, there has been little attempt by physicians to take definitive action against those few other physicians who have not adhered to professional standards and ethics. There continues to be vast Medicare fraud; millions of dollars are involved. I hasten to state, I've found you to be the most efficient, ethical, and compassionate in the treatment of this elderly Medicare patient.

However, brace yourself; here's that qualifier, I believe you need to expand your personal vision, as how to treat this growing problem of home health care. Your keyword was EDUCATE. In my opinion, initially, not the public, nor the patients but the PHYSICIANS. I proposed this action to you, after I had your undivided attention (remember I told you no man could do two things at once).

I again ask you, why on earth wait until a person is 80 years old before demanding they, or attending middle aged relatives, care for wounds? Nay! - you need to begin decades earlier! I proposed to you, all surgeons begin to train very young patients how to tend to their wounds. You informed me there were pediatric surgeons but the patients were too young. Nonsense! All training begins very young i.e. bathing, brushing teeth, appropriate toilet usage, acceptable behavior, etc. Perhaps kindergarten age might be the time to teach all children how to attend to their minor wounds and then practicing on their brothers and sisters. Hmm...perhaps wait a see "Home Health" page 12

Pierce County offers complete domestic violence resources

Below is a listing of domestic violence support groups, advocacy services, legal aid, housing services and support for teens. For more information on domestic violence services for victims, batterers, and their children, call the Pierce County Domestic Violence Help Line at 798-4166 or 1-800-764-2420

Support Groups and Advocacy Services for Battered Women:

Consejo: Support groups, support services and legal advocacy for victims. Call Sophia at 474-4077.

YWCA Women's Support Shelter: Support group and self-esteem group for battered women, child care, no fee. Call 383-2593.

Family Renewal Shelter: Support group held at Bethel Christian Assembly, with child care. Call 475-9010.

Korean Women's Association: Full services free of charge for Korean, Samoan, and Filipino communities. Call 535-4202.

Centro Latino: Assistance to battered women with immigration questions. Call Maite at 572-7717.

Proud African American Youth Society (PAAYS): Services for adolescents and adults, including parent support groups. 572-1129.

Parkland Family Support Center: Workshops, groups, classes, call Sue Winskill, 596-6655.

Puyallup Tribe/Family Community Services: Intervention for persons affiliated with any tribe, 593-0148.

Safe Haven (Eatonville): Support/educational groups. 360-832-4570.

Sumner Family Center: Counseling and legal advocacy for victims in Sumner, Orting, and Bonney Lake areas. Services in english/spanish. Call Becky 891-7062.

Good Samaritan Mental Health Services: Counseling for women in abusive relationships, first four sessions free for women in eastern Pierce County. Call 445-8120 or 1-888-445-8120 Ext 405.

Madigan Army Medical Center/Social Work Services: Services for active duty personnel. Call Roberta at 968-4159 or 968-4161.

Fort Lewis Army Community Services: Prevention and education services on post. Call Billie, 967-7166.

American Lake Veteran's Administration: Support group for victims whose spouses are in perpetrator treatment in the Veteran's DV Program. Call 581-4440 ext. 6819.

Sexual Assault Center of Pierce County: Support groups for victims and survivors, 474-7273.

Abused Deaf Women's Advocacy Services: Day and evening groups held in Seattle. Call 726-0093 (TDD only)

Advocates for Abused and Battered Lesbians: Peer support groups, meet weekly in Seattle, 547-8191.

Legal Services

Domestic Violence in County/City Building: Protection orders for any victim within geographic Pierce County. Call 798-7455.

City of Fife: Free assistance for domestic violence and child abuse in conjunction with Good Samaritan Hospital, 1-800-562-6025.

Fircrest Police Department Family Violence Advocate: Victim assistance for residents of Fircrest. Call Elizabeth at 596-9012.

City of Tacoma Domestic Violence Advocates: Victim assistance on misdemeanor DV crimes that occur within the Tacoma city limits.

Victim Witness Assistance Services: Assistance on felony DV and

sexual assault crimes within Pierce County and for misdemeanor DV crimes within unincorporated Pierce County. Call 798-7446.

City of Lakewood: Victim assistance on misdemeanor DV crimes within the Lakewood city limits. Call Karen at 589-2489.

Lawyer Referral: Legal services to those who can afford to pay a reasonable fee. Fee is \$20 for one half hour consultation. After this fee is negotiable. Call 383-3432.

Family Law Facilitator: Limited assistance to clients filing their own actions for paternity, dissolution, or other family law actions. Located in room 119. County City Bldg, 8:30-4:30.

Pierce College Legal Clinics: Pierce College Women's Center offers free monthly legal clinic/consultations with paralegal and attorney. Call 964-6298.

YWCA Legal Clinics: The YWCA and Seattle University Women's Law Caucus offers free DV legal clinics weekly. Call 272-4181. Ext. #250 or 254.

Child Support Enforcement Service: A single parent whose ex-spouse is not paying court ordered child support can call 592-2740.

Northwest Women's Law Center: The Center files class action law suits on various women's issues. Call 682-9552.

Northwest Immigrant Rights Project: Legal advocacy to victims of DV with questions about immigration issues. Call Donna, 587-4009.

See DV page 18

DV from page 16

Columbia Legal Services: Accepts new family law cases. Clients must fall within federal poverty income guidelines. Priorities include DV victims, people with special needs and non-english speaking people. Call 572-4343.

Tacoma-Pierce County Bar Association: Voluntary Legal Services: Referral to pro-bono (volunteer) attorney for legal assistance. Call Columbia Legal Services, 572-4343 for screening.

Pro Se Dissolution Clinic: Do it yourself divorce. \$20 for two sessions, a manual and copies of forms for default and uncontested dissolutions. Call 572-5134.

Neighborhood Legal Clinic: Held two times per month to provide legal advice and referral through an appointment with an attorney. Call 597-6227.

Safe Emergency Housing for victims of DV
For quick information on the availability of safe emergency housing for victims of domestic violence in Pierce County, call the Pierce County Domestic Violence Help Line at 798-4166 (voice) or 1-800-764-2420 or 798-6050 (TTY) 24 hours a day or **call directly to one of the shelters listed below.** The following programs all provide secure emergency housing for battered women and their children. They also have staff trained to provide support, advocacy based counseling, legal advocacy and assistance in transition to longer term housing.

Pierce County (24 hour service)
Family Renewal Shelter (24 hour service), 475-9010
Tacoma-Pierce County YWCA Shelter: 383-2593
Family Lodge Salvation Army: 627-3962
Not a secure location, but protective of client confidentiality.

South King County (24 hour service)
Domestic Abuse Women's Network: 656-7867

East King County (24 hour service)
Eastside Domestic Violence Program 1-800-827-8840

Seattle (24 hour service)
New Beginnings 522-9472
Catherine Booth House 324-4943

Transitional Housing: for those out of immediate danger, but still needing supportive services:
Lakewood Shelter Assoc: 582-5320
Mandela House: (no children) 272-3213
G Street Shelter (children accepted) 627-6466
Phoebe House 383-7791
Tacoma Rescue Mission 272-1974 ■

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*The MGMA Cost Survey: 1996 Report Based on 1995 Data is a report summarizing expense, revenue and staffing information on U.S. medical groups.

COLLEGE OF MEDICAL EDUCATION

Office Gynecology CME offers new concepts and approaches

Registration is open for Office Gynecology set for Friday, November 14, 1997. The program will be held at St. Joseph's Medical Center, South Pavilion, Rooms 3A & B.

The program is once again directed by, **John Lenihan, Jr., MD** and will offer 6 Category I CME credits. A sampling of topics include: New Approaches to

Managing Incontinence; Osteoporosis Screening; Natural Hormones and Other Non-traditional Therapies; Emerging Issues with Oral Contraceptives; New Approaches to the Management of Pelvic Pain; The Pursuit of Wellness - Alternative Medical Approaches and What to do About Abnormal Pap Smears. ■

Whistler registration now available

Registration for the annual ski/resort CME program at Whistler is now available.

In addition, reservations are also being taken on a first-come, first-served basis in the Glacier Lodge, the Marquis and the Aspens.

You can take advantage of the group rate by calling (800) 777-0185. You must identify yourself as part of the College of Medical Education group.

THE COLLEGE'S RESERVED BLOCK OF ROOMS WILL BE RELEASED AFTER DEC. 15, 1997. ■

Maui registration also underway

Registration is also underway for the College's sun resort CME program. Contact the College at 627-7137 to register. Likewise, reservations for the outstanding group rates at the conference hotel - Aston Wailea - are also available.

Reservations can be made by calling the Aston Wailea directly at (800) 367-2960 or (808) 879-1922.

THE COLLEGE'S RESERVED BLOCK OF ROOMS WILL BE RELEASED AFTER FEB. 15, 1998. ■

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Friday, November 14	Office Gynecology	John Lenihan, MD
Friday, Friday, December 5	Infectious Diseases Update	Alan Tice, MD
Friday January 23, 1998	Cardiology for Primary Care	Marilyn Pattison, MD
Wednesday-Sunday January 28-February 1	CME at Whistler	John Jiganti, MD
Friday, February 27	Review of HIV Infections	Alan Tice, MD
Thursday & Friday March 12 - 13	Internal Medicine Review	Vernon Nessian, MD
Monday - Friday April 6 - 10	CME at Maui	Mark Craddock, MD
Saturday, April 25	Surgery Update 1998	Allen Yu, MD
Friday, May 1	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 5	Nuts, Bolts & Innovation in Gastrointestinal Disease IV	Gary Taubman, MD Rick Tobin, MD
Thursday - Friday June 25 - 26	Advanced Cardiac Life Support	College of Medical Education



the Pulse

Pierce County Medical Society Alliance

Legislative Updates for November ballot

The deadline for registering to vote in the November Election will have passed by the time this article appears. If you are new to the area do make the effort to get registered. Only those who voice their choice through the ballot box have the right to complain about the outcome of elections.

The PCMSA will be forming a telephone tree to be available for special legislative issues that need YOUR support. It only requires four - five calls and messages are prescribed and can be left as messages. If you would be willing to help in your area, please call **Nikki Crowley** at (253) 922-7233.

On the November Ballot

The Initiatives for our consideration and voting this November are "HOT" topics and will require serious study for an informed decision. Among the initiatives are three that deal directly with health care.

Initiative 673 addresses the managed care provisions in health plans and would allow services to be provided by ANY health care provider whose scope of practice includes services provided by the plan.

WSMA opposes all mandates that include any willing provider, mandated benefits and mandated payments for categories of providers.

Initiative 676 would make it unlawful to sell or transfer a handgun unless it is equipped with a triggerlock or similar device. PCMSA has declared their

support for this initiative.

Initiative 685 would permit the receipt, possession, and the use of any Schedule I controlled substance by a seriously or terminally ill patient, with the RECOMMENDATION of a licensed physician.

At this time coming to the deadline for print, the WSMA has not made their recommendations as the House of Delegates session for resolutions is a week away.

When the Voters Guide comes to your home it will include a statement of support and one of opposition for each initiative. Read them carefully and compare the public statements with those presented to the WSMA membership following the House of Delegates resolutions from the annual meeting in Yakima.

Read the Voters Guide and be an informed voter! ■

Health Tips -

Beating Stress and Overcoming Fatigue

Beating Stress

Stress is the pressure and tension you feel when faced with a situation that's new, unpleasant or threatening. It is an automatic reaction to a demand or danger and can cause mental and physical problems. Some tips in reducing stress include:

***Keep a journal.** This could be used as an outlet for emotions and

Philanthropic Update

We have received five requests for funds from the following non-profit organizations:

American Lung Association
(Asthma Camperships)

Pierce County AIDS Foundation
(Basic Needs Program)

Prison Pet Partnership (2 wheel-chairs)

Neighborhood Clinic (medication)
YWCA (Encore program)

We would like to supply another Pierce County school with a classroom set of Baby Think It Over Dolls. Seven dolls and supplies have been ordered for Franklin-Pierce and Washington High Schools.

In addition, **Mona Baghdadi** and **Fran Thomas** visited the YWCA's Women's Shelter to assess how the Alliance can best meet the needs of domestic violence victims. ■

frustration, a way to allow you to explore the pros and cons of possible choices, a decision making tool and could help you in confronting problems or change in your life.

***Designate a time and place to do your work** and leave it there.

***Learn to better manage your**

see "tips" page 18

Watch your mail for your opportunity to participate in our Holiday Sharing Card



the Pulse

Pierce County Medical Society Alliance

President's Message

Autumn leaves are falling and it is time to put your rubber boots on and go outside to play! I encourage you to visit a pumpkin farm, especially

in the company of little ones. It can be so much fun.

Thank you to those who took time to return the

survey. We are still accepting forms so don't hesitate in sending in your comments.

October is a very significant month for Alliances nationwide. This month is devoted to stopping the violence in our communities. Our local Alliance will participate in a "Stop the Violence Fair" on October 25th at the South Hill Mall in Puyallup. We are also continuing our support of the YWCA Women's Shelter. Donations of non-perishable food items will be collected at the fashion show on October 24th.

Our Secretary, **Lynn Peixotto** will host a friendship tea on October 15th and will provide access to information regarding media violence and what you can do to stop the violence.

Until next time, don't let the rain get you down. ■

Mona Baghdadi
President PCMSA

YWCA Donation Wish List

For members who want to donate, the following is the Wish List from the YWCA Women's Shelter, 405 Broadway, Tacoma 272-4181.

Clothing

Women's professional clothing
Underwear and socks - all sizes
Children's clothing (School clothes, sweatsuits, coats, gloves, shoes, underwear in recommended sizes birth through 11 years of age)

Bathrobes, pajamas, slippers
Sweaters and sweatshirts
Women's shoes - professional and casual

Household Items

Bed linens and bed covers (for 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

Women's feminine products
Diapers - large, disposable
Bathroom and kleenex tissues
Toilet seat covers
Soap and shampoo
Toothbrushes and toothpaste
Razors - disposable
Over-the-counter medications - aspirin, cold medicine, Tylenol, cough drops, antacid
Hairbrushes and combs

Food

Fresh produce, meat, eggs, fruit juice, coffee, sugar, salt & pepper, spices, children's snacks, Pedialite Baby formula

Cleaning supplies

Dishwashing detergent
Handsoap
Laundry detergent
Fabric softener and bleach
Sponges/Dishrags
Oven cleaner
Window cleaner

Miscellaneous

Children's school supplies
Children's games - all ages ■

1998 Entertainment Books

We're again offering Entertainment Book Sales

South Sound \$35.00

South Seattle \$40.00

We are also able to order books for cities throughout the United States to send to friends and families. We take Mastercard or Visa. If you have any questions or would like to place an order, call **Fran Thomas** at 265-2774. ■



Tips *from page 20*

time. Poor use of time, not a lack of time, may be contributing to your stress level. Try to plan ahead, break big jobs down into small chunks, take periodic breaks and attempt to work on the more difficult tasks when you have the most energy.

***Make time for free time.**

Include yourself in your schedule. Listen to soothing music, take up a relaxing hobby, or learn relaxation techniques such as meditation or deep breathing.

***Take a look at your lifestyle.**

Have regular check-ups, exercise and get enough sleep.

***Eat a healthy, balanced diet.**

Don't skip breakfast, cut back on caffeine, watch your sugar intake,

stick to a regular meal schedule and don't overeat.

***Asking for help is not a sign of weakness.** It shows that you are strong enough to admit you need help. Consider contacting your health care provider, your local hospital, a mental health center, a social worker, a counselor or a psychologist.

Overcoming Fatigue

Fatigue is nervous exhaustion, and the weariness from labor or exertion. Here are some solutions for the hidden causes of fatigue.

***Catch up on sleep by going to bed early,** not by sleeping in. If you sleep in, you are upsetting your biological clock by suppressing the release of cortisol (the hormone that wakes you up). If you must play catch-up, try to go

to bed at an earlier time.

***Avoid bright lights before bedtime.** Bright indoor lights can confuse your brain's notion of night and day.

***Drink water.** Once you are thirsty, you have already lost 1 to 2% of the fluid in your body. When you hit 3%, you will experience a decline in physical performance. Keep a container of water at your table or desk and drink eight glasses of water a day; more if you exercise.

***Eat protein.** Mix and match your food and avoid eating only high-carbohydrate meals. Include one serving of high-protein food such as yogurt, lean meat, low-fat milk or beans at every meal. ■

From AMA Alliance Today, excerpted from Prevention Magazine, 1997

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Family Practitioners. Group Health Cooperative of Puget Sound, a large well-established HMO located in the Pacific Northwest, is currently seeking family physicians for our Federal Way and Olympia facilities. We also have an urgent care position available in the Tacoma area. We currently serve a population of over 500,000 patients throughout the western Washington area, and often have teaching and research opportunities available. For further information, call 800-543-9323 or fax CV and cover letter to (206) 448-6191.

Care Management Position.

Group Health Cooperative of Puget Sound is currently seeking an internist with care management experience. This is a half-time position which can be combined with a part-time inpatient practice at our designated hospital in Seattle. This is a new position and provides an opportunity to participate in the development of new systems. For further information, call 800-543-9323 or fax CV and cover letter to (206) 448-6191.

Tacoma/Pierce County, Out-patient 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.

Seattle. BC experienced general internists needed for a full-time position in a four person internal medicine clinic. Group offers established call rotation, generous compensation and benefit package, stable financials, and the opportunity to enjoy living in beautiful Seattle. Send CV or call Richmond Clinic, 355 NW Richmond Beach Road, Seattle, WA 98177, Attn: Hinda Schnurman, (206) 546-5181.

Pediatrician wanted. Rapidly growing community in Southeast King County has patient base to fully support pediatrician. Call Rita Dyer (360) 825-1389. ■



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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.

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, Internists and Pediatricians. 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, 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. 2811.

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BULLETIN

November, 1997



Above: Peter Marsh, MD assumes WSMA Presidency and receives the gavel from Nancy Purcell, MD (see story page 6)



Top (R): President-elect Jim Wilson, MD, (R) explains his position as President Stan Harris, MD, listens. Dr. Wilson will assume the PCMS Presidency at the December 9th Annual Meeting

Center (R): Delegates Gary Taubman, MD (L) and Keith Demirjian, MD, study the issues. Taubman is President of the College of Medical Education and Demirjian is President of the PCMS for-profit subsidiary, Membership Benefits, Inc.



Bottom (R): Mark Gildenhar, MD (R), ponders a decision at the WAMPAC Board of Directors meeting, of which he is a member

Inside:

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- 6 Peter Marsh, MD assumes WSMA Presidency
- 7 WSMA Annual Meeting actions, in words and pictures
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- 14 Public Health/School Health Committee discusses many issues

PCMS Officers/Trustees:

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James M. Wilson, Jr., MD.....President Elect
Lawrence A. Larson, DO.....Vice President
Charles M. Weatherby.....Secretary/Treasurer
John H. Rowlands, MD..... Past President
Andrew Levine, MD
Marilyn Pattison, MD
Nicholas Rajacich, MD
Don Russell, DO
Patrice Stevenson, MD
Gary Taubman, MD
Mona Baghdadi, PCMSA President

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Speaker of the House: Richard Hawkins, MD
Trustee: James K. Fulcher, MD
Trustee: David E. Law, MD
AMA Delegate: Leonard Alenick, MD

Executive Director: Douglas Jackman

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Bylaws, Stanley Tuell; **Budget/Finance**, Charles
Weatherby; **College of Medical Education**, Gary
Taubman; **Credentials**, Susan Salo; **Emergency
Medical Standards**, Mark Jergens; **Ethics/
Standards Of Practice**, David Lukens; **Grievance**,
John Rowlands; **Legislative**, William Marsh;
Medical-Legal, Nicholas Rajacich; **Membership
Benefits, Inc.**, Keith Demirjian; **Personal Problems
Of Physicians**, John McDonough; **Program**,
Lawrence A. Larson; **Public Health/School Health**,
Lawrence Schwartz; **Sports Medicine**, John Jiganti.

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PIERCE COUNTY MEDICAL SOCIETY
BULLETIN

November, 1997

Features

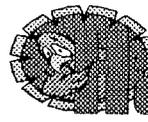
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**Happy
Thanksgiving**

Presidents Page.....

Thank you for the Memories



*Stanley C. Harris, MD
President, 1997*

I can vividly remember my fourth birthday and recall thinking that it would take forever for my fifth to arrive in the so distant future. Suddenly, it is almost 50 years later and my year as the President of the Pierce County Medical Society is already virtually over. It's an old cliché, but time really does fly by too quickly.

It has been an exciting year and has been an honor to have the pleasure of being the President of this fine organization. I can not thank everyone enough for all the dedication and support in being able to serve you. I have truly enjoyed the opportunity to be allowed to have a monthly forum to expound on some of my thoughts and biases. I have received a lot of feedback on all of the articles, both good and bad. I realize that my views were mine and mine alone and I make no apologies for the content. My intent was and is to make the reader think. As you know, I do not like the direction the health care industry is heading and would like to hope for the best.

I would like to be able to

look back on the year and say that I and the society have accomplished a great deal of wonderful things. I would like to say that we have solved the issues of affordable healthcare for all and Level II trauma care in Pierce County. Realistically, I cannot say that. But, I think we have not lost ground, and perhaps that is not all bad. Active discussions continue. Theodore Roosevelt had a philosophy that good leadership does not necessarily mean more rules and regulations. I agree with that. Being elected to office does not mean everything must be changed in order to prove that you have done a good job.

As with previous presidents, I would not be able to accomplish anything without the guidance and dedication provided by the extremely capable PCMS staff. Doug Jackman and Sue Asher are the backbone of our organization. They represent the collective institutional memory which is absolutely essential to maintain a viable society. I have had the opportunity to compare them

with their counterparts across the state and they are the best! We have been very well served by them.

Additionally, I wish to thank all of the very dedicated and unselfish committee chairs and members who do the work of the society. You never hear about their monthly meetings and the vital role they fill in the liaison with the community and the medical society. There are seventeen different committees which deal with a large variety of community health care issues. They are really the heart and soul of the society. I cannot thank you all enough.

I hope to see you all at the annual membership meeting in December. We promise to make it a memorable evening and will try to keep our comments brief. We will be fortunate to have Tony Ventrella as our featured speaker.

Thank you again for putting up with me through the past year. ■

PCMS Bike Club peddles to Centralia; enjoys bus ride home



Seventeen cyclists rolled out of the Tacoma Amtrak parking lot early Sunday morning, October 19, to bike to Centralia. The plan was to peddle the 56 mile course and ride the Amtrak train back to Tacoma that evening at about 6 pm. **Dr. Henry Retailliau** led the group of

physicians (**Federico Cruz-Uribe, Steve Settle**), and friends down to the Roy junction, through Roy, Tenino, and into the final destination of Centralia.

Arriving at the Centralia Amtrak station about 3:00, they were informed by the ticket agent that the train would be four to five hours late, which would make a seven to eight hour wait! Amtrak then informed them that if they wanted they could take a bus that would be coming up from Portland to Seattle, which would arrive at about the original time as the train was supposed to, 6 pm.

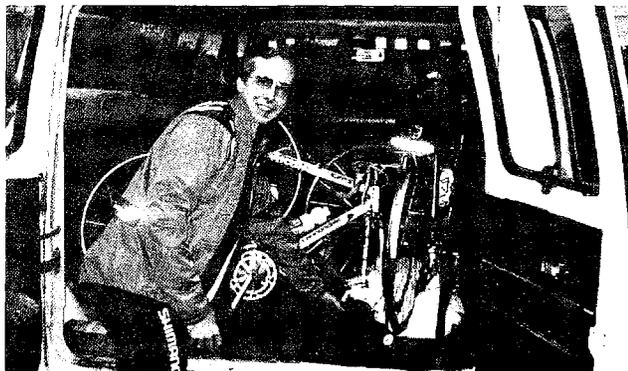
Several riders biked back to Roy, and because of darkness were picked up by family members. Others, opted for the bus ride to Tacoma, compliments of Amtrak.

Everyone had a terrific time and wants to do it again. The weather was perfect, it was a beautiful fall day and the route is very scenic and flat.

If you would be interested in riding with the PCMS Bike Club, please call Doug Jackman at 572-3667. ■



Riders gather at the Centralia city post, happy to accomplish the 56 mile ride, which was flat and fun, with perfect weather



Dr. Henry Retailliau unpacks his bike early Sunday morning

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Training and luck saved Flight 232 from total disaster

United Airlines Captain Al Haynes told the story of Flight 232 to over 100 physicians and guests at the October General Membership Meeting on Tuesday, October 14 at the Landmark Convention Center. His story began after the audience listened intently to the final ten minutes of conversation between the air traffic controller and the cockpit of United Airlines Flight 232 that crashed in Sioux City, Iowa in July, 1989. Captain Haynes was the pilot of that aircraft. There were 184 survivors, but, 111 passengers and one flight attendant lost their lives when the plane crashed just less than two hours after take off from the Denver Airport at 2:09 p.m.

Captain Haynes credited five factors "that affect us every day of our lives," as he defined them, for preventing an even worse air disaster than happened. They are luck, communications, preparation, execution and cooperation.

At 3:16 p.m. while cruising at 37,000 feet, they experienced an engine failure in the number two engine. He explained in great detail the many difficulties they experienced, including their biggest problem which was the loss of the hydraulic system, or systems, since the three back-up hydraulic systems, all capable of serving the aircraft independently, also failed. "The odds of losing your hydraulic system is one billion to one," he explained, "and we had no ailerons, no rudders, no spoilers, no flaps, no trim, no way to steer and no brakes." But, they did have landing gear! For the next 45 minutes, he contended, "luck was with us."

The location of the flight, over flat lands. The weather, sans thunderstorms, smooth air and

good visibility were on their side. The time of day proved to be very important, not only for the natural light it provided, but for the "golden hour" of survival, because it combined the availability of medical personnel in shift changes at local hospitals. Both morning and evening shifts of emergency medical personnel were available. And, also by luck, Sioux City had two National Guard units ready to respond.

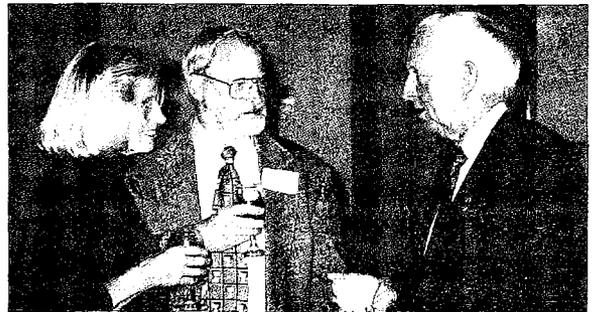
"Four men in the tower deserve lots of recognition," explained Haynes. We were 75 miles east of the city when the engine failed and they instantly got everything off the airwave frequency, implemented all safety measures, even called the Highway patrol to block all entrances to the freeway. "Kevin," the fifth man in the tower, was the man whose voice was on the tape that attendees listened to. Haynes asked, "did you ever hear a more calm, controlled, professional voice in your life? He never lost control, he never expressed fear, he never even raised his voice until the plane crashed." Haynes credits "Kevin" with setting the groundwork and keeping everyone calm and in control during the entire 45 minute ordeal. He

humorously explained, however, that "Kevin" had just transferred to Sioux City because he found his previous duty station "too stressful."

Haynes credits United Airlines for their excellent Command leadership Training and Standard Operating procedures. Preparation and training are vital for every



Fred Thompson, MD, Tacoma orthopedic surgeon; Capt. Al Haynes, Stan Harris, MD, PCMS President, and retired member Leonard Eliel, MD help themselves to dinner



Joe Wearn, MD, Tacoma pediatrician and wife, Pat, visit with Capt. Haynes before the meeting

group involved, the ground crew, the cockpit crew, the cabin crew, and the least prepared of all, the passengers. He chided the audience about paying attention to flight attendants when they give their safety briefing prior to departure. "It is a passenger's

See "training" page 10

PCMS member Peter Marsh, MD assumes WSMA Presidency

Infectious Diseases Specialist, **Peter Marsh, MD**, accepted the gavel from WSMA outgoing president Nancy Purcell at the WSMA Annual Meeting held in Yakima, September 25-28. The gavel was presented at the Friday evening President's Dinner, Inauguration and Reception.

Dr. Marsh presented an enthusiastic, uplifting and humorous speech that set the atmosphere for the evening. He encouraged WSMA members to take advantage of the opportunities still

available in the greatest of professions.

Serving as PCMS President in 1994, Dr. Marsh has been very active in organized medicine. He chaired the PCMS Grievance Committee in 1995. He served on the College of Medical Education Board of Directors from 1984-1987, and as President in 1986.

WSMA activities have included serving as a Delegate in 1986, Reference Committee chair in 1987, Secretary/Treasurer in 1995, Vice President in 1996 and

President-elect in 1997.

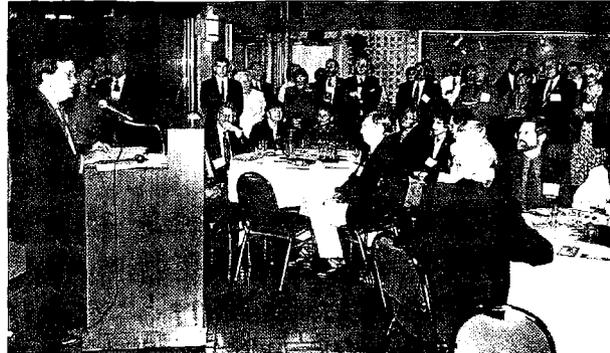
In his first two weeks of office, Dr. Marsh has made numerous appearances on "talk" radio and television programs debating the pros and cons of Initiatives 673 (Any willing provider), 676 (Hand gun safety act), and 685 (Medicalization of marijuana).

To represent the state's physicians, Dr. Marsh declared he had given up his pipe smoking.

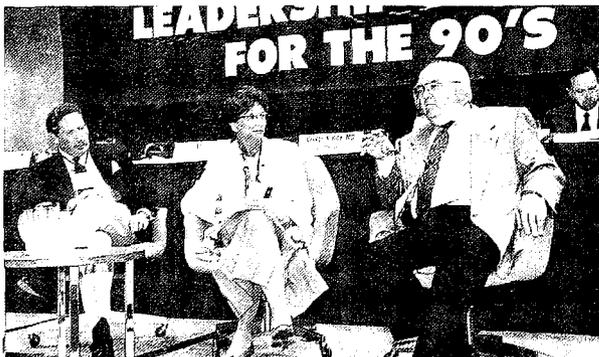
PCMS extends congratulations to Dr. Marsh. ■



Richard Hawkins, MD, (L) Speaker of the House, confers with new WSMA President, Tacoma's own, Peter Marsh, MD



Peter Marsh, MD, gives an "uplifting and humorous" acceptance speech at the President's dinner and reception



Mimi Pattison, MD, Board of Trustee's member, served on the Ethics panel that discussed end of life issues



The PCMS caucus meeting held early Saturday morning was well attended and helped inform delegates of the issues

WSMA House of Delegates debated, voted on state issues

The WSMA Annual Meeting in Yakima was well represented by Pierce County physicians. Those serving as delegates were: **Drs. Stan Harris, James M. Wilson, Jr., Lawrence A. Larson, Charles Weatherby, John Rowlands, Don Russell, Marilyn Pattison, Andy Levine, Gary Taubman, Patrice Stevenson, Keith Demirjian and David Law.** Alternate Delegates included **Drs. Michael R. Jackson, Maria Mack, Cecil Snodgrass, Michael Young, Federico Cruz-Uribe, Robert Killian, and Vita Pliskow.** WSMA representatives were **Drs. Leonard Alenick, Richard Hawkins, Peter Marsh,** and others attending were, **Richard Bowe, Mark Gildenhar, David BeMiller, Kenneth Feucht, Mark Tomski, Hugo VanDooren, Dennis Waldron, Glenn Reynolds, John Colen, Arthur Vegh, Roger Simms** and many PCMS Alliance members.

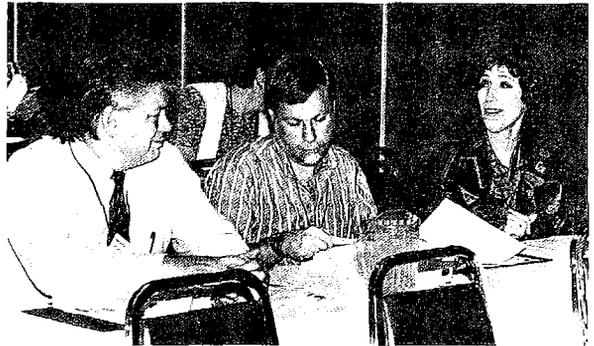
Major decisions made by state delegates at the meeting included opposition to a ballot initiative to legalize marijuana (Initiative 685). A surprise visit by



Rob Killian, MD, explains I-685, the marijuana issue, while Drs. Feucht, Hawkins, Taubman and Weatherby listen



Dr. Keith Demirjian makes a point while Drs. Cruz-Uribe, Pattison, BeMiller, Stevenson and Rowlands listen



Delegates James M. Wilson, MD, (L) and Vita Pliskow, MD, (R) try to convince Andy Levine, MD of their view



Drs. James M. Wilson, President-elect and Mimi Pattison, Trustee, talk seriously at a reference committee meeting

Lt. Governor Brad Owen urged physicians to oppose the measure. The pro-685 movement, led by **Dr. Robert Killian**, a Tacoma physician, had hoped for the association to remain neutral. **Dr. Peter Marsh**, WSMA President, explained that the initiative "is much too broad and loosely prepared and contains a lot of language not connected to the issue of the medical use of marijuana and that is what causes us concern."

Initiative 676, the handgun measure, was drafted to decrease the number of firearms related injuries and deaths statewide. It would require all pistols to be equipped with trigger locks and all handgun owners to pass a safety test. The Initiative was drafted by physicians and the WSMA voted to support it. The goal of the law is for responsible gun ownership and is a safety issue. Both initiatives will appear on the November 4 ballot. ■

More WSMA Annual Meeting highlights.....

In other action, delegates endorsed a resolution directing the WSMA to work with the State Board of Health on development of a system of mandatory reporting of HIV cases. Mandatory reporting is currently required for 54 communicable diseases in Washington state, including AIDS, gonorrhea and syphilis, but does not include HIV. This resolution was introduced by **Alan Tice, MD**, Tacoma Infectious Diseases physician.

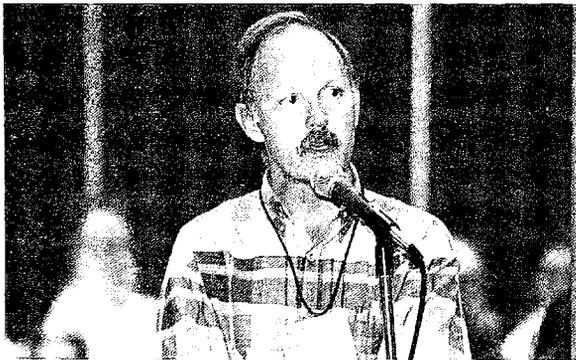
Delegates also voted to develop programs that would encourage

parents to place infants on their back for sleeping to help reduce the frequency of Sudden Infant Death Syndrome (SIDS) as well as support legislation that would mandate the use of bicycle helmets statewide. Also garnering support was a directive to convene interested parties to develop recommendations on school start times and support legislation regarding hours of work for children and adolescents.

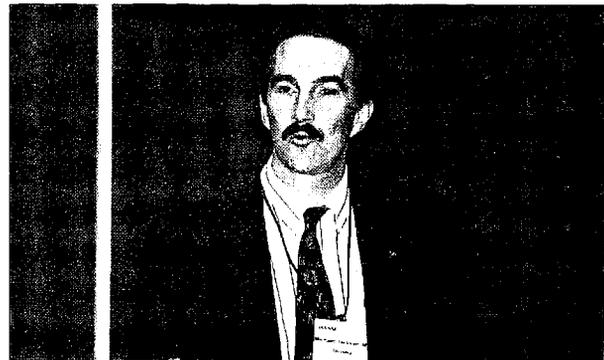
In a late resolution, the House referred to the Executive Committee a resolution to assure the full

allocation of physicians health funds. Currently, funding is provided by a \$25 assessment on license fees. Although the money can't be used for any other purpose, the full \$25 per license was not allocated by the legislature.

In other Annual Meeting activities, **John Colen, MD**, retired Tacoma allergist, was re-elected as Delegate and Chairperson of the WSMA Senior Physician Section, while **Ken Graham, MD**, retired Tacoma family practitioner was elected as Vice Chair. ■



Dr. Don Russell, Puyallup Pediatrician addresses the House of Delegates about trigger locks on handguns



Dr. Michael R. Jackson, MD, Fircrest Family Practitioner and PCMS Delegate shares an opinion with other delegates



Dr. Stu Farber, meets with interested colleagues regarding end of life issues



Retired Allergist, John Colen, MD addresses the Senior Physician Section, WSMA, and is re-elected chair

"In my opinion"

Editor's Note: The following letter was written to John Holtermann, VP, Regence Washington Health from Ron Graf, MD. Dr. Graf forwarded a copy to the PCMS Bulletin for publication.

As a long term member of Pierce County Medical, as a subscriber to Pierce County Medical since 1978, and as a former Board member and Chairman of the Board of Pierce County Medical, I was dismayed to read your letter of August 29, 1997 to Regence Providers.

During my tenure as Board member I was proud to represent and serve a corporation that claimed to serve both subscribers and providers in a fair and mutually beneficial fashion. By virtue of physician representation on the Board, Pierce County Medical seemed to be both sensitive and responsive to we physicians' interests while delivering quality health care to Pierce County subscribers. We worked hard to raise reimbursement, at one time substantially below that of King County Medical, to more equitable levels. Although at times it has proved necessary to *maintain* reimbursement levels for financial reasons, I do not recall ever having recommended, or experienced, a *decrease* in provider reimbursement.

If Regence finds that "PCM reimbursement rates were among the highest in Pierce County," we should take pride in the fact that the corporation was responsive to physician input. By reducing reimbursement to Pierce County Providers, Regence is taking a big step backward, demonstrating that it, too, is part of the huge managed care industry that concerns itself more with the bottom line in

helping its subscribers obtain quality medical care.

In the past I have been a long term supporter of Pierce County Medical and its policies, and have been an advocate of the merger with King County Medical into Regence. However, I no longer

feel an allegiance to an organization that has lost site of its mission to provide quality care to its subscribers and a fair reimbursement to its providers.

I hope you will consider your decision to decrease our reimbursement. ■

Indentured Servitude?

by Chris Jordan, MD

In order to have hospital privileges, doctors are required by hospital bylaws to have 24 hour coverage for their patients. Doctors are also required to cover the emergency room.

But what about insurance plans? Why aren't they required to have 24 hour coverage for their patients through their network of providers? And if the insurance company does not have 24 hour coverage, why doesn't the hospital do something about it?

The reason I bring this up is that health care has changed dramatically. Many insurance companies are now trying to make even more money by ratcheting down on physician reimbursement. About the only recourse open to a physician these days is to say "no" I won't participate in such a plan. But the insurers have physicians over a barrel, particularly when it comes to emergency room care. Physicians are mandated to see those patients without any regard to any reimbursement issues. This is obviously good for the insurance company, but quite unfair to the physician.

Take for instance, the Healthy Options Plan. Patients in this

managed care plan now have an insurance company and a primary care provider responsible for them. Primary care providers are now being paid about the same as commercial insurance rates and this is good. Insurance companies are actively seeking more Healthy Options patients as they make a profit, and this is okay too. But from my standpoint, a specialist is paid less than one-half the commercial rate and that is terrible! This often won't even cover the cost of overhead. It is unfair and this is why I have chosen not to see Healthy Options patients. Why should I support a plan that specifically discriminates against me as a specialist?

But now what happens when a Healthy Options patient comes into the ER? I am expected to see these patients on a higher risk emergency basis on nights or weekends for their same unfair fees. In essence, this is a form of indentured servitude. You may say I have a moral obligation to see these patients. Then I would submit to you that the insurance company has a moral obligation to pay my usual and customary fee if

See "Servitude" page 10

WSMA offers Capitation course

The Washington State Medical Association and the Washington State Medical Group Management Association will present "How Capitation Works: Succeeding in Prepaid Medicine," in Seattle on Friday, November 21 from 8 - 11 a.m.

Experience has shown that repayment mechanisms can coexist with high quality medical care and meet the demands of the market.

Training from page 5

obligation to know how to get out of the airplane," said Haynes.

The crew had 103 years flying experience between them but none of them had experience with losing hydraulics. They used teamwork, all asked questions and all answered questions. There were nine flight attendants on board and they ranged in experience from 22 years to six months. In all their years "not one of them had ever had to prepare for an emergency landing," he said. He wondered in retrospect, if they had never done this before how could they have done such an excellent job? "They were following standard operating procedures, just as they had been trained to do."

And, lastly, Haynes credited the city of Sioux Falls and the people who call it home. "They were unbelievably prepared," he said. "Four hundred and fifty people were lined up to give blood."

In closing, Haynes parting advice was for people to get involved. "We must share our knowledge and be prepared. We must use our influence and urge legislators to fund training programs. Communities have to be prepared." ■

Participants will learn about:

- Increasing income by accepting managed care risk
- The pitfalls and practical hazards of the capitation mode
- Distinguishing capitation proposals that make sense from those that won't work
- Using your capitation practice to stay ahead of the averages
- Putting together your own capitation proposal for exclusive contracting

The course costs \$129 for WSMA or WSMGMA members and \$258 for non members. It will be held at the Seattle Marriott (Sea Tac Airport).

For more information and registration, call Cryss Toycon at 1-800-552-0612. ■

Servitude from page 9

I am not a member of their plan. Much to their credit, that is what Group Health does. That is the right and honorable thing to do. Why aren't the other insurers required to do this?

The hospital needs to help physicians with this problem. I would suggest that either insurance plans be required to have 24 hour coverage for their patients (just as physicians do) or that insurance companies be required to pay a physician his usual and customary fee if he is not signed up with their insurance plan and he has to come in to see their patient. If this requires a change in the hospital bylaws, then I think we should go ahead and do that. At the very least we need the hospital's attorney to address this issue and tell us what we can and cannot do. ■

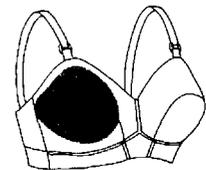
Public workshops set on Trauma Care Service Funding Act

The Washington State Department of Health, Office of Emergency Medical and Trauma Prevention, will be hosting public workshops to review the rules which will administer the Trauma Care Service Funding Act of 1997.

Meetings will be held in Spokane and Olympia and a state-wide review meeting will be held on Wednesday, November 19, at 9:30 a.m. at the WestCoast Sea Tac Hotel in the Tacoma Room.

For more information, including a copy of the proposed rules or directions to the meeting, call Laurie Hanson at 1-800-458-5281. ■

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.



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Formerly Smith's Corset Shop
2302 S. Union Ave 752-1705

Cycling for the vertically and psychologically challenged

by Nichol Iverson, MD

How aerobic can one get, I asked myself as the Courage Classic Ride took about four hundred people over three mountain passes in August of 1996. Entering the 1997 cycling season, my personal challenge was to ride the RAM-ROD (154 mile Ride Around Mount Rainier in One Day).

Training rides included The Chilly Hilly, The Daffodil Classic, Tour de Blast, STP (did not go on ride, went with bent knees to porcelain goddess, with gastroenteritis instead) and 4000 miles of solo slow easy pedaling around Pierce County, such as Puyallup to Crystal Mountain and back.

Most of the organized rides were with recreational riders who are less psychologically challenged than I, which made it easy to pass most of the riders who were not as well trained. The RAMROD gave me a humbling perspective on the capabilities of REAL cyclists. Several times on the climb from Longmire to Paradise in Mt. Rainier National Park, I checked to see if my feet were turning my pedals as groups of "animals" zoomed by on my left. Beautiful bodies with thighs larger than giant Sequoias, churned effortlessly up the hills. Wait until they turn fifty something, I mumbled.

Then mens pace lines roared by. The rapid descent to Ohanapekosh was refreshing at 30 to 50mph, but the climb up Cayuse Pass was neck and neck with the mountain slugs. They were able to overtake me near Highway 410, leaving their slime trails to prove they had made the hill. The last 42 miles back to Enumclaw were ecstatic. It is all downhill.

My next venture was to ride the

RSVP-Ride Seattle to Vancouver and party. Screaming into Vancouver on day two with a tandem was a scream. (My last ride with 240 organic types, was the Trek Tri Island for the American Lung Association.)

We went from Bainbridge Island to Port Townsend on day one. Day two saw us go from Port Townsend to Orcas Island by ferry and cycle, while winding through the beautiful wooded islands. We went slow enough to see and smell the beauty of nature, but fast enough to get to Orcas Island by noon. What to do? Cycle up 2400 ft. Mt. Constitution, you idiot! After grunting all the way up the 17.73% grade, the wind and rain started to urge us three fools back to camp Orkila on the westside where the



sane people were resting and getting massages. The vertical challenge made the horizontal position very necessary.

On day three, riding from Sydney to Victoria in time trial fashion got me to the showers first but gave me reason to ponder aboard the Victoria Clipper - "Why was I doing this anyway?" In spite of all the miles and training put in this year, I ain't "there" yet.

Anybody have any ideas for next year? ■

Office Space

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223 Tacoma Avenue South, Tacoma 98402

256 square feet and 117 square feet offices available
professional location, north of downtown
utilities included

conference room, kitchen, janitorial service and parking provided

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Downtown Clinic: 1102 So I St
Tacoma 98405
Phone: 597-3813, fax 597-3815
Office Manager: Marge Sutherland
Robert Killian, M.D.,

Asuquo Esuabana, M.D.
Pi-Lin, M.D.
Rosalind Douthart, MSN, ARNP

Languages: Interpreter: Spanish;
Providers: Russian, Nigerian,
Chinese, Taiwanese

Hours: M-Th: 8 am - 8 pm
F: 8:30 am - 5; S: 9 am - 5:30 pm

Eastside Clinic: 1720 E 44th St,
Tacoma 98404

Phone: 471-4554, fax 474-5395
Office Manager: Sherry Scott
Steven Dagg, M.D.
Ruth Rosen, M.D.
Kay VanCovern, ARNP

Languages: Interpreter: Spanish;
Provider: Spanish; Outreach &
MA: Spanish

Hours: M-Th: 8 am - 8 pm
F: 8 am - 4:30 pm (open at lunch)

Lakewood Clinic: 9112 Lakewood
Drive SW #203, Lakewood 98499;

Phone: 589-7030; fax 589-7033
Office Manager: Jan McAllister
John Gray, M.D.
Jessie Yuan, M.D.
Jeff Smith, M.D.

Languages: Interpreter: Korean;
Provider: Spanish, Cambodian

Hours: M & F: 8 am - 4:30 pm; T-
Th: 8 am - 8 pm; (open at lunch)

Sumner Clinic: 1110 Fryar Road,
Sumner 98390

Phone: 863-0406, fax 891-9419
Office Manager: Jeannie Hibbard
Loreto Lollo, M.D.
Sabrina Agunbiade, M.D.
Cleo Nimietz, PA

Languages: Interpreter: Spanish;
Providers: Spanish

Hours: M-Th: 8 am - 8 pm, F: 8
am - 2:30 pm (open at lunch)

Tillicum Clinic: 14916 Washing-
ton Ave SW, Tillicum 98498
Phone 589-7027; fax 588-2095
Office Manager: Gina Lalicata
Kent Gebhardt, D.O.

Languages: English only

Hours: M,T,W,F: 8:30 am - 5 pm,
closed 12:30 - 1:30 for lunch
Th: 10:00 am - 6:30 pm, closed
1:30 - 2:30 for lunch

Adult Dental Clinic: 1215 South
11th St, Tacoma 98405

Phone: 572-7003, fax: 597-3815
Dental Director: Dearl Olsen, DDS
Vickie Breaker, DDS
Lucy Key, DDS
Richard Wu, DDS

Hours: M, T, Th, F: 8:30 am - 6:30
pm, closed 12:30 - 1:30 for lunch
W: 9:00 am - 7:30 pm, closed 1:30
- 2:30 for lunch

Homeless Clinic: Office Manager:
Christi Ackerman
Phone: 597-4550
Paul Newharth, M.D.

Languages: Provider: Spanish

CASCADE COMMUNITY HEALTH

**Cascade/Family Health Center at
University Place:** 2603 Bridgeport
Way W, University Place, 98467

Phone: 565-1836, fax: 566-4620
Stanley Flemming, D.O.
Munwar Mumtaz, M.D.

Languages: Provider: Spanish,
Hindi, French, Thai

Hours: M - F: 8:30 am - 5 pm,
closed 12:30 - 1:30 for lunch

**Cascade/Family Health Center at
Spanaway:** 128 - 131st St
Tacoma 98444

Phone: 535-5552, fax 535-5684
Chong Kim, M.D.

Languages: Provider: Korean

Hours: M,T,W,F: 8:30 am - 5 pm
W: 8:30 am - 12:00 (noon)

**Cascade/Family Health Center at
Soundview:** 3611 South D St,
Tacoma 98408

Phone: 756-8562, fax: 475-5686
Kim Troy, ARNP

Hours: M - F: 9 am - 3:30 pm

**Cascade/Family Health Center at
Fife:** 6040-A 20th St E, Fife, 98424
Phone: 922-5263, fax: 922-5299
Jack Lake, P.A.

Hours: M,T,Th,F: 8:30 am - 5 pm
W: 8:30 am - 12:00 (noon); closed
12:00 - 1:30 for lunch

**Cascade/Family Health Center at
Parkland:** 11225 Pacific Ave,
Tacoma 98444

Phone: 536-2020, fax: 536-5327
David Sheiman, M.D.

Languages: Provider: Spanish,
Nurse: Spanish

Hours: M,T,Th, F: 9 am - 5 pm
W: 9 am - 4 pm (nurse only)

SEA MAR COMMUNITY HEALTH CARE

Sea Mar Community Health Care:
1112 S Cushman, Tacoma 98405

Phone: 593-2144, fax: 272-4125
Clinic Manager: Lizette Nieves
Miguel Balderrama, M.D.
Stephen Drasnin, M.D.
Armando Garcia, PA
David Chetham, M.D.
Cynthia Desmond, ARNP

Hours: M-F: 8 am - 5 pm

PLU WELLNESS CLINIC

PLU Wellness Clinic: 121st &
Pacific Avenue, Tacoma 98444
Phone: 535-7354, fax: 535-7071
Clinic Manager: Dana Zaichin, RN
Mary Ellen Martinez, MSN, ARNP
Merrily Allen, MSN, ARNP
Alden Willard, ARNP

Hours: M-F: 8:30 am - 5 pm, W:
until 7:30 pm, S: 9:30 - 12:00
(noon), closed 12:00 - 1:30 for
lunch ■

Public Health/School Health Committee addresses many issues

The PCMS Public Health/School Health Committee, chaired by **Lawrence Schwartz, MD** meets monthly to discuss numerous issues of concern in regard to school and community health. Committee members include physicians (pediatricians and primary care), school nurses, health department staff, etc. Last month the committee heard a report from the Health Department about contracted services provided at various community clinics (see list, facing page). It

was reported that the Health Department funds the clinics with one million dollars to provide direct services that they no longer offer, including STD, Family Planning, TB, etc.

The committee has recently been discussing **head lice** as this is a major problem for families and school children. It has been reported by school nurses that some children have missed up to 40 days of school due to many district's "no nit" policies. Dr. Schwartz has confirmed that lice

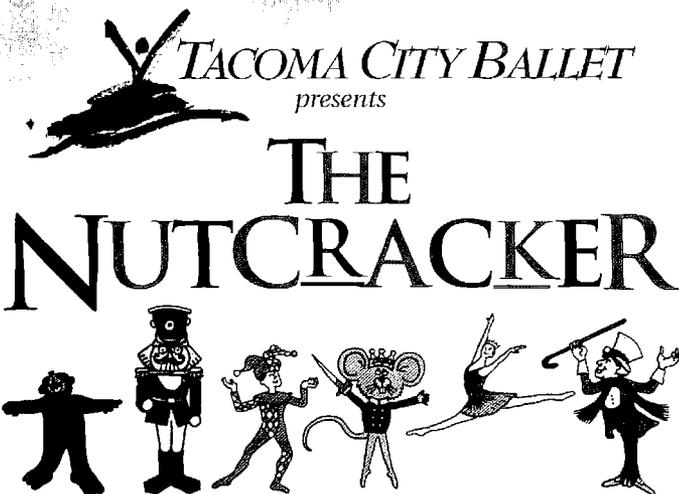
are becoming resistant to treatment and has made control even more difficult.

The committee also discussed that tine tests are still being used for screening of tuberculosis. The results of these tests are being reported on the Physical Exam Form. Dr. Schwartz confirmed that the tine test should no longer be used and he will be sending a letter to Pierce County physicians recommending that the Mantoux be used for TB testing. ■

PCMS picks up tab on Medical Staff Bylaws review

The PCMS Board of Trustees has again approved paying for the cost of legal counsel review of hospital bylaws amendments. A benefit that they have previously provided, the Board continues to recognize that medical staff do not have the time nor the inclination to review hundreds of pages of revisions. An attorney well versed in Bylaws is needed to understand the language and interpret exact meaning.

The Society has absorbed the cost of medical staff bylaw review/changes twice in the last six years. ■



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 Dec. 13, 20 at 1 pm* & 5 pm
 Dec. 14, 21 at 1 pm* & 5 pm

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Artistic Director: Erin Ceragioli.
Produced by *DanceSet*.

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1997 Physician Directory changes

Please make the following changes to the 1997 Physician Directory:

Cox, Bradley, PA-C

Moved out of state

Erwin, Stanton, MD

Change office address to:
915 6th Ave, #1, Tacoma 98405
Phone: 428-0205
Fax: 627-1064
Physicians only: 573-9989

Furstoss, James, MD

Retiring 10-31-97

Hill, John, MD

Change numbers to:
Phone: 627-1244
Fax: 627-6576

Idea, R. Jay, MD

Change office address to:
622-14th Ave SE, Puyallup 98372
Phone: 841-2471
Fax: 841-2472

Kelly, Michael John, MD

Change office address to:
7525 Custer Rd W, Tacoma 98467
Phone: 474-6898
Fax: 474-2196
Physicians only: 474-3276

Koukol, Dennis, MD

Retired 6-1-97

Kronlund, Scott, MD

Change office address to:
407-14th Ave SE, PO Box 1247
Puyallup 98371
Phone: 848-6661
Fax: 770-5988

Kunz, George, MD (Retired)

Change address to:
3016 N Narrows Dr, #311
Tacoma, WA 98407-1569

Lovy, Michael, MD

Change office address to:
1310 S Union Ave, Tacoma 98405

Priebe, W. Michael, MD

Change office address to:
1112 6th Ave #200,
Tacoma 98405

Rohner, William, MD (Retired)

Change phone number to:
(602) 362-2881

Rone, Craig, MD

Change office address to:
915-6th Ave, #1, Tacoma 98405
Phone: 272-7114
Fax: 627-1064
Physicians only: 573-9987

Schneider, Paul, MD

Change:
Office suite number to: 202
Fax: 272-8995
Physicians only: 383-4025

Souliere, Charles, MD

Change fax number to: 627-1064

Statson, Andrew, MD

Change office address to:
2201 S 19th St, #200
Tacoma, WA 98405

Stridde, Braden, MD

Change address to:
34509 9th Ave S, #203B
Federal Way, WA 98003
(Delete Tacoma office)

Virtue, Clarence, MD

Retiring 12-31-97 ■

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, Internists and Pediatricians. 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, 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. 2811.

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- Bill Dean 272-4013
- Ronald Johnson 841-4241
- Mrs. Jo Roller 566-5915
- Robert Sands 752-6056
- F. Dennis Waldron 265-2584
- *Chair

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COLLEGE OF MEDICAL EDUCATION

Gynecology CME registration open

Registration is open for the College's CME program, Office Gynecology set for Friday, November 14, 1997 at St. Joseph's Medical Center.

The program offers 7 Category I CME credits. Topics include: New Approaches to Managing Incontinence, Osteoporosis Screening, Natural Hormones and other Non-traditional Therapies, Oral Contraceptives, New Approaches to Pelvic Pain, Alternative Medical Approaches, Abnormal Pap Smears and assorted appropriate teaching videos and case presentations. ■

Early airline reservations essential !!!

Hawaiian spring vacation flights sell out many months in advance. A review recently suggested all flights during this time are filling rapidly.

To assure you are able to secure seats with a reasonable price, we urge you to make your reservations NOW.

The College is working with Marilyn from Olympus Travel (565-1213). Olympus has booked some seats at group rates so call Marilyn today. ■

NOTE: Deadlines require early planning for Maui and Whistler CME logistics

Registration is now open for both of the College's resort CME programs - Whistler and Maui. As mentioned in the program brochures, attention to deadlines is important.

For CME in Whistler, the College's reserved block of rooms and condos through the Radisson Blackcomb Suites **WILL BE RELEASED AFTER DECEMBER 15, 1997**. Call (800) 777-0185 for

reservations.

For CME in Maui, the reserved block of rooms at the Aston Wailea Resort **WILL BE RE-LEASED AFTER FEBRUARY 15, 1998**. Call (800) 367-2960 for room reservations. **EARLY PLANE RESERVATIONS ARE ALSO VERY IMPORTANT.**

For further registration information, please call the College at 627-7137. ■

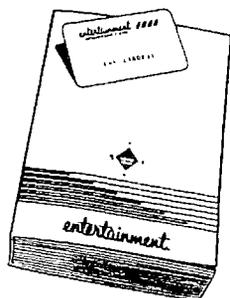
<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Friday, November 14	Office Gynecology	John Lenihan, MD
Friday, December 5	Infectious Diseases Update	Alan Tice, MD
Friday January 23, 1998	Cardiology for Primary Care	Marilyn Pattison, MD
Wednesday-Sunday January 28-February 1	CME at Whistler	John Jiganti, MD
Friday, February 27	Review of HIV Infections	Alan Tice, MD
Thursday & Friday March 12 - 13	Internal Medicine Review	Vernon Nesson, MD
Monday - Friday April 6 - 10	CME at Maui	Mark Craddock, MD
Saturday, April 25	Surgery Update 1998	Allen Yu, MD
Friday, May 1	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 5	Nuts, Bolts & Innovation in Gastrointestinal Disease IV	Gary Taubman, MD Rick Tobin, MD
Thursday - Friday June 25 - 26	Advanced Cardiac Life Support	College of Medical Education



the Pulse

Pierce County Medical Society Alliance

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We are also able to order books for cities throughout the United States to send to friends and families. We take Mastercard or Visa. If you have any questions or would like to place an order, call **Fran Thomas** at 265-2774. ■

Mother writes thank you letter for gift of "baby think in over dolls" to school

Editor's Note: The following letter was sent to the Alliance from Crystal D. Fritts

Dear Alliance:

I am writing to thank you, and the Auxiliary, for the purchase of the baby 'dolls' for the Franklin Pierce High School Child Development and parenting Class. My daughter told me about it before the Open House Night at the school and when I saw her teacher's excitement over this gift (during Open House Night) I knew I had to write to you.

As an alumnus of Franklin Pierce High School, and with a

sixteen year old daughter attending the school also, I was impressed to hear about this purchase for the school. While I am extremely blessed to have a daughter who is very 'grounded,' being a 3.5 gpa student, a 2nd year cheerleader and is involved in competition dance outside of school, I realize the importance in this era of providing this type of education.

Please share this thank you with everyone involved for recognizing Franklin Pierce High School in this donation of a much needed and appreciated item. ■

Watch your mail for your opportunity to participate in our Holiday Sharing Card

Alliance welcomes YOU! Please join us by sending in the dues statement below: If you have questions or would like additional information, please call Board Member, Kris White, 851-5552 or leave her a voice message at 596-8194.

If we don't see you at meetings, please be assured that your financial contribution (dues) is APPRECIATED and goes directly to philanthropic work in Pierce County. Thank you!

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 your dues on your credit card: Visa MC # _____

Expiration Date: _____ Signature: _____

Name: _____ Address: _____

Telephone: _____ Participating Member: _____ Supporting Member: _____

Please make check payable to PCMSA and mail to Kathy Samms, 9007 Warren Drive NW, Gig Harbor, 98335



the Pulse

Pierce County Medical Society Alliance

President's Message

Thanksgiving is just around the corner and what a very special holiday it is. Regardless of differences, this is the one time we can come together to break bread and give thanks.

I would like to give thanks for all the hard work and support I have received from my board. Alliance is struggling at this time and I appreciate their support.

In an ever changing climate, medicine has become a very troubled profession. This is too

bad considering the long years of training and personal sacrifices individuals have made along their journey to becoming a physician.

I encourage you to take time to enjoy this holiday with friends and family. When you make a conscious effort to detach from medicine, even for a short time and renew your emotional well. I promise you will find something to be thankful for.

I wish you and your families a safe and peaceful holiday. ■

Mona Baghdadi
PCMSA President



October Social Calendar

Due to a poor response the Annual Fashion show was cancelled!

Friendship/Membership Tea at Lynn Peixotto's home in Gig Harbor was also cancelled due to poor response.



November Social Calendar

Friday, November 21, Holiday Shopping in Seattle. Join us for a trip to Seattle to start your holiday gift shopping. We will meet at Palomino's Restaurant in the City Center Bldg. 1420 5th Avenue for lunch. Carpool leaves at 9:00 a.m. from Sam's Club just off I-5 in Fife.

9:00 am Carpool from Sam's

12:00 Lunch

A no host luncheon will be held at Palominos. Reservations are necessary to hold tables at the restaurant. Please call Yolanda Bruce 265-8190 or Mona Baghdadi, 851-6306 by November 13 for reservations. ■

(Follow directions on special card that will be mailed to you prior to the event)

Philanthropic Update

On October 6th the Philanthropic Committee recommended the following programs to support with our Holiday Sharing Card:

- 1) **Baby Think it Over Program** - school set of babies
- 2) **Neighborhood Clinic** - medication
- 3) **Pierce County AIDS Foundation** - Essential Needs program
- 4) **Prison Pet Partnership** - 2 wheelchairs
- 5) **Tacoma Area Literacy Council** - books for tutors
- 6) **American Lung Association** - Asthma Camp camperships
- 7) **YWCA** - support shelter
- 8) **YWCA** - Encore program

Thank you **Mona Baghdadi**, **Lynn Peixotto**, **Kris White** and **Alice Wilhyde** for coming early and staying late at the Board Meeting to discuss and prioritize the list. ■

Fran Thomas
Philanthropic Chair

Help! We need you!

Is anyone interested in being on this committee and/or a job for 1998-1999? We are on "life support" and need your help! Please call **Fran Thomas** at 265-2774. ■

Leslie Fox, MD, named President of Tacoma Youth Symphony Association



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Gary Allyn
(253) 272-2222

Gary Allyn R.E.

Leslie Fox, M.D., ophthalmologist with Cascade Eye & Skin Associates in Puyallup, was elected President of the Tacoma Youth Symphony Association at their June 3 Board of Trustees meeting.

Dr. Fox is a dedicated member of the Board. He first became involved with the TYSA when his eldest child, Brian, first joined the String Symphony. Since that time, his other two children have also joined the TYSA. Eric plays the oboe and Lindsay plays the violin.

Dr. Fox was elected to the Board of Trustees in 1992, and has been in charge of events such as the Art Auction in 1995.



His dedication to the work of the Board is one of the reasons TYSA is able to keep tuition low.

Congratulations, Dr. Fox. ■

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Orthopedic Surgeon. Group Health Cooperative of Puget Sound is currently seeking a full-time orthopedic surgeon interested in opportunities in our Tacoma facility. We require joint replacement skills; experience in arthroscopy would be helpful. Located in the Pacific Northwest for the last 50 years, we are a staff-model HMO with a strong emphasis on preventative medicine and quality management issues. We will soon be affiliating with Northwest Permanente as a medical group. For further information call Medical Staffing Services at 206-448-6543, or fax CV to 206-448-6191.

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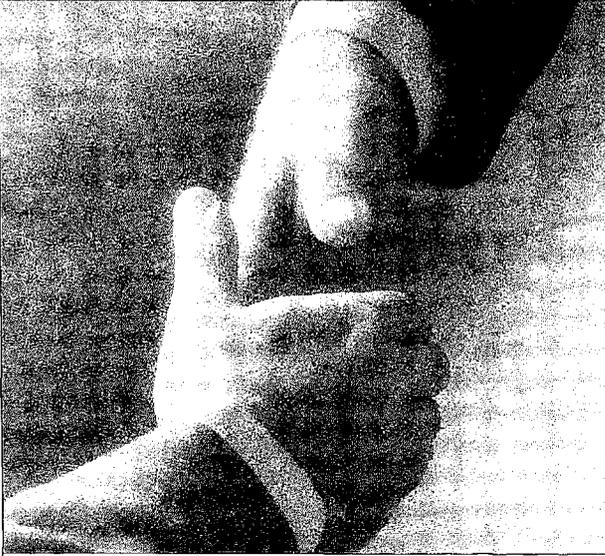
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PIERCE COUNTY MEDICAL SOCIETY BULLETIN

December, 1997



Happy Holidays

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PCMS Officers/Trustees:

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 Of Physicians**, John McDonough; **Program**,
 Lawrence A. Larson; **Public Health/School Health**,
 Lawrence Schwartz; **Sports Medicine**, John Jiganti.

The Bulletin is published monthly by PCMS
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The Bulletin is dedicated to the art, science and
 delivery of medicine and the betterment of the health
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PIERCE COUNTY MEDICAL SOCIETY
BULLETIN

December, 1997

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**SEASONS
 GREETINGS**

Thirty two thousand IMEs completed in 1996 L & I Task Force offered more assistance

The L&I Task Force under the guidance of **Dr. Bill Ritchie**, Chair, met November 3 with Hal Stockbridge, MD, Associate Medical Director, Department of L&I, and Carol Britton, Project Manager, on Independent Medical Exams (IMEs). The Task Force had requested their attendance to respond to concerns about IMEs and claims manager relationships.

Dr. Stockbridge encouraged physicians to work closely with the patient and employers to explore their return to work options for the patient. The Department has in draft form the "Provider Bulletin on Vocation Rehabilitation and How to Help Your Patient Return to Work" and it is available by calling 360-902-5026. The Bulletin provides an excellent summary of the doctors' role as well as the employers' in getting the patient back to work. Stockbridge noted that the average case load for a L&I claims manager is 400-500 files when out in the private sector, the average case load is 80-120 per claims manager.

One important piece of information that the Committee appreciated was that a claim can be closed if the claims manager has two things:

- 1) **doctor statement that patient has reached maximum medical improvement, and**
- 2) **documentation that patient has returned to work or is employable without regard to wages at the time of injury.**

When your patient can physically perform ANY job for which he has previously demonstrated skills and which is also consistent with his pre-injury work pattern, the time-loss compensation must

terminate under Washington law. The only wage consideration is that the job must pay at least minimum wage. So, if your patient has previously demonstrated skills that would enable him to work as a cashier, he is employable, even if there are no openings for cashiers in a 50-mile radius from your patient's home.

Dr.

Stockbridge also noted that eligible workers for State Fund employers can receive up to a 52 week period of training and a maximum of \$3,000 for retraining expenses. The \$3,000 maximum includes tuition, books, fees, tools, uniforms, mileage, and child care.

If your patient disagrees with an ability-to-work determination or an approved retraining plan, a dispute may be filed with the Vocational Dispute Resolution Office (VDRO) at L&I at the following address and phone: PO BOX 44880, Olympia WA 98504-4880, 360-902-6930, Fax 360-902-6770

It was noted that there are billing codes for in-person medical conferences, phone calls to employers and nurse consultants and they are:

- Billing code for in-person medical conference of about 30 minutes: 99361
- Billing code for in-person medical conference of about 60 minutes: 99362

- Billing code for brief (under 15 minutes) phone calls by physician: 99371
- Billing code for intermediate (15-30 minutes) phone call by physician: 99372
- Billing code for complex (over 30 minute) phone call by physician: 99373

If you would like a copy of the *Attending Doctor's Handbook* or *Medical*

Examiner's Handbook please call the Society office at 572-3667. **These codes may be used for face-to-face, or telephone meetings with vocational counselors, employers, claim managers, Department nurse consultants, and other Department representatives.** The Department allows attending physician charges for case management services, including telephone calls (codes 99371 to 99373) and on-site visits (codes 99361 and 99362) as specified in the CPT. These services must be performed by the physician (not staff).

It needs to be repeated that physicians also have a responsibility in reporting to claims managers adequate information so that the claims manager can make a determination. Too often the claims manager receives no explanation, little information, or inadequate enough to make a determination, so they end up requesting an IME. As stated above, 32,000 IMEs were done in 1996 in Washington State. ■

Retirement congratulations extended

James Furstoss, MD, announced his retirement from his Puyallup otolaryngology practice as of October 31, 1997. He notified his patients by letter and thanked them for enriching his life. Dr. Furstoss began his medical practice in Pierce County in 1974. He graduated from the St. Louis University Medical School and did his internship and residency in Wisconsin. ■

Dennis Koukol, MD, retired June 1, 1997 after twenty years of practice in Pierce County. He specialized in cardiology after completing a cardiology fellowship at the University of Oregon from 1975-1977. He completed his internship and a psychiatry residency at the University of Illinois, and a medical residency at the University of Oregon.

PCMS extends best wishes to both Drs. Furstoss and Koukol in future endeavors. ■

Member matters:

Cynthia Edwards, MD, a University Place physician, is one of two women and three men who recently accepted a three year appointment to the Pacific Lutheran University Board of Regents.

Ron Anderson, MD, longtime Tacoma urologist, is serving as President of the northwest Urological Society this year and hosting their 44th Annual Meeting in Seattle this month. NUS consists of 250 urologists from British Columbia, Alaska, Washington and Oregon, most of whom will be attending the conference at the Westin Hotel in Seattle. ■

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Dutch Hospice Physician Highlights 1997 Ethics Grand Rounds

Zbigniew Zylicz, MD, Medical Director of Hospice Rozenheubel, the Netherlands, addressed a large gathering at St. Joseph Medical Center's Lagerquist Education Center on October 31 speaking on "Societal Dangers of Euthanasia and Assisted Suicide".

Dr. Zylicz, founder of Holland's first hospice center (1990), spoke on how people's experiences with death 10, 15, 20 years ago continues to influence the way they confront death today. Dr. Zylicz estimated that 80% of those in Holland who request euthanasia base their decision on past experiences of family and friends in their last days of life.

Depression plays a major role and approximately 10% of those

requesting euthanasia suffer from depression. He described his experience with patients and how modern drugs alleviate the depression.

Patients who are "burned-out" account for 3-5% of those requesting euthanasia and tend to be people who live in nursing homes and consider themselves burdens on the family and no longer have visits or good relations with family and friends, or have no friends. "A major concern," said Dr. Zylicz, "is that a policy of euthanasia removes the need and desire to be creative in treating patients. He urged physicians to be observant and sensitive to patients' needs and feelings and also be "doctors of the soul." ■

Plan now to attend WSMA's 1998 Legislative Summit - "Medicine Serving the Community"

All members are invited to attend WSMA's annual Legislative Summit on January 27th in Olympia. A full day of activity is planned beginning at 8:00am, concluding with an informational networking session for legislators and WSMA members from 5:30pm to 7:30pm. Learn how legislation is made, gain helpful tips on how to effectively participate in the legislative process and useful insights on what lies ahead for physicians and health care as the 1998 Legislature gets down to work. In the afternoon, you will have an opportunity to meet with your local legislators. The WSMA Olympia office will make appointments with legislators for all members who are interested.

The Summit is free to WSMA and WSMGMA (Medical Group Management Association) members, as well as the membership of WSMMA. Attendance is limited to 300. Invitations to the Summit will be mailed in December. Once received, please mail/fax your registration form to the Seattle office as soon as possible. For information, please contact Winnie Cline at the WSMA Olympia office, (360) 352-4848 or (800) 562-4546. ■



Oregon voters retain assisted- suicide law

Oregon voters retained the state's ground-breaking assisted-suicide law in November by rejecting a measure to repeal it by 60-40 margin. Failure of Measure 51 clears the way for Oregon doctors to legally prescribe a lethal dose of medication to terminally ill patients who request it. The law first passed by a slim 51-49% margin in 1994, but never went into effect because of legal challenges. ■

Briefing papers available

The University of Washington Health Policy Analysis Program has produced six briefing papers on prospects for health and health care in Washington state. Copies of the complete set of papers are available for a nominal fee by calling Ann Bowden at (206) 543-3675. Below is a list of the papers available:

"Cost, Price and Affordability of Health Care in Washington State"

"Changes in the Structure of Washington State's Health Care Market"

"The Status of Public Insurance Programs in Washington State"

"The Evolution of Managed Care in Washington State"

"The Status of Public Health Improvement in Washington State"

"Implications of Recent Budget Changes for Publicly Financed Health Care" ■

PCMS to offer seminars on E & M Coding and Medicare fraud

Watch your mail for the PCMS sponsored educational meeting on the new guidelines that will be held on January 14 at Jackson Hall.

A recent mailing from your Medicare carrier explained the new Single-System Examination Guidelines. The AMA, specialty societies, and HCFA have worked together during the past several years to define a single-organ system examination. Definitions for a single-system examination at four levels were made: problem focus, extended problem focus, details, and comprehensive and for ten organ systems. The special Medicare bulletin describes these new documentation requirements and also includes guidelines that were distributed in 1991 which have changed. It is **important** that you understand and are familiar with these guidelines.

It has been heard that HCFA has decided to spend much of its fraud and abuse monies on Washington State.

Call PCMS for more information at 572-3667. ■

Health Department wins lawsuit, continues to ban tobacco advertising

Placing stringent restrictions on tobacco advertising in Pierce County last December was a big step for the Tacoma Pierce County Board of Health. Being the first county in the state of Washington to place such restrictions, it was anticipated that the tobacco companies would soon follow with a lawsuit and an arsenal of strategies and money to fight the decision.

Five local convenience store owners, represented by an attorney who previously has done work for the Tobacco Institute did challenge the authority of the Board of Health. They have declined to disclose whether the industry was paying his legal fees.

A federal judge in Tacoma, recently ruled by dismissing three of the plaintiffs' five complaints, which upholds for the near future at least, the county's right to restrict tobacco advertising which they hope will be effective in fighting underage smoking.

The ruling, by U.S. District Judge Robert Bryan did not rule on violation of the plaintiffs' First Amendment rights, which is

expected sometime next year, but higher court decisions appear to support the health department's actions.

The department's case was supported earlier this year when the U.S. Supreme Court declined to review a challenge to Baltimore's similar restrictions. In addition, the tobacco companies have agreed to much more stringent advertising restrictions as part of the tobacco settlement negotiated with 22 state attorneys general.

Because of the health department's stand on this issue, Pierce County is a national leader in restricting tobacco advertising in public. No tobacco advertising is allowed within 1,000 feet of a school playground or public park, and ads cannot be visible from schools, bus stops or sidewalks used by children to get to school. (The rules do not apply to Indian trust land.)

Dr. Federico Cruz-Uribe, health department director, deserves commendation for his willingness to stand up to the tobacco giants. ■



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"In my opinion"

Dear Editor:

Because of the numerous legislative issues affecting medicine on a national level which came to fruition in August 1997, I thought it was reasonable to present to our membership some of the issues involved and to which I have been exposed over the last several years.

As a member, and subsequent chairman of the Health Care Policy Committee of the American Society for Gastrointestinal Endoscopy (ASGE), I have been involved with the issue of the practice expense recalculation for almost two years. As you know, the practice expense recalculation was mandated by Congress as an instruction for HCFA to implement effective January 1, 1998.

The practice expense recalculation involves an in-depth evaluation of the direct expenses (equipment costs, salary support, etc.) and the indirect expenses (heat, light, rent, etc.) of all of our practices. The direct expense recalculation effort initially went well but the indirect expense recalculation fell apart because HCFA was unable to use standard accounting methods to develop a database. They subsequently used hypothetical models for the expense recalculation, quite contrary to the wishes of Congress. The end result would have been a massive reduction of the reimbursement pay to medical and surgical subspecialists with only a minimal increase in reimbursement rates to primary care physicians.

While all of us were supportive of the increase in revenue received by primary care physicians, the effects on reimburse-

ment for certain surgical subspecialties such as cardiovascular surgery were devastating. A reduction of 35-40% in these surgeons' incomes was anticipated. It was for that reason that the Practice Expense Coalition was formed.

This coalition is supported by 40 medical societies and was successful in railroading this massive reduction reimbursement which was anticipated to become effective this January. The coalition adopted a multi-pronged strategy which included a major Washington law firm, three high profile lobbying companies, a third party grassroots consultant, and a major accounting firm.

HCFA's efforts were attacked on a legal, legislative, regulatory, political and accounting basis. The coalition adopted the position that developing resource-based practice expenses was an exercise in cost accounting and HCFA had failed to use any accounting methods in its work. This effort has now been ongoing for over one year and ultimately the coalition was able to prevail with both Houses of Congress with the final version delaying the practice expense recalculation to January 1, 1999.

At that time, there will be a four-year transition in the payment schedule from 1998-2001 based on a blend of old and new values. Unfortunately there is a "down payment" which will effectively remove \$390 million from the reimbursement principal for subspecialty care. Most important, HCFA has been requested to use generally acceptable accounting methodology in the recalculation of the practice expenses. The

coalition is now actively working with HCFA to help ensure that the recalculation is done according to the wishes of Congress.

From the standpoint of surgeons however, the "down payment" which goes into effect January 1, 1998 is particularly burdensome. Not only is this revenue lost but because all of medicine is moving to a single conversion factor on this date, the effects are unfortunately magnified. In the medical subspecialties where we anticipate a 9% increase as we go to a single conversion factor, some of the decreases in planned Medicare reimbursement is substantially mitigated.

I have also been involved with the Access to Specialty Care Coalition. This coalition is composed of approximately 140 organizations and some of the issues we felt importantly about were included in the Balanced Budget Act of 1997. Unfortunately, there were no Point of Service provisions included. There was an extension of the lock in period for one year beginning in 2002, a provision for "access to appropriate providers" language and provisions regarding payment for services obtained out-of-plan and the abolition of "gag clauses". On balance, I believe the legislation was therefore favorable to freedom of choice in medical care. In addition, there was a little known addendum added to the legislation which excludes physicians who privately contract with any Medicare patient from receiving any Medicare revenue for two years afterward. Hopefully this ridiculous addendum will be abolished when the final rules are

See "Legislative" page 8

Legislative *from page 7*

made during the current session.

The Physician Payment Review Commission (PPRC) which was mentioned in the last Bulletin, no longer exists. Under the Balanced Budget Act, the PPRC will merge with the Prospective Payment Advisory Commission to form the Medical Payment Advisory Commission, already dubbed MedPAC. The influence of physicians on this commission is going to be markedly diluted because the hospital representatives will weigh heavily on it and therefore, the effectiveness of the old PRCC as a physician voice may be considerably diminished.

One of the bright spots of the legislative scene, from the standpoint of a gastroenterologist, is the inclusion of colorectal cancer screening as part of a Medicare covered service. Beginning in 1998, Medicare will cover annual fecal occult blood tests, screening flexible sigmoidoscopy, and colonoscopy in individuals at high risk for the development of colon cancer. This is something that all of the gastroenterology societies have been fighting for for a number of years and this year both House and Senate leadership got behind this very important issue. We are particularly indebted to Mr. Gingrich for throwing his support behind this bill.

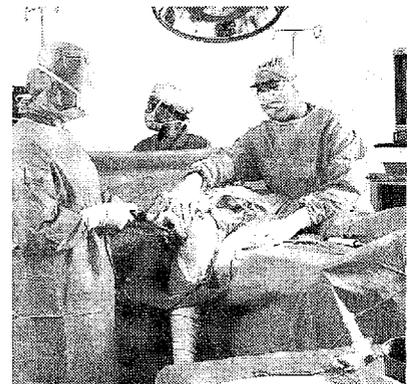
All physicians are continually exposed to the outrageous bureaucratic invasion of our practice and in each article of this bulletin there are articles before us describing the inequity of the position we find ourselves. **I would encourage all physicians to take a more active role in the problems we face by writing and visiting their legislators, supporting their national organizations financially, and stepping up to the plate to volunteer your services to these national organizations.** There is little doubt in my mind that legislation can be affected by those effected by it. ■

Richard Baerg, MD

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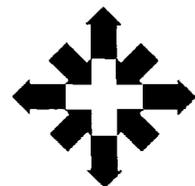
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Hospice Task Force convenes to consider inpatient, free-standing, hospice facility in Pierce County

In November, representatives from various Hospice facilities, including Good Samaritan HealthCare, St. Joseph Medical Center, MultiCare Medical Center and Group Health gathered at a dinner meeting to discuss the feasibility of a freestanding, inpatient hospice facility for Pierce County. The task force, facilitated by Pierce County Medical Society is being chaired by **Dr. Stuart Farber**, a palliative medicine practitioner. Other physicians attending included **Drs. Jay Zatzkin, Kenneth Feucht, Michael R. Jackson, Tom Baker, Ron Goldberg, Deborah Hammond, Sujata Rao** and **Peter Marsh**.

The discussion for the evening focused almost entirely on the question posed by Dr. Farber, is such a facility needed? With everyone participating in the discussion, there was unanimous agreement regarding the need. The facility would provide a unique service to Pierce County, is what seemed to be the consensus of the care providers. Other pluses included the collaboration of all hospice providers, filling in gaps in the current continuum of care and the potential that the project could become a unifying force and help provide practice guidelines to upgrade end-of-life care in Pierce County.

An additional component of this project will be the community, noted one attendee. "The community must see this as a need," and there is a need for more discussion in the entire community about hospice care and how it works and what it provides for patients and families. Perhaps it would help prevent the public from requesting physicians assisted suicide, noted one physician.

Follow up questions posed by Dr. Farber included, is it possible, and if so, what would it look like. With limited discussion more questions were asked then answered. but most focused on cost and studying other cities or models that have already created such facilities and experienced the learning curve.

It was agreed that enough interest and enthusiasm exists to appoint a committee to study successful models and talk to leaders of such to fully understand and appreciate all components of such a project. The committee will meet in February and once their work is completed will report back to the task force. ■

Trauma System Planning Group gives progress report to medical community

The Trauma System Planning Group continues work to assess the feasibility of establishing high quality, financially viable Level II adult trauma services to Pierce County. The planning group has moved into Phase Two of their work, the development of a financial pro forma for the proposed trauma system, slated to be finished by the end of the year. Once Phase Two is complete, the proposed trauma system draft plan, including the financial implications, will be presented to the broader physician community for review and comment. Feedback received will be used to further refine the system plan prior to a final decision about implementation.

Developments to date include a survey of PCMS members that was conducted in late November, establishment of a Trauma Foundation which will serve as the accountability mechanism to the community. The Foundation will have a 10-12 member Accountability Board with responsibility for defining specific measures of success for the trauma system, performance reviews as well as advising on trauma issues.

Every effort will be made to keep the medical community informed. If you have any questions or comments, please direct them to Barbara Young, Special Assistant to the County Executive for Trauma Services at 253-798-3370. ■

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Medical School: University of Kansas School of Medicine
Internship: Medical College of Virginia and McGuire VA Medical Center
Residency: Medical College of Virginia and McGuire VA Medical Center
Graduate Training: Medical College of Virginia and McGuire VA Medical Center

Lawson, Ian, MD

Orthopedic Surgery

Practices with Pacific Sports Medicine, 3315 S 23rd St., #200, Tacoma 98405; 572-8326
Medical School: University of British Columbia, Canada
Internship: Royal Columbian Hospital, Canada
Residency: University of British Columbia, Canada
Fellowship: University of Western Ontario

Nam, Charles, MD

Internal Medicine

Practices at 201-15th Ave SW, #A, Puyallup 98371; 848-6978
Medical School: Univ. of Washington
Internship: Univ. of Wisconsin
Residency: Univ. of Wisconsin

Rynes, Richard, MD

Rheumatology

Practices with Michael Lovy, MD, 1310 S Union Ave, Tacoma 98405; 756-2182
Medical School: University of Pennsylvania
Internship: Ann Arbor (University of Michigan)
Residency: Ann Arbor (University of Michigan)
Fellowship: Harvard Medical School

Sashko, John, MD

Family Practice

Practices with David Kennel, MD, 5900-100th St SW, #31, Tacoma 98499; 584-3023
Medical School: Temple University School of Medicine
Internship: Madigan AMC
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COLLEGE OF MEDICAL EDUCATION

Reserve Whistler/ Blackcomb condo by December 15

Those planning to attend the College's CME at Whistler program need to reserve their condos by December 15 to receive the negotiated reduced rate.



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. ■

Air reservations for Maui urged by mid-January

The College of Medical Education will need to release weekend seats to Hawaii (Saturday and Sunday flights on April 4 & 5 and April 11 & 12) by mid-January if we do not have names or reservations for those seats. Seats on these flights are already nearly full.

Please call Marilyn at Olympus Travel (565-1213). Their hours are 8:30am to 5:30pm weekdays and 9:00am to 3:30pm on Saturdays. ■

ID Update CME set December 5 Requires early arrival at program

The very popular and annual Infectious Diseases Update CME is set for December 5 in the Bicentennial Pavilion's Convention Center A & D at the Tacoma Sheraton.

The program, directed by **Alan Tice, MD**, is designed for physicians and serves as an update on common outpatient and inpatient infections.

This year's program will feature the use of an Audience Response System which is designed to link the speaker and the audience. Accordingly, participants are

urged to arrive on time to become acquainted with its operating procedures.

This year's program includes the following subjects:

- Sinusitis
- Basic Antibiotic Therapy
- Acute HIV Prevention & Early Recognition
- Skin & Soft Tissue Infections
- Lower Respiratory Infections
- Urinary Tract Infections
- Vaccine Use ■

<u>Dates</u>	<u>Program</u>	<u>Director(s)</u>
Friday, December 5	Infectious Diseases Update	Alan Tice, MD
Friday January 23, 1998	Cardiology for Primary Care	Marilyn Pattison, MD
Wednesday-Sunday January 28-February 1	CME at Whistler	John Jiganti, MD
Friday, February 27	Review of HIV Infections	Alan Tice, MD
Thursday & Friday March 12 - 13	Internal Medicine Review	Vernon Nesson, MD
Monday - Friday April 6 - 10	CME at Maui	Mark Craddock, MD
Saturday, April 25	Surgery Update 1998	Allen Yu, MD
Friday, May 1	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 5	Nuts, Bolts & Innovation in Gastrointestinal Disease IV	Gary Taubman, MD Rick Tobin, MD
Thursday - Friday June 25 - 26	Advanced Cardiac Life Support	College of Medical Education



the Pulse

Pierce County Medical Society Alliance

Alliance presents Baby Think It Over Dolls to Franklin Pierce High School thanks to PACE grant from WSMA

On Thursday, November 6th, **Fran Thomas** presented five Baby Think It Over dolls plus equipment and supplies to Wendy Sepic, a Family and Consumer Science teacher at Franklin Pierce High School. The dolls will be shared with Leslie Steinhaus of Washington High School.

Two dolls with realistic head supports are back ordered until January, 1998.

These dolls were made possible by a PACE grant from the Wash-

ington State Medical Association.

The Alliance has been very active with the doll project and has received rave reviews from several districts where they have placed the dolls in Pierce County.

They have also received numerous letters of support from parents and student alike telling of the "real-life" learning experiences of having to care for a "doll" that mimics a real-life baby.

The project has proven to be a real success for PCMSA. ■



Fran Thomas, left, poses with Wendy Sepic and dolls at Franklin Pierce High

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&
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the Pulse

Pierce County Medical Society Alliance

President's Message

Greetings,

On behalf of Alliance members I would like to thank **Dr. Stan Harris** for taking the time out of his busy schedule to serve as

Society President this past year.

Alliance enjoys a cohesive working relationship with PCMS and we look

forward to an exciting year ahead with our incoming President **Dr. Jim Wilson**.

Members of the Alliance who are active in the organization are often viewed as ambassadors for the medical society and medical family. The old stereotype of

doctors wives being stuffy and snobbish has changed. We are representative of a very diverse group, not the least of which are our stay at home dads.

Alliance has been part of the culture of Pierce County since the 1930's and I believe that through our altruistic and philanthropic endeavors we have made a difference in the health and well being of our community.

As we are in the season of giving, I encourage you to participate in our annual fundraiser, the "Holiday Sharing Card". Our goal this year is to raise \$20,000. With your support we can continue being ambassadors for our medical community.

Happy Holidays! Enjoy all the Season has to offer! ■

Mona Baghdadi
PCMSA President

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Truisms to ponder

- Ninety-nine percent of lawyers give the rest a bad name.
- To steal ideas from one person is plagiarism; to steal from many is research.
- To succeed in politics, it is often necessary to rise above your principles.
- The problem with the gene pool is that there is no lifeguard.
- A clear conscience is usually the sign of a bad memory.
- Borrow money from pessimists - they don't expect it back.
- Half the people you know are below average.
- He who hesitates is probably right.
- The severity of the itch is proportional to the reach.
- A conclusion is the place where you got tired of thinking.
- The hardness of the butter is proportional to the softness of the bread.
- Hard work pays off in the future. Laziness pays off now.
- If at first you don't succeed, then skydiving definitely isn't for you!

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.

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Orthopedic Surgeon. Group

Health Cooperative of Puget Sound is currently seeking a full-time orthopedic surgeon interested in opportunities in our Tacoma facility. We require joint replacement skills; experience in arthroscopy would be helpful. Located in the Pacific Northwest for the last 50 years, we are a staff-model HMO with a strong emphasis on preventative medicine and quality management issues. We will soon be affiliating with Northwest Permanente as a medical group. For further information call Medical Staffing Services at 206-448-6543, or fax CV to 206-448-6191.

Family Practice. Group Health

Cooperative of Puget Sound is currently seeking family practitioners for a variety of settings throughout the Pacific Northwest, including urgent care. We are a large HMO celebrating our fiftieth anniversary, with opportunities in teaching, research and administration in addition to our clinical positions. For further information, fax CV and cover letter to (206) 448-6191 or call 800-543-9323.

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