

WINTER 2019



PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Serving Our Members and Community Since 1888



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The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of PCMS. Acceptance of advertising in no way constitutes professional approval or endorsement of products or services advertised. The Bulletin reserves the right to reject any advertising.

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Editorial Committee: PCMS Board of Directors
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Email pcms@pcmswa.org

INTERESTING TIMES



Aaron Pace, MD

I am excited to take on the presidency of our robust Pierce County Medical Society. I want to start by introducing myself. I was born in Bakersfield, CA where my father was finishing his ER residency. We moved to Steilacoom when I was four and I graduated from Steilacoom High School in 1999. I went to college at Occidental in Los Angeles and then straight to medical school at Loyola, Stritch School of Medicine where I graduated in 2007. I matched at their dermatology program and finished that in 2011. My independent nature fully manifested itself in 2011 when I decided to start a solo dermatology practice as my fellow residents were joining groups or hospital systems. I now practice in a small group, where my brother is my partner, and we work with two physician assistants and a nurse practitioner. I'm particularly aware of the challenges facing private practice but also realize that such challenges to physicians and PAs aren't limited to those of us in private practice.

During my year as president of our society, I hope to help us all continue to navigate the rapid changes medicine is undergoing. We are all feeling these changes, whether solo, in a small or large group, or within one of the health systems. Physicians, no matter the stage of their career or specialty, are facing the whirlwind of change in the health care sector.

I am part of the first generation of physicians whom has never written a paper chart note, whether in medical school, residency, or my own practice. Unfortunately, this makes managing the EHR no easier. They are all slower than what I could do with a paper form. The EHR is an example of one of the many new laws and regulations discussed and set up in the last few years that are coming to full implementation whether they make sense medically or not. What that means for us is that these

previously ambiguous plans and changes are finally affecting our daily responsibilities taking care of patients.

Our local, community-based organizations, like the Pierce County Medical Society are acutely important. In the past they were important to allow other physicians to find you in order to refer patients. Now these county medical societies are necessary to help us work through the changing medical landscape as colleagues at front-line caregiving landscape. We will work in partnership with colleagues at the state and federal level. It is up to us to point out how the realities of these new laws and regulations both are and aren't working for physicians and patients. We will make our perspective right here in Pierce County known.

Another important aspect of our society is that as a community-based organization, we are in a unique position to continue offering opportunities to spend time together outside of our silos of discussing a mutual patient or quickly passing in the hall in the clinic or hospital. More and more physicians feel isolated from their patients and each other despite most of us working in groups. This isolation is a prominent cause of burnout for physicians. Supporting our local membership society is not only crucial for the success of our best practice of care professionally, but also for the enjoyment that networking provides.

I am eager to take on the presidency of the Pierce County Medical Society as we continue to aggressively advocate on behalf of our physician and PA members, to continue to provide opportunities for collegiality like our wine tasting, annual meeting, and resident social summer picnic, as well as provide educational offerings during this time of rapid evolution in health care. 🌱

PCMS CELEBRATES 130TH BIRTHDAY

On the evening of Wednesday, December 5, Pierce County Medical Society conducted its Annual Meeting at the brand new Pacific Seas Aquarium in the Point Defiance Zoo. The event served as a 130th birthday celebration for the organization.

As attendees and speakers marked the occasion of thirteen decades of physicians and PAs caring for patients in Pierce County, stewardship was a common theme when referring to the community-based professional organization that represents them.

Outgoing President **Khash Dehghan, MD** thanked the 2018 PCMS Board of Trustees and noted their contributions toward stewardship helping to make the Society a robust example of a county medical society in the State of Washington and the nation. He also thanked the membership for their continued support and stewardship.

PCMS Executive Director Bruce Ehrle took attendees on a journey from 1888 when the Society was founded through 20th Century advancements in medicine with a look forward all the way to 2148 when another 130 years of PCMS can be celebrated. He noted that the organization would not have reached this point without stewardship, adaptability, and leadership--elements that continue to exist within the physician community of Pierce County today that can propel it forward toward continued success in the future, as long as doctors always understand that they are stronger together in advocacy, education, community engagement, and collegiality.

Incoming President **Aaron Pace, MD** spoke about his decision early on in his career to be engaged with PCMS because of his recognition of its value. He expressed an understanding of the many challenges facing his fellow

independent physicians as well as employed physicians because of his involvement with the medical society, speaking with members, and deliberating during board meetings. He noted his pride in assuming the presidency of PCMS as it moves past its 130th birthday and his dedication toward keeping it as a strong ally for its members. Three generations of his family were in attendance to see Aaron receive the gavel.

Dr. Peter Marsh was the recipient of the 2018 PCMS Community Service Award. In keeping with the theme of stewardship at 130 years for the Society, the Board of Trustees felt that it was appropriate to honor a physician who has been highly engaged in every organization he's been a part of such as serving on the boards of WSMA and Physicians Insurance as well as PCMS where he was president in the early 1990s. Dr. Marsh expressed how vital it is that physicians take on that level of engagement to shape the future of the profession in a shared commitment to achieve success for themselves and their fellow doctors.

Throughout the evening, attendees were able to enjoy the habitat exhibits at the newly opened aquarium as the special venue for the 130th birthday celebration of PCMS. In keeping with recent trends for the event, the Annual Meeting focused on having the majority of the time for the thing people seem to enjoy the most--socializing with each other. Out of the nearly four hours together, only 45 minutes was dedicated to a formal program, allowing attendees to catch up with old friends and to make new friends among their fellow physicians and PAs who aren't just colleagues but who are neighbors in Pierce County.

Special thanks goes to the sponsors of the event--Multi-Care, CHI Franciscan, and Community Health Care. Their ongoing partnership for the Annual Meeting--and every day with PCMS--is sincerely appreciated. 🌲



Khash Dehghan, MD (left) thanks Steven Litksy, MD for his service on the PCMS Board of Trustees including three years as a presidential officer



PCMS President Khash Dehghan, MD (right) presents the 2018 PCMS Community Service Award to Peter Marsh, MD



Khash Dehghan, MD (right) passes presidential gavel to incoming PCMS President Aaron Pace, MD



Aaron Pace, MD delivers his remarks as the 2019 President of PCMS



Current and former PCMS Board members gather for the 130th birthday celebration



PCMS Presidents celebrate 130 years of the Society



Khash Dehghan, MD (left) thanks Paul Sueno, MD for his years of service on the PCMS Board of Trustees



Members and guests enjoy social time at the PCMS Annual Meeting held at the new Pt. Defiance Aquarium



PCMS members and guests graciously donated many gifts to be given to the YWCA Shelter for their holiday gift giving program



A bald eagle makes an appearance during the social hour

RATE OF UNINSURED AMERICANS INCREASES

According to annual information released by Gallup yesterday, the rate of uninsured adults in the US rose to 13.7% in 2018, sliding back four years to levels last witnessed in 2014. Though much of the media focus has been on how ongoing battles surrounding ACA (Obamacare) has contributed to the rise in the uninsured, a related factor is how adults with the possibility of insurance from their employers are choosing to forgo paying their partial or full share of such policies. This is either due to a lack of ability to make premium payments or because after scraping together the money to make the premium payments, the insurance remains unaffordable for routine primary and preventive care because of four figure (and sometimes now even five figure) annual deductibles before the insurance kicks in.

This backsliding on rates of the insured demonstrates continued dire challenges for patients to access care from a wide range of providers including primary care and family physicians as well as specialists. It also presents renewed problems for hospital and health system financial performance faced with the possibility of more uninsured patients seeking acute or emergency care at urgent care clinics and emergency departments.

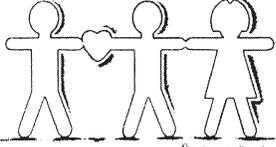
Increasingly high deductibles are forcing even those with insurance to not seek care from providers. Both private

plan holders and Medicare beneficiaries have increasingly reported deferring care because of out-of-pocket costs--all at a time when providers struggle with reimbursement rates especially for Medicaid, Tricare, and VA Choice in an environment where all payers, private and public, are in the midst of a decade long shift away from fee-for-service to outcomes payments based on value and quality. Achieving success on patient outcomes for providers will be hampered if patients are once again increasingly only seeking care from providers when they have reached a dire situation.

PCMS will continue to link these provider payment and patient access issues as the Society presses federal and state policymakers on matters such as reimbursement rates, deductible assistance, and tough oversight of the pharmaceutical and insurance industries.

Goals of such advocacy include having far fewer circumstances where patients defer seeking care from physicians, where patients can't afford to receive the preventive and primary care that reduces costs and improves outcomes, where physicians have to tell patients that they can't receive the care that they think is best because their insurance won't cover it, and where patients decline treatment because their policy has a four or five figure deductible. 卍

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HEALTH DEPARTMENT 2019 LEGISLATIVE PRIORITIES PUT COMMUNITY HEALTH FIRST



Anthony Chen, MD, MPH

At the Jan. 26 Board of Trustees meeting, Nigel Turner, the director of our Communicable Disease Control Division, shared Tacoma-Pierce County Health Department's 2019 legislative priorities:

Foundational Public Health Services

Funding for public health work has not kept pace with our state's population growth—or the complexities of the diseases and health threats we fight. Foundational Public Health Services aims to strengthen the public health safety net for all Washington residents.

The Legislature provided \$12 million to the statewide public health system in the 2017-2018 biennium. Tacoma-Pierce County Health Department used our share to fill important gaps in our ability to control communicable disease. We hired an epidemiologist to analyze data and improve our ability to detect and investigate outbreaks and leveraged this expanded capacity in the large hepatitis C exposure in a hospital setting. In addition, we tackled more cases of gonorrhea, worked with healthcare providers to increase immunization rates, and improved how we share information with providers.

Measles is our latest example of a potentially devastating outbreak, to our north in Seattle with one case, and south in Clark County with 53 cases so far. The response stretches public health resources thin as the larger local health departments provide surge staffing to smaller ones, while working to prevent cases in their own communities.

We also need to raise immunization rates to ensure community immunity and protect the most vulnerable. Join us in supporting legislation to promote immunity against vaccine preventable disease. HB 1638 and SB 5481 will make schools safer places for children to learn.

Please support Foundational Public Health Services to ensure 21st century public health protections in our community and our state.

Potentially Preventable Hospitalizations

The 27th and 29th legislative districts—both in Pierce County—have the highest rates of potentially preventable hospitalizations in Washington. Common causes are dehydration, worsening chronic conditions like diabetes, asthma, or even the flu—conditions better handled in the primary care setting.

To improve the health of our county and drive down the growing cost of health care, we need to work together to help people get the right care, at the right time, in the right place.

An unprecedented strike team comprised of health systems and providers at 17 primary care clinics is on the case:

- CHI Franciscan Health
- Sea Mar Community Health Centers
- Community Health Care
- Coordinated Care
- Kaiser Permanente Washington
- Pierce County Accountable Community of Health
- MultiCare Health System
- Tacoma-Pierce County Health Department
- Northwest Physicians Network
- Korean Women's Association

The strike team is implementing year-one strategies in the 27th and in the 29th districts:

- Increase immunizations for bacterial pneumonia and flu.
- Implement screening, brief intervention, and referral to treatment (SBIRT) for alcohol, tobacco, drugs, and depression.
- Use data to improve care coordination across health care systems.

We are asking legislators to expand the year-one pilot project. You can also support policies that change systems and bring resources into these communities. This will improve poor health outcomes and drive down preventable hospital stays.

See "Priorities" page 11

PCMS MEETS WITH STATE HEALTH COMMITTEE MEMBERS FROM PIERCE COUNTY IN OLYMPIA

With the state legislative session underway and behavioral health expected to be a major topic of deliberation, PCMS Executive Director Bruce Ehrle headed to Olympia on Thursday, February 7.

While there he met with State Rep. Laurie Jinkins, a majority member of the House Health Care and Wellness Committee. Rep. Jinkins represents the 27th District that includes most of Tacoma. He was joined for that meeting by **Nicholas Rajacich, MD**, a member of the PCMS Board of Trustees. During the meeting they shared examples of how the behavioral health resource crisis impacts Pierce County including low Medicaid reimbursement rates raising further access barriers as well as seriously impacting the finances of providers, how troops at the Joint Base who may wish to seek civilian behavioral health care off post have difficulties getting timely appointments due to lack of capacity, the roadblocks that primary care physicians have in referring patients for behavioral care due to lack of capacity even if they have integrated some of that patient care in to their own practice, how new facilities in the community such as the Mary Bridge Adolescent Behavioral Health Center immediately fill up slots when they open demonstrating the pressing need for even more capacity, and how patients not receiving care in the most appropriate setting continues to burden emergency departments and other provider care settings, also denying space to those who would be most appropriately cared for in those settings.

Dr. Rajacich and Bruce asked Rep. Jinkins if there were any items that PCMS could add to its federal advocacy agenda to help her and others in Olympia meet their goals to help address the behavioral health crisis in locales like Pierce County. She articulated specific examples of how CMS could administratively better handle Medicaid reimbursement classifications so that patients aren't denied access to new facilities as they become available because they are classified at the lower rate. Bruce committed to raise the issue as a priority during his ongoing conversations with CMS officials in Baltimore and Members of Congress as one way they could quickly assist communities address the serious shortfall in behavioral health capacity.

Dr. Rajacich thanked Rep. Jinkins for her work to increase the smoking age in Washington to 21.

Bruce also met with State Sen. Steve Conway, a majority member of the Senate Health and Long Term Care Committee. Sen. Conway represents the 29th District that includes South Tacoma as well as portions of Lakewood, Parkland, and Spanaway. During their 45 minute meeting, they discussed the same examples of challenges in Pierce County that had been noted to Rep. Jinkins. They also discussed at length more broadly the access challenges that so many patients continue to face with every payer, the administrative burdens facing providers, as well as connections between the state and federal health care landscape. Sen. Conway requested that PCMS continue pressing for increased assistance from the nation's capital to help address the behavioral health crisis as part of its federal advocacy agenda.

Bruce also raised serious consequences for the physician sector if the proposed increase in the B&O tax from 1.5% to 2.5% contained in the governor's draft budget is enacted. He noted to Sen. Conway that at a time when physician practices are being tasked with behavioral health integration, when they are faced with greater administrative burden due to the complexities of coding and charting, and when they are faced with massive reforms to the payment system as payment for value, quality, and outcomes supersedes fee-for-service, placing a giant new tax burden on them would deeply harm physicians and patients. Sen. Conway responded that such a frontline reality is a message to keep sharing and that one outcome could be that physicians be assigned a special rate, lower than the full rate--or exempted entirely from the increase if it is enacted. He also thought that all or part of any B&O tax increase that the legislature might pass could be temporary as it was earlier in this decade. Bruce stressed that even a temporary increase all the way to 2.5% would have a negative impact on the physician community and such a special lower rate or complete exemption as raised by Sen. Conway would still be needed to protect patients and caregivers.

PCMS will continue to confer with members of the state legislature from Pierce County on these and other matters as the session continues.

See "Olympia" page 10

PCMS - THE NEXT 130 YEARS



Bruce Ehrle

It was great fun to celebrate the 130th birthday of the Pierce County Medical Society at December's Annual Meeting. Looking back over 13 decades provided insights in to the stewardship and support that physicians and PAs have put forward to sustain PCMS with the Society likewise returning that loyalty by providing a community-based professional organization while the world of medicine as well as Pierce County has continued to evolve.

That evolution continues, in some ways faster than ever. Pierce County was one of the top two counties in the nation in the last year with new residents. Meanwhile, PCMS members are witnessing some of the biggest changes to their profession in their entire careers. This is all occurring at a time when there are many actively seeking to bring positive change to the health care system yet that same system is pretty much broken for everybody in big ways.

It's broken for providers who face challenges with reimbursement rates, compensation rules, the movement away from fee-for-service, EHRs, patient load, and administrative burden.

It's broken for patients who are increasingly faced with such high annual deductibles that they can't afford to use their insurance to see you, can't get the drugs or treatment you prescribe because the policy won't cover it, defer care until they become acutely ill (requiring more expensive treatment), and consider giving up on health insurance all together because there's no penalty for not having it.

It's broken for employers who struggle to pay for insurance policies that offer less and less in terms of coverage but that cost more and more.

It's broken for the federal and state governments because of a path of unsustainable incongruities between the goal of cutting costs through population health improvement to create healthier communities and a payer system that doesn't promote preventive and primary care or in many cases pay providers a fair market rate for their valuable services.

It's broken for the insurance companies because they can't get healthy, younger people in to their pools leaving them with a higher risk population to cover—or not cover as the case may be all while they keep raising premiums as well as deductibles and taking things off drug formularies on a whim.

It's broken even for the drug companies because at the same time they're price gouging, messing with the supply of critical drugs, and pursuing uncompetitive practices, they have trouble getting even reasonably priced generics covered on insurance company or government formularies.

This is in addition to behavioral health integration in to primary care, the opioid crisis, and physician duties tied to social determinants of health.

There is no shortage of things to keep working on day after day as PCMS moves past 130 years.

However, there's also the vast possibilities of the next 130 years for medicine in Pierce County to think about. What will Tacoma, Puyallup, Lakewood, University Place, Gig Harbor, Sumner, and every other neighborhood in the community look like in 2148? MDs and DOs keep coming out of medical school and enduring their internships and residencies to become the next generation of doctors.

See "PCMS" page 10

“PCMS” from page 9

There's little to suggest that this won't continue in to the next century. The human body will keep needing physical and behavioral healing—and patients will want doctors and PAs to be among their caregivers.

Right now we see all kinds of innovation in the way that care is being delivered. Telemedicine is vital but we also see doctors being dispatched by App to homes and businesses. We see businesses setting up their own in-office clinics to try to keep their workforce healthy and on the job. We see some businesses like Amazon, JP Morgan, and Berkshire Hathaway setting up their own company to offer an alternative to traditional insurance for their employees. Pharmacies are opening wellness clinics in their stores staffed by health professionals including doctors. Concierge medicine has doctors earning huge fees to steward patients through the complicated care process. Google (Alphabet) is just in the infancy of its efforts to become a big player in the health care field. With just these things afoot, it appears that within the next decade there will potentially be massive changes in the way health care is delivered, with the walls of a physician's examination room in many cases being traded in for care at the home setting or at work.

Pause to think about what a founding physician member of PCMS in 1888 would think of all of you today. They would be overwhelmed by the technology you have at your disposal even as you told them how some of that technology takes away from being able to focus on the patient. They would marvel at the progress of your knowledge even as you might admit that we still have a long way to go in knowing all we need to know about human health. They would be stunned at the cathedrals on hills (built there originally to keep germs at bay) that are our modern medical centers even as you might tell them about how frustrating it is that those cathedrals can't easily share data about specific patients between them. Mostly though, I think that you would talk with your col-

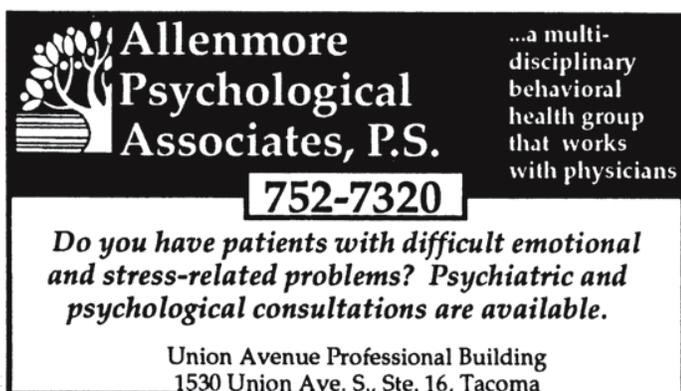
league from 1888 about your shared reasons for getting in to medicine to be healers and that each of you, in your own way, manage to find ways around obstacles and challenges to do what's right for your patients. I believe that you would find more in common than different visiting with founding members of PCMS from 1888.

I believe that it will be so in 2148. Changes will have occurred that will no doubt be as staggering as those that have happened since 1888. Yet, the motivation to heal, the ability to adapt and persevere, and the outcomes of lives improved as well as saved will be the same for you and your colleagues in 2148. Our tasks today are continued problem-solving, advocacy, education, promoting best practices, engaging with the community, and sharing collegiality all with ongoing stewardship of the profession. Let that be our legacy looked back upon when PCMS celebrates its 260th birthday just as we recently looked back on the efforts of 13 decades of PCMS stewards starting in 1888.

I think that with **Aaron Pace, MD** as our PCMS President for 2019 serving as an example of an early career physician who is mature and capable beyond his years and who is dedicated to his community-based professional organization, who is partners with his brother (another early career PCMS member), and who both follow as doctors in the footsteps of their father (also a PCMS member), the Society has every reason to be confident that there will continue to be leaders and members stepping forward in Pierce County to serve as stewards of the Pierce County Medical Society on its journey toward the 22nd Century. That journey will have many more milestones to celebrate serving a physician profession that must, absolutely must, remain robust and valued in the decades to come because patients will need your future peers in 2148 as much as they need you today--and as much as they needed our founders in 1888. 🌱

“Olympia” from page 8

While in Olympia on February 7, Bruce and Dr. Rajacich also attended the WSMA Legislative Summit. Behavioral health capacity, the B&O tax, and the smoking age are also top priorities for WSMA. Several active and retired physician members of PCMS also attended the Summit and visited with legislators from their own districts across Pierce County in meetings that WSMA scheduled on their behalf where they also focused on those three topics. 🌱



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PCMS ADVOCACY AND PRACTICE SUCCESS/ EDUCATION PRIORITIES FOR 2019

Federal advocacy:

- Access to care
- HIT interoperability
- EHR streamlining
- Reduced administrative burdens
- HIPPA reform
- Funding for additional residency slots
- Incentives for new physicians to choose behavioral health and primary care
- Debt relief and assistance for new physicians
- Social Determinants of Health
- Care Coordination
- Insurance and pharmaceutical industry oversight
- Quality/Outcomes metrics and Payment Reform
- Health literacy
- Opioid crisis

State advocacy:

- Medicaid reimbursement
- Opioid crisis
- Balance billing flexibility—opposition to efforts to ban balance billing
- Liability
- Behavioral health resources
- Behavioral health integration
- Social Determinants of Health
- Care Coordination
- Opposition to new taxes on physician services through business and occupancy tax increases

Practice success/education:

- Social Determinants of Health
- Physical/Behavioral Health Integration
- Continued transformation toward payment for value and quality
- Communication and information sharing within health systems
- Physician role in emerging care delivery innovations 🌱

“Priorities” from page 7

Healthy babies, healthy families

Early childhood experiences have a profound and long-lasting effect on an individual's health. We support initiatives to improve early childhood support systems and reduce child abuse and neglect.

Help Me Grow is a cross sector initiative to reduce the number of Pierce County children entering the foster care system and drive down our rates of low birth weight.

We support continued funding of this evidence-based program that includes improved referral resources for medical providers. We also support the governor's proposal to add universal home screening. The proposal includes funding for specialized nurses to conduct in-home assessments and referral for services to requesting parents with newborns between 3 and 12 weeks of age.

Tobacco 21 and Behavioral Health system reform

Smoking remains a leading cause of death, so we support efforts to raise the legal purchasing age to 21. We also support a comprehensive behavioral health system to reduce rates of substance use, anxiety, depression, child abuse and neglect and suicide.

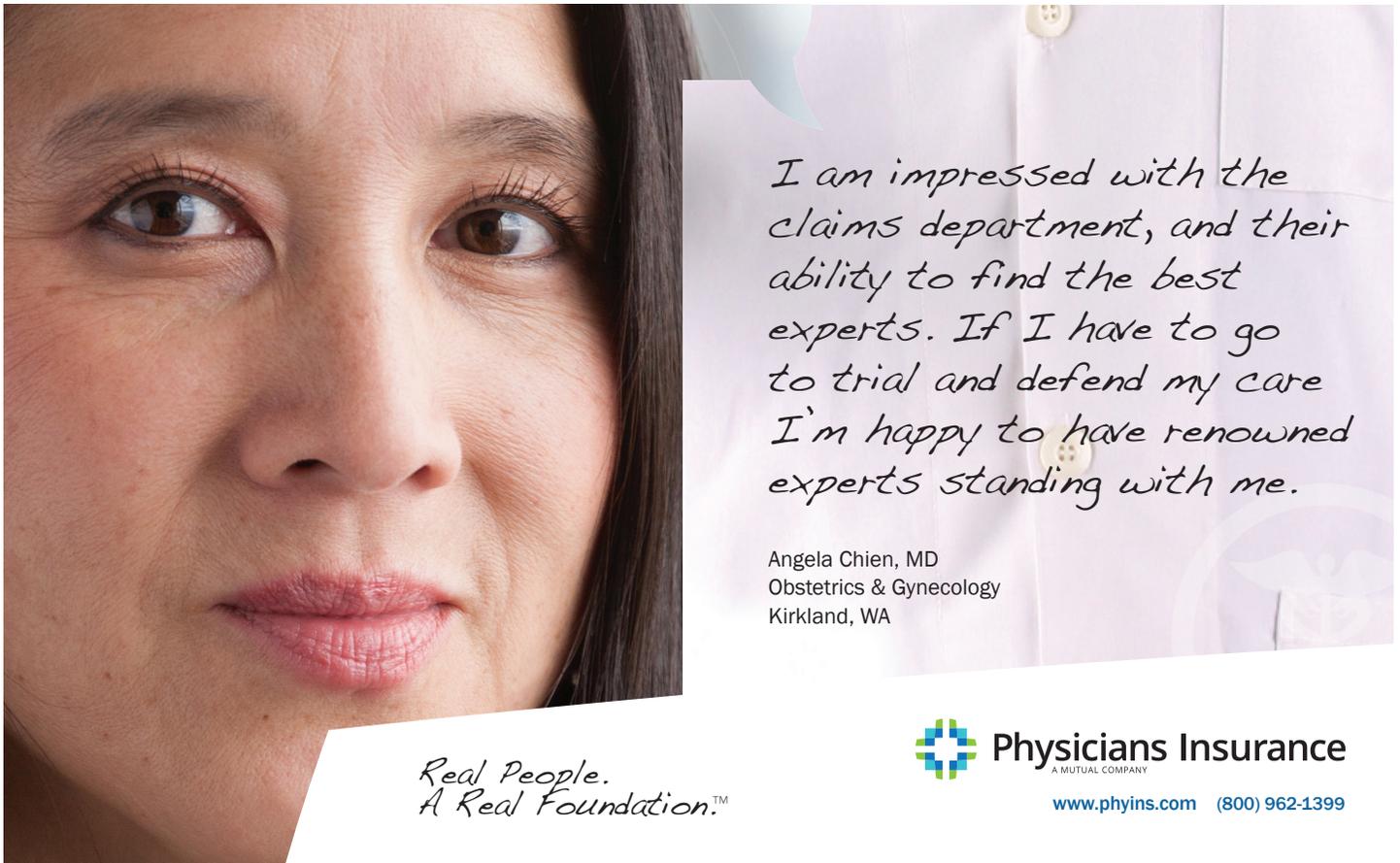
Read my blog about our 2019 Legislative Priorities, especially Foundational Public Health Services, at <https://www.tpchd.org/Home/Components/Blog/Blog/20808/333>. 🌱



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SAVE THE DATES

Thursday, August 15, 6 - 8pm

PCMS/WAFP Pierce County Chapter Membership Picnic and Medical Resident Social, TRA Lounge on Mildred Street, Tacoma

TBD October

PCMS Free Collegial Social, TRA Lounge on Mildred Street, Tacoma

Wednesday, December 11, 5:30 - 9pm

PCMS Annual Meeting Reception and Banquet, Tacoma Art Museum

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Editorial Committee: PCMS Board of Directors

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BURNING UP!



Aaron Pace, MD

Physicians are burning out at record numbers. This was discussed in detail at the WSMA leadership conference. It is hosted annually on Lake Chelan at Campbell's. For anyone that has ever considered going and not attended I would strongly recommend going. It is called a leadership conference but it is appropriate for any physician regardless of clinical or admin role, large or small practice, employed or independent. We are all leaders of at least our care team and the principles discussed are immensely helpful.

This year burnout was the focus of several of the speakers. I plan to discuss a few of the more salient points that I picked up from this wonderful weekend CME conference.

Burnout appears to be affecting all of us regardless of practice setting. Non-physician providers are doing slightly better but they also are feeling burnout as well as nurses, medical assistants and other healthcare staff.

The reasons are fairly well defined and are similar to other fields that experience high levels of burnout; basically any field that experiences high demand with low levels of control has problems with burnout. One of the more academic lectures was by Katherine Sanders, PhD. She specializes in a field called human factors engineering which is traditionally associated with workspaces, ergonomics etc. She however focuses on psychological factors engineering. She described a stress strain process and two primary system wide points of intervention--reduce the stressors (overload, lack of control, social isolation, insufficient resources) and/or increase the time between exposures. If you are dealing with the issues of burnout in your workplace, systematically going after these two intervention points can be the most effective.

Many other factors are also at play that we as individuals control. These include hardiness, psychological response, personal health, personal strain, resiliency, and coping mechanisms. These are largely not within control of the organization. We control these parts of the burnout cycle

and all the buzzwords for the usual techniques were mentioned such as meditation, mindfulness, exercise and social connection. I have used all of these personally with varying degrees of success.

I want to highlight a couple points that hit home for me.

One of the speakers, Gail Gazelle, MD, suggested "a daily dose of goodness." This means that if you used to run marathons, go for a 5-minute jog. If you play the concert piano, sit there for a few minutes and play something you enjoy. The point being you don't need a lot of time to recharge with activities you enjoy.

We also need to focus on what we do well and enjoy, not the negatives in our lives. She had us do an exercise where you choose a task that you don't want to do. You spend 30 seconds telling yourself why you are bad at it, don't have the skills, shouldn't do it and then give yourself a score of your motivation level 1-10. Then do exactly the same thing but with positive messaging and all the docs in the room experienced a significant increase in their motivation and confidence to perform the difficult activity.

There is a strong financial case for spending money on a wellness department at your workplace. Paul Dechant, MD, described work overload as a big issue in healthcare. There are actual physical changes and poor health with burnout. He described how to beat burnout and improve the bottom line. It was premised on the fact that replacing a single physician costs \$500,000 (a conservative estimate). We worked through a case study of a 10 doc group that hired and replaced two physicians a year and was able to reduce their losses significantly by decreasing their physician turnover to one doc every other year. In the process they spent money on a full-time wellness staff person and some additional resources and activities. The conclusion: It costs a lot to lose docs and a well-designed wellness program, even though it has expenses, will be of benefit if it can result in less physician turnover.

See "Interesting" page 10

STUDY OF REIMBURSEMENTS PRESSURES PRICING

A RAND study released in May and featured in such news outlets as the New York Times, Wall Street Journal, and Associated Press, is adding fuel to the belief on the part of some policymakers that Medicare rates are desirable for private payers to reimburse providers at.

The study focused on the difference between what hospitals receive from private payers in 25 states (including Washington) and what those same hospitals receive from Medicare for those same services. The glaring headline was that private payers pay two, three, or even as much as eight times what Medicare pays. The national average of inpatient and outpatient care private plan reimbursements cited in the study was 2.4 times the Medicare reimbursements. The State of Washington's average came in at about that national average while Indiana fared worst in the study with their average private reimbursement at over three times Medicare and their outpatient private reimbursement at over four times Medicare. In nearly every state examined, outpatient reimbursement costs were at a higher multiple of Medicare rates than inpatient care. The most expensive and least expensive hospitals in the nation were listed in news reports with a facility in New Mexico coming in at over 600% of Medicare on average and 1,000% of Medicare reimbursement for outpatient services reimbursed by private payers.

Among the study's recommendations is that Medicare rates be used as the basis for setting private reimbursement rates to the health care provider community. Policymakers in some quarters are adopting this as a goal, putting further pressure on pricing. In Indiana, cited as a worst case example in the study, the Blue Shield plan there is narrowing its network to include only providers who will accept reimbursement close to Medicare rates.

While containing costs is of strong interest to the medical community in order to permit patients to have continued access to care through affordable public and private insurance, widespread evidence suggests that across-the-board caps at or near Medicare rates for private reimbursement is not sustainable for many private practices or health systems, especially rural practices and systems--and while a locale such as Pierce County is largely urban/suburban, in addition to the pressure that artificially low universal rates puts on all providers, having to try to absorb patients from other counties with a collapsing health infrastructure puts

still more pressure on delivery of care in urban and suburban areas. Many providers in Pierce County already report seeing patients from far outside the area due to access barriers. This adds to capacity problems for those in our community and also adds greater stress to patients who must now travel far from home and work to receive the care they need and deserve.

While some multiple of Medicare reimbursement that is significantly less than the worst-cases presented in the study of 400% or 1,000% will surely work for most if not all providers, PCMS advocates that such rates should not be capped by the government to Medicare rates without a significant examination of how such caps will impact access to care for patients, the quality of care, and provider sustainability.

Years ago the Mayo Clinic significantly cut back its willingness to see Medicare patients due to what it referred to as nearly \$1 billion annual losses on Medicare. Increasingly, private practices and health systems face similar financial challenges with the traditional Medicare reimbursement model but are frequently able to compensate for that with the private payer population. Medicaid and VA rates put further strain on provider budgets and that is before the needs to cover expenses for increased administrative burden and new areas of care such as integration of behavioral health into primary care are factored in.

PCMS members should be aware of this increasing drumbeat in state capitals and in the nation's capital that having Medicare reimbursement rates applied universally in to the private payer space is the silver bullet to control health care costs.

While many solutions to health care costs in the United States are considered, from "universal Medicare" to implementation of MACRA to move from fee-for-service to payment for value and quality (that so many innovative providers in Pierce County are actively adopting), from containing drug costs to increasing regulation of the private insurance industry, and many more approaches, PCMS will be cautioning policymakers at both the federal and state level that viewing Medicare reimbursement rates as a universal standard for health care providers to accept from other public programs and from private payers is, for many if not most practices and health systems, not a sustainable model to continue to provide high quality care for patients. †

PCMS MEMBERS ATTEND FREE COLLEGIAL SOCIAL

The inaugural PCMS Free Collegial Social in partnership with TRA Medical Imaging was conducted at the TRA Lounge on Mildred Street in Tacoma on the evening of April 25.

The event was another offering by the Society targeted to provide members with an opportunity to visit with each other at a time when physicians are noting that they often feel isolated from each other. There was no charge to attend. A dinner buffet from Olive Garden (pictured below, prior to the start of the event) featuring plenty of salad, pastas, sauces, meatballs, chicken, Italian sausage, breadsticks, and desserts and was served along with fine wines, beer, and soft drinks.

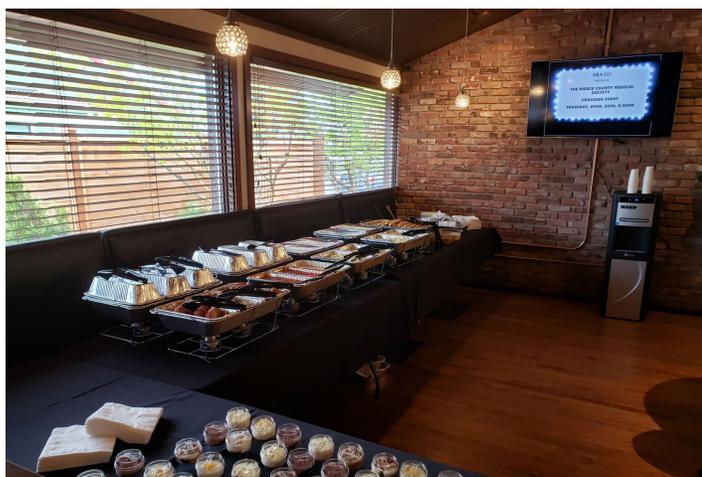
PCMS Executive Director Bruce Ehrle and TRA CEO Chris Coates welcomed attendees. Because in addition to Collegiality, Practice Success/Education is one of the Society's four main goals (along with Advocacy and Community Engagement), there was a brief clinical education offering during the event. PCMS Member **Wei-Shin Wang, MD**, TRA Medical Imaging Radiologist and Medical Director of the Carol Milgard Breast Center, updated attendees about the new State of Washington breast density notification rules. He also outlined options and best practices for breast imaging. Additionally, he reviewed cancer risk factors related to breast density.

Most of the two-hour event though was dedicated to allowing physicians and PAs to catch up with each other in a relaxed setting that not only included the buffet, bar area, and lounge, but also an adjacent outdoor terrace to enjoy on a spring evening.

PCMS thanks TRA Medical Imaging for its partnership in this inaugural collegial social and other similar events moving forward. 🌱



PCMS members enjoying the opportunity to visit with each other



Dinner buffet catered by Olive Garden



TRA Lounge provided a great gathering place

STATE SENATOR DARNEILLE MEETS WITH PCMS

On the evening of June 4, State Sen. Jeannie Darneille of the 27th District that includes most of Tacoma, a majority member of the State Senate's Behavioral Health Subcommittee, met with the PCMS Board of Trustees and Executive Director Bruce Ehrle for 90 minutes.

The discussion focused primarily on behavioral health issues at a time when primary care physicians are being tasked with behavioral health care integration, when pediatricians and family practitioners are spending more time than ever on behavioral health issues in a challenging reimbursement environment, and when ER physicians are still dealing with patients who would be better off getting care in more appropriate and cost effective settings. Sen. Darneille briefed the Board about further measures that the state legislature took during this year's session to address the behavioral health access crisis in the State of Washington.

The lengthy discussion included points about how as behavioral health issues are increasingly detected as more is known about conditions and as substance abuse problems especially relating to opioids remain high, capacity shortcomings become even more acute--and that even with measures passed thus far and new facilities either being opened or planned, much remains to be done to reach a point where providers have the referral resources they need to provide fully integrated care for their patients. The Board noted that some practices have reduced their referral times for behavioral health to 10 days or less as part of their integration efforts but that has been done in some instances through extraordinary measures with those referral sources increasingly reaching capacity if they are not there already.

Sen. Darneille commented that even with the work that the legislature has pursued in the last two sessions, additional resources would also be obtained if the leaders in Pierce County would agree to the permitted 0.1% sales tax increase to earmark funds for mental health and substance abuse treatment. She urged PCMS to have a voice along with other community

based organizations in pressing for those needed funds to help address the care crisis.

The PCMS Board asked Sen. Darneille and her colleagues to be aware of the high stress levels that the provider community is facing during an era of increased patient volume, added administrative burdens, and adjusting to massive payment reforms. It was stressed that when physicians are being tasked with new areas of care such as behavioral health integration and addressing social determinants of health, having the legislature target a B&O tax increase at doctors and increasing their liability as was done in this most recent session makes succeeding at those new areas of care more difficult--and seems to send a message to the physician community that the legislature feels that the profession is not facing those immense challenges.

Sen. Darneille responded that she had a positive history with PCMS when she was a leader at the Pierce County AIDS Foundation and that what physicians and PAs do along with other providers to heal patients can't be appreciated enough. The Board encouraged her to spread that message in Olympia as we seek partnership with elected officials to address care issues in a way that permits the physician profession to be robust in to future years. ✿



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FROM DISEASE TO HEALTH TO WELL-BEING



Anthony Chen, MD, MPH

In medical school, I learned a lot about disease, but we were shifting to talk about health and well-being. Today, renewed focus on tips of icebergs—physician burnout and youth suicide—are reminders that we must address well-being and prevention. Doctors can take steps to help.

The World Health Organization moved us from physical health towards well-being by defining health as “a state of complete physical, mental and social well-being and not merely the absence of disease¹.” Well-being reflects a person’s experience of life and health. Past experiences, living conditions, sense of purpose, resiliency, and social connectedness affects well-being^{2,3}.

A 2019 national survey found 44% of physicians felt burned out and 11% felt depressed^{4,5}. The Washington State Medical Association devoted a *WSMA Reports*⁶ issue and the Leadership Development Conference (LDC) to the topic.

Like youth nationwide, Pierce County’s youth are not as mentally and emotionally healthy as they should be. According to the *Washington State Healthy Youth Survey in 2018*⁷, among Pierce County 10th graders:

- 2 out of 3 reported that they felt nervous or anxious.
- 4 out of 10 felt sad or hopeless.
- 1 out of 4 thought about killing themselves.
- 1 out of 8 tried to kill themselves.

And significant disparities exist:

- Pierce County teens experience more hopelessness than the state average.
- More girls than boys report feeling sad, hopeless, and anxious.
- Twice as many LGBTQ teens report feeling sad or hopeless as straight teens.

Nationally, suicide is the second-leading cause of death for youth ages 10-18 years old. In 2014, more than 1.1 million youth attempted suicide nationwide. Among 105,000 Pierce County residents ages 10-19, 10 died of suicide in 2015, 11 in 2016, and 9 in 2017.

What physicians can do about burnout

One WSMA LDC speaker stated happy and engaged physicians are more creative, better problem solvers, more productive and physically healthier; they have lower turnover rates, fewer sick days, and greater customer satisfaction. He suggested workplaces should offer:

- Autonomy – A sense of choice.
- Competence – Opportunities to grow skills.
- Relatedness – Feelings of connectedness.

Physicians can improve work conditions and structures and make personal changes. One speaker suggested a five-step approach to organizational change that included:

- Supporting physicians, including providing support groups, professional coaches, and peer crisis support.
- Creating an organizational culture that respects people.
- Engaging physicians to improve practice efficiency.

Another speaker suggested creating Connection, Meaning, and Gratitude. Several spoke of practicing Mindfulness.

What physicians can do about youth suicide and emotional distress

Start by talking, recognizing and intervening.

Talk to you patients and their families to establish a relationship and ask how they are thinking, feeling and behaving. Talk to anyone who will listen about social, emotional and behavioral issues to help overcome stigma and allow communication.

Learn to recognize risk and protective factors for mental, emotional, and behavioral disorders and Adverse Childhood Experiences⁹. You can also use screening instruments for depression, substance abuse and child behavioral problems.

Physicians and their staff can train in brief interventions such as Mental Health First Aid¹⁰, BATHE technique^{11,12}, Positive Parenting Program¹³, motivational interviewing, or cognitive behavioral techniques. In addition, they can make referrals to specialists, support groups, and community resources.

See “Well-Being” page 8

PCMS WINE LOVERS ATTEND 2019 TASTING

On the evening of Monday, June 10, wine enthusiasts in the PCMS Membership gathered for a "California Uncorked" tasting in the classroom at Total Wine and More in Puyallup. The instructor talked about California's leading role in global wines coming out of the United States noting that if California were a nation of its own, its production of wine would rank fourth in the world behind France, Italy, and Spain. He reviewed the history of the California wine industry from its beginnings by Spanish missionaries in what is now Orange County to the present where expansion is still underway in new growing areas north of the famed counties of Napa and Sonoma which he discussed in detail due to their individual high quality AVAs.

The group was able to sample examples of all the major wine grapes grown successfully in California from highly regarded producers with price points per bottle of \$10-\$25--a high quality to value ratio. A refreshing Sauvignon Blanc from Napa, 89 point ranked unoaked Chardonnay, oaked Chardonnay, lighter bodied Pinot Noir from the Russian River Valley in Sonoma County, Zinfandel from Amador County, Cabernet Sauvignon from Napa County, and another Cabernet with a 93 rating from the Oak Knoll AVA of Napa County were all enjoyed by attendees along with finger foods. One wine that was not a universal hit with tasters was a red blend aged in bourbon barrels that demonstrates the new techniques being attempted with all kinds of new red blends.

Total Wine gift cards were also raffled off. In the mood to pick up some bottles to take home, some attendees went shopping in the vast store after the event.

The next PCMS collegiality event will be the Membership Picnic and Medical Resident Social held in partnership with the AAFP Chapter of Pierce County on Thursday, August 15, 6-8pm at the TRA Lounge in Tacoma. Details about, and registration for, that event will be forthcoming in the next few weeks. 🌿



PCMS members and guests attend tasting of select California wines

"Well-Being" from page 7

While no one comprehensive resource guide exists, some places to check are:

- Your healthcare system's social workers or care coordinators.
- Your patient's school counselor (for youth) or employer's Employee Assistance Program (for adults).
- United Way 211.
- Psychology Today's webpage of support groups¹⁴.
- The Rainbow Center for LGBTQ youth resources¹⁵.
- Tacoma-Pierce County Health Department's Family Support Partnership¹⁶. A family can also self-refer.

Keep these numbers handy for anyone who needs help

- Crisis text line: 741741
- Suicide prevention lifeline number: (800) 273-8255
- If you believe someone is having a life-threatening crisis, call 911. 🌿

¹<https://www.who.int/about/who-we-are/frequently-asked-questions>

² <https://www.cdc.gov/hrqol/wellbeing.htm>

³<https://www.psychologytoday.com/us/blog/click-here-happiness/201901/what-is-well-being-definition-types-and-well-being-skills>

⁴<https://www.advisory.com/daily-briefing/2019/01/18/burnout-report>

⁵<https://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056>

⁶https://wsma.org/Shared_Content/News/Latest_News/2019/March/dont_miss_latest_issue_of_wsma_reports_on_burnout_and_new_survey_findings

⁷<https://www.tpchd.org/healthy-places/public-health-data/data/healthy-youth>

⁸<https://youth.gov/youth-topics/youth-mental-health/risk-and-protective-factors-youth>

⁹<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

¹⁰<https://www.mentalhealthfirstaid.org/>

¹¹<https://www.aafp.org/afp/1998/0501/p2131.html>

¹²Stuart MR, Lieberman JR. The Fifteen Minute Hour: Therapeutic Talk in Primary Care, 5th Ed. New York: Radcliffe Publishing, 2015.

¹³<https://www.tpchd.org/healthy-people/family-support-partnership>. See PPP for healthcare providers.

¹⁴<https://www.psychologytoday.com/us/groups/adolescents-teenagers-14-to-19/wa/pierce-county>

¹⁵<http://www.oasisyouthcenter.org/>

¹⁶<https://www.tpchd.org/healthy-people/family-support-partnership>

REMAINING ROBUST



Bruce Ehrle

As summer officially arrives on June 21 with hopes for great weather and no horrible wildfires, the optimism for good times that the season often brings is tempered by continuing testimonials about burnout facing so many in the physician profession. Our President, **Aaron Pace, MD**, shares some perspectives of his own in his column.

From the time that I graduated college and went to Washington to embark on a career in federal politics, I encountered some significant stress, beginning right away by joining the staff of a US Representative from Indiana who was very difficult to be around on a daily basis. A successful approach that I took to mitigate at least part of that stress was to commiserate with my colleagues, find humor in the craziness of it all, share fun with my friends and family, and most of all to enjoy a morsel or two each day of personal happiness such as rooting on a sports team during a game, taking a half hour to listen to some favorite music, or watching the changing mosaic of a sunset with a realization that each day granted is a gift. So much of what transpires during those days is not of our choosing but how we view that day when we head to bed is somewhat of our choosing if we seek out those morsels of joy.

Those tests never end either personally or professionally. My mom's death 18 months ago after she had taken such great care of me and rooted me on for all my years has been for me one of the more recent tests because I have difficulty with the finality of it. I'm the kind of person who doesn't even like to say "so-long" to a friend after a visit, such are my attachments to those in my life. As so many of you know, losing a parent is a passage in to later life. Yet, even in these circumstances, I make a choice. I make a choice to live my life fully because my mother was always so proud of my endeavors and to falter now would betray her unflinching faith in me.

I have previously shared how travel or enjoying all that our amazing Pacific Northwest region has to offer is a way to keep the cobwebs cleared out. Walking on a beach, whether it be Ruby Beach over in Olympic National Park with its pounding surf or the palm tree lined paths of Laguna Beach in Orange County, CA under a bright sun, can do wonders to lift the spirits—and destinations like that don't require a week away from practicing medicine. A buoyant attitude can be obtained from just three or four days away or a day-trip out of the normal routine.

Several weeks ago, I traveled to Iowa and came back rejuvenated. I know that Iowa is not exactly renowned for being a hot spot of travel. However, my family helped found the Amana Colonies in the mid-1850s and generations of my family have gathered there, sometimes annually, to be warmly hosted by cousins who are distant in lineage but close in heart. Some of my earliest memories are of August trips to the Colonies where amazing hospitality, incredible food, star filled nights, and time amongst the small town and

See "Robust" page 11



Amana, Iowa

VA EXPANDS ACCESS TO PRIVATE PROVIDERS

On June 6, the rules relating to VA patients changed to permit enhanced access to private care. VA beneficiaries may now seek care for acute illness or injury at a private urgent care facility. Additionally, the distance and wait-time guidelines concerning when they may seek care in the private provider community changed as of yesterday too. Now, veterans who drive more than 30 minutes to a local VA care facility (this was changed from a miles-based rule to acknowledge traffic congestion) or are made to wait more than 20 days (the old rule was 30 days) for a primary care or mental health appointment at a VA facility may be eligible to seek private care. If they drive more than 60 minutes to a VA facility or are made to wait more than 28 days for a specialty appointment, they may be eligible to seek private care.

While PCMS applauds this latest effort to help our nation's patriots receive the care they deserve, the Society has noted to policymakers that in a locale such as Pierce County with its large veteran population, civilian capacity is also stretched so there may be no magic in scheduling appointments when compared to the VA, that the exchange of medical records between civilian providers and the VA remains a tremendous challenge that needs to be fixed, and that VA reimbursement rates and timeliness of payment are such that many providers will simply not take VA Choice patients on--and those rates need to be increased and those payment delays need to be reduced if these measures to enhance veteran access to care are to be fully successful. 🌱

SCHOOL NURSES ENCOURAGE SUMMER IMMUNIZATIONS

The PCMS School Health Public Health Committee comprises representatives of the Society and Tacoma-Pierce County Health Department as well as all the school nurses from across Pierce County. Those nurses continue to stress that it helps them perform their duties and helps schools get off to a strong

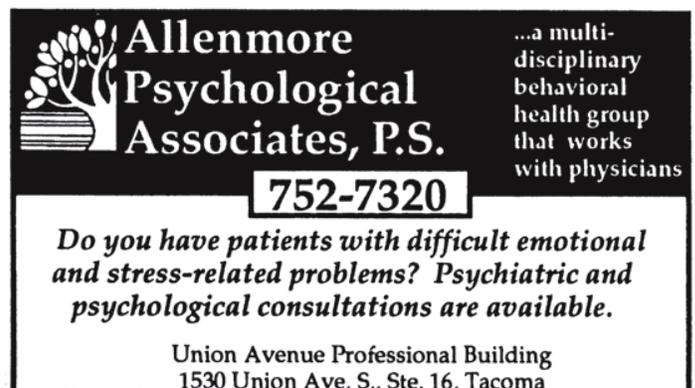
start in the fall if physicians and PAs reach out to their patients about immunizations sooner rather than later over the summer. They also suggest that practices conduct immunization clinics or fairs to help get those shots taken care of before busy family schedules push up against the start of school in the fall. 🌱

“Interesting” from page 3

I want to finish with some of my own thoughts on the matter. Positive messaging is a big deal, as is negative messaging. We need to help those of us that are burned out without telling all doctors they will or should feel burned out. Control is a big deal. Getting to adjust your schedule, staffing or patient load when needed can make a difference. Social engagement is also a big deal. I never put the social link together but during this talk, human connection was emphasized over and over, not just with patients but with colleagues and friends, inside and outside of medicine. Humans need that connection in varying amounts and those connections can help immensely. It makes me wonder how social media has influenced physician burnout but that is a subject for some other time. Working at the top of our license is yet another big deal (this is also important for our staff's satisfaction). We have become high paid data entry specialists.

In an effort to stem my own burnout, hopefully I will see some of you at the next free social night in October, resident social and membership picnic on August 15, and our annual meeting banquet on December 11. Outside of PCMS, I'll see you on the racquetball court, church, the golf course,

or at one of the many fun activities our local towns and cities host each summer. The Pierce County Medical Society will diligently work to advocate on behalf of our physicians to stem the ever-increasing demand on our time and resources. We will continue to offer opportunities for social engagement. Please consider attending as many of those as possible because they truly are fun events that offer the no-stress peer-to-peer connection that is increasingly vital to holding back burnout. 🌱



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“Robust” from page 9

farming atmosphere was like a yearly soul cleansing from the suburban life I lived. This year, like others, driving in to the Colonies and seeing the “Amana” water tower standing tall over the main village brings mist to my eyes because of all the memories and the appreciation for that tangible connection to my family history. That incredible history and ongoing good times made there during our reunions in the present help sustain me during any rough day.

Some of you know what a huge baseball fan that I am. On this trip, in the 30 year anniversary of the movie’s release, I finally drove up to Dyersville, Iowa to visit the baseball field that Universal Pictures built in the cornfields outside town to film “Field of Dreams.” For people like me, this is a pilgrimage!! Here is a shot taken from my perspective as I come in to home to score!! The small bleachers where Michigan graduate James Earl Jones gave his famous speech about the timeliness of baseball to Kevin Costner is visible—and yes, I made sure to sit there. That brief visit to a shrine of baseball fans everywhere will be one of the highlights of 2019 for me.



“Field of Dreams” baseball field, Dyersville, Iowa

Visiting the Field of Dreams was accomplished on my way to see a fourth generation family farmer friend of mine in central Iowa where every day he works hard to keep the land to potentially hand off to one or more of his kids as the 5th generation to help feed us. It isn’t easy with crop prices changing from year to year, trade disputes eroding markets, and recent rainy weather this spring being so intense that many farmers in Iowa couldn’t even get their crops in. My friend was able to do so but then had to spend entire days working in waist-deep water in the fields

to keep drainage pipes clear of mud to give his corn and soybeans a chance. When I see this experienced farmer toiling on his family land amidst all this adversity, it keeps any challenges of my own in perspective.

Yes, there are ways to overcome challenges just as Dr. Pace outlines in his column.

However, as important as finding our own ways to overcome challenges is, changing the nature of those challenges themselves is equally important. For example, I believe firmly that as physicians are encouraged to mitigate burnout or stress through various methods, the things causing that burnout and stress must also be dealt with. That’s why continued advocacy with policymakers about making EHRs work for doctors and patients as well as they do for insurance companies and the government is crucial. That’s why continued pressure to deal with other administrative burdens such as prior authorization, approval of coverage, repetitive certification, lack of effective communication within health systems, increasing patient volume, and lack of time focused on care instead of computers (among many other issues), is vital.

With so many things that cause headaches for physicians and PAs, it is tempting to just give up and believe that nothing can be done to change certain situations. However, as a student of history and as a witness to policy and politics in my career, I remain faithful that change can be accomplished even though the hurdles can be high.

A few days ago was the 75th anniversary of D-Day—what President Franklin D. Roosevelt referred to in his address to the nation the night of June 6, 1944 as “a mighty endeavor to set free a suffering humanity.” In that address he noted that “Success may not come with rushing speed, but we shall return again and again...” Overcoming the sources of burnout and stress for physicians is a war with many battles to be fought. Mitigating that burnout and stress is important through any number of techniques. However, reducing or eliminating the root causes of that burnout and stress is also important. This requires ongoing and sustained advocacy with the state legislature, state agencies, the governor, CMS, HHS, and the US Congress. Success may not come with rushing speed, but we shall return again and again—because the physician profession is required for effective healing and patients continue to look to it for help. To have that profession be robust into future years is a necessity, not an option. 🌱



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223 Tacoma Avenue South, Tacoma, WA 98402

Phone (253) 572-3667 Fax (253) 572-2470

Email pcms@pcmswa.org

BEING LEADERS



Aaron Pace, MD

For this column, I draw my inspiration from the upcoming Washington State Medical Association Annual Meeting. It brings to mind patient care, the struggles of the modern day physician, and the intersection of politics and medicine.

For those of you that aren't familiar with what occurs at that meeting, I will give you a brief outline. This meeting brings together the WSMA House of Delegates. These are the representatives from each county. They will set what the WSMA focuses on for the next year. Each county is given a number of voting delegates representative of the number of members in the WSMA. Pierce County, being the second largest, has substantial influence at the WSMA. Approximately two months before the meeting any member can submit a resolution. On the first day of the meeting members offer their input to committees that then write a final version of a resolution. On the second day each resolution is either adopted or rejected by a vote of the delegates and each one that is adopted will guide what the WSMA staff focuses on over the next year. I have attended several of these meetings and each year they are enlightening. Though a small vocal minority has dominated some years, highly substantive progress has been made. Regardless of the trends during any particular meeting, the strong membership of the PCMS has been influential.

Most recently there has been a trend locally and nationally, that organized medicine and physicians are becoming more and more politically active and outspoken. The WSMA and Pierce County has taken the approach that we need to be at the table with these politicians. Often, we are leaning on them to do something for our patients or ourselves that they do not understand. We need to be there to ensure our legislators get the most accurate information possible to guide their decisions in the best interest of our patients and physicians. Not every doctor will agree on what steps the government should take when it comes to healthcare. Doctors however must have a seat at the table. Physicians and politicians have traditionally been separate and even

opposed at times. Doctors need to hold politicians accountable to science and not political whim. We need to encourage politics to base changes on research and data. Medical groups are beginning to speak up on more and more political issues like climate change, gun rights, and state and federal funding of healthcare. It is important to participate and offer our insight to representatives.

Through the efforts of our executive director, Pierce County physicians are closely in touch with our elected representatives. We primarily focus on the difficulties that we face locally, caring for Tricare insured patients and coordinating care with Madigan, dealing with minimal mental health treatment options, homelessness, and a 10-year difference in life expectancy based on where you live within our county. Physicians are getting involved in taking control of medicine again. Over the past several weeks we have met with both state and national representatives of our county including Jane Beyer from the state insurance commissioner's office, Denny Heck, the 10th district US representative, and Kim Schrier, the 8th district US representative who also happens to be a physician.

So far, I have primarily described discussed governmental and organized medical policy. However, our prominence has changed within even our clinical organizations. As organized medicine began to take shape over the last century, physicians were the leaders, then they began to be included in the leadership positions, and recently we have ceded our positions to business professionals. I will use my medical school Loyola Stritch School of Medicine as an example. To begin with, the university healthcare side was consolidated under Trinity Health, consolidation being a common trend nationally. The executive team has a single MD and a single RN on the staff, for a total of two out of ten. The board of directors has two MDs and a DO, for a total of three of 12 with medical backgrounds. The rest of the positions are held by people with various CPA, MBA, and a couple, in the case of a Catholic institution, with religious degrees. This is very

See "Leaders" page 11

CHI FRANCISCAN SEEKS TO ENHANCE PATIENT OUTCOMES WITH NEW MISSION CONTROL FACILITY

Within the last few months, CHI Franciscan has launched an innovative facility to coordinate care within the system, speed treatment, place patients at the most appropriate facility with the most appropriate caregivers, maximize staffing to meet evolving needs, and bring health care professionals with different expertise together to work as a team to enhance outcomes on a system-wide basis.

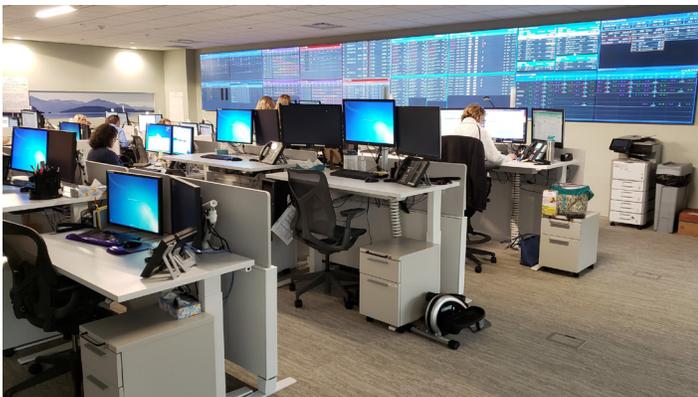
PCMS Executive Director Bruce Ehrle recently visited Franciscan's new care management venue in Gig Harbor to witness how this cutting-edge approach functions.

Examples of how CHI Franciscan Mission Control removes various care management functions from silos within their multiple hospitals across Pierce County include real-time monitoring for delays in treatment within emergency departments, looking for ways to overcome delay hurdles if any have developed with specific patients, managing the flow of inpatient discharge and admittance while keeping

track of system-wide bed availability, matching patient treatment needs with available appropriate caregivers not just within one hospital but across all their hospitals, administering necessary ambulance transfers, setting daily goals based on past learnings regarding handling patient volumes and reviewing how those goals were met, planning ahead for the staffing of caregivers if volumes increase in a certain area such as patients in the ICU, and maximizing the full resources not of just one hospital but of the entire health system for the benefit of patients.

Each sector of care coordination and management is handled by experts in that field, most by Franciscan team members who have been with the system for a long time so that they can draw upon their experience and expertise—and then contribute those qualifications to the overall team at the facility. Much like the kind of teamwork across provider credentials and administrative specialty that is required for effective care within one hospital, Mission Control's goal is to expand that through a dynamic care control center leading such teamwork in a much larger capacity.

The facility is the only one like it in the State of Washington and is one of only a handful of such venues developed thus far in the entire nation. As the United States moves in the coming decade to an outcomes and quality based payment system, CHI Franciscan seeks to maximize outcomes and quality, including patient satisfaction, by looking for methods to overcome some of the most challenging barriers to outcomes, quality, and patient satisfaction through the goals that their Mission Control center has been tasked with managing and coordinating. 🌱



CHI Franciscan Mission Control

BULLETIN SUBMISSIONS

If you have a clinical best practice to share with your colleagues, a success story about individual physicians or PAs or a health system, or news about health care innovation taking place in Pierce County that you would like considered for inclusion in an upcoming edition of the PCMS *Bulletin*, please send your submission to Bruce Ehrle at bruce@pcmswa.org.

SHAPING THE CAREGIVER WORLD



Bruce Ehrle

This is a particularly active period for health care policymaking at both the federal and state levels, perhaps the most active period ever. Since the dawn of the 21st Century, we have witnessed big pushes on quality improvement and patient safety, the elimination of paper medical records in a migration toward electronic databases, expansion of insurance options, initiatives to move from fee-for-service to payment for value and quality, more detailed coding, and integration of primary care and behavioral health—and that’s just part of the list.

As these and other policies take shape, it is vital for physicians to participate in the process, otherwise many of those policies will bear no resemblance to the realities of caring for patients or the practice of medicine. The good news is that many of those in the state and federal governments welcome physician input and will listen—even if they don’t always march precisely to the beat of our drum. It’s up to physicians to speak up and be part of the ongoing evolution of health care.

I’ve heard some people say that doctors are not particularly good at unifying around a set of goals and speaking to those goals with policymakers but that hasn’t been my personal experience either during my time back in Washington, DC or here in Pierce County.

Earlier this decade, one of the top priorities for the physician community all across the nation was to fix the Sustainable Growth Rate (SGR) issue and stop facing a yearly cliff of over a 20 percent cut in Medicare reimbursement rates only to have some one-year patch passed annually. Doctors wanted more than a patch. They wanted a permanent fix. It took years of pressing the matter with Members of Congress and the White House. Many times, it looked like coming up with the money to get the SGR-fix done would never be budgeted. Yet almost overnight, Congress decided that they were tired of being beaten up by the docs in their states

over SGR and they passed the permanent fix. Like so many legislative victories, it came with a flip side—and in this case that flip side was MACRA, the law moving providers away from fee-for-serve to payment for value and quality over the coming years. MACRA’s provisions, that include a nearly ten percent cut in federal reimbursement if certain metrics aren’t successfully met, have led to such things as compensation agreement revisions for employed physicians deducting nearly ten percent of their salary with the prospect of winning it back if the system succeeds in meeting its metrics. It has also led to independent practices becoming part of Accountable Care Organizations. However, SGR did get fixed, the money was budgeted, and it was a victory for the physician community.

Locally, the PCMS Board of Trustees and I develop a cohesive and comprehensive federal and state advocacy agenda every year with many issues carrying over annually just like SGR did. Currently our priorities include making focused arguments about how important it is that reimbursement rates reflect actual costs of providing care and having sustainable business models, how important it is that we get past this nonsense of EHR systems not being able to communicate with each other because for over a decade the feds allowed a patchwork of hardware to be rushed in to provider settings without regard to achieving the necessary benefits for physicians and patients, having HIPAA reflect 21st Century technical realities when those rules came of age at a time when we were all fascinated by the magic of fax machines as well as having HIPAA recognize modern caregiving realities when first responders need to have greater access to patient data to share in the quality improvement and cost reductions policymakers want, effectively dealing with the opioid crisis in a way that balances things like physician decision-making about the course of care for their patients, monitoring for prescription abusers, and treating those with legitimate pain management issues so that they are

See “Shaping” page 13

US REPRESENTATIVE SCHRIER MEETS WITH PCMS

PCMS Executive Director Bruce Ehrle met with US Representative Kim Schrier at her district office in Issaquah on Saturday, September 28. As a physician, Rep. Schrier understands the federal advocacy issues of the Society very well. Her Congressional District includes portions of east and mid Pierce County. Bruce was able to raise several priorities with her that include major initiatives that might be possible in the coming years as well as more immediate oversight opportunities.

Not much legislating is expected to be done for the remainder of this Congress through next year but one health care topic where there remains hope for bi-partisan agreement is in combating the practices of the prescription drug sector. So far this year, the House of Representatives has passed a bill that would curtail some of the worst practices in the generic drug industry such as receiving payments by the major drug companies for delaying the introduction of generic versions of certain drugs. Senators Grassley and Wyden have introduced a bi-partisan bill that would cap out of pocket drug costs for Medicare beneficiaries and increase transparency of drug pricing decisions as well as the behavior of pharmacy benefit managers among other provisions. Negotiations may take place next year between Congress and the White House on a package broader than either of those proposals. In that event, Bruce encouraged Rep. Schrier to support legislation that would allow CMS to firmly negotiate lower drug prices for the Medicare and Medicaid programs and to allow American consumers to re-import prescription drugs from pharmacies in the other G7 nations, especially Canada, at the prices those drugs are sold for in those nations. He also referred to the generic drug company that several health systems including CHI Franciscan have formed to produce drugs most needed in their hospitals that the drug companies have curtailed production of and increased the cost of substantially. Bruce noted that their action, born of necessity, should serve as a template for the federal government to require the drug companies to produce those drugs in sufficient quantities at capped prices.

Bruce also encouraged Rep. Schrier to consider lowering the bar that patients must hurdle in order to qualify for federal assistance for health insurance premium payments and for Congress to consider also providing deductible assistance. Bruce referred to a just published analysis of employer based insurance premium and deductible costs

over the past decade conducted by the New York Times and the Kaiser Family Foundation that show that while inflation has risen a bit over 20 percent in the last ten years and wages have risen 25 percent, employer based policy premiums have increased over 50 percent and deductibles for those policies have increased over 150 percent in ten years, frequently making health insurance unaffordable for patients to use. Even Medicare patients have recently reported deferring care due to cost concerns and the rate of the uninsured has begun to climb again. Additionally, Bruce and Rep. Schrier discussed how mandating to the insurance industry that all preventive and primary care outpatient visits be deductible-free with affordable co-pays (at least for the core portion of the visit, not including imaging, labs, and other treatments) would encourage the insured to establish relationships with primary care to help reduce the development of expensive chronic conditions, ER utilization, and hospitalizations. Rep. Schrier noted that she favors policy movement in all these areas to foster improved access to care that also lowers costs.

Bruce noted the need for HIPAA reform to modernize a law and its associated regulations that was developed at a time when fax machines were viewed as a marvel. He stressed that it is time for a full re-examination of HIPAA requirements in light of 21st Century technologies to reduce the amount of faxing going on in the medical sector. Bruce also pointed out that providers such as physicians and PAs need to be able to partner with first responders such as EMTs and paramedics in the field so that patients are less frequently transported in the most expensive mode to the most expensive care setting when such patients might get better outcomes in behavioral health facilities or outpatient settings. That would require HIPAA reforms to allow first responders to have wider access to medical records.

Barring a lot of health care legislation on the immediate horizon, Bruce asked Rep. Schrier for assistance in three oversight areas that can be conducted immediately.

First, tasking CMS and HHS with giving more information to the provider community regarding a detailed roadmap with realistic deadlines of how to achieve interoperability of Health Information Technology given that most Electronic Health Records remain in the silos of individual provider systems, adding tremendous burdens for physicians to exchange medical records or be aware of the full treat-

See "Schrier" page 10

VAPING-ASSOCIATED LUNG INJURY SPREADS TO WASHINGTON



Anthony Chen, MD, MPH

Your role during his public health crisis.

E-cigarette and vapor product use are a nationwide public health concern.

Tobacco use remains the leading cause of preventable death and disease worldwide. The nicotine in tobacco is toxic to people. It is especially dangerous for youth. Studies show nicotine use can disrupt the formation of brain circuits in children and young adults, which can lead to learning, mood and concentration difficulties.

E-cigarettes produce ultrafine particles with harmful chemicals, heavy metals, and volatile compounds that may have long-term health effects. THC, CBD, and substances like vitamin E, propylene glycol and vegetable glycerin—approved for consumption but not studied for the health effects when vaporized and inhaled—are also in vapor products.

E-cigarettes and vapor products are popular among children. The 2018 Washington Health Youth Survey showed increases in e-cigarette and vapor product use among Pierce County children. Comparisons of survey results for 10th graders from the recent and last survey in 2016 show:

- 23% reported vaping in the last 30 days; 14% in 2016.
- 56% of those who vape reported using nicotine; 40% in 2016.
- 22% of those who vape reported using THC; 23% in 2016.

These local data are in line with national trends.

We do not know which products or substances caused the national outbreak of vaping-associated lung injury. As of Oct. 2, the State Department of Health reported seven cases of illness in Washington. One of those was a Pierce County man in his 40s. Nationwide, the Centers for Disease Control and Prevention (CDC) received reports of 805 ill people and 12 deaths.

What you need to know.

Electronic medical records help us monitor trends in behavior like e-cigarette and vapor product use. But the way we ask patients about this behavior creates significant gaps in information:

- If you ask a patient, “Do you use e-cigarettes or vapor products?” the response might be, “No.”
- If you ask, “Do you JUUL?” the response might be, “Yes.”

JUUL is the name of a popular e-cigarette brand. Some refer to vaping as juuling. Other terms patients may use:

- E-cigs.
- Vapes.
- E-hookahs.
- Vape pens.
- Mods.
- Tank systems.
- Electronic nicotine delivery systems (ENDS).

Learn about the different terms and devices used for nicotine, THC, and CBD. It will help you identify who vapes and which products they use. Ask patients if they use modified devices, mixed liquids, or products with their devices the manufacturer did not intend.

The current outbreak has renewed calls for more oversight and more restrictions for e-cigarettes and vapor products, which are unregulated. On Sept. 27, Gov. Inslee issued an executive order on vaping that, in part:

- Asks the State Board of Health for an emergency ban on all flavored vaping products.
- Calls for legislation to permanently ban these products.

See “Vaping” page 11

US REP. HECK MEETS WITH PCMS

PCMS President **Aaron Pace, MD** and PCMS Trustees **Nicholas Rajacich, MD** and **Dina Titova, MD** as well as PCMS Executive Director Bruce Ehrle met with US Representative Denny Heck for nearly an hour in his district office in Lakewood on Tuesday, October 1 to advocate on behalf of the Society's membership. Rep. Heck's Congressional District includes West and Mid Pierce County from Lakewood and University Place over to Puyallup. He has been in the US House of Representatives since 2013.

PCMS raised many of the same issues that were discussed with US Representative Kim Schrier this past Saturday in her district office including challenges for patients regarding access to care and prescription drugs while emphasizing the need for both the insurance and pharmaceutical industries to receive strong oversight from Congress. Potential upcoming legislation relating to prescription drugs was discussed during the meeting. Many details will still have to be worked out over the coming year.

With Joint Base Lewis/McChord in Rep. Heck's district, PCMS stressed the need to work on providing greater access to care, especially access to behavioral health, for troops in the civilian provider sector. With the military suicide rate continuing to climb, PCMS leaders strongly stated that as long as any member of the military reaches out to receive help from civilian behavioral health specialists and can't be seen in an immediate manner, we have collectively failed that patriot. Due to intense peer pressures, remaining stigma in the armed forces about seeking behavioral health resource utilization (or admitting the need for health care of any kind), and concerns on the part of members of the military that they will not be trusted with responsibility again if they seek such help, it is vital that we pursue having the civilian provider capacity for them at the same time as we pursue expanding capacity for everyone else in our community. PCMS suggested to Rep. Heck that a caucus of Members of Congress who represent large military bases with medium to large numbers of civilian providers nearby be formed to consider such measures as decoupling the Tricare reimbursement rate from Medicare rates—and increasing Tricare rates—as well as looking at how transferring medical records for military patients and care coordination between providers could be streamlined and expedited.

PCMS leaders encouraged Rep. Heck and his colleagues in Congress to think in innovative ways to assist providers improve patient outcomes, maintain high quality of care, and reduce costs by pursuing policies that cut the development of chronic or acute conditions in all patient populations. Recommendations from PCMS included investing now to save money later with three important initiatives.

First, funding a massive national field force to coordinate care and do the needed follow-up in the most important care setting for the 21st Century to reduce hospitalizations, cut readmissions, and improve outcomes—the home. This field force would include a wide range of community health workers, nurse practitioners, PAs, and physicians depending on the case complexity of each patient. Such coordinators funded by the federal government would work for and/or in partnership with that patient's providers such as their primary care physician or the hospital that discharged them with occasional visits to the home setting to assist with patient compliance with proper care and prescription drug usage, monitor the patient for changes in condition, and perform necessary follow-up with things such as closing the loops on referrals to organizations or agencies for help with social determinants of health such as getting access to nutritious food or getting new housing if they're an asthma patient living in moldy conditions.

Second, increasing funding for the social determinants of health such as housing, food assistance, transportation for medical care, and economic opportunity among others to improve population health, reduce health disparities, and reduce expensive chronic and acute conditions—thereby helping to achieve the goals laid out for providers to meet in the new decade with the movement away from fee-for-service toward payment for value, quality, and outcomes.

Third, re-focusing the American health care system to emphasize establishment and maintenance of primary care through a variety of measures including mandating to all payers that all primary and preventive outpatient visits be deductible-free with very low co-pays at least for the core visit codes, providing direct loan repayment grants to new physicians who choose primary care or behavioral health to help alleviate critical shortages, permitting new doctors (especially those going in to primary care and behavioral health) to have no interest accrue on their loans during the years that they are in residency, and changing HIPAA to allow first responders to be in a better position to route some patients to primary care and behavioral health settings rather than the ER.

PCMS noted that all of these initiatives would reduce hospital ED utilization with the result of improved access to the ER for patients who really need it and cost reductions.

As with Rep. Schrier, PCMS encouraged Rep. Heck to lean on CMS to provide details about a process to achieve interoperability of Health Information Technology so that Electronic Health Records are not siloed by providers.

See "Heck" page 11

2019 PICNIC FEATURES FOOD AND FUN

Members of the Pierce County Medical Society and the Pierce County Chapter of AAFP gathered on the evening of Thursday, August 15 at the TRA Lounge in Tacoma for a barbeque buffet from Famous Dave's with all the fixin's. The weather provided a perfect evening for taking advantage of the outdoor terrace's picnic tables.

Established physician members were able to welcome medical residents in the county and their paid registrations helped underwrite the free dinner provided to the residents.

Raffle prizes for a night out each consisting of a \$25 gift card to Farrelli's and a \$25 gift card to Cinemark Century Theaters were awarded to two residents. 🌸



SAVE THE DATE - ANNUAL MEETING

The 2019 PCMS Annual Meeting Reception and Banquet will be held on Wednesday, December 11 at the Tacoma Art Museum.

A no-host bar reception with appetizers will take place 5:30-6:45pm, followed by a seated dinner with a brief program 6:45-8:00pm, concluding with a dessert social with open bar 8:00-9:00pm. All three sections of the evening will be conducted in the museum's glass enclosed atrium area with views of downtown Tacoma lit up for the holidays.

Paid parking (\$2 an hour) is available steps from the elevator into the museum and much of that parking is covered in case of inclement weather.

As a special extra, during the reception PCMS has arranged for attendees to be able to visit the TAM's new Benaroya Galleries that opened earlier this year as well as the North Galleries that currently feature the special exhibition, "Monet, Renoir, Degas, and Their Circle: French Impressionism and the Northwest." Given the Impressionist exhibit is only on view for three months and closes on January 5, the evening of the Annual Meeting may be one of the only opportunities that busy PCMS Members have to view the exhibition of these works drawn from museums and private collections in the Pacific Northwest.

We look forward to a festive and fun evening!!! Registration will open by the end of October.

PCMS MEETS WITH STATE INSURANCE COMMISSIONER'S SENIOR HEALTH ADVISOR

Jane Beyer, Senior Health Policy Advisor to the Washington State Insurance Commissioner, joined the PCMS Board of Trustees for its meeting on Tuesday, October 1. During the two-hour session, she provided the PCMS Leadership with information about implementation of the state's new Balance Billing Protection Act and engaged in lively dialog about that topic as well as access to care including the state's new public health insurance option.

She noted that Washington State will not be allowing the so-called "skinny plans" recently permitted to operate by the federal government again for the first time since prior to the enactment of the Affordable Care Act (Obamacare). Those plans have lower premiums with very little coverage except for catastrophic events and frequently siphon younger, healthier patients out of other payer plans, resulting in those plans having even higher numbers of older patients with many conditions, driving up premiums and deductibles still further, creating even more barriers to access physicians, PAs, and other providers. The PCMS Leadership was also briefed about the state's new law enacting certain ACA protections should ACA be modified by the federal government or declared unconstitutional such as non-denial of coverage for preexisting conditions. 🌱

"Schrier" from page 6

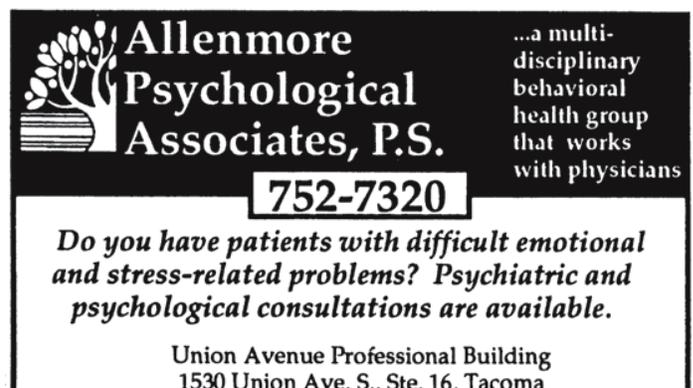
ment picture for a patient. Bruce noted that for nearly 20 years CMS allowed a patchwork of systems to be installed around the country and only recently has declared that interoperability is "Priority 1." Rep. Schrier agreed that the full realization of EHR goals hasn't been met because if a patient is admitted to an ER in another provider setting, the caregivers treating that patient are often working in the dark as far conditions, medications, and medical history because their system doesn't communicate with others. Bruce stressed that providers operated in good faith to install EHR systems and that if there are costs and practice disruptions associated with now fixing the massive deficiencies that the federal government allowed to develop with interoperability, providers should not be the ones to be forced to pay them.

Second, working with the chairs of the House Ways and Means Committee and Energy and Commerce Committee to request aggressive, televised, public oversight hearings of the private health insurance industry, compelling the testimony of leaders of those companies to disclose under oath why their business practices so often differ from the image they present in their promotional materials. Such hearings could examine why it seems that so many insurance companies spend more time than anything else looking for ways to deny payment for needed care as well as for prescription drugs that providers such as physicians and PAs deem necessary, even at times when those pre-

scriptions are for less expensive generics.

Third, pressing CMS to continue the work that the agency is doing to reduce administrative burden on providers. Bruce noted that while the medical community is appreciative for CMS efforts to reduce the amount of documentation that is required for outpatient office visits as well as for how the agency has listened to concerns about how payment might be significantly impacted for some practitioners in a negative manner, that initiative needs to be viewed as just the start of combating some of the root causes for physician burnout and depression.

PCMS will continue to work with Rep. Schrier on these and other issues on behalf of the membership. 🌱



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“Leaders” from page 3

reflective of the average boards of hospital systems and facilities. Doctors other than the chief medical officer position have largely relinquished their leadership to those with business backgrounds. I think it is important that we get more involved in the executive leadership of our organizations. Some of us have MBAs, a number of us are qualified by owning and running our own businesses, and all of us are intellectual, intelligent and will put our patients first. We would be invaluable to the leadership of the large and small healthcare organizations.

We still face uncertainties about implementation of payment reform from fee-for-service to value and quality. The government and our private medical organizations have expectations about how this will occur--and we need to make sure we tell them how to do this in the best way possible for our patients. ✿

“Heck” from page 8

Rep. Heck was very engaged in the lengthy conversation and listened intently to PCMS suggestions. He expressed admiration for what doctors do with their talents to heal people with all types of conditions in all types of care settings.

PCMS will continue to work with Rep. Heck on behalf of the physician and PA membership of the organization on these and many other topics that require attention in a complicated health care system. ✿

“Vaping” from page 7

Flavored products are concerning because they appeal to children. Vaping’s rise in popularity threatens to undo public health’s progress and create a new generation of nicotine addicts.

What you can do.

We need you to remain vigilant and report suspected cases as we work to identify people with severe vaping-associated lung injury. Correct documentation of e-cigarette and vapor product use helps with current and future surveillance efforts. Contact the Health Department about cases of severe lung injury with unclear etiology in people who vape. Stay up to date on CDC’s recommendations for healthcare providers.

Vaping is unsafe. It is extremely important to correct the misconception vaping is a safe alternative to smoking—especially with children and young adults. Continue to tell your patients, young and old, the healthiest option is to not vape or smoke.

Sign up for alerts to stay up to date on this and other emergent health issues. Find more resource and information at www.tpchd.org/vape and www.tpchd.org/quit.

More resources for patients: Call 1(800) QUIT-NOW for counseling and coaching. Download an app to help quit at doh.wa.gov/quit. ✿



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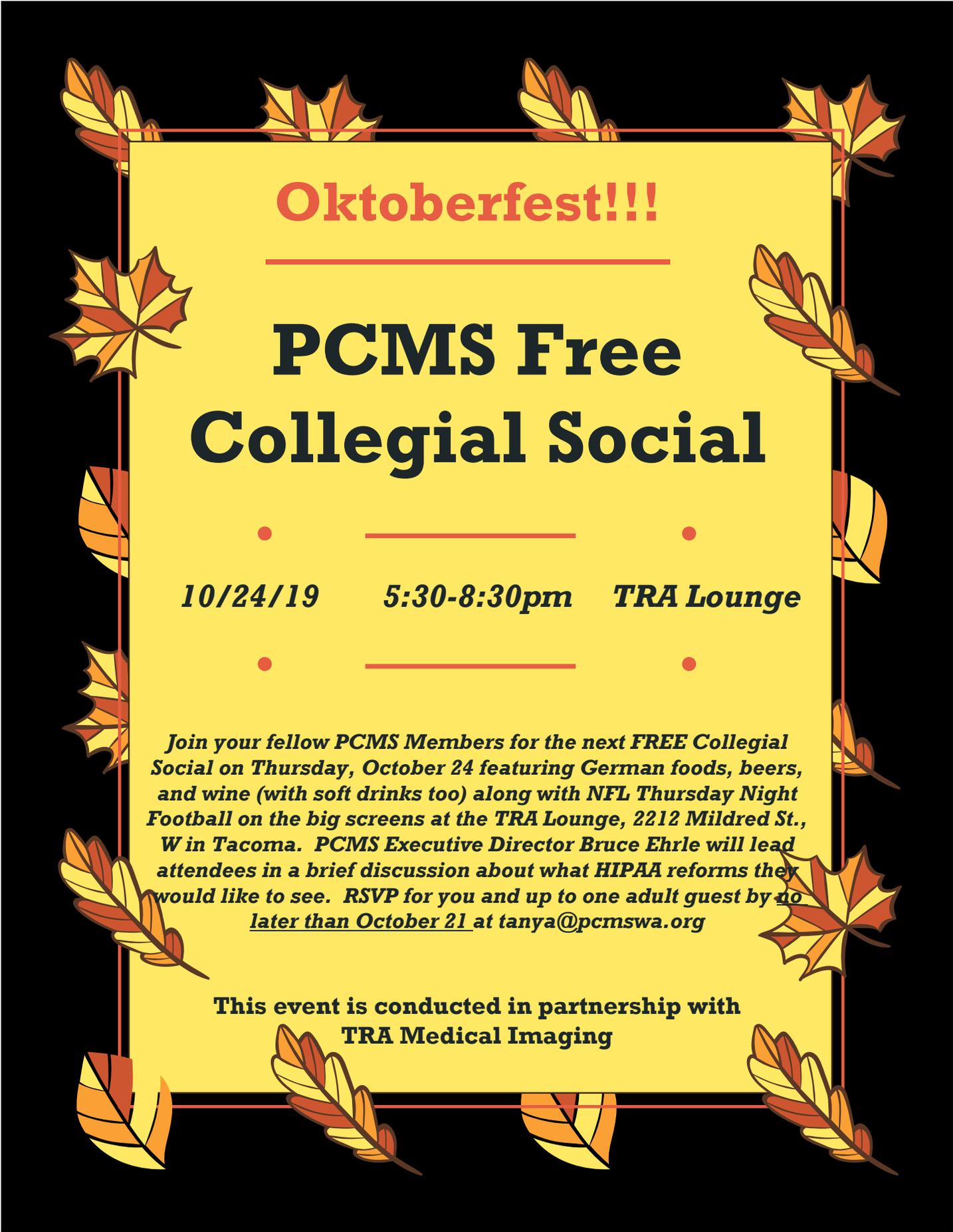


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•

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Join your fellow PCMS Members for the next FREE Collegial Social on Thursday, October 24 featuring German foods, beers, and wine (with soft drinks too) along with NFL Thursday Night Football on the big screens at the TRA Lounge, 2212 Mildred St., W in Tacoma. PCMS Executive Director Bruce Ehrle will lead attendees in a brief discussion about what HIPAA reforms they would like to see. RSVP for you and up to one adult guest by no later than October 21 at tanya@pcmswa.org

**This event is conducted in partnership with
TRA Medical Imaging**

not in agony as a way of life, getting additional behavioral health resources in our communities to turn the tide of increased burdens on primary care physicians as mental health revolutionizes its care with more outpatient settings and greater recognition of behavioral health issues, finding innovative ways to address growing debts for new doctors, seeking best practices to reduce administrative burden so that caregivers aren't spending so much extra time charting, making sure that the metrics used in payment reform make sense from the standpoint of front line care, seeking a field force to assist physicians in the home setting so that doctors have the best chance of success at meeting those new quality metrics while having the maximum opportunity to be effective in new areas such as improving population health through reduction of disparities and impacting the social determinants of health, and keeping a close eye on the implementation of new balance billing regulations.

Some of you may have read an op-ed that was written by a physician in the New York Times last month where he took his fellow doctors to task for too often not being part of solving problems and then being victims when others put their own solutions forward. He ended his submission to the Times in this way:

Today, doctors continue to show little inclination to solve health care's problems. Most of us are too busy with clinical work. As professionals, we are notoriously independent and don't often feel comfortable organizing or cooperating to achieve common goals. Most physicians don't want to engage in the politics and economics of health care. We went to medical school because we were fascinated with human physiology, not the body politic.

But if we are going to retain more of the independence we crave, we must become more active in addressing the problems of health care, some of which we have created ourselves. Doctors are already raising their voices on social media and other platforms on issues like gun control and immigration policy. We need to turn that critical focus on ourselves.

I enthusiastically concur that doctors need to be in the arena fighting the fight—and I'm not even a doctor! As your executive director, I am passionate about the role that the Pierce County Medical Society plays in advocacy, educating and informing our policymakers at the state and federal levels while working with them in a collaborative way to seek solutions to the many pressing issues facing physicians and patients.

From my experience, the Evergreen State of Washington is not a place where physicians and PAs simply let their professional world take shape around them without participating in the process. PCMS is an example of an organization where we do advocate, not just by making complaints, but by pressing for rational solutions to be implemented while informing Members of Congress and the state legislature as well as other government leaders about the realities of the challenges faced by doctors today.

As our President Aaron Pace, MD notes in his column, our latest efforts have included meetings for the PCMS Board of Trustees and me with US Representatives Heck and Schrier as well as a senior health policy advisor to the Washington Insurance Commissioner. We will also be meeting with US Rep. Kilmer again in the coming months and sitting down for a conversation with State Senator O'Ban. In just the last few months we've had lengthy interactions with the incoming Speaker of the State House, Rep. Jenkins, as well as State Sen. Darneille and State Sen. Conway. This is all in addition to the opportunities that I have to see former colleagues of mine at CMS and on Capitol Hill when I'm back there on my own trips to Baltimore and Washington, DC where I lived for 25 years.

There are no guarantees for success with advocacy. However, not even trying is to surrender and guarantees failure. The physician and PA cause on behalf of effective care for patients is a noble cause. It is worth fighting to have the physician profession be robust as this century progresses. My entire life has been pursued with the firm belief that participation in the policy process is the responsibility of each of us and that results can only be achieved through ongoing endeavors. I started volunteering on campaigns when I was 14 years old and now my chief responsibility is to work on your behalf alongside you and our board.

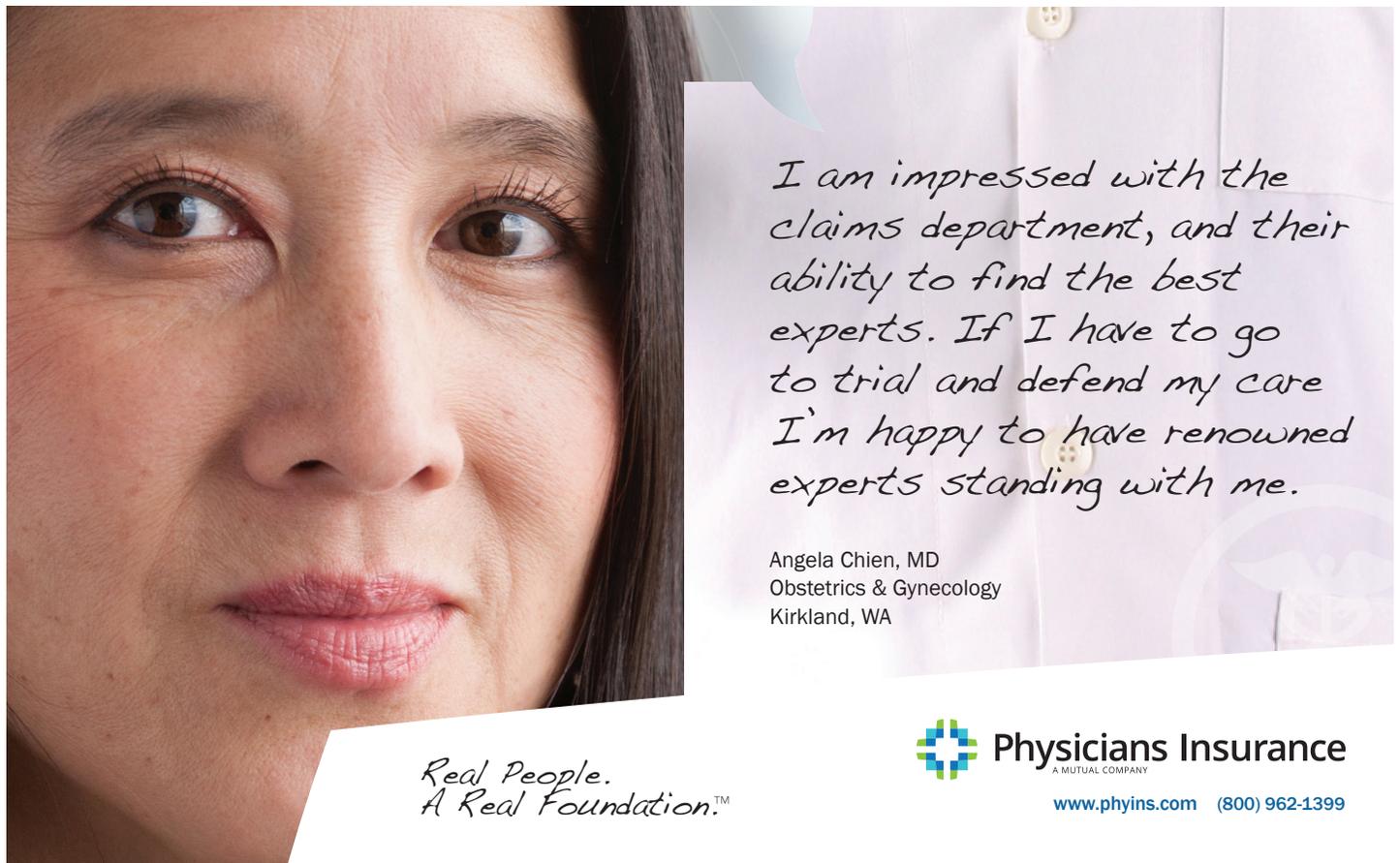
I was recently talking with a member of the state legislature about how important it is that we not assume that policymakers know what they actually don't know and how important it is that we ask for specific solutions to be pursued (even if it might take years to achieve success) because we have to start somewhere on each and every issue. He agreed completely and noted that he needs to hear from PCMS. Your medical society, your community based professional membership organization, will continue to be part of seeking solutions. 🌱



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BULLETIN



Serving Our Members and Community Since 1888



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PIERCE COUNTY MEDICAL SOCIETY



BULLETIN

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Managing Editor: Bruce Ehrle

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223 Tacoma Avenue South, Tacoma, WA 98402

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THINKING OF THE PAST AND LOOKING FORWARD



Aaron Pace, MD

As I think about the year winding down, I have many thoughts and feelings (still fullness, as I began writing this the day after Thanksgiving). At this time of year, gratitude and thankfulness seem to be widespread and foremost. I am thankful to have served as president in a county medical society as strong as Pierce County and to have our excellent and ambitious executive director Bruce Ehrle. I am also grateful to have such a supportive family.

There is much to look forward to as well. It appears technology will become a more integrated (and useful) part of what we do. In dermatology, an imaging device that can provide accurate recommendations is on the horizon. We are getting closer to genetic testing that will help determine whether a patient's psoriasis will respond to a particular systemic medication. This technology already is in clinical practice for several malignancies. Pattern recognition software is being developed for reading radiologic images as well, in addition to clinical decision support. Patients are already able to collect more of their own health data through watches, but other devices are becoming smarter as well. Biotech is also entering a new phase, with viable 3D printed organs, CRISPR gene editing, and cell reprogramming.

Even though the future is exciting and there is much to be grateful for, physicians are facing many new challenges, as are our patients. Pierce County is in strong need of all physicians and the state has taken action that has made it more difficult on physicians. The state increased the B+O tax by 20% which primarily affects non-hospital based physicians, increased some health IT costs associated with opioid prescribing, and passed a public option on the exchange that has capped reimbursement rates. There was also balance billing legislation that is good for patients but may end up driving down physician and hospital reimbursement. Pierce County has taken an active roll in trying to advocate for policy that helps our physicians. We are continuing to advocate strongly for better psychiatric care in our area as well as for more accessible healthcare for our numerous Tricare families.

I am glad to be in Pierce County. I have always felt a special tie to this region. We have a unique socioeconomic position. When you think about counties, many are homogenous. Pierce County is certainly not. Whether you are assessing ur-

ban or rural, health outcomes, poverty, or life expectancy we tend to have significant populations at both extremes of all of these scales. We have a unique setting with organized health systems, large private groups and perseverant smaller medical practices. I think these things make our location special.

At the end of each year, I ponder the next year, decade and what the rest of our careers will look like. I am about 10 years into what I hope will be a long career. Looking forward, I feel that the pace of change in medicine will be extreme and wonder how any of us can keep up with it. Looking back on my last 10 years, I wonder how so little could have changed. I have access to a couple new really good psoriasis drugs, a few innovative topical medications, and a couple large scale population based studies that help us direct care or give better prognostic information. Overall these are positive changes; just more limited than I would have expected 10 years ago. On the business side, it is more negative changes that I see. Being a small business owner over the last 10 years, I feel the pressure of increasing IT costs, increasing taxes, and growing medical bureaucracy. Although I have high hopes for the future, I suspect the next 10 years will be similar. I see a few innovations that improve patient care but not as many as I could dream of. I think patients and physicians are ready to decrease the medical bureaucracy and costs, but what that looks like is uncertain.

What I do know is Pierce County is a great place to practice medicine. It is filled with any practice type you could desire, wonderful patients, and great health systems. And last but not least, a medical society that is strong, and will continue to provide value and insight for decades to come. I am finishing up looking forward to our annual meeting at the Tacoma Art Museum that will have just occurred by the time you read this. The leadership of the Pierce County Medical Society will always advocate strongly on our physician's and patient's behalf. We will continue to provide a collegial environment that brings together physicians and PAs from different groups, systems and specialties. As a membership we can make positive changes in our area and help influence medical policy at the federal and state level. 🌿

FREE PCMS OKTOBERFEST COLLEGIAL SOCIAL BRINGS TOGETHER MEMBERS FOR BRATS AND BEER

During a week that had NAM release a report about provider burnout that highlighted the importance of physicians not feeling isolated, PCMS Members enjoyed the latest free member Collegial Social at the TRA Lounge in Tacoma on October 24.

The event had an Oktoberfest theme with outstanding German style food and beers. The brats were so popular that only one was left by the end of the evening--and that one remained only because nobody wanted to be the person to take the last one.

Attendees were welcomed by PCMS President Aaron Pace, MD as the big screens were tuned to NFL Thursday

Night Football with the Vikings defeating the Redskins. At halftime, PCMS Executive Director Bruce Ehrle led a conversation about HIPAA to hear from front line providers about how the law can be modernized to improve physician and PA care for their patients as well as to eliminate nonsensical administrative burdens. Terrific examples were offered by several doctors that will be incorporated in to PCMS federal advocacy. TRA Imaging CEO Chris Coates previewed the topic for the next free Collegial Social in early 2020--Clinical Decision Support and related CMS requirements that physicians should be aware of.

PCMS thanks TRA Medical Imaging for their continued partnership with the Society and for their continued support of these important membership gatherings. 🌿



BULLETIN SUBMISSIONS

If you have a clinical best practice to share with your colleagues, a success story about individual physicians or PAs or a health system, or news about health care innovation taking place in Pierce County that you would like considered for inclusion in an upcoming edition of the PCMS *Bulletin*, please send your submission to Bruce Ehrle at bruce@pcmswa.org.

A NEW DECADE DAWNS



Bruce Ehrle

Last year, as we celebrated the 130th birthday of the Pierce County Medical Society, we also looked ahead to the next 130 years—to 2148—thinking about this organization’s responsibility to physicians, PAs, and the patients you all serve to carry forward what the founders in 1888 began. Well, one year down, 129 to go!

This year has seen continued aggressive advocacy on the membership’s behalf with federal and state policymakers that will continue in to the new year—and in to a new decade that will see some of the biggest transformation in areas such as care delivery and payment that most will have witnessed in their entire careers.

2019 has witnessed education for physicians and PAs from PCMS on topics such as the new state opioid regulations, new federal opioid guidelines, and the new state balance billing law. In 2020, topics such as HIPAA compliance and reform as well as new CMS rules on clinical decision support will be part of PCMS member education.

At a time when peer to peer professional collegiality is not just fun, but vital to help mitigate stress, depression, and burnout, PCMS not only continues to offer the Annual Meeting Banquet, the wine event, and the summer picnic, but with our partnership launched with TRA Medical Imaging this year, we have added Collegial Socials with different themes that members may attend for free, during which we also offer a brief clinical or policy related topic.

In 2020, PCMS will also be continuing to focus on the need for expansion of behavioral health resources in

Pierce County, expanded access to civilian caregivers for troops at the Joint Base, and a health literacy project conducted jointly with Pierce County Project Access.

This is all part of our ongoing stewardship of this community’s professional organization for physicians and PAs.

As we enter this new decade that is due to see that change of payment in gigantic ways, with real incentives and penalties relating to quality, value, and outcomes, our partnership with provider organizations will be crucial to achieving success for those organizations and those who staff them such as our PCMS members because all boats are going to rise or fall together in this brave new world. We aim for shared success. We will continue to support independent practices in their navigation of the new decade too. Their burdens are growing and we need to fight to help them. And we will work side by side with organizations such as Physicians Insurance to promote best practices.

Each of you walk in the footsteps of all the PCMS members over the past 13 decades. As we push through the 21st Century, there will continue to be many advances and alterations in the medical profession. However, the core of what you do and what you stand for remains the same—always—and that is healing people. Your efforts—and your support of PCMS are appreciated because the Society truly does strive to be your ally in countless ways every day. As you help others be healed, PCMS wants to help you. 🌱

FINE ART AND FUN FEATURED DURING PCMS ANNUAL MEETING AT TACOMA ART MUSEUM

As attendees arrived, they were greeted by the sounds of a quartet of the Tacoma Youth Symphony performing holiday favorites while the new Benaroya Galleries as well as the North Galleries displaying a temporary exhibit of Impressionist masters were open for viewing. Appetizers were served near the bar in the glass enclosed atrium looking out over downtown Tacoma.

After partaking of a delicious buffet dinner served with Columbia Crest wines from the Evergreen State, a brief program began with Executive Director Bruce Ehrle welcoming PCMS Members for the evening. He noted that as the new decade begins, one that is due to bring tremendous transformations in payment away from fee-for-service toward a reimbursement focus on value and quality, a top priority for PCMS will be in helping independent physicians navigate these changes as well as to work in partnership with the health systems and other large practices to assist the entire medical community by making sure that implementation of this new paradigm makes sense for providers and patients from a front-line care perspective. He stressed the importance of seeking success for both health systems and the MDs, DOs, and

PAs who work for them because with real penalties and bonuses coming on-line from the federal government and then private payers, a collaborative approach can yield positive results for all. With administrative burden and other challenges continuing to grow for independent practices, Bruce expressed how important it is to seek solutions so that those who wish to remain independent have every opportunity to do so. Advocacy will be key to all of this (and many more issues in the decade ahead) and PCMS will be a voice for physicians and PAs with federal and state policymakers, he said. Bruce thanked the sponsor supporters of the 2019 PCMS Annual Meeting--CHI Franciscan, Community Health Care, MultiCare, and Physicians Insurance.

PCMS President **Aaron Pace, MD** looked forward to a continued strong role for PCMS as the community-based professional organization for physicians and PAs in Pierce County and thanked his fellow board members for their participation in helping to lead the Society with ED Bruce Ehrle. With gratitude for their service, Dr. Pace noted the departure of three doctors from the PCMS Board--**Khash Dehghan, MD** who had served as President in 2018, **David Swedler, DO**, and **Noda Torres, MD**.



2019 President Aaron Pace, MD (left) offers the 2020 Presidential Gavel to Alex Mohit, MD



Aaron Pace, MD (right) presents Khash Dehghan, MD a plaque in honor of his years of service on the PCMS Board, including serving as President in 2018

During his time leading the program at the podium, Dr. Pace announced that the recipient of the 2019 PCMS Community Service Award was **Jeff Smith, MD** for his long tenure at safety net provider Community Health Care including as medical director where he has enthusiastically provided care to so many who have few or no other places to turn for healing, for playing a leading role in establishing the family medicine residency program at CHC that has recently graduated its first classes during a time when residency slots and primary care providers are desperately needed, and for his ongoing support of and collaboration with PCMS including his past service as PCMS President.

Dr. Pace presented the 2020 PCMS Presidential Gavel to

Alex Mohit, MD. Dr. Mohit stated that he was looking forward to the year ahead continuing to pursue PCMS priorities of advocacy, education, and collegiality which earlier Bruce Ehrle had noted now includes a partnership with TRA Medical Imaging to host Free PCMS Collegial Socials at the TRA Lounge. Dr. Mohit stressed that physician wellness through implementation of these priorities, with a special focus on the well-being of the MD, DO, and PA, is increasingly important with each year of Society activities including during his upcoming term as President. In closing the program, Dr. Mohit welcomed two new members of the PCMS Board--**C. Blake Perry, MD**, an independent surgeon, and **Irene Grias, DO**, an OGBYN at CHI Franciscan. 🌱



Aaron Pace, MD (left) presents Jeff Smith, MD with a plaque honoring him as recipient of the 2019 PCMS Community Service Award



Noda Torres, MD (left) is presented with a plaque in recognition for her service on the PCMS Board



Attendees arrive and gather in the Atrium of the Tacoma Art Museum while members of the Tacoma Youth Symphony perform



Dr. Alex Mohit making his remarks as the new PCMS President for 2020

MULTICARE ALLENMORE HOSPITAL OPENS NEW EMERGENCY FACILITY

With eager anticipation of caregivers joined by leaders from across the health system and the community, MultiCare cut the ribbon on a new emergency facility at Allenmore Hospital on November 20. A photo of the ribbon cutting taken by PCMS Executive Director Bruce Ehrle accompanies this article.

Speaking at the event, MultiCare Health System CEO Bill Robertson noted that replacing the emergency department infrastructure at Allenmore had been a priority since he began his tenure and that he was happy to see the endeavor come to fruition. Physicians practicing at the facility noted how excited they were to have the state-of-the-art and innovative emergency department opening, especially since the one used previously was not ideal in its disjointed layout. However, those same physicians also noted that despite the shortcomings of the old facility, they had always managed to provide a high level of care—a level of care they committed to maintaining amidst their new surroundings that should benefit patients in a variety of ways.

For example, triage rooms near the resuscitation room will permit patients to have their status determined more efficiently while a “results pending” area will allow patients



to wait in less crowded areas to complete their treatment. The new facility will also aim to better handle the physical location and treatment of behavioral health cases that come to the ED. In addition to updating the actual facility at Allenmore, MultiCare hopes to maximize the overall patient experience at what is often a particularly scary moment for them by keeping wait times to a minimum, allowing patients to feel as comfortable as possible with their environment, and providing a safe, secure, efficient, and modern workplace for the ED staff. 🌱

—SAVE THE DATE—

2020 PCMS ANNUAL MEETING
RECEPTION AND BANQUET

WEDNESDAY, DECEMBER 9, 2020
5:30-9:00PM

TACOMA COUNTRY AND GOLF CLUB
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AS PATIENT ACCESS PROBLEMS PERSIST, PCPA NEEDS YOUR HELP



*Vanessa Kitt,
PCPA Executive Director*

Pierce County Project Access (PCPA) is an organization dedicated to creating pathways to care for those in need. We are proud to partner with over 700 medical providers. These providers treat patients unable to afford the costs of medical care and have no other option. Plus, because PCPA does the heavy lifting of medical review, coordinating care, and patient support, our generous doctors continue to serve and feel good about helping those who fall between the gaps of the healthcare system with minimal administrative burden. Since our inception in 2009, PCPA has served over 3,000 low-income patients, maintained a no-show rate to scheduled appointments at, or oftentimes, below 1%, and reduced non-emergent emergency room usage by an average of half.

Dr. William "Bill" Hirota, president of the Washington State Medical Association, has supported our organization for many years and he affirms that "the original intent of Project Access was to mitigate the impact of inefficient and costly care of uninsured or underinsured individuals who felt compelled to seek their medical care through the ERs of our county. We thought that by providing this donated care to our fellow citizens, we may help them get back on their feet, prior to full implementation of the Affordable Care Act. It does truly take dedicated financial sponsors, health care professionals, and professional staff to coordinate appointments and encourage patients to follow up. All the Project Access patients who I have seen over the years have been very grateful for the care they receive and are amongst the most compliant. Now, a decade after the passage of the ACA, Project Access is still a very important safety net for those many individuals who are still falling through the cracks. It is our obligation as health care professionals to help where we can."

Bonnie Hill, an ARNP in the CHI Franciscan Health System, began caring for Project Access patients in 2011. She values the connection she has with our organization and states "serving as a referral provider for Project Access has provided me with the opportunity to care for the poor, the impact of which is humbling and soul satisfying."

Dr. Nancy Grubb participates because she believes "it's just the right thing to do. Uninsured patients and immigrants need access to the quality care our Pierce County physicians can provide. Project Access makes it easy to serve by providing the structure of an established community program. I encourage all of our physicians to give it a try!"

Project Access would not exist without the time, energy, and resources invested by providers like these and other members of the Pierce County medical community. The holiday season is a time when our thoughts generally turn to the less fortunate around us. Unfortunately, access to healthcare is still an enormous problem for many of our neighbors. There are an estimated 45,000 uninsured individuals in Pierce County, our emergency rooms are still overwhelmed, and medical debt continues to be the number one cause of bankruptcy in our communities. Participating in Project Access as a volunteer physician provides an excellent way to alleviate these issues.

We desire to expand our reach but cannot do so without your help. If you are not a member of our Donated Care network, please consider joining today. In addition, we welcome and depend on any financial donation you are able to make in order to sustain and further the mission of our organization.

Our patients, staff and myself extend a heartfelt thank you to all who have invested in our organization over the years. Your contributions are significant, the benefits of which will be reaped for years to come. We value your partnership and look forward to working together to improve the health of the wonderful community we call home!

If you would like more information about joining the Donated Care provider network please contact Vanessa Kitt, 253-336-4812, vanessa@pcprojectaccess.org. Monetary donations can be sent by mail to Pierce County Project Access, 223 Tacoma Ave S, Tacoma, WA 98402 or made online at pcprojectaccess.org/give. 🌱



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