

JANUARY/FEBRUARY/MARCH 2017

PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN



*Serving Our Members and Community Since 1888*



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**BULLETIN**  
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*Winter gate*

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# CODE BLUE BATTLESHIPS!



*Steven Litsky, MD*

Whenever there is an overhead announcement on the public address system of our hospital for a CODE BLUE or a Rapid Response, a hesitant hush goes through the whole hospital staff. I work in a 330+ bed acute care hospital where me and two other physicians are responsible for a rehabilitation unit that is 33 beds, 10% of the hospital.

Before I explain about the CODE BLUEs, let me introduce myself as probably the first president of the Medical Society that is a non-primary care salaried Hospitalist. I'm also a Medical Director and a Lead Physician for seven of our nine hospitals. I only have horizontal patients, no vertical patients. I do not see ambulatory or outside patients. I have no examining room to see outpatients, and I don't even have one of those small prescription pads you can print on or write on to give an outpatient. I receive outside referrals for outpatient work, but cannot accommodate these because there is no outside office or examining room. I rely on the primary care providers and specialists to use my discharge information to follow-up with their patients, or I will arrange another colleague in my specialty to do so.

This role as a hospitalist-specialist has evolved over the last few years for many reasons. One primary reason is "doing call." When our hospital unit was overseen by an outside, non-employed/fee-for-service group, there was always a point of contention with the number of hours of call they had to do without being reimbursed. Having a Hospitalist team to some degree circumvents this problem. However, what it does do is have the Hospitalist do a lot of call. Some other physicians call the Hospitalist just a "glorified resident physician (always followed by the comment "who would ever want to do that?"). Yes, doing call every night and weekends for seven days every 2-3 weeks, and sometimes working 12 days in a row, is not much fun in my "PGY-33 position." But in my former employment as a "Pain Doctor," I have to admit I was getting pretty burned out and bored after 15 years. I was looking forward to returning to the hospital, where a much broader knowledge

of acute care medicine and all its allied services seemed more exciting. The collegiality of being with a lot of other hospital physicians also had its appeal. Also, the added function of being a Medical Director/Lead Physician in the large hospital system guaranteed to make life more interesting. However, working in an acute care hospital setting can be pretty anxiety provoking...

Hence the CODE BLUE battleships analogy. I'm sure you know the board game that the kids play where you have a panel separating the view of a pegboard from your opponent, and you place small representations of a battleship, a cruiser, maybe a little submarine. It is then your task to use a alphabetic-numeric grid to guess where your opponent has hidden these ships on the grid. They give you the coordinates [which represents artillery shooting at your ships], then you put a little peg in the grid to represent the "hit or non-hit" target area. So...when we hear that overhead announcement of a CODE BLUE or Rapid Response, it is very similar to the game of Battleships, with a lot more serious consequences. The overhead announcement is made three times in succession. The first time you always seem to be talking to a family member, or having a team conference, or are in the middle of the meeting, where no one will be quiet because they're not involved in this Battleships game. By the time you shush them to be quiet, or gently raise your hand for quiet, your anxiety and adrenaline have started to rise because you think you've heard the bed number of one of your patients. Okay, you're ready for that third announcement in the series in which you will identify exactly which bed number/patient is having the acute code incident. It's not like bingo, when you might win a prize. No, it's more like Battleships. In fact, it might even be more akin to the scenes in the movies when the crew of the submarine is doing a silent running, as the destroyer is sending over depth-charges that are getting nearer and nearer to your submarine. I can hear the screws of this destroyer getting closer and closer to my patients bed number... Alas, my patient's bed number was not called. My meeting with the family, with the team, with

See "Code Blue" page 10

# PCMS ANNUAL MEETING BRINGS MEMBERS TOGETHER FOR COLLEGIALITY, CUISINE AND A CROONER

On December 7, 2016 members of the Pierce County Medical Society gathered for an evening of holiday fun and Society business at the Tacoma Country and Golf Club for the 2016 PCMS Annual Meeting.

The event provided an opportunity for colleagues to visit with one another, support the local YWCA with gifts, and hear the musical gifts of members of the Tacoma Youth Orchestra as well as those of singer Chris Anderson who pleased attendees with his renditions of many standards. Executive Director Bruce Ehrle welcomed guests with comments focused on the 75th anniversary of Pearl Harbor which coincided with the Annual Meeting, noting that a lesson from history is that anything is possible and that if the world could overcome the threat from global tyranny in 1941, the physician and PA community can overcome the challenges of today.

**Brian Mulhall, MD** presided over the night's activities during which he thanked the 2016 PCMS Board and handed off the PCMS Presidential Gavel to **Steven Litsky, MD** who introduced new members of the Board of Trustees. The 2016 PCMS Community Service Award was presented by Dr. Mulhall to **Anthony L-T Chen, MD** to honor his commitment of energy and time toward endeavors seeking better health for the citizens of Pierce County that go far beyond those often included in the duties of a county health director.

Please note that the 2017 PCMS Annual Meeting will take place on Wednesday, December 6, once again at the Tacoma Country and Golf Club. This year we plan to add an extra half hour to the reception, beginning at 5:30pm rather than 6pm in order to permit attendees to share that much more fun time visiting with each other! 🌲



*Outgoing President Brian Mulhall, MD conducts the evening's program*



*Brian Mulhall, MD (left) hands off the PCMS Presidential Gavel to Steven Litsky, MD*



*Anthony L-T Chen, MD, Tacoma-Pierce County Director of Health (left) receives 2016 PCMS Community Service Award*





*Brian and Catherine Mulhall enjoy their final evening as President and First Lady of PCMS*



*Dan Krebs, MD of Community Health Care visits with other members during the reception*



*Incoming President Steve Litsky, MD (right) visits with Past President Joe Jasper, MD while enjoying a glass of red wine from the Evergreen State*



*Attendees listen to the night's entertainment, singer Chris Anderson*



*Incoming President Steve Litsky, MD (left) thanks outgoing President Brian Mulhall, MD for his hard work and service during 2016*



*As Keith Dahlhauser, MD (left) departs the Board after many years, including three as a presidential officer, President Mulhall presents him with a special gift as thanks for all his thoughtful contributions and dedication to PCMS*





*Julian Ayer, MD (left) is thanked by President Mulhall for his service on the Board of Trustees*



*Swati Vora, MD (left) receives thanks from President Mulhall for her service on the Board of Trustees*



*John Rowlands, MD (right) wins one of the three raffle prizes that included a gift basket and gift certificate to the Lobster Shop*



*In addition to his thank you gift for his Board service, Keith Dahlhauser, MD (left) gets to take home one of the raffle prizes*



*Joan Hogan (right) has some goodies to enjoy over the holidays as a lucky raffle winner*



*Chris Anderson performs standards for Annual Meeting attendees*



# COUNTY MEDICAL SOCIETIES - NEVER MORE IMPORTANT



*Bruce Ehrle*

In our lifetimes we have witnessed the popular portrayal of physicians run the full range of black bag toting, house-call making, member of the family to the expert on the human condition running from one trauma room to the next exercising their masterful craft. There is some truth to both such portrayals yet, as always with Hollywood depictions, the truth is far more varied and far more complex because today's physician is the coding doctor dealing with ICD-10, the charting doctor dealing with mountains of reporting requirements, the 21st Century technology doctor trying to balance attention to the patient with the need to integrate HIT in to the practice of medicine, the assembly line doctor with a line of patients out the door, the student doctor who is always required to keep up with best practices, the latest quality metrics, and the most recent evolutions in payment and care delivery, and the human being doctor who is pushed and pulled between their lifelong calling as a healer and the pressures of changing circumstances of the profession that also require them to increasingly be social workers, business administrators, and managers of efficiency.

Just the last decade has seen physicians adapt to some of the biggest changes that the profession has ever progressed through and just when a physician might seem poised for success on the latest course of evolution, the wind shifts direction toward a new destination that must be planned for if success is to be achieved on the long voyage.

At times of such ongoing and seemingly ceaseless tumult, what if there was a locally based organization right in the home community of the physician that drew together colleagues from all sectors of the diverse profession who are also neighbors to advocate on their behalf with elected leaders, augment their continuing education with knowledge or best practices as well as broad policy and political developments impacting their lives, engage on their behalf with other local organizations and initiatives to make sure that the physician perspective is included and helps

achieve larger goals, and offered opportunities to bring them together in a variety of social settings just so they can have the chance to get to know new fellow doctors or catch up on life with old friends? What if such an organization had as its daily calling to be a loyal ally to its physician and PA members--and worked with each passing hour to seek success for independent and employed physicians by diligently pressing for all boats to rise in the patient and provider community through effective communication, coordination, and collaboration?

Not only do such organizations exist in county medical societies but perhaps they have never been more important.

As your county medical society, PCMS has at its heart a mission to promote healthy medical practices, collegiality, and the well-being of the public. At a time when both independent practitioners and physicians employed by health systems along with their PA colleagues all face unique sets of challenges, the Pierce County Medical Society serves as a front-line organization standing alongside them as they perform their quietly heroic tasks every day to provide that advocacy, community engagement, practice success, and collegiality.

2017 is going to be a year when physicians will have plenty to say about the ongoing huge evolutions in payment and care delivery from the perspective of the people actually providing patient care. It's going to be a year when engagement with those who direct so much of the world physicians and PAs must live in including government, private payers, and large systemic provider organizations is going to be hugely important so that physicians can help shape that world rather than be buffeted by it. It's going to be a year when building physician morale and preventing burnout by putting an emphasis on seeking ways for the doctors in Pierce County to succeed in national and state mandates as well as by allowing them to just come together

See "Important" page 19

# REP. REICHERT CONVENES MEETING OF HEALTHCARE ADVISORY COMMITTEE

United States Representative Dave Reichert met with his Healthcare Advisory Committee in Seattle on Tuesday, February 21 while he is home from the nation's capital for the Presidents Day Recess. The purpose of the meeting was to explore health insurance reform options at a time when he is helping to draft legislation to repeal, repair, and/or replace the Affordable Care Act as one of the senior Republican majority members of the US House Ways and Means Committee that oversees health and tax policy. As a member of the advisory committee, PCMS Executive Director Bruce Ehrle attended and participated in the deliberative session during which he stressed the following points:

--Access to providers for all patients in the nation at affordable insurance rates that reimburse such providers at meaningful rates for their expert services is of paramount importance when examining the status of ACA or any other insurance options.

--Having insurance does not equal having access if the deductibles are so high that using the insurance for anything other than catastrophic events is too expensive or reimbursement rates are so low that they don't allow for the economic viability of the provider. This denies citizens access to physicians for the care they need and deserve.

--Without considering co-pays and deductibles and focusing solely on premiums, health insurance will continue to often be too expensive for many to consider obtaining, denying access for patients to providers and instead placing them in EDs as uninsured patients--and this applies not just to those currently covered under ACA but those on employer sponsored plans where such costs are also increasing, causing many to decline such coverage even when employers offer it as a benefit.

--Consideration of insurance issues should be tied to consideration of other issues that are causing stress to the health care system including shortages of primary care physicians, behavioral health professionals, and even specialists in such fields as gastroenterology where there are frequently long waits to see such physicians--and where there are corresponding pressures on such physicians due to the overload of patient volume--which again causes such patients to seek care in EDs.

--Incentives should be provided to new physicians to go in to primary care and behavioral health including through new mechanisms of loan forgiveness or loan payment reduction based on income level so that early career physicians don't experience an ever-increasing financial burden that causes many to feel they must go in to the highest paying specialties, exacerbating the shortages and further increasing stress on the system. More residency slots are also desperately needed to accommodate those successfully completing medical school in record numbers.

--Working on these related issues in an effort to provide insurance coverage to as many Americans as possible through whatever mechanisms there are (ACA, Medicaid, or a new program), will increase the chances that they have access to quality physician care in settings other than the expensive ED. It will also help a physician community that in many ways is more stressed now than ever before.

--Health literacy needs to be increased in the United States so that citizens understand how to navigate insurance systems, tax incentives or subsidies, and the importance of developing patient relationships with physicians so that prevention can be focused on before acute and expensive problems develop, especially in the ED setting.

--Coupled with this, an effort needs to be made to change the culture of young people in the nation regarding their lack of belief in the need to obtain health insurance to match widespread understandings of the need to obtain car insurance to solve the problem of smaller high-risk health insurance pools.

--At all points in the care delivery and payment reform process, physicians, whether they be independent or employed by health systems, need to be viewed as valued partners in that evolution who are experts about the reality of front line care of patients.

All these points were well received by Rep. Reichert and many of them were further discussed by the advisory committee with him.

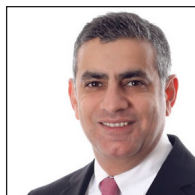
See "Reichert" page 12



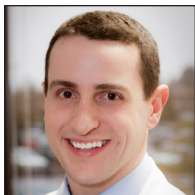
# NEW BOARD OF TRUSTEES WILL LEAD PCMS IN 2017



**Steven Litsky, MD** practices physical medicine & rehabilitation. He graduated from Sackler School of Medicine and completed his internship and residency at Sinai Hospital/DMC, Wayne State University. Dr. Litsky will serve as **President**.



**Khash Dehghan, MD** practices plastic surgery in Tacoma. He received his medical education and residency training at St. Louis University. Dr. Dehghan was elected **President-Elect**.



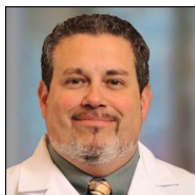
**Aaron Pace, MD** is a dermatologist in Tacoma. He graduated from Loyola University, completed an internship at MacNeal Hospital and residency at Loyola University. Dr. Pace will serve as **Vice President**.



**Brian Mulhall, MD** practices gastroenterology. He graduated from St. Louis University, completed his internship and residency at Madigan AMC and fellowship at Walter Reed AMC. Dr. Mulhall will serve as **Immediate Past President**.



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



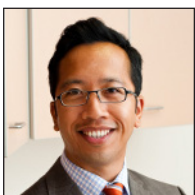
**Jared Capouya, MD** pediatric hospitalist in Tacoma. He received his medical education and residency training at the University of South Florida - Tampa and completed a fellowship at the University of Chicago. Dr. Capouya will serve as **Secretary**.



**Courtney Kennel, DO, Trustee** is a family practitioner in Lakewood. She attended medical school at Pacific Northwest University of Health Sciences. She completed her residency at East Pierce Family Medicine.



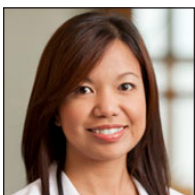
**Nicholas Rajacich, MD, Trustee** is an orthopedic/pediatric orthopedic surgeon. He graduated from Johns Hopkins School of Medicine and completed his internship and Rhode Island Hospital and residency at San Francisco Orthopedic Residency Training Program and the Hospital for Sick Children in Toronto, Ontario.



**Paul Sueno, MD, Trustee** practices physical medicine & rehabilitation in Tacoma. He graduated from Oregon Health and Science University. He completed an internship at Virginia Mason Medical Center, residency at Stanford University and fellowship at the Oregon Health & Science University.



**David Swedler, DO, Trustee**, is a general surgeon. He attended medical school at Touro University College of Osteopathic Medicine. He completed his residency at NYU Lutheran Medical Center and Fellowship at Jackson South Community Hospital.



**Noda Torres, MD, Trustee**, practices internal medicine. She graduated from the University of the Philippines College of Medicine and completed a residency at Henry Ford Hospital.

The trustees are responsible for governing the organization and subsidiaries, including maintaining, developing, and expanding programs and services for members, seeing that the organization is properly managed and that assets are being cared for and ensuring the perpetuation of the organization.

# “Code Blue” from page 3

the conference can go on. The screw sounds of the destroyer are going into the distance. Your battleships game opponent missed your little ships on the grid.

In fact, there are a lot of similar games in the acute care hospital as noted above. I know that when I am trying to locate a patient in our hospital to do a progress note or consult on, the staff and transporters are very adept at hiding the patient in the hospital, and moving them around when I get closer; “Oh, that patient was just here a minute ago, must be back in their room by now.” Of course they’re not there, but have moved on to the next activity the hospital has planned for them. A lot of the time finding the patient takes longer than the examination and progress note. Sometimes this makes “Where’s Waldo?” seem like a pretty easy picture game. This is another reason we have Hospitalists. If you’re totally on production, a hospital can provide you with a lot of nonproductive hours. This also occurs with some of my administration pursuits. In this case it is called “Where did they move the meeting?” and believe me we have a lot of hospitals with a lot of meeting rooms in them.

Another favorite game of mine is not entirely unique to the hospital, but rather more unique to voice recognition

programs. I call it “Enter the Dragon.” This dictation tool offers endless hilarity when reviewing dictations. I can’t type, so I’m very dependent for my livelihood using this documentation tool. An example would be when I’m dictating “incentive spirometry,” it comes out as “consent from a tree.” There are numerous humorous mistakes, most of them having to do with a slight sexual innuendo. I don’t always catch the mistakes either, and CMS will not pay for any chart that has nonsensical statements. I have to admit though, that we have a new version of the Dragon that seems to be working out fairly well. It makes dictation a lot more accurate, but a lot less fun. Stay tuned.

This is my first article of the year for the PCMS *Bulletin*, so I wanted to keep it fairly light. Some of the issues I want to address in the future have a more serious nature to them such as “Physician Burnout, Depression and Suicide.” Another article will address “How to Build a New 60 Bed Acute Care Hospital from the Ground Up.” I would also like to talk about issues such as “How to be Relevant and Heard” in a constantly changing medical environment.

Hang in there. 🌸

## Aksel G. Nordestgaard, MD, FACS



## Yi Soo Robert Kim, MD, FACS

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# A SHARD VISION FOR A HEALTHY COMMUNITY



*Anthony Chen, MD, MPH*

**A** year into our 2016-2020 Strategic Plan, Tacoma-Pierce County Health Department has made small but significant tweaks in our work. Our vision remains Healthy People in Healthy Communities. Our updated mission is simpler, more inclusive, and sensitive to the impact of place on health: We protect and improve the health of all people and places in Pierce County.

We were committed to engaging community during planning and will continue during implementation. Our Board of Health, more than 100 staff, and community members participated in the planning processes.

We have some new topics such as mental health and injury prevention. But a big shift is the focus on health equity: on the social, economic, and environmental conditions that produce health. For population health, while clinical care contributes 20% and health behaviors another 20%, 55% is produced by social, economic, and environmental factors such as income, housing, and education status.

## **Applying a health equity lens**

In our new health equity priority, we will use two strategies: working with organizations on policies and with individuals and communities on direct interventions. The former means working with governments, businesses, nonprofits, and other organizations to adopt Health in All Policies: using collaborative, multisectorial approaches to improve population health by embedding health considerations into decision-making processes. Examples include:

- The Board of Health analyzing all proposed resolutions with a Health Lens Analysis Tool.
- The Health Department revising hiring and contracting practices to ensure local and minority- and woman-owned businesses apply and compete.

- The City of Tacoma eliminating a criminal record question from its job application; such questions disproportionately exclude low-income and minority applicants.
- The Health Department implementing technology for real-time translation of its website and for restaurant inspections interpretation to better serve non-English speakers.
- Pierce County cities and towns embedding community input and health, economic, and environmental impact considerations into their growth plans and transportation projects.

You can use the health lens analysis tool (find it at [www.tpchd.org/healthequity](http://www.tpchd.org/healthequity)) to consider how your practice or organization's policies and practices may influence health and to put Health in All Policies.

## **Health equity interventions in community and clinical settings**

The second strategy involves working on direct interventions for individuals and communities. The Health Department has identified communities of focus with poor health status and high disparities and ready for change. The top priorities are: East Tacoma, Vaughn (Key Peninsula), and Springbrook (Lakewood). For two years, we have convened more than 30 community organizations committed to a shared vision and collective impact who are working with the East Tacoma community to identify, develop solutions, and address social, economic, and environmental issues. If we address these issues, we believe the community's health will improve.

On the health systems level, the Pierce County Medical Society, healthcare systems, and Health Department are helping transform how residents will experience health through the Accountable Community of Health. A large part of the strategy to improve population health and

See "Vision" page 12

## "Reichert" from page 8

The advisory committee largely stressed that Congress should be extremely careful in its timing and sequencing of health insurance changes. The committee also largely recommended that Medicaid expansion for states like Washington be maintained. Rep. Reichert indicated that they are hearing from a wide cross-section of individuals and entities about trying to find a way to allow the Medicaid expansion under ACA to not be repealed including from Republican governors whose states have embarked on the expansion. Additionally, the advisory committee stressed the importance of federally qualified community health centers as key safety net providers that help reduce ED usage and provide primary care. Rep. Reichert immediately agreed with those points about the FQHCs. The committee noted the increasingly important linkages between social determinants of health, population health, and care coordination to achieve the Triple Aim. Finally, the advisory committee stressed the ongoing need to be mindful of administrative, regulatory, and technological burdens on physicians and all providers as national goals are pursued.

Rep. Reichert stated that he expects a committee markup of legislation on insurance reform to take place sometime in March with floor action in the spring.


PCMS will continue to alert members about developments on federal health policy and continue to advocate for the role of physicians in the process as well as the importance of continued patient access to physicians in all care settings.

## "Vision" from page 11

patient experience while reducing cost is to provide integrated, whole-person care that addresses social, economic, and environmental issues.

In the exam room, the Medical Society has developed a Social Determinants screening tool and resource guide. Providers and office staff can screen and intervene on hunger, poverty, and housing instability. The Social Determinants of Health Workgroup, co-chaired by Jared Capouya and Bruce Ehrle, will work to pilot, improve, and implement these interventions. The Health Department is pleased to partner in this effort.

We are grateful to have committed partners like the Medical Society share our vision for a healthy community.



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# PCMS FOUNDATION THANKS GENEROUS 2016 CONTRIBUTORS

The PCMS Foundation, once again due to the generous, giving nature of Pierce County Medical Society members, distributed \$18,000 in grant money to community non-profit organizations in Pierce County. Funds were raised by contributions to the holiday sharing card and raffle ticket sales at the annual meeting. Thank you to all who contributed...

Organizations receiving grants from the Foundation include:

**A Step Ahead**

**Associated Ministries**

**Catholic Community Services**

**Community Health Care**

**Crystal Judson Justice Center**

**Exceptional Families Network**

**Family Renewal Shelter**

**New Phoebe House**

**Neighborhood Clinic Tacoma**

**Pierce County Project Access**

**St. Leo Food Connection**

**T-PC Habitat for Humanity**

**Trinity Neighborhood Health Clinic**

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

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

**Harold Boyd, MD**

**Philip Craven, MD**

**Thomas Ferrer, MD**

**Ronald Graf, MD**

**Thomas Irish, MD**

**Robert Kapela, MD**

**William Lee, MD**

**David Magelssen, MD**

**Murray Rouse, DO**

**Claire Spain-Remy, MD**

**Ronald Taylor, MD**

PCMS again thanks everyone for their generosity and their participation in this important and meaningful project. Thanks also to **Drs. Charles Weatherby, Larry Larson and Mark Grubb**, Foundation board members, for their many contributions! 🌸

## PCMS TOUR OF TACOMA ART MUSEUM

The Pierce County Medical Society will be receiving a group docent led tour of the Tacoma Art Museum on the afternoon of Saturday, March 25 at 1:30pm. Discounted admission to the museum is \$17 and includes the special tour. We will meet for lunch at 12 Noon at the Museum's Cafe. Advance registration is required. If you are interested in having PCMS try to have you added to the visit to the museum, please e-mail Bruce Ehrle at [bruce@pcmswa.org](mailto:bruce@pcmswa.org).



# PCMS ESTABLISHES WORKGROUP TO HELP PHYSICIANS ADDRESS SOCIAL DETERMINANTS OF HEALTH

As part of its ongoing mission to promote the successful practice of medicine and the well-being of the public, on Tuesday, February 7 the Pierce County Medical Society convened the inaugural meeting of the PCMS Social Determinants of Health Workgroup. This workgroup will explore the best methods to provide continuing education to the physician community of Pierce County about the importance of social determinants such as housing, nutritious food, economic opportunity, and transportation on the overall health outcomes for patients. It will also seek to devise a menu of choices based on best practice for physicians to utilize to successfully address social determinants with their patients in a manner that is least disruptive to current workflow and that is least burdensome during a time of so many concurrent changes to the payment and care delivery systems.

Part of those changes include a movement away from fee-for-service reimbursement toward a system based on payment for value and quality where the overall health of the patient is paramount with the goals of improving quality and patient satisfaction, reducing cost, and raising the health levels of the entire population.

As these factors increasingly become part of the standard of care and as population health, public health, and patient health all merge together, it will be vital for independent physicians and physicians employed by health systems to be engaged participants working to reduce inequity and improve the social determinants of health for their patients. By having the medical community take a leadership role in this area, overall outcomes can be improved, quality and reimbursement metrics can be successfully met, and health inequities can be reduced.

The PCMS Social Determinants of Health Workgroup is co-chaired by PCMS Executive Director Bruce Ehrle and PCMS Board Member **Jared Capouya, MD** who serves as the quality director at Mary Bridge Children's Hospital in Tacoma, part of the MultiCare health system.

Other workgroup members include senior leaders from CHI Franciscan, Community Health Care, Northwest Physicians Network, the Tacoma-Pierce County Health Department, as well as additional participants from the MultiCare system including Tacoma Family Medicine.

Recent demographic analysis has discovered as much as a ten-year life expectancy difference between neighborhoods in Pierce County. This inequity is based largely on challenges for many citizens of the county with regard to social determinants of health which have been demonstrated to impact over half of the overall outcome for patients while what transpires in the clinical setting, even with the most diligent high quality standards of care, contribute about 20-25% toward overall outcomes. To reduce these inequities and to raise the overall health level of the population, physicians will increasingly be looked to for partnership and leadership.

Last summer PCMS issued tools for physicians to utilize to screen patients for challenges in social determinants of health and then refer them for assistance if they demonstrated a need for help in one or more areas. The Workgroup will examine the most effective ways to utilize those tools or other evolutionary tools to help physicians in all settings implement work in this growing role for providers so that they may achieve the highest levels of success in an era when medicine is being transformed by new payment and care delivery models.

This shared commitment to coordinate efforts on this endeavor between Workgroup participants and other providers as well as the county's ACH that are each seeking to be creative in this area puts Pierce County on the cutting edge of this innovative approach to care that has the prospect of making a positive long term contribution toward improved quality and satisfaction, reduced cost, improved population health, and practice success for physicians and all providers in our community. 🌱

# FEDERAL HEALTHCARE POLICY UPDATE

Now that Tom Price has been confirmed as the Secretary of Health and Human Services, deliberations between the Trump Administration and Congress about various aspects of federal healthcare policy are progressing. Here is an update as of the beginning of March in an area that will remain fluid in the coming weeks and months.

## Care Delivery Reform

MACRA is the law and there are no indications at this early point in President Trump's term that there will be any attempt to overturn it, nor was any mention of such an initiative made during the campaign. Trump has indicated support of the Triple Aim and of the movement away from fee-for-service toward quality and value as well as overall outcomes as the appropriate measures for care delivery. This means that all the quality measures attached to MACRA as well as penalties and incentives in reimbursement which private payers are likely to adopt will remain in place including provisions to adopt Health Information Technology, integrate physician and behavioral health, and reduce inequities in health through improvement in the social determinants (housing, food, economic opportunity, education, etc.) that impact outcomes more than what transpires in the clinical setting.

Safe harbors such as participation in ACOs or other Alternative Payment Models are expected to remain in place. Therefore, it will be continually important for the physician community to be educated about and to adapt to these major changes in care delivery in order to succeed because reimbursement in the independent practice setting and compensation in the employed setting will increasingly be tied to these new approaches.

Because Secretary Price is a physician, he has committed to make sure that this evolution of care delivery makes sense from the standpoint of those practicing as providers. PCMS will remain actively involved, including with Members of Congress that represent Pierce County, to advocate that such changes do not unduly harm the physician profession or individual private or employed practitioners while providing for the maximum opportunities to achieve success on behalf of patients.

## Affordable Care Act (ACA—Obamacare)

Deliberations are focused on a repeal of major portions of ACA this spring, most likely with a two to three-year sunset in order for a replacement program to be implemented. Many Republicans in Congress have had repeal at the top of their policy agendas for a long time and are eager to take advantage of the opportunity to eliminate it as soon as possible even if a replacement program is not fully ready. This was also one of Trump's major campaign themes.

Congress has already passed a measure this year that allows for repeal to be accomplished in a way that prevents any filibuster by Democrats in the Senate by using the Reconciliation process. The leading repeal scenarios include eliminating the insurance exchanges, the individual mandate, and subsidies for premiums which together form the core of the program while leaving in place popular provisions such as allowing children to remain on their parents' policies until 26 and not permitting denial of coverage due to preexisting conditions. Any replacement program will require the support of Democrats in the Senate to overcome a filibuster because Reconciliation does not allow for the elimination of Cloture rules to pass new policies that are not tax related. Cloture rules in the Senate require 60 votes to stop a filibuster and the Republican majority is 52 with some Republicans already sounding doubtful about supporting repeal and replace due to concerns that if ACA is repealed and a replacement can't be enacted, or if the replacement fails to cover the millions currently covered by ACA, they will suffer at the ballot box. A few Republican Senators are at the other end of the spectrum, wanting full repeal even if a replacement isn't ready. Even getting 50 votes in favor of some repeal in the Senate will require maneuvering by the Republican leadership.

The leading replacement idea is for an insurance system that is market-based where some of the tax code is used to offer deductions for payment of premiums to qualified citizens or up-front tax incentives are offered. Health Savings Accounts to pay for care not covered by deductibles is also a major component of the Republican leadership plan. Insurance companies would be allowed to sell policies across state lines to increase

See "Update" page 16

choice and make the pools of insured larger. Some proposals also create high risk pools with federal support to encourage insurance companies to cover these older and sicker people. Repeal and replace will be a difficult process fraught with fights not just between Democrats and Republicans but ultimately within the Republican Party with moderates favoring some level of financial assistance for premiums and conservatives opposing that as too expensive. The situation has been further complicated by the White House indicating it may put its own proposals forward during the spring. Whatever transpires will have a giant impact on what kind of access patients have to physicians (and the health systems they work for if they are employed), not just for ACA qualified patients but for all patients as those impacts spill over to the entire patient population and insurance companies.

### **Medicaid**

Another aspect of ACA repeal will be cancellation of the Medicaid expansion that was included in that act. States that expanded their programs would lose their additional funding under repeal and hospitals that lost funding in order to pay for expansion would likely not have that funding restored. Plus, they would lose the increased revenue that a surge in Medicaid patients provided. Many patients currently covered by Medicaid would lose that coverage and need to seek insurance in an ACA replacement program or go uninsured, potentially causing those patients to end up back in the ED at the same time hospitals are losing other Medicaid resources. Some Republican governors in states that expanded Medicaid are asking Congress to not repeal that expansion. This argument is being well received by moderate Republicans but conservatives believe that the expansion must be eliminated.

Separately, the Trump Administration and leaders in Congress would like to change the entire Medicaid program in to a block grant of funding to the states. This fits with Secretary Price's goals to significantly reduce the size of CMS and the role of the federal government as a payer. CMS would eliminate most requirements and simply give the money over to the states to use as they see fit. CMS would get out of the detailed insurance business for the Medicaid population and leave those details to state governments. This

would eliminate the need for waiver processes for states that want to innovate such as Washington. However, it is estimated that the overall funding would decrease significantly in exchange for such broad flexibility, perhaps as much as 25 percent.

Again, states might be forced to reduce the enrolled Medicaid population or alter what Medicaid pays for and at what rates. For states with a history of innovation, a flip side might be that they would become more conservative than ever before due to worries about spending money on unproven innovations that end up losing precious money from a smaller pot. A possible irony could be that states would be less willing to innovate and experiment with cost saving programs. Such massive changes to the Medicaid program will face opposition not just from Democrats but from some Republicans in Congress. This fight will be even messier potentially than the one to repeal and replace ACA.

### **Medicare**

Traditionally Presidents have been reluctant to touch Medicare at all, especially in their initial term of office but Trump has indicated a willingness to work with Speaker Ryan to develop a major overhaul of Medicare even though in the immediate short term his current proposed budget projects no big structural changes to Medicare. The leading Republican proposal would turn the program in to one based on vouchers where a Medicare beneficiary would be given a set amount of money to spend on their health care with more flexibility on how to spend it, much like the Medicaid block grant proposal to the states. The tax code might be used to provide some parts to this plan. This once again fits with Secretary Price's belief in a much smaller CMS and a greatly reduced role for the federal government as a payer. Opposition to such a huge change to the program (that will be labeled "privatization") will be fierce and would likely include Democrats, health care providers, and seniors. Even many Republicans might not wish to bet their seats on trying to make such a change. This aspect of federal health care policy currently is viewed as the most contentious of them all and the least likely to achieve passage.

As developments with these and other policy areas arise, PCMS will continue to alert the membership. 🌱



# PIERCE COUNTY MEDICAL SOCIETY - WHO WE ARE

MISSION: Promoting healthy medical practices, collegiality, and the well-being of the public.

VISION: A strong, interconnected community of physicians and physician assistants in Pierce County, advancing good health for residents, and healthy medical practices for physicians.

## GOALS:

1. Advocacy - PCMS will be a strong and effective advocate for physicians and patients, promoting a robust physician profession as a valued partner in the continued evolution of the health care sector through meaningful interactions with state and federal government leaders.
2. Practice Success - PCMS will advance the success of the practice of medicine for physicians by offering education about innovations in the delivery of care, information about trends in health care policy, assistance in navigating changes to the payment system, opportunities for mentorship, and resources to achieve positive results in order to provide the best possible care for patients.
3. Community Engagement - PCMS will build and maintain coalitions with local government, health care providers, and community-based organizations to foster improved population health in Pierce County with physicians serving as a vital component in efforts to provide high quality care for all patients.
4. Collegiality - PCMS will provide a social networking structure for physicians, physician assistants, and medical residents in Pierce County to informally interact with each another in order to build relationships with professionals who are neighbors as well as colleagues facing similar opportunities and challenges as they care for patients each day.

## ARE YOU GETTING PCMS E-MAILS?

If you are a member of the Pierce County Medical Society, you should be getting occasional e-mails. Examples of recently sent notes include one on February 23 about Rep. Reichert's Healthcare Advisory Committee meeting and one on March 1 about the upcoming tour of the Tacoma Art Museum.

If you are not getting these e-mails, please check your spam box. If Pierce County Medical Society e-mails are going in there, you may open one of them and mark PCMS as a "safe sender" so that in the future the e-mails will end up in your in-box.

If you're not receiving these member e-mails at all and wish to, please send your name and e-mail address to Bruce Ehrle at [bruce@pcmswa.org](mailto:bruce@pcmswa.org)

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# THE NEED FOR PROJECT ACCESS



*Leanne Noren,  
Executive Director*

**W**e are surely in uncertain times when it comes to the national healthcare movement. With a new administration bringing changes to the Affordable Care Act, we know there will be changes; we just don't know what those changes will be or when they will take place.

Pierce County Project Access is still necessary in this community. We are not an "Obamacare organization" as our services existed before the Affordable Care Act and will continue for the foreseeable future. The population served because of your generosity still needs access to healthcare, still needs premium assistance for their insurance policies, still needs care coordination for a complicated system they don't understand, and still needs an independent community-based organization with open doors to serve those in our community who have healthcare needs and no means to pay for care.

Thank you to our volunteers who have remained steadfast the past seven years as many changes have come about in healthcare. You are the backbone of this organization and we remain strong because of you – the more than 650 physicians and other healthcare providers in Pierce County who continue to donate care through Project Access to the neediest in our community. 🌱

**"Important"** from page 7

to share experiences and good times will be crucial. It's going to be a year to find methods for those new to practice coming out of residency to make sure they aren't looking at a future crushed by new debt, new regulations, and new burdens. 2017, and these years ahead that will be important to shape in order for the physician profession to remain robust and valued are what PCMS is all about. The Pierce County Medical Society dates to 1888 and in that amazing history of being a dedicated ally to the physicians and PAs in this special South Sound locale of the Evergreen State, 2017 finds the organization needed more than ever as it prepares to celebrate its 130th birthday next year. PCMS takes that need seriously and through this year of yet more change in a decade that has had its full measure already, your county medical society is honored to stand with its members and the broader community in pursuing the best possible future for providers and patients in Pierce County with the realization that physicians and PAs are vital to the success of endeavors that seek to provide for that future. 🌱

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PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

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- **Executive Director Message**
- **TPCHD: Paying Forward**

- **Destinations Near and Far**
- **Health Literacy Effort**

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*Serving Our Members and Community Since 1888*

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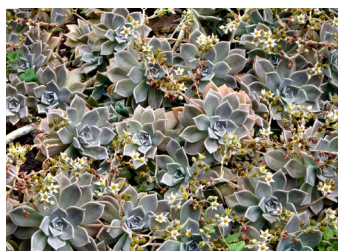
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## “...IN THE AGE OF BURNOUT”



*Steven Litsky, MD*

**O**MG, I've got it too!!! Have you ever watched those advertisements on television for medications when they tell the patients all the symptoms they need to report to their doctor so they can get the latest and greatest pain killers, antidepressants, antidepressant adjuvants, appetite suppressants, antibiotics...you name it. Currently it seems these elements are happening in our profession. The Malden Family Education Series is on burnout this year. Franciscan has an ongoing course hinged on spirituality as a way of dealing with recommitment to our profession, and dealing with burnout. MultiCare had a speaker in March talking about burnout and reconnecting to purpose. Physicians Insurance company offers a "Leading-Well" intervention team that can help address burnout in particular. Our medical journals, popular press and public media are increasingly starting to talk about physician burnout. I have come across so many advertisements, seminars, lectures, courses that all are addressing burnout. Heck, even this article you're reading is about burnout. When I review the symptoms, I don't know if it is just me, but I have suffered from burned-out/mild depression, or I have just been plain bored. Something is definitely missing in the last few years in our careers in medicine. We are quick to assess that the problem is caused by the constant changing grid, demands and environment that we have to practice medicine in. We question our relevance, in fact. No matter what, there does seem to be an increased prevalence of burnout, depression, and suicide in physicians.

Of course, it is not just our profession that suffers from this malady. In fact, in the last three weeks I have had two acquaintances of mine, police officers, kill themselves. Both of them had supportive spouses, with great children and a community that seemed to care. Certain other professions such as air traffic controllers, dentists and military veterans all have fairly high suicide rates. In medicine, it seems that the triggers for burnout might be a bit more subtle, and build up over the years--no particular incident, but rather a gestalt or crescendo leading to the burnout/depression/suicide. Exact suicide rates in medicine are hard to deter-

mine because a lot of them aren't clear-cut. Single car accidents, accidental overdoses, silly incidents and episodes can dominate reports of physicians' deaths.

A recent general medical article from the AMA talked about 27% of medical students being depressed, with 11% experiencing suicidal ideation. This was an international study meta-analysis of over 200 other studies. Of course, one has to ask himself about the chicken versus egg argument; do depressed people go in to medicine versus medicine making people depressed? Some longitudinal studies have shown it is the profession that is making people depressed. In the 1970s less than 15% of practicing physicians reported they had doubts about picking medicine as a career. In the 1990s that number was up to 30-40%, and it is still increasing. At this point it seems that most physicians would not recommend that their children go into the field. Obviously, such factors as a pending malpractice case, bad outcomes, pressure from administration with regard to productivity, locus of control, unpredictable environments, and high self-expectations all accelerate the elements of burnout/depression/suicide.

OK, so burnout is an ominous thing that can really hurt you. What do you do about it?

#1. Escape: One of my favorite fantasies is to liquidate assets, buy a big sailboat and head for the South Pacific sunsets. A colleague of ours did this a few years ago and ended up having intractable chronic seasickness just past Hawaii, thus ending his fantasy of escape. But another colleague, who did an evening lecture for us, was very successful with extended cruising around the world with his wife. So maybe liquidating assets and moving to Hawaii to feed birds and drink Kona coffee most the day? Escape to Vancouver, BC? Europe? San Diego? Yakima?

#2. Change jobs: This is what most of us choose to do. We don't want to give up community status, ego, lucrative income, even though it's driving you crazy. And there are the

See "Burnout" page 6



# Welcome

## David Carlson, DO

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# BURNOUT STRATEGIES



*Bruce Ehrle*

**I**n this issue of the Bulletin our President, **Steve Litsky, MD** writes about his thoughts on burnout and how to combat it.

Keeping morale of the physician profession high in Pierce County is an ongoing central mission of PCMS through concrete actionable endeavors such as advocating for sensible public policy impacting providers, pushing for continued recognition of and partnership with physicians as the health care system evolves, and providing social occasions where colleagues who are also neighbors can come together to commiserate and share good times.

As another part of this mission, Steve wanted to offer his advice about various macro strategies that a struggling physician can consider. In this column, I wish to augment Steve's advice with some micro strategies that I have personally found useful in combating stress, burnout, fatigue, and depression over my career in politics and policy and attempt to apply them to your lives.

First, be situationally aware. Realize through the reading of news material that you are not alone in your frustrations or feelings. Sometimes when a person is stressed, they feel that they are less of a person or professional for having those feelings when in fact, they're just human and others are going through similar situations. Doing a "self-drone" flight and getting a little above the situation can provide you with the perspective you need to navigate through that maze you're in at ground level.

Second, avoid isolation. That's not to say never be alone. Alone time is good for everybody and can be incredibly beneficial to thinking, planning, and resting from the fast pace of professional and personal life. However, finding ways to connect your own experiences that may be weighing on you to others such as your spouse, close friends, clergy, or professional behavioral health experts can take much of the burden off of your shoulders. Don't assume

others won't understand what you're going through. You just might be shocked and surprised at the level of empathy and understanding you'll receive in talking about your situation. That sharing also might strengthen those bonds in other ways too.

Third, break out of routine. It is incredibly easy to fall in to a routine. Professional and personal responsibilities are never-ending. There is always something to be done and somewhere to be. On-call duties, kids' sporting events, grocery shopping, paying bills, office appointments, coding, charting, on and on and on. Within those responsibilities, use your enormous brain power that got you through medical school and gets you through your days and nights in health care to find a way to break out of routine in a way that will provide meaningful benefit to you. For example, if you've got a favorite place to travel to (especially if it's not that far away), identify the steps (however challenging they may be) to get there if even for just three or four days and DO IT. So many professionals feel that to travel they must take a week for it to be worthwhile. We live in a place where we have countless places to drive and fly to within a couple of hours that makes a long weekend trip possible. Even that quick change of scenery can do wonders to clear the head and restore the soul. As an avid practitioner of this approach myself, I am going to start writing pieces for the Bulletin to offer my own personal advice on getaways, some longer but most just a few days. Hopefully that will spur some ideas on your part even if the trip isn't exactly as outlined by me. I know that some of you take to the water to fish or to the mountains to hike (another favorite of mine) and that those experiences push you along in life so if you're up to sharing your story and how it might apply to your fellow physicians, please send it in.

Fourth, be determined to find a bit of joy in each and every day. It's doable. Root a favorite team on to victory by carving out time to watch a game on TV. Watch a movie including a

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# “Burnout” from page 3

expectations of yourself, and your family expectations... and all those years spent on education. So just plug away at the same job in a greener pasture. Well, that usually lasts for about 3-5 years, then you have to change jobs again. But it seems to work. Of course, that depends on your non-compete clause, and the job market. One of my friends, a fairly well-known local physician, decided to give up medicine and try real estate for a few years. It did help him re-commit and reinvent himself in medicine.

#3. Pick a different area of medicine: Wouldn't you love to be an administrator? Great! Big desk, work from 9-5, no call/no weekends. Good luck on this one. A lot of people are trying to do it. Have you got an MBA? Special training? Years of leadership? How about being a medical director who just directs, and doesn't see patients? The trouble with this is you usually have to deal with a lot of smart, individually minded physicians, with their own agendas.

#4. Sabbatical: This makes the most sense. Heck, the sabbatical can even be in the same branch of medicine, but maybe in a different setting, or location. Revisit some ac-

ademia to recharge those batteries. Rekindle that original interest that made you want to be a doctor. Take a year off to write a book, contribute some chapters to a textbook, or help in a third world country.

#5. Try the latest anti-burnout technique: Mindfulness seems to be very popular now. In the 1960s it was anti-anxiety medications, and the 1970s and 1980s long distance running started to be the "cure." In the 1990s and turn of the Millennium, you needed a "passion" such as hobby, sport, or all-encompassing interest in order to combat burnout. Over the last few years the work-life balance has become quite popular.

I think you get my point. If you're burned-out, you know it. And chances are your family, friends, and colleagues all know it too. So, before you go down too far, go down too deep, **Get Some Help**. It's out there and fairly easy to find. If you have a friend who is starting to really burnout, let them know you care, and help them get resources.

Hang in there - Steve 🌱

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# PAYING FORWARD ON OUR PUBLIC'S HEALTH

*POTENTIAL HIGH YIELD RETURN ON INVESTMENT  
TO PROTECT AND IMPROVE HEALTH*



*Anthony Chen, MD, MPH*

**A** recent Washington State Medical Association article by John H. Vassall, MD, follows a flu outbreak in King County. It spread from a long-term care patient to a caregiver who was unvaccinated and not wearing a mask, and on to staff and other patients. Those sickened spread it further, added to the strain in doctors' offices and emergency rooms, and delayed care for those with more serious conditions.

Educating about and providing vaccines can keep employees healthy at work and students in school while reducing health care costs and the strain on the health-care system. These services are examples of why public health is essential.

## **Foundational Public Health Services**

During this legislative session, the state medical and hospital associations, elected officials, and public health partners have unified around this message: Our state needs to invest in modernizing our public health system. Our work to track, respond to and prevent disease outbreaks is essential to protecting the public's health.

At 24th, Washington lags other states in public health investments, according to a 2014 Trust for America's Health report.\* We spend about \$30 per resident. In contrast, national per capita health care spending is about \$10,000.

This year, we asked the legislature to invest in foundational public health services to raise the grade on our state's health. At press deadline, the Governor's budget allocated \$20 million, the House budget \$40 million, and the Senate budget zero. With a \$40 million down payment, we would begin to upgrade our state lab, modernize data tracking systems, and help ensure foundational public health services are in place throughout the state. We hope for a compromise that will keep people safe and free of dangerous illnesses.

## **Investing in public health provides a healthy return**

We reduce cost and suffering by preventing disease rather than treating sick people. Public health prevention provides a big return on investment of federal, state, and local dollars. It makes sense to:

- Prevent diabetes to avoid a life of chronic medications, dialysis, amputation, and blindness.
- Make policy changes to reduce smoking rather than treat asthma, chronic lung disease, and cancers.
- Boost immunization rates rather than control outbreaks and treat complications.
- Screen and treat latent tuberculosis patients for \$700 to prevent active cases that can cost hundreds of thousands of dollars to treat.

## **Federal investments are also critical**

Lost in the Obamacare debate is that the Affordable Care Act contains the Prevention and Public Health Fund (PPHF).

In 2016, Washington State received \$14 million from the PPHF to help control the obesity epidemic, prevent lead poisoning, reduce tobacco use, modernize vaccination systems, and expand laboratory capacity to detect and respond to infectious disease threats.

These funds comprise half of the immunization program budget and support the state immunization registry. Under the Federal Vaccines for Children program, Pierce County providers gave more than 350,000 shots in 2016.

Our Health Department uses PPHF funds to partner with the YMCA and Community Health Workers to help people eat healthier, exercise, lose weight, and prevent cardio-

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classic you may have watched decades ago but will be inspired by again. Read a book of interest, even if it's just 15-30 minutes a day. In my experience, that's the only way to actually get through a book—little morsels at a time every day or night adds up to a complete read. Find out what time sunset is and sit by the window and watch the light go down, even on a rainy day—even better when accompanied by a favorite beverage. Take a 30 minute walk outside. E-mail a friend or family member. Listen to your favorite music or explore other music genres. The technology to do this has never been better. I am such an avid lover of music that I have three devices to pursue this activity all without the need for a huge audio system that could likely annoy the neighbors. First, a Bose Wave Sound Link tabletop sound system for listening to CDs, local radio stations, and for linking my tablet to over Bluetooth for listening to music in my Amazon and Google cloud collections. Second, a Grace Internet tabletop radio that has equalizer presets for different types of music and that can be used to listen to streaming radio stations all over the nation or the world. A good set of high wattage tabletop/desktop speakers hooks in to the radio separately to complete the experience. Interested in listening to the classical music station in Vienna or classic rock on the station in the city you grew up in? As easy as searching for the station and selecting it. This approach will also work using the Bluetooth connection to the Bose system. Third, an Amazon Echo device along with a subscription to Amazon Music Unlimited will permit you to ask “Alexa” to play any piece of music or performer you wish—with a library of 30 Million music works to draw on. If you really like you can add it to your cloud collection in one second. The best part is that music can be a relaxing background part to the fun of charting!!

Fifth, engage your colleagues in mutual support. Touchy-feely? Beyond what a person is getting paid for? You bet. However, who among us wants to go through our days feeling like we're not making a positive difference or that we're not appreciated, if even a little bit? That's no way to live our all-too-brief lives. Pay days are that which sustain us in this 21st Century world that requires money but never assume that your colleague, supervisor, or subordinate feels appreciated and never underestimate how much a simple show of appreciation can mean. Medicine as much as any profession needs to have built-in opportunities during the fast pace of the day to say to each other:

- That was a good job
- Nicely done
- I think you helped that person
- You made a good difference there

Frequently the solution to depression or burnout is each other.

Sixth and perhaps most important, don't lose sight of your gift. Your talents have the capability to heal and to help. That might get lost on you

during all those hours of charting and coding as well as fighting whatever administrative battles you have to during the day. For every difficult case that tempts you to be sad or for every difficult patient that tempts you to throw up your arms, stay focused on the big picture of all the lives you touch, all the pain you relieve, and all the help you provide to so many. You can't be replaced. Each of you is important for what you do. Don't forget that. I certainly don't. I think about it in our mission here at the Society every day and if I can do that, then you as the actual caregiver doing this magnificent work can think about it too and remember how important what you're doing is.

The bottom line is that it is incredibly troublesome for any physician or PA with so many gifts and so much to offer to feel depressed, burned out, or worse. We must, and you must, do everything possible to avoid getting to such a low point because the alternative, a life lived in despair, is not worthy of all you have to offer this world in so many ways and all that you should get out of a life well lived. ✨

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# BRUCE'S EXCURSION AND EXPLORATION EXPOSITION - ONE TRAVELER'S OPINION ABOUT DESTINATIONS NEAR AND FAR

## Canada 150

July 1 marks the 150th birthday of our neighbor — Canada — a G7 nation with all the top comforts of travel just like the United States with boundless options, a friendly welcome, a favorable exchange rate, no language barrier (not even in Quebec), and a harmonious cultural diversity unmatched by any nation.

This special birthday provides an excuse to head north and enjoy all Canada has to offer.

Eastern Canada has many places to enjoy such as the nation's largest city, Toronto, the capital of Ontario, where over 25 percent of the entire population of Canada lives within an hour of, the federal capital city of Ottawa with its stately Houses of Parliament, the historic walled Quebec City which serves as the capital of Quebec as well as a charming remnant of French control of Canada that ended with British military victory in 1759 that is still celebrated by Canadian redcoat military personnel at the Citadel on the heights above the river near where the British defeated the French (hence English is spoken widely in restaurants, hotels, and stores in this mainly French speaking city), and the maritime provinces which include spectacular Nova Scotia with its capital of Halifax.

However, in Western Canada we have three perfect gems within easy reach of Pierce County that can each provide days of enjoyment—and these three are just the start of possible journeys because once you start looking at places like Whistler, BC Wine Country, and Vancouver Island destinations like Tofino, the list indeed starts to get long.

In preparation for travel to Canada, it is advisable to plan ahead on a few important fronts:

--Cell coverage—Look at the offerings your carrier has for you to take your cell phone and use it in Canada. Options are far better than they were years ago. For instance, Verizon Wireless will let you take your existing voice and data plan with you across the border for \$2/day (or free with data speed limitations). Even though they are often free unless you use the services, you have to usually sign up for

these offerings in order to avoid costly roaming charges.

--Currency and charges—Make sure that your credit card doesn't charge international transaction fees (some might charge as much as 3% which can be a needless expense on a big hotel bill or rental car charge) and find out if your bank has a reciprocal relationship with a Canadian bank. For example, Bank of America has a relationship with Scotiabank so that if you use a Scotiabank ATM to get Canadian currency, it's just like using a Bank of America ATM so while the bank might charge a small international transaction fee, you won't be charged ATM fees from either bank. This is the best way to get foreign cash because the banks give you their preferred exchange rate on the cash withdraw. Other economical ways to get Canadian currency is to make a transaction with your bank before the trip or with AAA if you're a member. It is advisable to get some Canadian currency and use it to pay for meals and shop purchases if necessary. There have been problems in Canada with credit card number theft. The bank will usually protect you but it becomes a big hassle if one of your credit cards is shut off and you need to wait for replacement once back home. Normally in the more established restaurants and in shops they will hand you a credit card reader to conduct the transaction with. In these instances they never even touch your credit card. If anybody ever tells you that such a reader is broken or for some other reason they want you to give them your credit card so they can walk away with it to run your dinner tab or your shop bill—use cash instead. The same applies to any gas station that tells you their pump reader isn't working. Plus, you'll want to have cash to tip housekeeping, valets, etc. Please note that the U.S. Dollar/Canada Dollar exchange rate has been very favorable toward the U.S. side of the border in recent years. As of 2017, Americans can usually discount any Canadian price quote by 20%-30% making hotel stays and restaurant dining particular values for travelers heading north.

--Documentation—You will need a U.S. Passport Card or U.S. Passport to travel to and from Canada. A driver's license will not suffice, not even an enhanced one. The best thing to have is a NEXUS pass. For \$50 you can get a

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# SAVE THE DATE -WEDNESDAY, DECEMBER 6 PCMS ANNUAL MEETING IN LAKEWOOD

Please mark your calendars for the 2017 Annual Meeting of the Pierce County Medical Society on Wednesday, December 6 at the Tacoma Golf and Country Club in Lakewood.

A reception will begin at 5:30pm and the evening will conclude by 9pm.

More details will be forthcoming later in the year. 🌱

## PIERCE COUNTY MEDICAL SOCIETY WHO WE ARE

### **MISSION**

Promoting healthy medical practices, collegiality, and the well-being of the public.

### **VISION**

A strong, interconnected community of physicians and physician assistants in Pierce County, advancing good health for residents, and healthy medical practices for physicians.

### **GOALS**

1. Advocacy - PCMS will be a strong and effective advocate for physicians and patients, promoting a robust physician profession as a valued partner in the continued evolution of the health care sector through meaningful interactions with state and federal government leaders.
2. Practice Success - PCMS will advance the success of the practice of medicine for physicians by offering education about innovations in the delivery of care, information about trends in health care policy, assistance in navigating changes to the payment system, opportunities for mentorship, and resources to achieve positive results in order to provide the best possible care for patients.
3. Community Engagement - PCMS will build and maintain coalitions with local government, health care providers, and community-based organizations to foster improved population health in Pierce County with physicians serving as a vital component in efforts to provide high quality care for all patients.
4. Collegiality - PCMS will provide a social networking structure for physicians, physician assistants, and medical residents in Pierce County to informally interact with each another in order to build relationships with professionals who are neighbors as well as colleagues facing similar opportunities and challenges as they care for patients each day.

# PCMS AND PCPA LAUNCH EFFORT TO IMPROVE HEALTH LITERACY

The Pierce County Medical Society and Pierce County Project Access are launching a joint long term effort to improve health literacy among the county's citizens across all demographics and patient populations. Both organizations will be working with health care providers including independent practices, CHI Franciscan, and MultiCare to learn about their own endeavors in this regard with their patient populations. The goal of these efforts will be to augment best practices to steer more patients to the right physicians and correct care settings to improve the quality of appropriate care, raise population health standards, and reduce costs.

It has been estimated by front line hospital staff that as many as 80% of the patients in emergency departments at any given time are not in need of emergency services and could have their care delivered in far less expensive and far more appropriate settings such as urgent care or physician offices. This ongoing situation overburdens physicians and other staff in the ED setting and negatively impacts costs for the health systems, insurers, employers, insured patients paying high premiums and deductibles, and taxpayers. Furthermore, patients often wait until a situation is acute to seek medical care thereby overwhelming primary care, specialties such as gastroenterologists, and emergency departments.


Broadly educating the patient population about the importance of preventive care, the advantages of establishing a relationship with a primary care physician, and what options they have with regard to various care settings depending on their unique circumstances (insured through private payers, Medicare, Medicaid, uninsured) can help reduce costs, reduce stress on physicians, and assist providers including the health systems in having patients connected to the most appropriate settings.

With regard to this joint initiative, PCMS Executive Director Bruce Ehrle stated, "As part of the medical society's ongoing commitment to improve population health in Pierce County including through our Social Determinants of Health Workgroup that seeks to help physicians actively participate in this crucial approach to patient care, we are excited to join with Project Access to try to do our part to improve health literacy in this community. With our organization's long history of seeking to improve practice success for physicians and PAs in Pierce County and with my background in health care policy implementation, I believe that we can make a positive contribution toward raising patient awareness of their health care choices over the course of their lives, thereby helping to reduce the burdens that so many physicians are facing in different care settings due to the lack of such awareness."

Pierce County Project Access Executive Director Leanne Noren added, "With Project Access' demonstrated history of working effectively in partnership with providers including the large health systems, our deep reach in to different sectors of the patient population, and our relationships with community-based organizations, PCPA is well positioned to be a vibrant partner with PCMS in this immensely important area to provide access to health care for the people of Pierce County in settings that will improve their overall health, improve their experience, improve stress on the system at key points such as EDs and some specialties, and cut costs in truly meaningful ways."

PCMS and PCPA will provide further updates about this initiative as provider consultation and patient outreach is conducted over the coming months. 🌱

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special card that allows for expedited travel between the U.S. and Canada. Information is available on the web from U.S. Customs and Border Protection. The on-line application takes about a half hour to fill out (it's nearly ten pages). Background checks are done by both the United States and Canadian governments and then you are granted the opportunity to schedule in-person sequential interviews with agents of both nations at either Seattle or up at the U.S. side of the border off I-5 in Blaine, WA. The wait for an interview in Seattle can be months whereas you can usually get in to have it taken care of in Blaine in a couple of weeks. It's worth the drive up and you can always combine it with a drive down the Mount Baker Highway or time on the way back in Seattle or at the outlet mall north of Seattle. At the interview you will be fingerprinted (if you are not already part of a Trusted Traveler program like TSA-Pre where you previously supplied your fingerprints) and photographed. If given final approval you will receive your NEXUS pass in the mail a couple of weeks later. The pass allows for use of special expedited lanes both directions at the border (check on-line for hours of operation—the U.S. runs fewer hours than Canada does) resulting in potentially as much as an hour saved in each direction as well as more relaxed and much shorter interviews because you're a Trusted Traveler. The key is that everybody in the vehicle must have NEXUS passes or none of you can use the NEXUS lanes. Other benefits of the NEXUS program include being given a Trusted Traveler Number that works for TSA-Pre domestic U.S. airport screening when you put it in your airline ticket record. You are also automatically enrolled in Global Entry for the United States which means that when

returning to the U.S. by air from anywhere in the world you no longer need to fill out a blue customs form and wait in line. Instead you go to a special kiosk, press your fingerprints on a reader, answer a few questions on the screen, and take the printed slip to an expedited booth. It usually takes 1 to 3 minutes to cross the U.S./Canada border or clear customs at airports with these programs. The pass is good for five years. The NEXUS pass can be further enhanced by going to a major Canadian airport including Vancouver International without the need for an appointment to walk in for a retina scan. By providing this you are now eligible to use special TSA-Pre like security screening when departing Canadian airports for the U.S. and are eligible to use NEXUS departure kiosks to pre-clear U.S. Customs in Canada at major airports. Having this pass makes driving to Vancouver no different than driving to Portland as far as the border is concerned.

### Vancouver—Pacific Rim Giant and Gem of the Pacific Northwest

Speaking of Vancouver, just four hours north of Pierce County is one of the Pacific Northwest's and Pacific Rim's crown jewel cities. It is amazing that when we would like to explore beyond the many urban offerings of Seattle and Tacoma that we have such cities as Portland and Vancouver so close to our south and north.

Vancouver's many offerings expand greatly in the summer when the fully accessible waterfront around the entire city and Stanley Park become less of a rain jacket outing and much more of true outdoor playground with endless vistas

of city, water, and mountains. Winter does have its special offerings like the Pacific Northwest's only NHL team in the Vancouver Canucks playing in their modern and fun but lack-luster food choice arena (eat elsewhere before the game) and the terrific Vancouver Symphony Orchestra playing in the beautiful Orpheum Theater.

Advance hotel and dining reservations are important in this very popular and active city. Fairmont has no less than four hotels in Vancouver (more than any other location in the world for them) with the leading one



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being the Fairmont Pacific Rim, a true luxury property along the waterfront that includes a spa facility, and the Fairmont Waterfront across the street also being a good choice. Other strong hotel options include the Hyatt Regency Vancouver with some rooms having large balconies to enjoy the views from when the weather is nice and new JW Marriott opening this year right next to the hockey arena. For those seeking a full apartment with kitchen, the Marriott Residence Inn is a good choice and provides free breakfast. Personally, I find the sweet spot to be the Hyatt due to its central location, less expensive room rates compared to Fairmont hotels in the city, those outdoor balconies to enjoy, and its location right next to a subway stop that is really nice on rainy days.

Parking is tight in downtown Vancouver so it's worth it to just park in the hotel garage and deal with the cost for the advantage of being able to just take your luggage up to the room out of the rain on bad weather days. Once parked at the hotel you can pretty much walk everywhere or use the subway which will get you all over on multiple lines. Getting a Compass card at the first station you enter will enable you to load and reload amounts as you need to while tapping it to enter and exit the system just like with an Orca card in Seattle.

Aside from strolling anywhere along the waterfront or enjoying huge Stanley Park, Vancouver is not a city heavy on sights to see but is more to just enjoy the setting—and the food! As a cosmopolitan center of diversity, you can find pretty much anything in Vancouver from a British pub (outpost of Elephant and Castle located here), Italian (Lupo, Tavola, and La Terrazza), Japanese (Miku and Kitanoya Guu), French (Provence Marinaside), seafood (Salmon House on the Hill over on the North Shore, Joe Fortes (also serving great steaks), and Blue Water Café in Yaletown), and of course Pacific Northwest cuisine (Botanist in the Fairmont Pacific Rim, Mosaic Grille in the Hyatt Regency, and Brix and Mortar in Yaletown). The transformed warehouse district of Yaletown (reachable by its own subway stop) is now a vibrant, energized nightlife enclave. Just wandering around and choosing a place to get a bite can be fun—but remember that many places will have a wait without a reservation. During the day on weekends heading over to the Granville Island Public Market is fun—and scenic.

Fun places to wash all that food down with good drink (or to eat some more food!) include Steamworks, Yaletown Brewing Company, Carderos at Coal Harbor, and the Kingston Taphouse near the hockey arena.

If you are looking for a sight to see, heading over to the

west side of the city and the University of British Columbia campus will enable you a visit to the Museum of Anthropology. Its displays of First Nations artwork, crafts, and culture are terrific and the gift shop offers a giant selection of authentic First Nations pieces of art to take home with you. Wood carvings are a specialty of Pacific Northwest First Nations Tribes in British Columbia. A wall hanging or standing tabletop totem pole are outstanding items to consider. Remember, every 30 days you're permitted to bring back \$800 worth of items across the border duty-free. Keep receipts and declare the total amount of goods at U.S. Customs.

The main thing about Vancouver is that you will notice plenty of places to stroll either in parks, along the waterfront, or through the city and not just places like famous Robson Street in downtown but also over on the South Shore along streets like West 4th Avenue that will captivate you as you find your own favorite parts of the city to enjoy on any return visit.

If you're looking for the easiest way to enjoy Canada and help the country celebrate its 150th birthday, head to Vancouver!!

### Victoria—A Taste of Britain in the Pacific Northwest

The capital of British Columbia, Victoria, is a charming outpost of Britain right in the Pacific Northwest. With its pubs, manicured streets with flowers, and waterfront with mountains in the distance, the city offers a terrific escape for a couple of days.

Though car ferries from either Port Angeles, WA or Vancouver, BC will get you to Victoria, the fastest and most relaxed manner of transportation is the Victoria Clipper high speed passenger ferry out of downtown Seattle. Park your car and leave driving worries behind. The Clipper heads up Puget Sound with amazing views of the Olympic Mountains and water vistas to enjoy along with the occasional Orca giving chase, docking right in the inner harbor of Victoria within walking distance or very short cab rides to many hotels including the Marriott and the Delta.

For the true Victoria experience though it's no secret that the Fairmont Empress offers a grand setting right on the harbor next to the provincial parliament building. Offerings inside the historic hotel include a large spa with whirlpools, steamrooms, saunas, relaxation lounges, and treatments as well as an indoor pool to enjoy regardless of the weather, and several restaurants and lounges including the Lobby Lounge where the famous afternoon tea is served daily—with reservations highly suggested. Between some strolls

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around the city and along the harbor as well as with what is available at the Fairmont Empress, is it easy to fill up a couple of days with a great change of scenery before heading back to Seattle where there is no line of cars to get through US Customs due to the passenger-only nature of the ferry.

If staying at the Fairmont, sign up for the free Fairmont President's Club loyalty program. The program is not points based like others (unless you have a Chase Fairmont VISA credit card in which case points do accrue to your account) but it offers many benefits including at the base entry level such as free Internet and discounts. Fairmont Gold at the Empress offers a special set of accommodations and access to the Gold Lounge which can provide a refined place to have breakfast or relaxation after walking around the city.

Like Vancouver, there aren't a ton of sights to see in Victoria though the Royal BC Museum, Christ Church Cathedral, and various scenic spots such as Mount Douglas Park, Beacon Hill Park, and Old Bay Scenic Marine Drive are all worth seeking out. Goldstream Provincial Park has salmon runs October thru December and bald eagles December thru February. Whale watching boat trips depart Victoria mid-April thru October. Of course, the most famous sight to see near Victoria is Butchart Gardens that can be reached either via car or by bus such as Gray Line's Butchart Gardens Express.

For some special dining opportunities around Victoria, you might try out Old Vic Fish and Chips, Fairfield Fish and Chips, Café Brio and Flying Otter Grill offering Pacific Northwest and Italian cuisine, and Koto for Japanese. For a British pub experience head to Penny Farthing Public House. Victoria is certainly part of the Pacific Northwest craft brewing movement with the Canoe Brewpub, Swans Brewpub, and Spinnakers Brewpub all worth visiting for a pint.

### Banff—Incredible Mountain Vistas

Catch a short flight out of Sea-Tac to Calgary, Alberta and an hour's drive west on Route 1, the Trans-Canada Highway will put you at Banff, a town set amidst towering mountains and alpine lakes. The town itself includes many enjoyable restaurants and bars such as the Maple Leaf where you can enjoy true Canadian specialties including plenty of game dishes.

Next to the town of Banff is Banff National Park. Hiking possibilities are plentiful as is the enjoyment of just driving through the park on the way to Lake Louise where a hike around the lake is a terrific experience, especially outside of high season when there will be fewer people. Proceeding past Lake Louise on the Icefields Parkway permits visitors to reach an amazing viewpoint over Peyto Lake. The actual viewpoint will often be crowded with people

disgorging from buses making tons of noise but if you go off trail uphill just a bit (a few hundred yards) you will find yourself all alone in utter peace and quiet with one of the most incredible views on offer in any mountain wilderness. If you listen very carefully you will hear a waterfall way off in the distance and that will direct your attention to a giant falls far away cascading down the mountain rock face feeding the glacial lake below. Take some coffee with you in a backpack and just sit there to enjoy the experience. You will never forget it.

Back closer to the Town of Banff is the gondola that will transport you high in to the mountains for an amazing look back down on to the Bow Valley.

The place to stay at Banff above all others is the giant Fairmont Banff Springs. As noted before, if you sign up for the free Fairmont President's Club you will enjoy benefits right away. Advance booking during the summer is crucial for the hotel but December is also a great time to visit to see the place all decked out for the holidays. Since none of the rooms come with a balcony, when choosing your room, focus less on the view and more on room size or if you would like to have access to the Fairmont Gold lounge. Given all that is on offer within the hotel and nearby, this is a place you probably won't spend much time in your room. Steps lead down from the Fairmont to the Bow River's falls. Various restaurants and bars at the Fairmont have outdoor seating to soak in the views of the mountains and the Bow Valley and those that are indoor are set in the atmosphere of a baronial castle which the entire hotel is replicated after. The Fairmont has indoor and outdoor pools as well as an adults-only spa facility with indoor and outdoor whirlpools, an indoor mineral pool, steamrooms, saunas, relaxation lounges, and massage treatments. I recommend either late August, September or December for a stay here to avoid the biggest crowds. It stays light very late in Banff during the summer months. If visiting during summer make sure to be armed with plenty of mosquito repellent. It's easy while enjoying the stunning mountain scenery to forget, especially at dusk, that there are mosquitos large enough to carry a small animal off buzzing all around Banff.

Many of you may be very familiar with these three Canadian gems close to us by car, sea, and air—Vancouver, Victoria, and Banff. For those of you who are, I hope I have stirred fond memories and reasons to go back. For those of you who aren't as familiar with one or all three of these destinations, I urge you to try them out. For any of us who appreciate Canada, with the country's 150 birthday this year, it's an especially appropriate time for us to head north and enjoy all that the nation has to offer. 🌲



## "Forward" from page 7

vascular disease and diabetes. In addition, these funds support our emergency response to communicable disease outbreaks and work with hospitals to reduce healthcare acquired infections.

We thank our healthcare partners for advocating for sustainable public health funding. In Olympia, we hope the budget will contain a considerable down payment on modernizing our state's public health system. In Washington, DC, we hope our Congressional delegation will protect the Prevention and Public Health Fund and other funding for public health. 🌱

\*<http://healthyamericans.org/assets/files/TFAH2014-InvestInAmericaRpt08.pdf>

## MEET THE AUTHOR

Tevi Troy, PhD, a former Deputy Secretary of the United States Department of Health and Human Services, currently CEO of the American Health Policy institute, will speak at a book-signing party on July 26, featuring his fourth major publication *Shall We Wake the President?: Two Centuries of Disaster Management from the Oval Office*.

This book describes the manner in which national disasters of all types have been handled (or mishandled) by U.S. presidents over the past 200 years. It is well written, positively reviewed nationally, and most entertaining.

Dr. Troy, a historian who has worked in the White House, lends his first-hand experience and expertise to the subject, infusing wit and readability into a well-researched work.

The event will take place on Wednesday, July 26, at 6PM at Ledger Square Law Offices, 710 Market Street, Tacoma. (RSVP to [klrntdoc@gmail.com](mailto:klrntdoc@gmail.com))

(Dr. Troy is a son-in-law of retired PCMS members Drs. Ray and Vita Pliskow.)

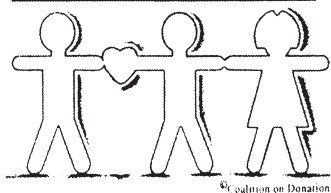
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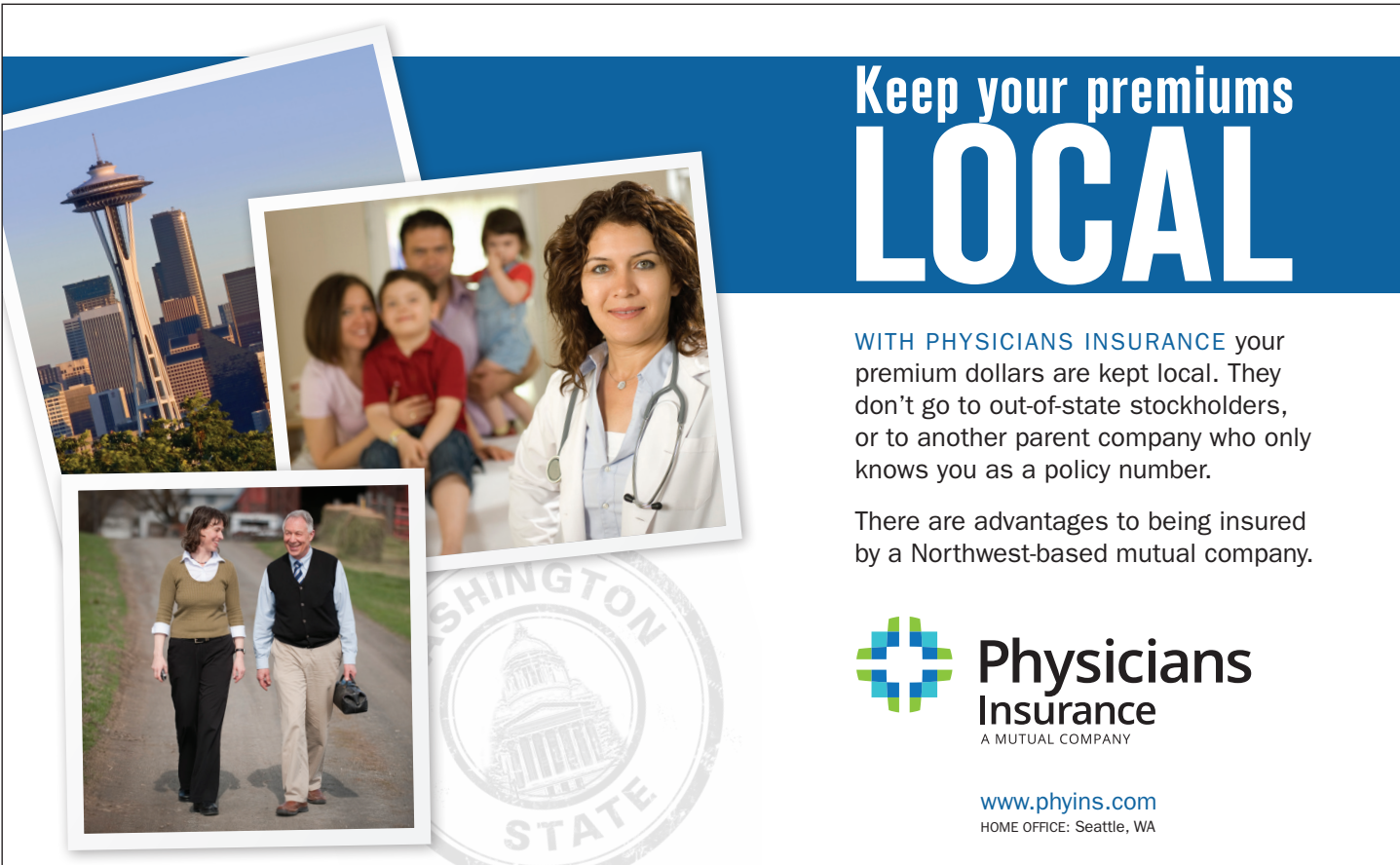
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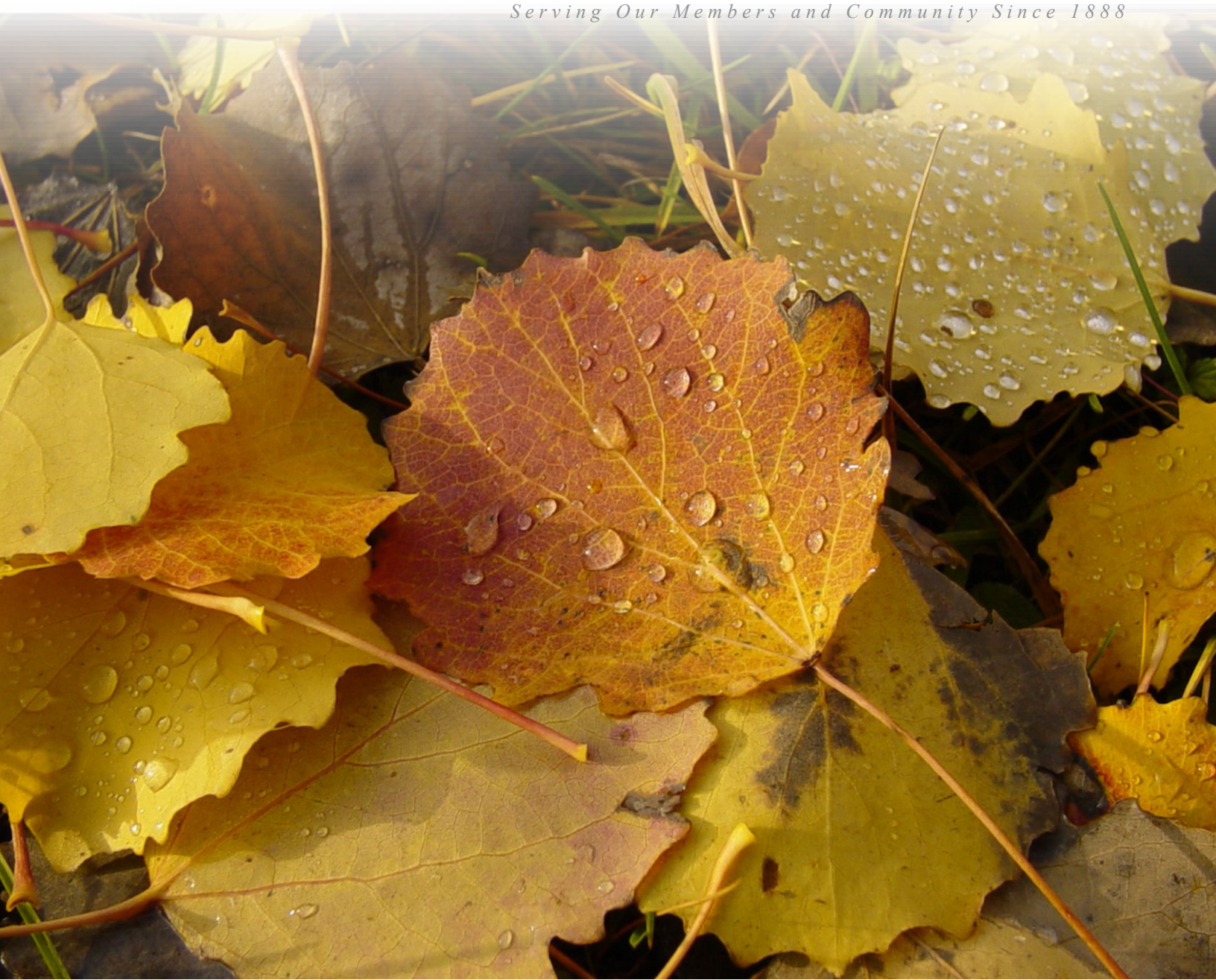
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PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

*Serving Our Members and Community Since 1888*



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PIERCE COUNTY MEDICAL SOCIETY



# BULLETIN

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# “PUSH THE RESET BUTTON”



Steven Litsky, MD

**R**eset, reboot, rejuvenate, restore, re-create, renew, revitalized, re-invigorate, regenerate, rekindle, revive, recommit, reinvent..... Lots and lots of words that could be issued as a plea to get past burnout. So how could you do this in a more simple fashion than quitting, a Safari in Africa, a flashy new red sports car, psychotherapy, or an expensive hobby?

Revisit: Revisit why you became a doctor in the first place. Revisit what made you excited about the possibility of being a doctor. Revisit what kept you going during undergraduate so that you could get into medical school, and then sustain you through medical school.... Here are just a few of the books and TV shows I have encountered at the beginning of my education that I revisit occasionally just to remind me of where I was, how this all started, where I wanted to go, and what I wanted to be. It helps bring back perspective to the whole journey. I am sure you have your own personal set of original motivational tools that started this whole endeavor. Make a list, and read parts of the books, or watch a bit of the TV shows. You might need to go back, in order to go forward. Push the reset button!

## Books - all written by physicians

*One Life* by Christian Bernard - Christian Bernard's autobiography about growing up in South Africa, getting into medical school, going to medical school, surgical residency followed by a fellowship in the United States that would all ultimately lead to the first human heart transplant.

*Every Second Counts: The Race to Transplant the First Human Heart* by Donald McRae - This story interestingly and excitedly follows the research and attempts at the first human heart transplant occurring in South Africa, New York and California. Very detailed and fascinating.

*The Making of a Surgeon* by William Nolan - Follows the grueling surgical residency of the author at Bellevue Hospital in New York City during the late 1960s. The 1930s through 1960s were truly a time when the hospital owned you.

*Five Patients* by Michael Crichton - Before Michael Crichton became a great author and screenwriter, this book describes his encounters with five patients while in medical school at Massachusetts General Hospital.

*Confessions of a Knife and Mortal Tales* by Richard Salzer - Short stories and essays about hospitals and patients' lives told in a sensitive and compelling way. Heck, even I got teary-eyed.

*The Year of the Intern* by Robin Cook - Another author and screenwriter telling of his experiences doing internship through a fictitious character. This book got me a free trip on Air France when in mid-Atlantic flight in my first year of medical school I was chosen (on a near empty jumbo jet after they asked for a doctor, then for a nurse, then for an EMS technician... or anybody trained in medicine - which was me) to diagnose a young teenager with acute right lower quadrant pain for appendicitis. It wasn't, so I didn't make the plane turn around in mid-Atlantic. Hence, they rewarded me with a free ticket!

*The Intern Blues* by Robert Marion - Follows several interns in different specialties rotations.

*M.D.* by BH Kean - One of the American physicians who treated the Shah of Iran. A fascinating life in medicine, with a lot of insight into how large urban hospitals work throughout the world.

*M.D. Doctors Talk About Themselves* by John Pekkanen - Collections of vignettes and personal experiences described by the doctors very honestly.

*Neuro - Life on the Frontlines of Brain Surgery and Neurological Medicine* by David Noonan

*Genius on the Edge: The Bizarre Double Life of Dr. William Stewart Halstead* by Gerald Imber - Very interest-

See "Reset" page 4

## "Reset" from page 3

ing book about Halstead, and Johns Hopkins Hospital origin circa 1900.

*Getting Doctored* by Martin Shapiro - A critical essay and analysis about the process of indoctrinating students from medical school into residency. Could rub feathers the wrong way.

*The House of God* by Samuel Shem - The classic novel about medical school and residency at Mount Sinai Hospital in New York City (my alma mater), so it has got to be funny and good.

### TV shows

No, I haven't included any of the dumb ones like *House* or *Gray's Anatomy*. Most of the shows below are still on cable television, or YouTube. They have stood the test of time.

*Ben Casey* - Yes, I'm old enough to have actually seen the originals on black and white ancient television. We all need a Dr. Zorba in our lives.

*Dr. Kildare* - Oh if we could all be as smart, daring and as handsome as Richard Chamberlain.

*Marcus Welby, M.D.* - Actually I liked Steve Kiley better, his motorcycle riding young doctor sidekick. The amount of time that Marcus spent on each patient would drive our production overseers crazy.

*The Bold Ones: Doctors* - Just plain old good television was a strong storyline.

*Doctor in the House*: - Very, very funny British BBC series about three guys in medical school. Sort of the original *Scrubs*.

*M\*A\*S\*H\** - My favorite of all of them and a substantial force for my motivation to get into and survive medical school. Also a great original movie.

*ER* - I remember having trouble watching the first few episodes of this because it was so real it made me feel like it was still at work. Then it quieted down and was less story driven, and more personality driven, making my adrenaline and blood pressure go down a bit. Good watching.

*The Knick* - A really interesting and fascinating story of a William Halstead type of doctor in a New York City Hospital in the 1900s. A lot of shady characters (most of them administrators) and the main doctor is an anti-hero. I really enjoyed this mini-series.

I know this is an incomplete list, and I have probably missed or forgot some of your favorites. I didn't even put in the pivotal movies section, like *Doctor Zhivago* (also a great book as well). Why don't you tell me about your favorites when we get together for the December Holiday dinner meeting.

Hang in there. - Steve 🌲



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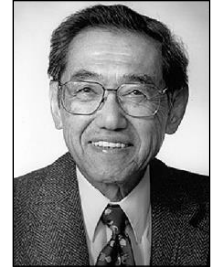


# IN MEMORIAM

## GEORGE TANBARA, MD

### 1922 - 2017

**George Tanbara** was born in Portland, Oregon in 1922 and grew up in Los Angeles, California. He attended USC undergraduate in the School of Pharmacy and played varsity tennis for USC from 1938-42. He was removed from school prior to obtaining his pharmacy degree at the start of WWII and placed in a detention camp for Japanese Americans in Santa Anita and then transferred to Idaho where he attended Idaho State and completed his pharmacy degree in 1943. This is where he met Kimi who he married in 1951. She was his greatest support throughout his long career. He and Kimi had four wonderfully talented children (Greg, Diane, Susan and Merilee).



*George Tanbara, MD*

He attended the U of Minnesota Medical School, graduated in 1951 and was accepted into King County hospital for his internship and pediatric residency. After graduating from pediatric residency, he was the only member of his class not offered a job. This became our good fortune in Tacoma as he and Kimi moved to Tacoma and started a pediatric practice and their family. He initially worked at the Pierce County Hospital walk-in clinic and then opened an office at #30 Tacoma Medical Center which thrived due to hard work and excellent care. George always kept the health of children and what was best for children and families as the primary consideration whenever he made medical or business decisions. He advocated for the underserved and brought social justice in medicine to Tacoma.

I first met George as a child playing tennis at Tacoma Lawn and Tennis Club where George was a member and the club's best player. He would always take time to play with the younger players offering encouragement for tennis and support for our development into teenagers and adults. He never let us beat him at tennis!

George started a Medical Explorer post with future Drs. Rowlands, Hurst, Meyers and Larson as Troup members. We rounded with him in the hospital, observed procedures such as his daily exchange transfusions for hyperbilirubinemia babies, attended the Eastside free clinic and I was able to observe an open-heart surgery on a child with Dr. Tom Murphy performing the surgery, Dr. Phil Backup, anesthesiologist and Dr. George Tanbara running the bypass pump. Mary Bridge Children's had the first pediatric cardiac surgery team in the state. It is a testimony to George's intelligence and capable medical care that he participated as a vital member of this team.

He was generous with his time and supported my entry into medicine. He encouraged me to pursue pediatrics and recruited me back to Tacoma as his first partner. In 1980 we started Pediatrics Northwest. I have always considered this my best medical decision to come back to Tacoma and practice with Dr. Tanbara.

George was famous in the medical community for always arriving at the hospital early (5 a.m.) for rounds and attending more meetings than what is humanly possible for a practicing physician. He had his day organized in minutes, not blocks of time, and felt comfortable with this tight schedule. He always told me how appreciative he was that the medical community and patients allowed him to practice in Tacoma. George loved medicine and practiced until age 84.

Dr. Tanbara participated in a great number of medical and community groups. George was President of PCMS, President of Mary Bridge staff twice, member Washington state board of health, interim director and board member of PC Health Department., Founder of the Community Health System, Campaign Chair United Way, Life member Tacoma Urban League, first recipient of PCMS Humanitarian Award, WSMA Community Service Award and many, many others.

We will all miss Dr. Tanbara dearly. His legacy of family first, commitment to social justice, humanity and outstanding pediatric care endures in our community.

**Lawrence A. Larson, DO**

# SAVE THE DATE -WEDNESDAY, DECEMBER 6 PCMS ANNUAL MEETING IN LAKEWOOD

Please mark your calendars for the 2017 Annual Meeting of the Pierce County Medical Society on Wednesday, December 6 at the Tacoma Golf and Country Club in Lakewood.

A reception will begin at 5:30pm and the evening will conclude by 9pm.

The guest of honor and speaker will be Senior Chief Edward Byers Jr., of the U.S. Navy SEALs, recipient of the Medal of Honor. A trained medic and former Navy hospital corpsman, Senior Chief Byers received this nation's highest military honor in 2016 for his actions during a SEAL team mission in 2012 that rescued a civilian physician from captivity in Afghanistan after having been abducted by the Taliban on his way to a rural clinic. Senior Chief Byers will focus his remarks on overcoming life's challenges and pushing forward in the face of adversity. As the most decorated living SEAL with the Medal of Honor, five Purple Hearts, several Navy Commendation Medals including two with Valor, and the Joint Service Commendation Med-



al with Valor, Senior Chief Byers is uniquely qualified to offer advice about how to face life's biggest hurdles and yet get over them.

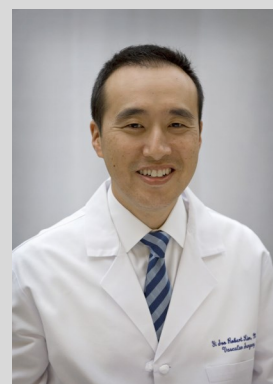
More details will be forthcoming closer to the event. 🌿

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# REPORTS OF THE DEATH OF THE PHYSICIAN PROFESSION ARE GREATLY EXAGGERATED



*Bruce Ehrle*

**D**uring my two years as Executive Director, as I have chatted with so many of you about the incredible work that you do, as I have attended conferences to hear your perspectives, or as I have had coffee, beer, or wine with some of you to learn, I have noted in the souls of some a sense that the physician profession's days are numbered.

I can understand the sentiment to some degree. For some there has been a loss of independence. Others feel that they're treated like children. There are lots of boxes to check. Charting is a never-ending task. Health Information Technology means less time with patients. Productivity demands can bring nightmares of being on an assembly line. There is a constant clamor from others seeking to be health care providers in your place.

These are all very real challenges and they are issues that PCMS works on constantly on your behalf in a variety of ways. We need to make sure that any physician who wishes to be in independent practice can be in such practice with as few administrative and related burdens as possible. We need to make sure that physicians are treated with the respect that they deserve and that the profession is always held high as one of the most noble and important ones in our civilized society. We need to have open lines of communication about why certain boxes are important to check within a larger context related to quality improvement and patient safety while making sure that the input of front line caregivers—physicians and PAs—is considered when those boxes are created, or when a box needs to go away because it's getting in the way of, not helping, provide the right care for patients. We need to have physicians employed by health systems viewed as valued partners in the goals of the health system, allowing the physicians to fully understand what those goals are, to be appreciated, to be motivated, and to share in the rewards of success with an understanding by physicians and management—who all deserve to succeed at their mission—that if the health system

is failing, so are the physicians who work there and vice versa. We need more caregivers through expanded residency programs and incentive programs promoting primary care and behavioral health to alleviate the pressures of demand outweighing supply that creates that enormous push for productivity instead of taking all the time a patient needs with their physician to heal them properly—and to keep them healthy. We need Health Information Technology to work for the physician, health system, and patient as much as it works for the insurance payer or the government. We need services of providers—physicians and health systems—to be paid for in a manner that is commensurate with their high skill levels and facilities.

Those are just a few of the challenges facing the physician profession that some see as slowly killing it a day at a time.

However, when I look at the future of health care in America, I still see the physician—the MD and the DO—as well as the PA, fulfilling vital roles to heal, to treat, and to be central to the functioning of the system. I see progress being made in all those areas, and more, over time because in the end, for the proper care to be administered, there really isn't a replacement for a trained physician in any approach to health care. There just isn't.

Even as other entities or health personnel may take on certain aspects of care, there is no replacement for a highly trained, highly educated, and highly experienced person providing the type of care that physicians provide alongside others. Even as telemedicine becomes more prevalent, it will only be as good as the trained provider on the other end of it from the patient. Even as the nature of care evolves for some to other settings such as the home or office with app driven dispatch, it will still be a physician who will be the one most qualified to diagnose, treat, and pursue overall wellness for the patient. I have these beliefs because in a future where physicians are removed from the scene, patients, payers, and

See "Exaggerated" page 8



## “Exaggerated” from page 7

health systems would all be in deep trouble. From the first known day in history where the word “doctor” was used, we have been a better world for it and we would be a lesser world if the word “doctor” ever disappeared.

Dizzy Dean famously said, “It ain’t braggin’ if you done it.” Physicians provide care every day that fixes people, ends pain, and saves lives. It is a quiet heroism that unfolds hour after hour, day and night. Physicians don’t brag. They do it.

Young people see this. Rather than universally taking the easier path to an undergraduate engineering degree followed by a high paying job in technology, record numbers of young people are applying to medical school. They want to be physicians. They want to put themselves through the agony, the hours, and the expense it takes to get that white coat—so that they can join the ranks of quiet heroes.

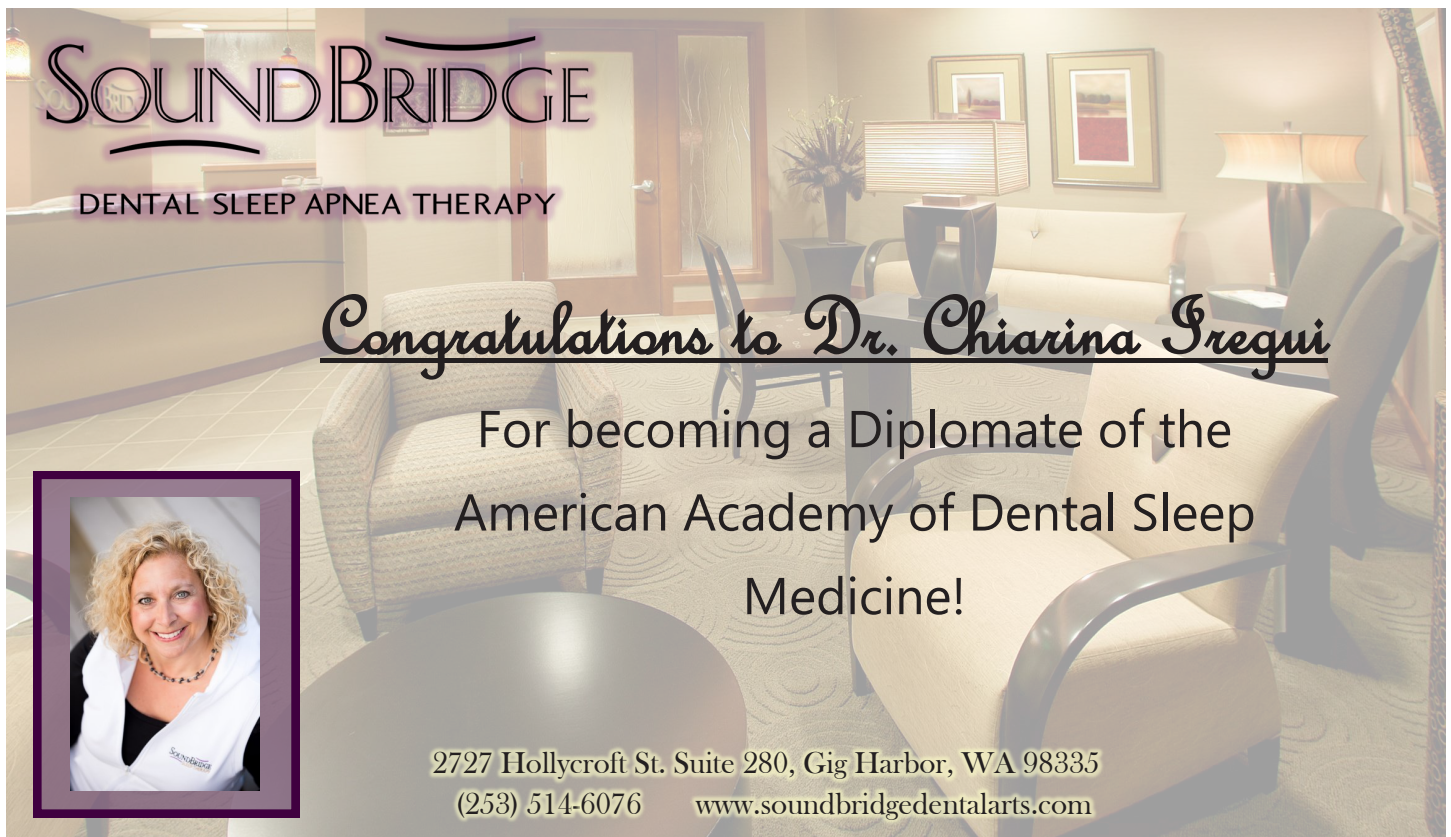
I am energized that even as highly experienced physicians in our membership share my excitement and determination to have our Society be part of the effort to address social determinants of health, I have medical residents approach me saying they believe in that work greatly and wish to be involved—even with everything else they’ve got to worry about in their tired and stressed lives. I am encouraged that even as seasoned practitioners join me in

advocating with elected leaders on behalf of our physician community that medical residents e-mail me and state that they want me to teach them advocacy skills because they realize how crucial it is for physicians to shape their future with policymakers and not be victimized by it.

The maze the physician profession finds itself in requires the profession to have the determination to find a way to elevate its perspective so that a path through the maze can be found—with the exit being a robust physician profession for years to come. That is the future that I see. That is the future PCMS works toward every day.


As health care evolves in to a wholistic approach to improve population health, advance quality, reduce costs, and make the patient experience better, as employed physicians work in partnership with their health system employers, as physicians in independent practice strive to be and remain doctors in that setting, the ranks of physicians will continue to grow because of an unflinching desire that will not die on the part of some humans that their calling is to heal other humans.

Reports of the death of the physician profession are greatly exaggerated—and PCMS—your Society—seeks to make sure that the profession is not just alive, but robust now and in the future. ✿



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# OUR COMMUNITY'S FIGHT AGAINST THE OPIOID EPIDEMIC



*Anthony Chen, MD, MPH*

**O**ur residents saw it well before local data highlighted Pierce County's opioid problem. In interviews and focus groups for the 2013 Community Health Assessment, they told us they saw: more people using drugs and committing crimes, needles in their yards and in parks, and friends and family members becoming addicted or dying of overdoses.

We had known for years that overdose deaths had overtaken car accident deaths, but our public health data sources (which lag by a year or more) at the time did not show an alarming local drug abuse problem. However, responding to community concerns, the Pierce County Community Health Improvement Plan included mental health and substance abuse as one of its three priorities.

## What the data tell us

Since then, the data and news have confirmed what our residents were seeing. Data (2015) from the Centers for Disease Control and Prevention are startling:

- 91 Americans die daily from opioid overdose.
- 12.5 million people misused prescription opioids, 2.1 million for the first time.
- 828,000 used heroin, 135,000 for the first time.
- 33,000 died of opioid overdose: 15,000 from prescription opioids and 13,000 from heroin.

Earlier this year, Tacoma-Pierce County Health Department asked the University of Washington to compile statistics for Pierce County:

- 704 people died from opioid overdose between 2005-2014.
- The surge of addictions and deaths come from young adults under 40 years old.
- Those seeking opiate addiction treatment for the first time tripled from 2002-2015; the percentage of 18-29 year olds jumped from 20% to 60%.

In a 2015 statewide survey of syringe exchange clients:

- Heroin was the most common drug used, reported by 74%.
- 57% of heroin users reported becoming first addicted to prescription opioids.
- An estimated 2,137 opioid injectors were not in treatment but 77% wanted help.

## Moving to action

The Washington State Interagency Opioid Working Plan calls on physicians and other health professionals, public health, social service providers, law enforcement, and community partners to reduce morbidity and mortality from this raging epidemic. There are four goals with multiple strategies.

### Goal 1. Prevent opioid misuse and abuse.

You have a large role. Pierce County health providers wrote 800,000 opioid prescriptions in 2015. Learn and apply guidelines for prescribing opioids and using alternatives. Use the Prescription Drug Monitoring Program (PMP) and set electronic health record defaults for dosages and quantity. Educate patients on safe storage and disposal and overdose prevention and response.

The Health Department is doing its part. It works with drug-free coalitions on youth marijuana prevention and will add opioid prevention next year. Since 2010, we have provided secure drop boxes to law enforcement and they are on track to collect 9,000 pounds of unwanted prescriptions this year. In December 2016, our Board of Health joined King, Snohomish, and Kitsap counties in requiring drug companies to fund a readily accessible take back program; we are finalizing our regulations.

### Goal 2. Treat opioid abuse and dependence.

You can learn to recognize, screen, counsel, and refer patients for opioid abuse. One model is Screening, Brief In-

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# “Epidemic” from page 9

tervention, and Referral to Treatment (SBIRT). Through an online course or in-person classes, primary care providers can get certified to prescribe buprenorphine (Suboxone) to treat addiction.

The Health Department has a methadone program that serves nearly 1,000 patients, regardless of insurance status. We also offer them hepatitis B and C and HIV testing, job and other support service referrals, naloxone prescription, and mental health treatment. Other substance abuse treatment programs are available in the county but only about one in nine are eligible participate.

We also support Point Defiance AIDS Project to provide syringe exchange, hepatitis and HIV testing, and naloxone distribution.

### Goal 3. Prevent deaths from overdose.

Providers and emergency rooms can educate about overdoses and provide access to naloxone.

Point Defiance AIDS Project partners with the Health Department and University of Washington to train, implement procedures for, and distribute naloxone to first responders.

### Goal 4. Use data to detect, monitor, and evaluate.

The Washington State Medical Association helped pass legislation this session to allow use of the PMP to identify provider patterns and for public health surveillance. It will also allow linkages to patient overdoses.

### Community response

Our community is mobilizing, and you can do your part. Learn how through these resources:

- Centers for Disease Control and Prevention (CDC): Opioid Overdose (<https://www.cdc.gov/drugoverdose/index.html>)
- Washington State Department of Health: Opioid Misuse and Overdose Prevention, including Washington State Interagency Opioid Working Plan (<http://bit.ly/2vBzC7b>)
- CDC Guideline for Prescribing Opioids for Chronic Pain (<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>)
- Washington Agency Medical Directors' Group, including Interagency Guideline on Prescribing Opioids for Pain, opioid dose calculator, screening tools, continuing medical education (CME) (<http://agencymeddirectors.wa.gov/guidelines.asp>)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) (<https://www.samhsa.gov/sbirt>)
- Substance Abuse and Mental Health Services Administration (SAMHSA): Buprenorphine Training for Physicians (<http://bit.ly/2vBgVAq>)
- Statewide locations for medicine return and safe disposal of unwanted prescriptions: <http://www.takebackyourmeds.org/>
- Tacoma-Pierce County Health Department Medicine Return: factsheets, locations, and updates on new Secure Medicine Return Regulations <http://bit.ly/1nNzIBa> 🌱



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# BRUCE'S EXCURSION AND EXPLORATION EXPOSITION - ONE TRAVELER'S OPINION ABOUT DESTINATIONS NEAR AND FAR

**I**t's tough to believe after a record breaking, scorching, fire smoke filled summer, but the rainy season will soon be in full gear around Pierce County—hopefully without the record breaking rainfall amounts of the past two winters. Whether you find charm in the falling drops or not, most human souls, including hard working physicians and PAs, need to take a break from it all and just like a plant, photosynthesize. Some prefer to take a full week away and won't take that break unless and until they can find that full week on their calendars. I suggest a different approach—lots of quick getaways so that you're never more than several weeks away from feeling the warm sun overhead and so that you are constantly getting that change of scenery that clears the mind of any developing moldy cobwebs.

We are blessed to have the Golden State of California just down the coast. This past winter saw tough times for California weather, just like here. Many evenings in Southern California were in the 40s with record breaking rain just like around Tacoma. The temperature difference at any given moment over a 2,000 mile distance was not more than a few degrees. However, that is not at all normal and Cali usually provides a wide choice of quick long weekend getaways with good weather. We'll start in the Bay Area and work our way south.

## **Wine Country—Napa and Sonoma**

Neighboring Napa and Sonoma Counties remain the heart of California wine. Accessible via a commercial airport at San Rosa that Alaska Airlines offers flights to on regional aircraft or via SFO an hour south in San Francisco, they offer distinctive yet similarly enjoyable ventures in to vineyards and wineries producing some of the finest wine in the world. Except for the rainy season of mid-November to mid-February, the remainder of the year is ideal for visiting this part of the state—just don't try to drive to or from San Francisco and wine country on the weekend because traffic can be at a standstill. Expect hot but dry summers and temperate springs and falls with occasional showers. The large hospitality companies all operate hotels or resorts in both counties and some have pools and/

or spa facilities. There are also countless bed and breakfast accommodations. Fine dining abounds and strolling the towns of Napa, Sonoma, and Healdsburg is a terrific activity in addition to the winery tastings and tours. Expect a casual approach at low key venues in Sonoma County with low or no tasting fees. Napa generally takes things up a notch with higher tasting fees (sometimes waived if you buy wine) and facilities that are among the most stunning wineries in the world. Some wineries sell food to allow for a picnic out on the grounds while enjoying the views vineyards, mountains, and sky.

## **San Francisco**

With the exception of the usual rainy season of mid-November to mid-February, the City by the Bay often experiences its summer when it's fall and winter for most others. It can often be sunny with temperatures in the 60s or 70s in early November or late February. Strong popularity and heavy convention business keeps hotel rates high but it won't matter as much if you're just heading down for the weekend. A car isn't even required. Take BART for \$18 round-trip from SFO right to the Financial District and the Union Square area where there are plenty of terrific hotels. The Ritz Carlton or the Fairmont on Nob Hill are two properties with amazing views but other hotels such as the Hyatt Regency at the Embarcadero, the Palace Hotel (Starwood), or the Marriott Marquis are all on or right off Market Street and just steps from a BART station. Regency Club rooms at the Hyatt Regency permit access to the rooftop lounge with tremendous views out over the water and the Bay Bridge. Just taking a tablet to read with some coffee when the lounge is empty during the afternoon allows for enjoyment of the jaw dropping view. Some Regency Club rooms come with a large balcony with views of the bay—well worth the splurge if the weather is nice as a place to open a bottle of wine. The Marriott Marquis also has a fully public rooftop lounge with less dramatic but still impressive views of the city and for those with lounge access either through reservation or by free upgrade for Gold and Platinum Elite members, the new M Club reveals the template for an innovative approach to executive lounges that

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Marriott is leading the charge on—lounges that are open 24 hours with self-service wine technology, hot breakfast buffets rather than continental service, and hot evening buffets. For old world elegance like the Nob Hill hotels but with the convenience of being on Market, the Palace Hotel can't be beat with its Tiffany glass domed central lounge and dark wood library bar.

Before leaving the airport for the journey in to the city, stop by the information desks inside the various airport terminals (Alaska Airlines uses the gleaming, huge International Terminal) and get a Muni Pass for a certain number of days—1, 3, or 7. They only take cash so check the current price on-line. The Muni Pass will allow for unlimited use of the cable cars, Muni trains, and buses inside the city. Just keep in mind that BART is not included so you'll still need to buy a round trip ticket from the machines by the BART trains. The trip takes about 30 minutes to downtown.

Rain or shine there are no limits on things to do in San Francisco. Fine dining, diverse shopping, and museums such as the California Academy of Sciences, the de Young Museum, and the Asian Art Museum all provide plenty of indoor activities. If the weather is nice though, the possibilities become even greater with a stroll along Ocean Beach reachable by the N Muni line that also goes three blocks south of Golden Gate Park, also worth a stroll. Walking the Embarcadero to Fisherman's Wharf allows for views of Coit Tower and the bay. Heading over to Crissy Field (reachable by a bus line from Chinatown) permits walking along the bay with Alcatraz and the Golden Gate Bridge in view at all times. A terrific and inexpensive way to get out on the water is to take the San Francisco-Sausalito ferry run by Golden Gate Ferries from the Ferry Building at the foot of Market Street (across the plaza from the Hyatt Regency). Views on the half hour trip are incredible in all directions and the best part is that when you dock you're not back where you started from like on a bay tour but instead find yourself in the charming—and expensive—Marin County community of Sausalito with its cafes, art galleries, and ice cream shops. Personally, I like to make a lunch reservation (for ten minutes after the ferry is scheduled to dock to allow for disembarking and walking over there) at the Spinnaker Restaurant that sits on an outcropping with windows all around for more great views.

Another cultural aspect of the city is the San Francisco Symphony whose season runs September to June. Concerts are held at Davies Symphony Hall at the Civic Center.

### **Carmel/Monterrey**

This gem of an area north of Big Sur and about two hours drive south from San Francisco brings smiles to those who love a rugged coast or small cities with a seacoast vibe. Both offer tons of dining options and accommodations ranging from small independent hotel to those of the big companies. The Hyatt Carmel Highlands has king rooms or two level condos with extra amenities in the condos such as full kitchen and soaking tub. All units have balconies with tremendous views of the Pacific coastline. The property also has three hot tubs, a fine dining room sitting atop the cliffs, and two lounges. Simply strolling either of these two cities will provide ample opportunities for diversions in wine bars, restaurants, and shops. As with San Francisco, try to avoid the rainier season of mid-November to mid-February unless the weather forecast looks good during December and then grab the opportunity because rates are often very low compared to the rest of the year.

### **San Luis Obispo/Paso Robles**

This beautiful wine country in Southern California has recently become more accessible for weekend jaunts from Sea-Tac thanks to the addition of commercial airline service by Alaska Airlines to San Luis Obispo. Far less pricy accommodations than those found in Napa or Sonoma include bed and breakfast properties as well as outlets of the big companies such as Courtyard Marriott. Wineries of increasingly high quality and reputation offer low-key tasting experiences amidst scenic surroundings. Side trips down to the Pacific permit visits to pristine beaches or the overwhelming estate built by William Randolph Hearst—San Simeon. Fine dining options are not as plentiful yet in this area but there are a few in each city. Refer to AAA, Yelp, and Trip Advisor.

### **Orange County**

Want to get on a plane on a wet winter day here, fly just over two hours, drive 20 minutes and find yourself on a sunny, warm beach? John Wayne Orange County Airport is where to buy your tickets for. The rental car facility is across from the terminal meaning no annoying bus ride. Plan your arrival for midday outside rush hour and 20 minutes later you can be strolling the wide and warm Newport Beach under winter skies that are usually sunny and in the 70s. The Ritz Carlton on the cliffs at Laguna Niguel is a special treat with outstanding pool and spa facilities, fine dining options, and stunning views from your oceanview balconies. The smaller Inn at Laguna Beach offers rooms with a

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# FREE CLINICS PROVIDE VITAL CARE TO SAFETY NET PATIENTS

In addition to the charity and related care that health systems such as CHI Franciscan and MultiCare provide as well as care provided by community health centers such as CHC and Sea-Mar, free clinics in Pierce County are depended on by citizens for their health care. Those participating in the operations of such clinics volunteer their time and talents to further their professional calling as healers. Many PCMS members assist these caregivers through volunteer efforts. They are always seeking more help. Here is some information about a few such health care providers in our community. Each clinic has offered their own submission for the *Bulletin* and we thank them for taking the time to provide an update about their important activities.

## Neighborhood Clinic

Our volunteer-run, free clinic continues to be very busy (with 659 patient visits in January-July of 2017, up from 444 in January-July of 2016). You can help us continue to serve uninsured patients in our community. In exchange for volunteering, you can receive the exhilaration of working with a committed team of compassionate colleagues doing the kind of medicine that you always wanted to do. There are no ICD-10 codes! No pre-authorizations! No EMR! Just very appreciative patients and staff.

*Brief Clinic History:* In 1983, St. Leo's Parishioners (including **Dr. Kerry Watrin**, current Program Director of Tacoma Family Medicine Residency) started the clinic to provide health care access to their immediate community. In 1989, Neighborhood Clinic became a stand-alone, 501(c)(3) non-profit health clinic with no formal affiliation with St. Leo's.

*Mission:* We exist for the underserved patients in our community, providing prompt care for urgent and/or ongoing chronic medical conditions. We strive to provide a compassionate presence for our patients. We make every effort to refer patients to free or affordable follow-up care in a Medical Home, using our onsite social worker to make referrals, including to Pierce County Project Access.

*Brief Operations Description:* Open Monday and Thursday evenings, 5pm to 8pm. Volunteers: 2-3 Primary Care Providers per night; physician shifts begin at 6pm, as able, and end when all patients are seen (or at 8pm, whichever is later). Two nurses, two clinical support workers (medical assistant, CNA, etc), interpreters as available, and one social

worker. Paid Staff: Executive Director, Clinic Coordinator, CMA, Office Coordinator, and Bookkeeper.

*Collaborations:* Mobile Dental Unit from Medical Teams International, Tacoma Pierce County Health Department, University of Washington-Tacoma School of Social Work and Health Care Leadership Department, PLU School of Nursing, Project Access, Tacoma Community College Nursing Program, CHI Franciscan Health Care System, MultiCare Health Care System (including Tacoma Family Medicine Residency).

*Updates:* Stacey Romero, essentially our first salaried Executive Director, was a tremendous help with moving us forward in Operations, Marketing and Fundraising and has now moved on to other opportunities; Benita Ki, our new Executive Director, brings enthusiastic energy with a background in fundraising, community outreach, and nonprofit management in the past 10 years in Tacoma.

We are seeing 10-20 patients per Clinic night, ½ of them for the first time. There remain an estimated 40,000 uninsured in Pierce County (down from > 100,000 2 years ago) so unfortunately the need remains.

*We Need:*

- 1) Primary Care Physicians, Nurse Practitioners and Physician Assistants:
  - to provide direct clinical care
  - to support Family Medicine Residents and new Nurse Practitioners
  - to mentor pre-med students (we have had many volunteer students come through, help our patients, and successfully apply to medical school!). What a lasting influence our volunteer physicians have had on these enthusiastic studentsFor more information please contact Benita Ki at [benitaki@gmail.com](mailto:benitaki@gmail.com).
- 2) Financial Donations
- 3) Fundraising and Outreach. Please go to our website: <http://www.neighborhoodclinetacoma.org/>

*Thank you to our Supporters:* PCMS Foundation, American Academy of Family Physicians—Pierce County, Rotary Chapter 8, and multiple foundations, faith groups, and individual donors.

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front row seat to the beach, cliffs, ocean, and sunsets. A bit further up the coast, the Hyatt Regency Huntington Beach provides a Spanish colonial setting right on the beach with good restaurants, a huge pool area, adult grotto with three whirlpools, spa facility, and more restaurants and bars within walking distance. Since the view of the ocean and beach is somewhat marred by a huge city parking lot for the beach as well as the Coast Highway running between the ocean and the hotel, I would recommend avoiding the more expensive oceanview rooms and request a spa courtyard view. The courtyard that the spa facility is in offers warm and sunny peace and quiet out on your nice balcony.

### San Diego

Usually in the 60s or 70s year-round with sunshine, this city is actually many cities in one due to the diverse nature of its many neighborhoods. Coronado Island offers its wide beaches, its famous hotel featuring afternoon tea service with an ocean view, a cute downtown with nice restaurants and bars, and a park on San Diego Bay facing downtown. The Gaslamp Quarter and downtown feature the heart of the nightlife scene with an abundance of dining choices and a terrific ballpark for watching Major League Baseball. Too bad the team isn't better. Old Town is the original site of San Diego as settled by Spanish explorers and as such contains Mexican restaurants with outdoor seating, music, and crafts. The original set of old buildings is restored by the State of California as a state historic park. Point Loma and Cabrillo National Monument provides unforgettable views of downtown San Diego, Coronado Island, San Diego Bay, and the Pacific Ocean. Ocean Beach, Pacific Beach, and Del Mar Beach all invite long walks and witnessing spectacular sunsets followed by seafood dinners at restaurants a short walk away such as the Fishery in Pacific Beach or Jake's in Del Mar. A special place to stay in Carlsbad up in North San Diego County is the AAA Five Diamond Park Hyatt Aviara. Spanish colonial architecture includes fountain courtyards, pools including an adults only area that looks out to the Pacific, highly regarded restaurants and lounges, one of the best spas possible, and guest rooms that feature large comfortable balconies with views of the surrounding hills that are the perfect place to relax with a pot of coffee while savoring being out of the rain. For accommodations in the heart of things and just ten minutes from the airport, the Grand Hyatt San Diego sits right on San Diego Bay next to the Seaport Village shopping and dining enclave. The hotel includes soaring public spaces with nice lounges, a rooftop bar with amazing views, a spa, and very large outdoor pool/whirlpool area. Avoid May

and June when persistent clouds often move in as well as December and January when it might not get much past 60 degrees.

### Palm Springs/Palm Desert

Limitless possibilities exist for a quick flight in to the sun and short drive to an outstanding resort abound in the desert. For a huge resort where you can still find yourselves off on your own in peace I suggest the JW Marriott Desert Springs in Palm Desert. You don't ever need to leave the property. Several dining options including seafood and Japanese, a comfortable lounge in the huge lobby, golf, relaxing spa facility, and three swimming pools will keep you busy when not just sitting out on your balcony looking at the palm trees and snowcapped mountains. Book months ahead though. This place is popular.

Looking for still more chances to get away during the winter?

**Hawaii** is a terrific value during November and December when rates are much lower than during the January thru April time period yet when things are already getting bad around Pierce County. Because the islands can be rainy themselves in certain parts during that time period, focus on Maui and the Big Island where large mountains still generally protect the main resort areas from rain.

**Arizona** offers another big opportunity for sun and warmth. Just pick among the tons of resorts in Phoenix and Scottsdale, drive the short distance from the Sky Harbor Airport (where there's an annoyingly long bus ride to get rental cars), and nest at the destination of your choice. If you visit during March you'll have the added fun of Cactus League Major League Baseball Spring Training including the Seattle Mariners. If attending, just make sure to do some research on Google about which seats offer shade because that can make a big difference in the enjoyment of the game if it's pushing 90 degrees. A personal favorite resort of mine is north of Tucson where the rental cars are right next to the terminal. The Ritz Carlton Dove Mountain offers desert mountain vistas, fine and casual dining options with terrific food, a large pool area, and a spa facility that you won't soon forget featuring its own adults-only large outdoor pool and massage treatments.

With all these options available from Sea-Tac, there's no reason to let the winter rains and dark get you down. Find those 72 hours or a four day weekend and get yourself that warm and sunny change of scenery!! 🌞

### **Trinity Neighborhood Clinic**

The Trinity Neighborhood Health Clinic is a free clinic open every Tuesday from 5-7pm. We do sports physicals, adult care and evaluations on a walk in first-come, first-served basis.

We are located next to Trinity Presbyterian Church at 1615 6th Avenue, Tacoma WA, 98405.

It is operated by a volunteer board and Sarah Nyland MD, a local Group Health Family Physician (and Tacoma Family Medicine graduate) is the medical director.

We have enjoyed support over the years from Pierce County Medical Society Foundation, MultiCare, CHI Franciscan, several local churches and other foundations.

We do no billing and have no official government contracts. We have been here since the late 1980s.

We are always looking for new volunteers, doctors, physicians assistants, nurses and medical assistants so please offer your time and expertise as able.

For more information, please contact **William Roes, MD** at wfroes@aol.com

### **Key Free Clinic**

The Key Free Clinic, located in Key Center on the Key Peninsula, has been operating since January, 2013, and currently opens for patient care every Thursday at 5:30pm.

In addition to serving the needs of 150 – 200 patients/year from Pierce County who lack access to affordable health care, the Key Free Clinic provides dental and optometric care, and works closely with patients to establish a medical home in the community for their ongoing health care needs.

The Key Free Clinic staff is a team made up entirely of volunteers. Our nurses, physicians, and ancillary staff are committed to providing excellent care. As we have expanded the number of nights we are open from every other week to every week, our need for providers has grown. The providers who come see an average of 4-5 patients per clinic night, so this is a manageable volunteer opportunity. We would appreciate any physician or PA volunteers from PCMS as you are able to commit your time.

For more information, please go to [keyfreeclinic.org](http://keyfreeclinic.org) or contact Susan Bouterse, MD at [susan@foxisland.org](mailto:susan@foxisland.org).

## DIRECTORY CHANGES

### **J. Dale Howard, MD** (page 71)

Change office address to: 1919 N Pearl St Bldg C3, Tacoma 98406

Change office phone to: 253-759-4881

Change office fax to: 253-759-4692

### **David Lar, MD** (page 92)

Change specialty to Pediatrics

### **David Paly, MD** (page 126)

Change specialty to Anesthesiology

### **Beth Simmons, ARNP** (page 237)

Change phone to: 253-313-5997

Change fax to: 253-313-5179

### **David Brose, PhD** (page 246)

Change address to: 10403 - 8th St E, Edgewood 98372

## CLASSIFIED ADVERTISING

## POSITIONS AVAILABLE

**Part time/Full time ARNP/PA: Established neurology office** looking for a part time or full time ARNP or PA to work flexible hours (Monday through Friday). Seeing patients in clinic only. No hospital call. Competitive salary. Please fax resume to: Marlys Pyke, Administrative Assistant, fax: (253) 573-0461. Mount Rainier Neurology Clinic and Diagnostic Center, P.S. 7820 27th St W University Place WA 98466. Ph (253) 573-0460.



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