PCMS

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NEWSLETTER

• A publication of the Pierce County Medical Society •

Volume 4, No. 1 January 1989

Annual Meeting Huge Success

Dr. Bill Ritchie assumed the presidency of the Society from Dr. Bill Jackson at the Annual Joint Dinner meeting of the Society and Auxiliary. Over 280 members and spouses turned out to observe the changing of the guard and to hear a fascinating report on the drug situation in Pierce County.

Tacoma Chief of Police Ray Fjetland and Prosecuting Attorney John Ladenburg cited the magnitude of the drug problem and how it is impacting our society. They reported on the massive increases in violent crimes, arrests, jail problems, shortage of personnel and funding. They urged a closer involvement with the medical community in working with our legislators to adopt more stringent legislation to cope with the situation.

Ladenburg and Fjetland asked all members to subscribe to a newsletter the Prosecutor's office will be sending out to keep the public apprised of important legislation and current events and suggest how to help make some effective changes. To receive a newsletter, call the Pierce County Prosecutor's Office, 591-7400

Other highlights of the annual meeting included...

- Dr. Ralph Johnson, past Society president, was honored for his many contributions to medicine, his colleagues and the community. Dr. Jackson presented him with a plaque for service as president of WSMA. Under Johnson's presidency, Initiative 92 was defeated and efforts begun to create a separate department of health.
- Mrs. Mavis Kallsen was honored by the Society for her long-time efforts to preserve the history of medicine as it was practiced in Pierce County.
- Dr. Jackson acknowledged the Auxiliary and its president, Mrs. Kris White, for its always consistent performance in assisting the Society in its efforts. The Auxiliary played a major role in the passage of the fluoride initiative by forming telephone trees, gathering signatures and distributing petitions.
- Outgoing Board members -- Drs. Jerry Anderson, Ron Knight, Bill Marsh, Eileen Toth, Bob Martin, DeMaurice Moses and Dick Bowe -- were presented plaques and expressions of appreciation for their commitment to the Society and community.
- Committee chairmen were recognized for their contributions to maintaining an active, vital organization. Dr. Terry Torgenrud, chair of the Public Health/School Health, was thanked for leading the successful fluoride-initiative effort. Dr. Bob Whitney, was recognized for leading the MBI Board of Directors to a more effective organization that benefits the entire membership. The EMS system in Pierce County will be much improved as a result of the outstanding efforts of EMS Committee Chair Dr. Bob Wachtel during the past year. Pierce County will be one of five demonstration sites for the Basic Health Plan because Dr. George Tanbara led the campaign with the cooperation of Pierce County Medical Bureau.
- Drs. John Lincoln and David Brown were commended for their efforts in salvaging the College of Medical Education from near collapse, and Dr. Bill Dean was recognized for chairing the Library Committee that has restructured the Library.
- Dr. Ritchie presented Dr. Jackson a plaque expressing the appreciation of the membership for his superb leadership during the Society's centennial year. Dr. Jackson's contribution of tremendous time and energy resulted in many accomplishments for the Society in '88.

Raffle winners of the gourmet food basket and Harry and David's Monthly Fruit basket were Drs. Bill Jackson and Arnie Herrmann.

1989 Officer/Trustees

The ballots were counted and your 1989 officers and trustees are:

President: **Dr. Bill Ritchie**; Vice President: **Dr. Jim Fulcher;** President Elect: **Dr. Gordon Klatt**; Secretary-Treasurer: **Bill Marsh; Immediate Past President: Dr. Bill Jackson**; Trustees: **Dr. David Hopkins, Dr. David Law, Dr. Tony Lazar, Dr. Jim Patterson, Dr. Bill Roes, Dr. John Rowlands**; Auxiliary President: **Mrs. Kris White**

The Board of Trustees will be holding it annual Board Retreat (planning session) on Saturday, January 7, at the Tacoma Dome Hotel.

Presidents of the specialty societies and hospital medical staffs have been

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Officers *(Cont. from page 1)*

invited, as well as committee chairman, past presidents and WSMA representatives. The Board will review committee activities and future goals, and several new programs will be considered including: voluntary Medicare Assignment, formation of a Minority Health Advisory, sports medicine, and environmental health committees.

Dr. John Dawson, AMA Trustee from Mercer Island, will address issues from a national perspective, with emphasis on the RBRVS Harvard study.

Volunteer for the Health of it!

The Annual Tacoma Mall Health Fair is scheduled for February 3-5 and again volunteers are needed to staff the Auxiliary's and Society's booth.

Traditionally, the doctors, as well as many Auxiliary members with nursing experience, administer blood-pressure tests. This year, WSMA will provide a new exhibit that will display the history of medicine in Washington. An abundance of literature will be available for distribution to the general public.

If you can spare two hours, please call Kris White or the Medical Society office (572-3667). You will enjoy meeting the public out of your office environment, and your efforts will be much appreciated. Volunteering for this worthy event will help to improve the physicians' image in the community.

Physicians Needed in Olympia

Physicians are needed to staff the WSMA-sponsored Legislative First Aid Clinic in Olympia, January 9 through April 15. The clinic will be open Monday through Friday, which means 70 volunteers are needed to serve just one morning during that period of time. This is a unique experience that often establishes a significant rapport between physicians and legislators. The value of this program in maintaining the solid, consistent presence of medicine with the Legislature cannot be overstated.

If you are interested in volunteering, please call Winnie Cline in the WSMA Olympia office at 1-800-562-4546.

Preadmission Program

Implementation of The PRO/W Preadmission Monitoring Program has generated considerable discussion and discontent. WSMA's response to PRO/W is now available through the Medical Society office. Please give us a call if you would like a copy.

A Question of Ethics

"Would it be ethical for a nursing home to seek another physician for a patient, if the patient's personal physician will not see the patient every 60 days as required by DSHS?"

This question was recently posed to the Ethics and Standards of Practice Committee. Following discussion, the committee concluded that "every physician who has a patient in a nursing home should be appraised of the DSHS regulation, and because of state law, nursing homes have no other alternative but to comply with the regulation and seek alternative care if necessary." The committee urged nursing homes to make every effort to work with the physicians and make certain they are aware of the regulation.

The Committee on Aging also reviewed the question and agreed that it is the responsibility of the nursing home to seek care for their patients.

The Pierce County Medical Society is a physician member organization dedicated to promoting the art, science and delivery of medicine and the betterment of the health and medical welfare of the community.

The PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society.

We welcome and invite your letters, comments, ideas and suggestions.

Pierce County Medical Society
705 South 9th St., Suite 203
Tacoma, Wash. 98405
(206) 572-3667

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products.

Tobacco-Free Pierce County

The Medical Society's Tobacco Task Force has merged with numerous agencies and representatives to form a new group called the Coalition for a Tobacco-Free Pierce County.

The Coalition has met twice and is now in the process of determining priorities for the coming year. Dr. Gordon Klatt (PCMS president elect) has been chosen as the first chairman of the coalition. PCMS members sitting on the committee are: Drs. Richard Hawkins, Clyde Koontz, Larry Larson, John Lenihan, Vernon Nessan, H. Irving Pierce, G. Bruce Smith, George Weis and Amy Yu.

The Coalition has representatives from the Pierce County Medical Society, American Cancer Society, American Heart Association and American Lung Association, March of Dimes, Diabetes Association of Pierce County, Service Employees Local Union #123, Tacoma Public Schools, Tacoma-Pierce County Health Department, Pierce County Hospital Council, Tacoma Fire Marshall, Pierce County Medical Bureau, City of Tacoma, American Red Cross, AARP and the Pierce County Nurses Association. Other representatives are being asked to join the Coalition.

The Coalition is considering several areas of focus. Among the projects being considered are: smoking in the workplace, smoke-free hospitals (by January 1, 1990), legislative activities including further restrictive ordinances, and school activities.

The Coalition's next meeting is scheduled for Thursday, January 5.

Notable

Dr. Alan Tice, Infectious Disease Specialist, authored a section on Infectious Disease for the 1989 Encyclopedia Britannica Yearbook's Medical and Health Annual update. In October, Dr. Tice represented the Infectious Disease Society of America at the American Society of Internal Medicine Annual Meeting in Atlanta. He is also on the Coordinating Committee on Physicians Payment Reform in Washington, D.C. and one of three Infectious Disease Technical Advisors to the Harvard RBRVS Study who met with Drs. Hsaiao and Braun in Boston in November. Tice continues to serve on the Clinical Affairs Committee of Infectious Disease Society of America and remains active locally, serving on the WSMA AIDS Task Force and chairing the PCMS AIDS Committee.

Dr. Jim Fulcher is President-Elect of the American College of Emergency Physicians (ACEP), Washington Chapter.

Dr. John R. Hilger is serving as 1988-89 President of the American Academy of Facial Plastic and Reconstructive Surgery.

The St. Joseph Hospital pharmacy was recently named as one of the best hospital pharmacies in the nation. The distinction came in the recent issue of *Hospital Pharmacist Report*, which polled all the state pharmacy society presidents and Hospital Pharmacist Report's Council of Hospital Pharmacists for their picks of the best pharmacies in the country.

AMA Update

Medicare Cuts?

Speculation on whether the administration will prevail in its intent to slash Medicare expenditures by $5 billion next year and on the likely places where the threatened cutbacks would occur continues to dominate the medical economic news front. Reagan Administration sources and others in or with close ties to the incoming Bush Administration have publicly stated that Medicare budget reductions of that magnitude are being eyed. Bush himself sidestepped the issue when queried by the news media, stating that he had not yet formulated his ultimate budget recommendations. The White House budget office is preparing a prospective Medicare hit list. Contemplated sources of savings are:

- pruning Medicare's share of capital costs for hospital projects from the current 85 percent to only 75 percent ($1.5 billion)
- reductions in inflation payment allowances made to hospitals ($725 million), which derive 40 percent of their revenues from Medicare
- eliminating the FY-1990 Medical Economic Index (MEI) for physicians ($300 million) -- except for those in primary care -- and for clinical laboratories ($109 million) reducing from 7.7 percent to 4.05 percent the supplement paid to teaching hospitals ($1 billion)
- reducing fees for radiologists and anesthesiologists by 10 percent through the new relative value guides for anesthesiologists ($109 million); and

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- reducing payments for "overpriced" procedures ($90 million).

Whether Congress will go along with any budget proposal for such sharp cuts, however, is questionable since there have been repeated Medicare cuts for several years.

AMA and other concerned organizations are now considering strategies for dealing with the Medicare budget cut issue. One major step AMA plans to take is to build a coalition that will push for obviously needed Medicare reform to make the program fiscally sound. A bill based on an AMA proposal to reform the program was introduced by Representative Charles Rose (D-NC) in the 100th Congress. AMA plans to seek introduction of a modified bill based on that concept, but containing new cost projections, early in the new Congress.

RBRVS Policy

AMA's House of Delegates recently adopted the policy position that the Harvard Resource-Based Relative Value Study (RBRVS), if sufficiently expanded and refined, would provide an acceptable basis for a Medicare indemnity payment system. Based on the Board of Trustees' technical review of the RBRVS, specific recommendations for expansion and refinement were made.

In deciding upon its position, the House reaffirmed its support of the adoption of a Medicare payment system based on an RBRVS. In adopting Board of Trustees Report AA (in lieu of Board Report N and several related resolutions) the House directed the Board to report back to the House at A-89 on further developments regarding the Harvard RBRVS and related issues. The Board also was asked to continue its ongoing study of such broad issues as quality, adjustment for patient severity of illness and utilization.

Fewer FPs

A shortage of family practice physicians will occur if increasing support from the medical profession is not forthcoming. That is the conclusion of The Future of Family Practice, a report from the AMA Council on Long Range Planning and Development.

To assist Medical Society members in planning their continuing medical education plans for the year, the College of Medical Education 1988-89 program schedule is printed below. A complete calendar, including course descriptions, is available through the COME office, 627-7137. Remember... **MARK YOUR CALENDAR!**

1989

Jan. 12	**Pharmacology in Medicine**
Jan. 19	**Law and Medicine Symposium**
Feb. 1	**AIDS**
Feb. 10	**Office Gynecology**
March 9,10	**Tacoma Academy of Internal Medicine**
March 22, 23	**Orthopedics and Sports Medicine**
April 14, 15	**Tacoma Surgical Club**
April 26, 27	**Computers in Medicine (Clinical Applications)**
May 17	**Neurology**
June 26,27	**Advanced Cardic Life Support**

Medical Practice Arrangements

Recent AMA survey data show that physician participation in alternative delivery systems (i.e., HMOs, PPOs, and ACCs) is increasing. Growth has been observed in the proportion of physicians having contracts with alternative delivery systems and in the importance of such contracts to physicians' practice revenues. Indications are that the proportion of physicians choosing to join alternative delivery systems, particularly young physicians, should continue to grow.

AMA Research

Traditionally, physicians have practiced in solo, sole proprietorship, fee-for-service practices. With the emergence of alternative delivery systems and the restructuring of the health care finance system, the traditional motivating forces for entering into a given type of practice arrangement have changed. AMA's Center for Health Policy Research examined these changes by utilizing data generated from the Association's Socioeconomic Monitoring System (SMS) to delineate the changes in physicians' practice arrangements across three dimensions:

- delivery system (ambulatory care centers (ACC), health maintenance organizations (HMO), and preferred provider organizations (PPO)
- form of legal organization of the practice; and
- practice size (in terms of the number of physicians in the practice).

The research was conducted by David W. Emmons, PhD. The study focused on the changes in the type of medical practice arrangements being entered into by physicians between the years 1983 and 1986. Some of the factors discussed in this report which may influence how a physician establishes his practice include the legal and financial responsibility that the physician will bear, the capital costs associated with a practice, and access to patient bases.

Research Findings

In general, the research findings document the nature and extent of the change in physicians' practices:

- The percentage of physicians receiving revenues from HMOs or IPAs increased from 27.3 percent in 1984 to 34.8 percent in 1986. In addition, the survey indicated that in 1986, 42.2 percent of the physicians had HMO contracts.
- Among those receiving IPA or HMO revenues, the proportion of such revenues to total practice revenues also increased. Between 1984 and 1986, the number of physicians who received less than 5 percent of their revenues from HMOs dropped from 48.6 percent to 35.3 percent. The number of physicians who received more than 10 percent from HMOs increased from 3.7 percent to 6.7 percent.
- The percentage of physicians with PPO contracts has increased: from 10.9 percent in 1983 to 38.3 percent in 1986. Past numbers regarding this statistic were deceiving as a measure of physician involvement due to the frequency with which physicians contracted with a PPO yet did not receive any PPO revenues. This is no longer the case: the percentage of physicians who had contracts with a PPO but received no revenue from the PPO decreased from 26.1 percent in 1984 to 12.4 percent in 1986.
- The growth in the percentage of physicians in incorporated practices has been reversed as a result of measures like the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA): the percentage of physicians who were incorporated decreased from 55.3 percent in 1983 to 49.6 percent in 1986. TEFRA eliminated several important tax advantages which had previously been afforded incorporated practices.
- Despite the growth in group practice arrangements, and the perception held by some individuals that solo practices are becoming extinct, almost half of those surveyed are still in solo practices: 47.7 percent in 1986.

A number of conclusions are warranted based on the assembled data and its analysis. First, there is increasing physician participation in ACCs, HMOs, and PPOs. In addition, female physicians are playing relatively larger roles in these delivery systems than males. Second, the passage of TEFRA appears to have altered the trend toward incorporated practice. Finally, the shift from solo practice to group practice has stabilized, though the average size of group practices continues to increase.

The full text of the study, "Changing Dimensions of Medical Practice Arrangements," is reported in *Medical Care Review*, 45:1 (Spring 1988).

Washington AIDS Laws: A Summary for Health Care Providers

The following article was published in the October 1988 issue of Washington Physicians Quarterly.

Washington's Omnibus AIDS bill became law March 23, 1988, and addresses a wide range of areas affected by AIDS. This article will summarize the topics of greatest import to our insured physicians, including what is legally mandated regarding counseling, testing, informed consent, and disclosure. Potential liability risks for health care providers will also be discussed.

"Counseling is required with all HIV testing."

Counseling

The Omnibus AIDS bill directed the Board of Health to establish minimum standards for pre-test and post-test HIV counseling and AIDS counseling, and health care providers are expected to comply with these standards. Counseling is required with all HIV testing. Pre-test counseling should be aimed at helping the individual understand ways to reduce the risk of HIV infection, the nature and purpose of the tests, the significance of the results, and the potential dangers of the disease, as well as assessing the patient's ability to cope with test results. Post-test counseling should be directed at increasing the patient's understanding of the HIV infection and encouraging the person to notify persons with whom there has been contact capable of spreading HIV. AIDS counseling should be directed at increasing the patient's understanding of AIDS and changing the patient's behavior.

Counseling should include disclosure of the tests' limitations. While current tests can determine whether a person has been infected with the virus, they are not diagnostic for AIDS. A single negative antibody test does not mean the patient is not infected; a single positive test does not mean the patient is infected. A discussion of the potential emotional and behavioral consequences of taking to not taking the test and medical advice if the test is confirmed as positive should be included in counseling sessions. Records should be well documented regarding the indication for testing, the counseling given, the patient's consent to the testing, and post-test arrangements.

Counseling Pregnant Patients

The law requires every health care practitioner attending a pregnant woman to conduct AIDS counseling with the patient. The availability of antibody testing, the significance of post-test results, and the possible risks to a fetus of HIV infection should be covered. AIDS counseling is also required for any patient being treated for a sexually transmitted disease, and any patient being treated in a drug treatment program.

"The law states that no person may undergo HIV testing without that person's consent . . . Our legal counsel advises that physicians risk liability if proper informed consent is not obtained for HIV antibody testing . . ."

Informed Consent

The law states that no person may undergo HIV testing without that person's consent. Exceptions are incompetent persons, studies where neither the person tested nor the person testing knows who is undergoing the test, and in cases where the Department of Labor and Industries determines testing is relevant. Parental consent is required to test a newborn; a court order to test the newborn is the single alternative to parental consent. Our legal counsel advises that physicians risk liability if proper informed consent is not obtained for HIV antibody testing, particularly in cases where disclosure of positive test results leads to emotional or physical injuries, loss of employment, or other harm.

Transfusions

Any patient for whom a tissue transplant or a transfusion of blood or blood products is recommended must be informed about the possible risk of HIV infection. If directed or autologous blood transfusions are feasible, the health care provider must inform patients of such alternative means of transfusion. If non-blood replacement therapies or synthetic blood products are feasible alternatives, the health care provider must inform patients of such alternative means of treatment. Physicians should be familiar with area blood bank programs regarding directed and autologous donations. Washington state blood

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banks offer autologous donation programs but few, if any, offer directed donation programs. The criteria for use of these programs and when they may be medically advisable should be understood by all health care providers.

Disclosure

The Omnibus AIDS bill recognizes that sexually transmitted diseases (STDs) by their nature involve sensitive issues of privacy, and the law was written to afford patients privacy, confidentiality, and dignity. The identity of a person tested and test results may be disclosed only in the following instances: to the person tested or that person's legal representative; to any person who has a specific release of test results signed by the patient or the patient's legal representative; to an insurance company or payor of health care claims when this information is to be used solely for the evaluation and payment of medical or released claims; to local, state, or United States public health services in accordance with reporting requirements; to any person who has a court order; or to a health care provider who procures, processes or uses blood specimens, a human body part, tissue, or blood from a deceased person, or semen for the purpose of artificial insemination. Of note is that when the patient is a minor over age 14 and otherwise competent, consent for testing must be obtained from the patient, and disclosure of test results must be made to the patient, not the patient's legal representative.

Required Language

No person to whom STD test results have been disclosed may disclose the results to anyone else. Any disclosure made must be accompanied by a written statement with language substantially similar to the following: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure without specific written consent from the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is NOT sufficient for this purpose." Any oral disclosure must be followed by such a written notice within 10 days.

Of special note is that a general authorization for release of medical records is not legally sufficient to release the identity of a patient or results of any STD testing, including AIDS testing. As noted above, a court order or written permission from the patient is required for release. A court order requires release whether patient permission is obtained or not. If a subpoena duces tecum for medical records is received and there are HIV test results in the chart, an objection to the release of records on the grounds of physician-patient privilege and lack of patient permission is advised. The purpose of the general objection is to keep confidential the fact that HIV testing or any STD information is involved. Physicians may release this information to WSPIA in a potential or actual claim only if it is pertinent to the claim.

Reporting Requirements

Health department rules require physicians to report cases of AIDS and other STDs, as well as ARC (AIDS Related Complex) if the patient is symptomatic with an AIDS-related disease. Reporting seropositivity is not currently a requirement. As in child abuse reporting requirements, health care providers who fail to comply with mandatory reporting requirements may face civil liability from persons who can establish injury resulting from the health care provider's failure to report.

Disclosure to Partners

No clear-cut guidelines regarding the duty to warn third persons foreseeably endangered by AIDS patients have been established. It is the intent of the Omnibus AIDS bill, however, to deal effectively with reduc-

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ing the incidence of sexually transmitted diseases. The law states that identities or test results may be given to persons who have been placed at risk of contracting an STD because of their behavioral interaction with the affected patient if a public health officer or authorized representative believes the exposed person was unaware that a risk of disease exposure existed, and believes that disclosure of the identity of the infected person is necessary. Under emergency state regulations now in effect, a physician who believes an AIDS infected patient poses a health threat to to others by failing to inform sex partners or persons with whom needles are shared for drug use can identify such patients to public health authorities. The duty to warn a partner may take precedence over the patient's right to privacy if the partner has no reason to suspect exposure to HIV.

Liability

All recognized legal theories or liability for medical malpractice, lack of informed consent, and breach of confidentiality are conceivable vases for recovery in AIDS related litigation. Potential liability exists with failure to diagnose, particularly if there is resultant delay in obtaining necessary treatment, aggravation of the patient's condition, shortened life expectancy, or hastened death; if inappropriate treatment is administered and causes harm; or if the patient unknowingly transmits the disease to innocent third parties. Potential liability also exists with incorrect diagnosis of AIDS, ARC, or HIV seropositivity, particularly where AIDS phobia is triggered; the incorrect diagnosis leads to loss of denial of employment, loss of insurability, or other provable losses; or the incorrect diagnosis leads the patient to attempt suicide or other harmful action.

Protecting Medical Staff

Center for Disease Control guidelines for protection of health care workers should be reviewed and implemented as necessary to protect staff. A health care provider or staff person who has experienced a substantial exposure to another person's bodily fluids in the course of employment may request a state or local public health officer to order pre-test counseling, testing and post-test counseling for the person whose bodily fluids they have been exposed to. If that person refuses, the public health officer may petition the Superior Court for a hearing.

Further Information

A booklet entitled *AIDS: A Guide for the Primary Physician*, Vol. 13, No. 1 in the series *U.W. Medicine*, covers the role of the primary care physician in dealing with AIDS, clinical manifestations of the disease and approaches to management, prospects for treatment, psychosocial aspects of AIDS, the duty to treat patients with AIDS, and many other topics of import. The booklet is available by sending your request to C-301 Health Sciences Center, Mail Stop SC-60, University of Washington, Seattle, WA 98195. Guidelines and regulations on all sexually transmitted diseases are available from your public health department.

AIDS Prevention Program

The AIDS Prevention Program, in an effort to impact the spread of HIV infection in Pierce County, has expanded activities in a number of areas. The program focuses on the following four areas:

- Voluntary and anonymous counseling and testing, which includes risk assessment, pre- and post-test counseling, education and referral.
- General public education, professional training, technical assistance in program planning and policy development.
- High risk intervention and outreach to the jail population, high-risk teens, IV drug users, prostitutes and minorities.
- Resources for care services which include case management and resources development/program planning. AIDS Case Managers assist people with AIDS and their loved ones in accessing health care, social support and financial assistance. The second component of their role is to assist in developing AIDS-related services and resources.

The following information is available upon request:

- A variety of educational pamphlets, video tapes and resource articles.
- AIDS Resource Directory of Services for people with AIDS, their families and service-care providers.
- AIDS Resource List
- HIV/AIDS Reporting Information Packet
- AIDS Omnibus Law and Washington Administration Codes information.

For more information, call the Tacoma-Pierce County Health Department AIDS Prevention Program at 591-6060.

Current Trends

Based on current trends, the active U.S. physician population is expected to rise from 519,411 in 1986 to 633,200 in the year 2000, an increase of 21.9 percent, according to the AMA's Center for Health Policy Research predicted in a new monograph released in June.

Approximately one-fourth of the U.S. physicians in the year 2000 will be women. It is also predicted that more physicians will work in general internal medicine than in any other specialty.

Parliamentary Procedures

Dr. Stan Tuell will offer two winter-quarter courses on how to chair a meeting, make or manage motions, write bylaws, etc. One class is a comprehensive, eight-evening, 16-hour course in parliamentary procedure. It will be held at Tacoma Community College Monday evenings, January 9-March 13 (holidays excepted). A six-hour "crash" course will be given at Highline Community College, near Federal Way, three consecutive Wednesday evenings beginning January 18.

For more information, call TCC at 566-5020, or Highline at 878-3710, ext. 341.

Smoking Cessation Program

The City of Tacoma Healthline Program and the American Lung Association of Washington will air a stop-smoking program in February. The seven-minute program segments will be shown twice daily for 15 days and are designed to accompany the American Lung Association's self-help guide, *Freedom From Smoking for You and Your Family.*

Persons wishing to participate in this stop-smoking opportunity may do so by calling 565-9555 to purchase the $7 self-help guide. Air time for the program will be listed in local newspapers and publications.

Section 89

Section 89 of the Internal Revenue Code, which provides new benefit non-discrimination rules on life, health, and cafeteria (flexible benefits) plans, is scheduled to become effective January 1, 1989. The provisions affect almost all employers, including those with fewer than 20 employees. Each health and welfare plan must be tested for discrimination to comply with the new requirements.

The rationale of Section 89 is to ensure that benefit plans do not discriminate in favor of highly compensated employees. To protect a highly compensated employee's benefits from taxation, each of an employer's health and like plans must satisfy a set of tests.

As a courtesy, Pierce County Medical mailed notices regarding Section 89 to its groups in October. If you did not receive this information, please call Pierce County Medical at 597-6520.

Computer Group to Meet

"Norton Commander" and DOS-Shell Program will be the program for the PCMS Computer User Group meeting, Wednesday, January 25, at 7:30 p.m. in the Medical Society office. Dr. Jim Blankenship will lead the discussion.

If you have an interest in computers at any level, try to attend these informal sessions. A bit of everything related to computers is discussed, and a lot of your questions can be answered.

New Members

The Board of Trustees has approved the Credentials Committee recommendation that the following applicants be approved for membership into the Pierce County Medical Society.

Ivan Covas-Maldonado, MD, Family Practice, Community Health Care Delivery System

Drew Deutsch, MD, Radiology, Tacoma Radiology Associates

Robert W. Girvin, MD, Ambulatory Care, Thunderbird Redi-Medical Center

David W. McEniry, MD, Infectious Diseases, Infectious Disease Limited

Sandra F. Reilley, MD, OB/GYN, Resident, U. of Washington

Mark S. Yuhasz, MD, Radiology, Tacoma Radiology Associates

We welcome you to Pierce County and to the Medical Society.

Dr. Lovy is opening a new office in Puyallup. The new office address is:

324 East Pioneer
Puyallup, WA 98372
Phone #: 756-2182

Auxiliary Funding Announced

The Finance Committee met in November and voted to provide funding for two organizations. The decision was approved by the Board and the General Membership.

The PCMS Auxiliary is pleased to announce the candidates:

A total of $1,500 will be given to the South Western Washington Chapter of the National Multiple Sclerosis Society to continue the professional services of a physical therapist to assist in their Aqua Therapy Program held at the Tacoma YMCA.

An amount of $970 will be presented to the YWCA Women's Support Shelter for a conference table and 20 chairs. The conference room is used for counseling women and children who are victims of domestic violence.

Personal Problems of Physicians Committee

For Impaired Physicians.
Your colleagues want to help.

Medical Problems, Drugs, Alcohol, Retirement, Emotional Problems

Committee Members

Patrick Donley, Chair	272-2234
Robert A. O'Connell	627-2330
John R. McDonough	572-2424
William A. McPhee	474-0751
Ronald C. Johnson	841-4241
Jack P. Liewer	588-1759
Kathleen Sacco	591-6681
Dennis F. Waldron	272-5127
Mrs. Jo Roller	752-6825

WSMA: 1-800-552-7236

CLASSIFIEDS

POSITIONS AVAILABLE

PHYSICIAN OPENING. Ambulatory care/minor emergency center. Full/part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, MD, at 5900 100th St. S.W., Suite #31, Tacoma 98499. Phone (206) 584-3023 or 582-2542.

IMMEDIATE OPENINGS. Full time and part time positions and Directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice. Flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES at 1-800-554-4405. Ask for Jeanine.

PRACTICES AVAILABLE

WELL ESTABLISHED family practice in radid-growth area of South Hill Puyallup. Present physician will continue working to aid in transfer of practice. Contact William Morrison, MD, 848-7297, 1-2 p.m.

EQUIPMENT

APPRAISAL SERVICE for Medical Equipment, 867-5415.

FLEXIBLE SIGMOIDOSCOPE. Excellent condition. 867-5415 for more information.

EXAM TABLES AND EXAM EQUIPMENT. Excellent selection. 867-5415 for more information.

OFFICE SPACE

PROFESSIONAL OFFICE SPACE for lease, 1,600 sq. ft., University Place, 863-7926.

COMPACT, MODERNISTIC, fully furnished office in Plaza Medical Center facing the new Lakewood Mall. Ideal for part-time or full-time specialists. Call 582-4900.

OFFICE SPACE suitable for General Practice or Dermatology. Approximately 1,100 sq. ft. $500 per month. Location -- 1212 S. 11th. Call Mr. Chris Mercurio, 565-1411 (evenings).

GENERAL

CERVICAL CAP TRAINING for health care providers. Call Marcy Bloom, Aradia Women's Health Center, 323-9388.

PHYSICIANS

Your
Army Reserve Personnel Counselor,

MAJOR PAUL H. LAWHON, MSC

Would like to talk to you about the following opportunities in the United States Army Medical Department:

- ***Part-Time Income***
- ***Retirement Potential***
- ***Post Exchange Privileges***
- ***Insurance Discounts***
- ***Continuing Medical Education****
- ***Attendance at A.M.A. Conferences****
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The Bulletin

PIERCE COUNTY MEDICAL SOCIETY FEBRUARY 1989

INSIDE THIS ISSUE:

THE LOWER RESPIRATORY TRACT–

More vulnerable to infection in smokers and older adults

Experience counts

Ceclor® Pulvules® 250 mg
cefaclor

think of it first

For respiratory tract infections due to susceptible strains of indicated organisms.

Summary.
Consult the package literature for prescribing information.

Indication: Lower respiratory infections [illegible] caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Streptococcus pyogenes* (group A β-hemolytic streptococci).
Contraindication: [illegible]
Warnings: [illegible]

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with [illegible] broad-spectrum antibiotics [illegible] diagnosis of antibiotic-associated diarrhea [illegible] broad-spectrum antibiotic treatment [illegible] associated colitis.

Precautions:

- Discontinue Ceclor in the event [illegible]
- Prolonged use may result in overgrowth of [illegible] organisms.
- Positive direct Coombs' tests have been reported [illegible] with cephalosporins.
- Ceclor should be administered with caution [illegible] markedly impaired renal function. Although dosage adjustments [illegible] moderate to severe renal impairment are usually not required, careful [illegible] observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly [illegible]
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates [illegible] caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

[illegible] reported [illegible]

- Gastrointestinal (mostly diarrhea) [illegible]
- [illegible]
- [illegible] reactions that have [illegible] (Stevens-Johnson syndrome) [illegible] and frequently fever [illegible] Serum [illegible] following a second [illegible]

- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
- Other: eosinophilia (2%), genital pruritus or vaginitis (less than 1%), and, rarely, thrombocytopenia.

Abnormalities in laboratory results of uncertain etiology

- Slight elevations in hepatic enzymes.
- Transient fluctuations in leukocyte count (especially in infants and children).
- Abnormal urinalysis; elevations in BUN or serum creatinine.
- Positive direct Coombs' test.
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly). [061088]

Additional information available from Eli Lilly and Company, Indianapolis, Indiana 46285 PV 2351 AMP

Lilly

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Carolina, Puerto Rico 00630

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The Bulletin

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Editor: David S. Hopkins

Managing Editor: Douglas Jackman

Editorial Committee: David S. Hopkins (Chairman), Stanley Tuell, W. Ben Blackett, Richard Hawkins

Publications Coordinator: Jean Fitch Borst

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NOTE: This issue of *The Bulletin* features a special four-page pull-out section containing the *PCMS/Tacoma-Pierce County Bar Association Memorandum of Understanding*. **Please be sure to read and save this important document!**

On the Cover: Dr. William T. Ritchie (r), 1989 PCMS President, offers his congratulations on a job well done to 1988 PCMS President Dr. William B. Jackson at the Society's Annual Joint Dinner. More photos from the event are featured on pages 8 and 9.

Deadlines for submitting articles and placing advertisements in *The Bulletin* are the first of the month preceding publication (i.e., April 1 for May issue).

President's Page

Our Changing Medical Society

By William T. Ritchie, MD, 1989 PCMS President

"Nothing that was worthy in the past departs; no truth or goodness realized by man ever dies, or can die; but is all still here, and, recognized or not, lives and works through endless changes."

-- Thomas Carlyle

The practice of medicine has had "endless changes" over the years, but these changes seem to have accelerated in the past three decades. Along with the changes in the practice and art of our discipline, there has been an evolution in our professional association that has accelerated also. Now is the time to assess where your Medical Society has been and where it should change.

Each year in December, there is a change in your board and officers. Last year, you had an outstanding array of conscientious people who led the Society with dedication. The energetic Bill Jackson spent far more hours representing you and articulating medical policies and concerns than was in his job description as President. Please share your personal thanks to him. Buck Moses, Bob Martin and Dick Bowe serving as officers also need recognition. All of the Board of Trustees, but especially the members who are leaving office -- Ron Knight, Eileen Toth, and Gerry Anderson, put in much time and effort. New people have been elected with different styles and ideas. The issues confronting organized medicine evolve in new directions. The general society in which we live changes values. The way things are done and the policies of your Medical Society will change. Let us strive to make sure that with all these changes "nothing that was worthy in the past departs."

Recalling "how it was" 30 years ago in the Society can help us focus on "What do we do now?" The Society was smaller but many of the problems of medicine in the county were similar if not simpler. Society dues were $40 per member, and there were less than 300 members. A large portion of the budget went for books and periodicals for the library. The Board of Trustees would meet in Honan's Restaurant prior to the general membership meeting. Review of the minutes of board meetings reveals that the topics discussed during that period of time included the Society's position on the practice and teaching of hypnosis by laymen (disapproved); the use of bold face type in the physicians' listings in the telephone directory (disapproved); the request by the State Department of Health for an endorsement of fluoridation (disapproved); the expenditure of $100 for books, ledger and file to establish a Poison Control Center (approved); and the application for membership of Dr. John F. Kemman (approved). The discussion could not go on too long or the crowd across the street in those large green leather chairs in the auditorium of the Medical Arts Building would get restless. Programs at the general membership meetings included a presentation by Dudley Houtz on the emergency room situation in the county and an illustrated presentation on medical care in East Africa by Ken Sturdevant. All the physicians in the county knew each other at least by name, and attendance at the meetings was high.

The Medical Society had an executive secretary in 1956, but it wasn't until Lester Baskin was President in 1972 that the full-time position of executive director was formed. This caused a large debate since the dues of the Society had to be raised by $100, but the Society went "big time," and Dale Shirk was hired. A few years later, Tom Curry followed and we trained him well for his position with the state association. Now it would be impossible to have anyone willing to serve as President without the assistance of Doug Jackman. Your present Society is very proactive while working on issues like EMS, fluoridation, smoking, ethics, and access to care.

Today, your Society is large. There are 730 members of which 575 are active. This represents over 80 percent of the physicians living in Pierce County. Specialization and the varied methods of financing medical care has had an effect upon our membership. The family practitioners are joiners with close to 100 percent of them belonging, but only about half of the anesthesiologists are members. Group Health physicians have a low membership ratio.

We need unity as a group of professionals if our association is going to be effective in helping obtain the best medical care, for the most people in our society, in the most efficient and cost-effective manner. Dr. Ralph Johnson made an eloquent plea for this unity during his farewell address as our WSMA president. Let us heed his plea. We won't all agree all of the time or even some of the time, but a visible unified association can affect positive changes without losing sight of what was worthy in the past.

---- WTR

Membership Opinions

In November, 220 members responded to the annual Society Membership Opinion Survey. This 37 percent response rate is considered excellent by any organization seeking its members views. (For complete survey results, see page 7).

Image is No. 1

Members said improving the image of the medical profession is the No. 1 issue. In 1989, members want the Society to give greater emphasis to this key issue. At present, Dr. Jim Fulcher, Vice President and Program Chairman, is planning a general membership meeting focusing on how this might be done. During the last few years, the Society has become greatly involved in public health issues such as fluoride, EMS, tobacco, minority health and drugs. These are public-welfare issues, not self-serving concerns often associated with the professions' goals. In 1989, the Society will heavily promote a Voluntary Medicare Program that your Board of Trustees has unanimously endorsed. We will be working with senior groups in the county to put it into operation later this year.

Your Fluoride Committee will be working with the City of Puyallup to have their drinking water fluoridated.

The EMS Committee, under Dr. Bob Wachtel, is an integral part of the efforts to reorganize the county's pre-hospital care. The Society was the impetus for reorganization efforts.

Dr. Gordon Klatt is chairing a Coalition for a Tobacco-Free Pierce County, made up of many committed organizations. One of the Coalition's first goals is to urge all Pierce County hospitals to be smoke free by January 1, 1990.

Minority health issues are a major concern for the Society. Dr. Charles Weatherby is chairing a committee of community leaders that will help to determine what the Society can do to improve access to care including some of the problems minorities encounter when seeking health care in Pierce County.

Continued on page 6

Membership
Continued from page 5

If you attended the December Annual Meeting and heard Tacoma Chief of Police Ray Fjetland and County Prosecutor John Ladenburg, you know the extent of the drug problem that this community is experiencing. Our trauma surgeons and emergency room physicians are seeing the impact of drugs in the emergency room; neonatalogists and OB/Gyns are seeing drug-addicted babies. The Society will be working with the coalition formed by County Councilman Dennis Flannigan to share the concerns of the medical community.

As this issue goes to press, PCMS President Bill Ritchie and President-elect Gordon Klatt will be meeting with the Editorial Board of the Morning News Tribune to discuss our concerns and plans for 1989. All of these efforst work toward an improved image.

Other Areas of Concern

The survey revealed that third-party contracts continue to be an area of concern among members. This will be another topic for one of the general membership meetings. WSMA provides a no-cost contract analysis program that will provide members with a legal analysis of any HMO, PPO, IPA, etc. type contract. If you have any ideas on how the Society can be more effective in this area, your suggestions would be appreciated.

The members would like more attention directed to physician reimbursement problems. AMA is continually meeting with HCFA to correct the deficiencies in the federal programs. WSMA has a Medicaid Advisory Committee that meets monthly with DSHS leaders pointing out the inequities of their reimbursement plans. Dr. Ritchie and Dr. Bill Jackson met with many legislative candidates prior to the November election and expressed membership concerns regarding reimbursement and other issues to be decided at the state level.

Members would also like the Society to place greater emphasis on environmental health issues in 1989. The Board of Trustees is reviewing the need to form an environmental health committee.

It was interesting to note that 107 members asked for less emphasis on "a designated trauma center." Ten fewer members (39) than last year (49) wanted greater emphasis placed on the trauma center issue.

How You Describe PCMS

Only eight respondents considered the Society "young" this year, compared to 27 last year. I believe this can be attributed to the fact that this year's survey was not sent to the retired members.

One puzzling response the last two years has been the 45 members who believe the Society is "run by a few." Really, nothing could be further from reality. The backbone of the organization is and has been its committee structure. Nearly 20 committees or task forces meet on a monthly or quarterly basis. Over 160 members serve on the committees and provide input into the decisions of the Board of Trustees. The Board relies upon the recommendations of the committees and seldom departs from their recommendations.

Presidents of each hospital medical staff and specialty society are sent a Board packet, invited to attend the Board meetings and encouraged to participate in the discussions.

Elections are held annually, and the nominating committee always includes three at-large members along with members of the Executive Committee. The trustees are elected for two-year terms. The secretary-treasurer and vice president are elected for one-year terms. The president-elect spends three years on the Board, one each as president-elect, president and immediate past president. Each year, five new board members are named, and there is a good cross-representation of all specialties.

Perhaps the opinion exists that the Society is "run by a few" because the Nominating Committee only nominates one person for officer positions. At every election, a few ballots indicate that we must be a Bolshevik organization because no choice is given.

Robert's Rules of Order (Newly Revised) states; "Although it is not common for the nominating committee to nominate more than one candidate for any office, the committee can do so unless the bylaws prohibit it. It is usually not sound to require the committee to nominate more than one candidate for each office, since the committee can easily circumvent such a provision by nominating only one person who has any chance of being elected."

PCMS bylaws state: "Additional nominations for any office may be submitted by petition."

Read the survey on page 7; it will give you a good view of how the organization is perceived by its members. If any member has a question they would like asked in the next poll, please give the Society office a call.

Please remember that the PCMS is here to serve you. Feel free to call the office at any time if you have questions, comments or concerns. We want to hear from you. □

Pierce County Medical Society Opinion Survey

In November, the Pierce County Medical Society sent out Membership Opinion Surveys to help the Board of Trustees in planning for 1989 and the future. A 37 percent response has been received. The following is a tabulation of those responses.

In the future, what level of emphasis should the Pierce County Medical Society give to each of the following issues? (PLEASE RATE EACH ISSUE)

	Greater Emphasis	About the Same	Less Emphasis	No Opinion
	87/88	87/88	87/88	88 only
a. A more effective EMS system	58/55	99/73	21/23	7
b. The public image of the medical profession	106/97	66/59	3/3	3
c. Medical staff/hospital administration relationship	45/52	112/87	25/15	6
d. *Physician/third-party contracts	/104	/88	/7	6
e. *Physician reimbursement	/92	/80	/9	5
f. *Voluntary Medicare assignment program	/29	/111	/38	15
g. A designated trauma center	39/49	60/56	107/43	9
h. Environmental/public health issues	64/49	105/2	13/4	4
i. Continuing medical education	38/36	136/105	10/	4

In your opinion, which of the words or phrases below best describes the Pierce County Medical Society? (PLEASE CHECK EACH PHRASE THAT APPLIES)

	88/87		88/87		88/87
Young	8/27	Innovative	21/15	Passive	26/32
Traditional	108/92	Dynamic	29/22	Competent	93/74
Effective	68/57	Old	23/24	Ineffective	14/21
Practical	85/66	Self-serving	23/23	Acts in the	
Low credibility	8/9	Democratic	43/44	public interest	74/69
Run by a few	45/41	Aggressive	15/9	Bureaucratic	19/19
Liberal	4/0	Conservative	69/63	High credibility	55/80

What are your desires for the meeting format?

Topics? controversial subjects, politics, health care, side issues, need to be topical, retirement planning and investmer proving image with political changes with policy statements or consensus of the membership, AIDS, legal and social issues, medical advance, financial/government, medical hold, medical vocabulary, medio economic, medicolegal, pediatrics, quality of care, light entertaining topics, reimbursement. **Forum?** dinner, problem-solving sessions. **Speakers?** non-medical, community speakers, University of Washington, local politicians, panel, more careful selection, needs improvement. **Location?** central, Fircrest, Tacoma, hospital, change from time to time, food is boring and acoustics only go so far, Tacoma Country Club, Sheraton, all over county, less opulent. **Frequency of meetings?** monthly, quarterly, same, every two months. **Have spouses attend?** Yes: 27, No: 18.

Do you agree with the WSMA approved resolution regarding taxation? Yes: 121, No: 63.

Would you support a total ban of smoking in hospitals, including patients? Yes: 160, No: 42.

Your age: 24 -- Less than 35; 91 -- 36-45; 53 -- 46-56; 19 -- 57 and over

Your sex: 154 -- Male; 15 -- Female

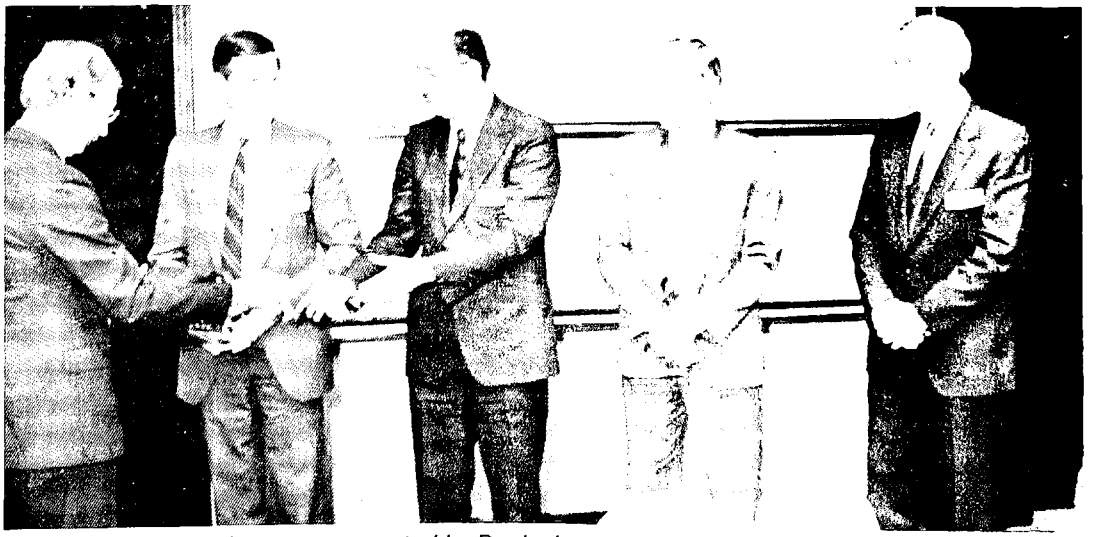
What is your major concern regarding your practice in the next five years: Reimbursements (9), Government Regulations and Control (8), Income, Income Keeping up With Inflation (7), Quality Care to Patients (5), Third-party contracts (3), Retirement (3), AIDS (3), Malpractice (2), Paperwork (2), Regulations Regarding Hospital Coverage (2), Job Satisfaction (2). Others: Growth, Supply of Doctors, Effects of Health on Young Family Physicians, Overworking, Increasing Referral Base, How Surgical Specialties Damage Medicine With Their High Fees, Burning Out, Membership Benefits are Limited, Reduce Dues Instead of Increasing Them, Physician Credibility, Office Staff, Workable EMS System, PCMS Should Continue Dealing With Practical, Realistic Issues of Physicians' Daily Lives, Competition, Lack of Business Ethics.

1988 PCMS ANNUAL DINNER

Over 280 members and spouses turned out for the Annual Joint Dinner Meeting of the Society and Auxiliary, December 13, at the Tacoma Sheraton Hotel. It was an evening to mark the changing of the guard, as Dr. Bill Ritchie assumed the presidency from Dr. Bill Jackson. It was also an occasion to hear a fascinating report on the drug situation in Pierce County. And, as always, it was an opportunity to join together for an evening of comraderie.

Drs. Ralph Johnson (left) and William Jackson pose together with awards they received. Dr. Johnson was honored for his many contributions to medicine, his colleagues and the community. Dr. Jackson received a plaque expressing the appreciation of the membership for his leadership in 1988.

Dr. Gordon Klatt, Susie Duffy (left) and Trudy Klatt chat following the always enjoyable evening.



Plaques of appreciation were presented by Dr. Jackson to outgoing board members. From left are: Drs. Jackson, Ron Knight, DeMaurice Moses, Bob Martin and Dick Bowe. Not pictured are Drs. Eileen Toth, Bill Marsh and Jerry Anderson.

It was a capacity crowd at the Tacoma Sheraton Hotel.

Tacoma Chief of Police Ray Fjetland reported on the massive increases in Pierce County crime activities.

John Ladenburg, Pierce County Prosecuting Attorney, cited the magnitude of the drug problem and its impact on society.

Dr. DeMaurice Moses (right) offers congratulations to Dr. William Jackson (second from right) on his 1988 term as PCMS president. Dr. Jackson's son Steve and daughter-in-law Denise look on.

The Medical Society Grievance Committee: A Laymember's View

By Darrell Reeck, PhD, Chairman, Dept. of Religion
University of Puget Sound

I want to make several observations about the process for handling grievances against physicians. My basis for comment Is my several years service as one of the first two laypersons on the Pierce County Medical Society Grievance Committee. For review, the grievances process begins with a patient complaint; the society staff then requests a response from the physician. When papers are assembled and in proper form, the grievance committee meets to deliberate, seeking a resolution that satisfies both patient and physician and halts escalation of the matter into a more serious dispute.

Communication Problems: The Key to Grievances

I was surprised to find that the bulk of grievances have little to do with racism, sexism, age discrimination or any other complaint heard commonly in business, professional relations or in our courts. Excellent! The members of the medical community seem to have managed to avoid offending against common social "sins." Nor do they have to do with what I imagined in advance of my term on the Grievance Committee: malpractice.

The typical complaint is triggered by something much more treatable: poor physician-patient communications. Though the communications problems could be subdivided meaningfully into categories like billing disputes and misunderstood diagnoses, the root cause is the patient misunderstanding the physician or, in some cases, vice versa.

Admittedly, physicians seem to have two strikes against them when they step into the examining room. First, many patients themselves are poor communicators. Semi-literacy in the patient population is obvious to grievance committee members; the many grievants who write ineffectively are probably deficient oral communicators also. Second, even if the patient normally is a good communicator, his or her skills may well be impeded by the emotional trauma of illness.

Still, clearly, physicians' communications are deficient at times. Of the five or six cases upon which the grievance committee deliberates during one meeting, two or three will typically be caused by a faulty message or attitude from the doctor or the doctor's staff.

In grievances, patients often accuse physicians of not responding to, berating, or even of verbally abusing them. The physician's response to the grievance almost always denies such behavior. The committee often seems to be faced with two contradictory stories and must deliberate very carefully in order to make a reasonable and fair response.

What do grievants want? Very often, a reduction in fees, of course. However, grievant requests are often more subtle and discerning. Sometimes a grievant will ask how a physician could have given an apparently mistaken diagnosis or will simply suggest that the physician be given some help in learning how to deal better with the public. Physicians who suspect that grievants inevitably have selfish motives, should be informed that grievants often take to themselves the role of protecting the public against inferior physicians or substandard procedures.

Grievant feelings often run strong. Although most patients request reasonable resolutions, some go so far as to request that the physician's license be removed. That is an action clearly out of the jurisdiction of the grievance committee,but I report it to suggest to you the intensity of patient feeling that can be aroused by perceived poor treatment in communications.

Interestingly, grievances filed against physicians are really aimed, quite frequently, against the receptionists or bookkeepers. Perhaps through inexperience or lack of training or just through becoming hardened by the difficulties of dealing with the impatient public, some office personnel are creating problems for their employers by responding inappropriately to perfectly normal requests for transfer of medical records or rectification of billing errors. An immature or unprofessional office staff is an enormous liability to a physician and ultimately to the medical community, since the grievance committee will have to spend valuable time dealing with complaints generated by patients who run into problems.

Differences in judgement about office procedures or patient rights cause many patient-staff disputes. For instance, a patient wants a copy of his/her medical records for a specific purpose. The physician has an office rule that records may be sent only to medical or legal professionals. The patient himself/herself feels entitled to the records. If the patient gets only a formalistic response from a staff person explaining neither the reason for the policy nor any alternatives but only that the records won't be sent, a grievance is probably in the making.

Fairly objective reasons exist for

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Grievance
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questioning the communications capabilities of some physicians and many office staff. Errors in logic, lapses in argument, and grammatical and spelling errors in certain physician letters of reply to grievances would, one should think, be an embarrassment. Physician respondents hurt their cases by sloppy replies, just as they must hurt their practices by careless patient communications.

Toward Better Physician-Patient Communications

As indicated, the grievance committee is not mainly in the business of fixing blame, but rather of finding resolutions. In line with that purpose, some suggestions are proposed here to help physicians cut the risk of grievances.

That physicians begin communicating with patients in writing is one major suggestion. In many cases, a brief written communication from physician to patient concerning the diagnosis and prognosis might alleviate problems caused by inadequacies of speech. By inadequacies of speech, I mean that either the patient did not hear what the physician said or that the physician did not say what he/she thought he said. For instance, patients may not pick up or may require time to handle the technical terms which physicians often use. "You have a basal cell carcinoma" might be a very unclear, perhaps incomprehensible message for many patients, even if accompanied by some elaboration in plain vocabulary.

If the patient received a memo covering the situation, he or she would have the technical terms and other pertinent information in black and white for confirmation and further investigation. Also, patients would be able to keep better personal medical histories. Physicians would gain also because a file of memos would give a new care-provider confidence that the patient's medical history was reasonably accurate.

I'm told that writing to the patient would be a departure from procedures taught in professional school, where warm, personal contact with the patient is stressed. However, the oldest orthodoxies fall behind the times; why does physician-patient communication have to be confined exclusively to speech? In most cases, a written memo would merely confirm, not replace, oral communications in a warm patient setting. Other major professions have learned to make substantial use of written communications. Teachers communicate with students in writing and lawyers with clients; presumably the technique could be transferred to the medical profession.

Physicians might be wary of the added costs of time involved in processing patient memos. However, since information is al-

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Grievance
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ready put into written form in patient records and sometimes in reports to referring physicians as well, adaptation of the record to a patient memo shouldn't add significantly to office costs.

In addition, the costs of failing to attain clear communications should be balanced against costs of writing to patients. Presently, the costs of poor communications are borne in part by the volunteers on the Grievance Committee, who spend hours straightening things out. In addition, office time allocated to correcting faulty communications must add a tremendous load to physician budgets.

In short, in many cases, a written confirmation would be appropriate and might head off many grievances. The time saved for the patient, the physician and staff, and the members of the grievance committee would compensate for the added processing costs. Not only would clarity be improved, but patients would have an enduring hard copy as a replacement for feeble memory.

Staff-patient communications procedures should be examined regularly. The physician is responsible for the quality of those staff communications and should do everything prudent to guarantee their professional quality. The tenor of many grievances is that staff employ brittle or rigid communication patterns. Occasional workshops in office and patient communications might provide an answer.

Finally, the work of the physician would be helped enormously by non-defensive replies to patient grievances. The existence of the grievance committee, I am convinced, can help physicians strengthen their patient relations. If the patient has put his or her finger on a weakness, it's far more helpful for the physician to acknowledge the legitimacy of the complaint and state an action that will be taken to resolve weaknesses indicated than to try to cover things over or to place blame on the patient. Unfortunately, most physician responses are highly defensive, an attitude that undercuts the process of learning that ought to be the main outcome of the grievance process.

What the Society needs now, in my opinion, is to publicize among the membership the notion that the committee is a problem-solver, not a police force. That could be done effectively by a medical practitioner's "Dear Abby" column in the Newsletter, anonymously summarizing certain typical cases and corrective actions suggested. Individual physicians should get off the defensive and see the committee as a reconciler and resource for professional improvement.

I've come to have great confidence in the grievance committee of your association and appreciate the honor of having been admitted to its deliberations. The presence of lay representation on the committee should increase the confidence of the public-at-large that their grievances are being heard with openness and sympathy. □

Three Weeks in Kenya

By Dr. Murray L. Johnson, retired physician member, and Mrs. Sherry Johnson

We decided that in our retirement, a safari would be the ideal way to go. We are members of the American Society of Mammalogists, which gave its whole-hearted support to a safari to Kenya. Part of the fee was a contribution to the "Future Mammalogist's Fund."

The tour leader was a noted mammalogist from the American Museum of Natural History, a friend and an experienced guide to Kenya.

After receiving our immunizations, learning two little tapes of Swahili, and packing the sun screen, insect repellent and antibiotics, we departed Sea-Tac in early August, heading for London's Heathrow Airport. In London, we joined our fellow travelers for our flight to Nairobi. Incidentally, the language tapes were a good idea, as that little bit of acquaintance with the language pleased our drivers, hotel staff, waiters and waitresses.

We arrived in Nairobi in a cool dawn, but by the time we arrived at the New Stanley Hotel, we were under a warm, comfortable sun. We had coffee, our first orientation and our room assignment. At this point, we had obtained only whatever amount of sleep was possible on our two overnight flights, so we bathed and napped before lunch.

Lunch was in the hotel's outdoor Thorntree Restaurant, famous for its huge center patio tree on which travelers have posted messages to other travelers for decades. After lunch, we went to the Natural History Museum and the Snake Farm.

The museum was small and concentrated more on history than natural history. The snake farm had the usual collection of poisonous and non-poisonous species designed to give the non-herpetologist spine-tingling reactions. Otherwise, the only snake we saw during our trip was probably a green mamba -- venomous -- being devoured by a grey heron.

All but one of our camps had rooms akin to motels. Meals were abundant and tasty, facilities were good and most had swimming pools. It was easy living. The most primitive of our lodges was Buffalo Springs Lodge in the Samburu Natural Reserve. It was a tent camp on a permanent concrete slab with double-screened entrance to thwart mosquitos and a double-screened attached area containing the toilet and shower. The tent was sprayed and a coiled punk on the bathroom floor was lit each evening to repel insects. The main lodge contained the dining room and bar. The generator was not operated after 10 p.m. Hot water was plentiful.

Our wanderings were within a 150- to 200-mile radius of Nairobi, but ranged over diversified country. Our first lodge was on the slopes of Mt. Kenya, the country's second-tallest mountain. The second was Buffalo Springs, after which we rode along the plains and farmlands of the Great Rift Valley escarpment and on to Lake Nakuru with its millions of flamingos and other birds. We stayed in this area for five nights, adding to our growing numbers of sighted animals.

We returned to Nairobi for a very special dinner party at Karen, a suburb named for Karen Blixen of "Out of Africa" fame, in the home of the Kenyan director of our tour company. We had a most interesting evening talking, dining on special Kenyan dishes, and imbibing the fine-tasting local papaya wine. Besides the 20 of us, there were wildlife department officials, game managers and assistants, a local MD, and friends and relatives of our hosts. We were charmed and made to feel most welcome.

After one party night in Nairobi, we went to Tsavo National Park for one night and on to Amboseli National Park for two. Traveling in this area, we saw many Masai and their cattle; a large lava-covered area; and went across the second-largest river in Kenya -- the Athi. We also had brief glimpses of Mt. Kilimanjaro. Like Rainier, you must look speedily or it's gone.

The weather for the most part was great. Evenings and mornings were cool, requiring light jackets. A couple of days were misty or foggy at least part of the time. Mid-days were usually sunny enough to heat the unheated pools to a temperature a little above the teeth-chattering

Continued on page 14

point. A hat was a lovely, handy thing to have as a sun shade and to protect from dust and wind when the roof of the van was open.

The natives were friendly and great sellers, traders and bargainers. Some of our group traded belongings they were wearing -- a type of strip poker! Native dances were performed at several of the lodges; one group were Masai, another Kukuyu and others were more acrobats than dancers.

The animals and birds were all we hoped for. About half our group was bird-oriented and the others were more interested in mammals. A couple of people were simply along for the ride. The wildebeest were in migration by the tens of thousands. They were the comedians of the herds, playing chicken with the vans, making it safely across the road, doing a reverse kick, and looking back to see how impressed we were. My personal favorites were the hyraxes. We had a little character at home for five or six years, and I had grown fond of him. As we entered the driveway to one of our lodges, I could detect the odor of hyrax -- they were plentiful in the nearby rocks.

We saw the big animals -- lions, leopards, zebras, elephants. At Amboseli, we visited the station where a young woman had been studying elephants for about 15 years. She felt very close to them, being able to identify individuals by ear patterns, and has started a "Save the Elephants" campaign.

We also saw hyenas, warthogs, forest pigs, hippos, jackals, mongooses, little foxes, bats, bush babies, monkeys, baboons, squirrels, civets, klipspringers, kudus, eland, gazelles and gerenuks. At one point, we were cautioned to keep windows closed when not in the room or be raided by treasure-seeking baboons. The list continues: hartebeest, bushbuck, water buffalo, giraffe, impala, reedbuck, emu, vultures and birds of all sizes including some in one of the lodge dining rooms that did their best to see that we adhered to the clean-plate policy. One of the lodges even had a couple of crocodiles to smile at us and another had many little lizards to help with the bug problem.

The only rhino we saw was at Nairobi Park, approximately 15 miles out of the city, which is a drive-through 45-square-mile enclosure we visited our last day in Nairobi.

Routinely, we arose at daybreak, had coffee and went on game runs until about 9 a.m. We'd return for breakfast, have an hour-long lecture at about 11:30 a.m., lunch, attend a lecture at 3 p.m., go on another game run at 4, and return to the lodge at about 6:30. Any vehicles lights seen out after dusk were assumed to be poachers. After dinner, we'd go to bed.

The food was good and plentiful: fruits, some repetition of vegetables, salads, soups, desserts, meat or fish entrees. Breakfast and lunch were self serve, dinner was always a sit-down affair. It was quite possible to overeat, but the constant moving and riding in the jiggling vans acted as a vibrating machine and massage parlor.

Our last evening, we dined at "The Carnivore," a Nairobi in-place for all safari tours. Upon return home, we read an article in the Explorers' Journal of an accounting of a trip similar to ours, and the author had participated in a like repast. The menu consisted mostly of game meats such as zebra and hartebeest, which are carried on long skewers by turbaned waiters and sliced onto each individual's plate with a wicked looking knife. There were some veggies and breads, but meat was the highlight. We also had the favorite papaya wine and a Kenyan version of Irish Coffee as dessert. Interestingly enough, four mammalogist friends in Kenya doing field work arrived. This restaurant was the place to visit sooner or later.

We left the next morning for an overnight in London before heading back to our lovely homeland, which always looks best. It was a magnificent trip, and we'd gladly go again as soon as we visit some other beckoning spots. □

Infectious Waste Regulation Proposed

The following is a synopsis of proposed infectious waste regulation requirements and exemptions for physicians' offices. The Tacoma City Council and Pierce County Council, and the Pierce County Health Department will be looking at this issue soon. If you have any comments, questions, or concerns about this important topic, please contact our office as soon as possible to ensure that your opinions are heard.

- Regulations shall apply to all infectious waste generators, including physicians offices.
- A permit is required annually. An annual inspection of the facility is involved. Paperwork required with the permit application information from physicians' offices was deliberately kept to a minimum.
- An infectious waste management plan is required of physicians offices. This equates to written policies and procedures concerning what constitutes infectious waste, acceptable management practice, and training and continuing education of personnel involved with infectious waste. Again, paperwork required with the infectious waste management plan was deliberately kept to a minimum.
- Physicians may transport infectious waste to a treatment facility, such as a hospital, to be autoclaved or incinerated, without having to be permitted as an infectious waste transporter.
- If a physician's office has the capability to render infectious waste noninfectious, such as an autoclave, they shall be exempt from treatment and/or storage permit fees, but shall be responsible for regulation requirements for the autoclave.
- All infectious waste generators, including physicians offices, are required to keep records of infectious waste activity pertinent to the infectious waste management plan and the permit application. □

NEWSBRIEFS

PCMS Priorities Set

Drugs, Children's Issues and Access to Care were named the top priorities of 1989 during PCMS's January 7 Board of Trustees retreat at the Tacoma Dome Hotel.

Officers, trustees, past presidents, WSMA representatives and committee chairmen met to review the past year's committee activities and objectives for 1989.

After giving $1,000 in play money to those attending, President Bill Ritchie asked each person to place their money in program envelopes representing various topics to determine what area PCMS should focus its efforts in 1989.

Those selected were: (1) drugs; (2) children's issues; (3) access to care; (4) Legislative issues; (5) AIDS; (6) smoking; (7) environmental health issues; (8) voluntary Medicare assignment; (9) long-term care; (10) EMS (pre hospital); (11) C.M.E.; (12) image; (13) sports medicine; (14) third-party contracts; (15) trauma center; and (16) hospital/medical staff relationships.

The medical community has seen the tremendous impact the drug issue has had on medicine and society as a whole. The Board wants the Society to take a leadership role in the community in combatting this plague.

Articles Wanted

Members are encouraged to put their thoughts on paper and submit articles for publication in The Bulletin. We welcome pieces on a variety of subjects, including non-medical topics. Call Doug Jackman at the Society office, 572-3667, if you're interested.

Tort Reform Back on Legislative Calendar

The January 7 Morning News Tribune reported that Attorney Marlin Appelwick (D-Seattle), chairman of the House Judiciary Committee, wants to take a look at the 1986 Tort Reform Bill.

Appelwick wants to pare back some of the caps and limitations on jury-awarded penalties imposed by the bitterly fought 1986 law.

He was quoted as saying, "I think they went too far. There is a middle ground. We ought to reach it. I think we will take a run at it."

Be prepared to call and write your legislators. If you are not certain of your legislative district, please call the Society office at 572-3667.

Continued on page 17

Legislative Hotline --
1-800-562-6000

Tacoma - Pierce County Health Department
UPCOMING PUBLIC HEALTH ROUNDS

Some of the topics for upcoming Public Health Rounds are: Hepatitis A & B Food Handlers, Changing Risk Factors for Hepatitis A & B, ID Administration of Heptavax, Health Issues Related to Clandestine Drug Labs.

Date	Time	Location
February 8	Noon - 1 p.m.	Madigan Army Medical Center Medical Auditorium Ramp 2, Bldg. 9913

Everyone Welcome!

Continued from page 16

Syphilis Cases on Rise

The number of reported syphilis cases in Pierce County doubled in the last year. In 1988, 83 cases were reported compared to 35 cases reported in 1987. Of those cases, 94 percent were infectious (primary, secondary, or early latent). This increase is consistent with the national picture.

Pierce County syphilis cases are primarily being reported in young heterosexuals. Minorities account for 70 percent of the cases. Sex and drugs are the major risk factors reported. The following are recommendations for health care providers:

- Order a VDRL on patients with suspicious lesions. Syphilis is the great imitator. The Tacoma-Pierce County Health Department has darkfield capabilities to assist with diagnosis.
- Report all confirmed or suspicious cases within one working day to the Communicable Disease Control Program at 591-6407. A 24-hour reporting line is also available at 591-6534. Staff will then interview the patient and follow-up contacts to assure prompt diagnosis and treatment.
- Order serologic testing on pregnant women in the initial visit and early in the third trimester to reduce the risk of congenital syphilis (MMWR, Jan. 15, 1988).
- Encourage patients with syphilis to have HIV counseling and testing performed (MMWR, Oct. 7, 1988). This service is also available at the Tacoma-Pierce County Health Department.

The Tacoma-Pierce County Health Department Communicable Disease Section is available to render assistance and answer questions regarding diagnosis, treatment, or patient management. For assistance, call 591-6407.

New Patient Referral Policy Adopted

In an effort to improve access to care and to broaden the number of participants in the Society's Referral Program, the Board of Trustees adopted a new policy at its January 7 meeting that states, "The Pierce County Medical Society's Referral system be modified to include those physicians who are willing to take Medicaid patients."

For the past several years, a member had to accept all Medicaid patients referred by the Society's office in order to be eligible to participate in the referral program.

Under the new system, members can limit the number of Medicaid patients they would receive on a monthly basis. The patients will be given the name of one physician whose office will be called and informed of the referral, be given the patients name and told to expect a call. This method of operation will enable us to monitor if the patients are keeping their appointments.

Family Practice and OB/GYN are the two specialties that the Society is lacking in its referral program. If you can see one, two, three or more Medicaid patients a month, please call the office at 572-3667.

Support Your Local Blood Bank

While physicians order and use large quantities of blood and blood products on their patients, relatively few physicians actually donate blood themselves on a regular basis. Physicians are encouraged to participate in blood bank donor programs. Make a strong community gesture and support your local blood bank.

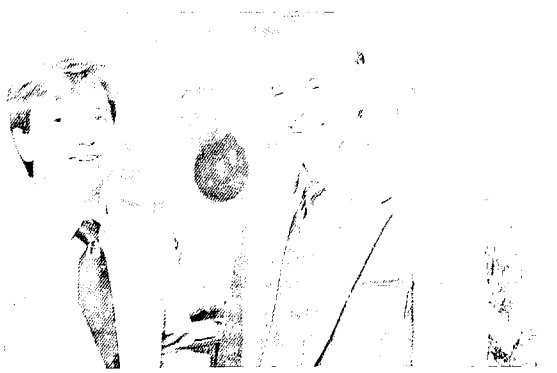
Continued on page 19

Dr. William B. Jackson (left), 1988 PCMS President, and Dr. Bill Ritchie, 1989 PCMS President, share the honors in cutting the Society's birthday cake.

PCMS Celebrates 100 Years at November 16 Open House

Drs. James Hazelrigg (left) and Bill Ritchie (center) chat with Len Eddinger, director of government affairs, WSMA.

Drs. Murray Johnson and Mian Anwar, from left, sample the refreshments.



From left -- Drs. Richard Hawkins and Ted Baer, past PCMS presidents, enjoy the celebration.

Len Eddinger (left), WSMA, and Dr. Gil Roller discuss upcoming legislation.

Newsbriefs
Continued from page 17

Legislative Hotline --
1-800-562-6000

Changes Taking Place

Dr. John Dawson, AMA Board of Trustees, addressed the January 7 Board Retreat and reported, "Incredible changes are taking place in medicine and they will continue. Doctors will experience more competition, more government control and more peer review activities."

The future is filled with good and bad, with uncompensated care and the liability issue of particular concern. He noted over 37 million Americans are without health insurance. Appropriateness of care is becoming a major item with a high number of unnecessary procedures being reported and great variances between geographical localities and the number of procedures being performed.

Dr. Dawson is a general surgeon in Seattle who has served on the AMA Board of Trustees since 1983.

Dr. Gordon Klatt Honored

Dr. Gordon Klatt was recently awarded the St. George Medal/National Divisional Award of the American Cancer Society in recognition of his ongoing community efforts. Klatt was cited, in particular, for his organization and continuing support of the 24-hour Run Against Cancer as well as his participation on the Tobacco-Free Washington Committee. The award was presented at the annual meeting of the ACS Washington State Division.

February Readings

KIRK T. HARMON, MD, Internal Medicine. Born in Newton, MA, 8/20/58. Medical school, Cornell Medical College, 5/22/84; internship, 7/84-6/85, and residency, 7/86-6/87. Washington State License, 1988. Dr. Harmon is currently practicing at Western Clinic.

LAWRENCE KONICK, MD, Anatomical/Clinical Pathology. Born in Corvallis, OR, 11/23/54. Medical school, Oregon Health Sciences University, 1978-83; residency, University of Wisconsin, 6/83-6/87; graduate training, Swedish Hospital Medical Center, 7/87-6/88. Washington State License, 1987. Dr. Konick is currently practicing with AKE Pathologists.

THOMAS E. NORRIS, MD, Family Practice, Geriatrics. Born in Bryn Mawr, PA, 2/12/49. Medical school, San Marcos, Texas Medical School, University of Texas Medical Branch 6/73. Internship and residency, St. Joseph Medical Center, 7/73-6/74 and 7/73-7/76 (respectively); graduate training, University of Washington, 7/88-6/89. Washington State License, 1986. Dr. Norris is currently practicing with Tacoma Family Medicine as well as completing his faculty development fellowship at the University of Washington.

PATTY J. KULPA, MD, OB/GYN. Born in Milwaukee, WI, 11/1/54. Medical school, University of Wisconsin, 1980; internship, Ohio State University, 7/80-7/81; residency, Blodgett Memorial Medical Center, 7/81-7/84. Washington State License, 1988. Dr. Kulpa is currently practicing with Dr. Keslin.

CHARANJIT K. LAMBA, MD, General Practice. Born in India, 9/24/53. Medical school, College of Medical Sciences, 7/76; internship, Safdarjang Hospital, 2/76-12/76; residency, University of New Delhi, 2/77-2/78; graduate training, University of New Delhi, 3/78-12/78. Washington State License, 1983. Dr. Lamba is currently practicing in Puyallup.

MURIEL K. TAYLOR, MD, Psychiatry. born in Morristown, NJ, 2/10/36. Medical school, Cornell Medical College, 1962. Internship and residency, University Hospitals, University of Wisconsin 7/62-6/63 and 7/63-6/64 (respectively); graduate training, University Hospitals, University of Wisconsin 7/66-6/68. Washington State License, 1988. Dr. Taylor is currently practicing at the Veterans Administration Medical Center.

DWIGHT W. WILLIAMSON, DO, Family Planning. Born in Scottsbluff, Nebraska, 3/31/37. Medical school, Kansas City College of Medicine and Surgery, 1962. Internship, Eastmoreland General Hospital, 6/62-7/63. Washington State License, 1963. Dr. Williamson is currently practicing at Cascade Family Planning.

CLASSIFIEDS

POSITIONS AVAILABLE

PHYSICIAN OPENINGS. Ambulatory care/minor emergency center. Full/part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, MD, at 5900 100th St. S.W., Suite 31, Tacoma 98499. Phone (206) 584-3023 or 582-2542.

IMMEDIATE OPENINGS. Full-time and part-time positions and Directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice. Flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES, 1-800-554-4405, ask for Jeanine.

EQUIPMENT

APPRAISAL SERVICE for Medical Equipment, 867-5415.

FLEXIBLE SIGMOIDOSCOPE excellent condition -- 867-5415 for more information.

EXAM TABLES AND EXAM EQUIPMENT excellent selection, 867-5415 for more information.

PRACTICES AVAILABLE

PRACTICE AVAILABLE. Well established family practice in rapid growth area of South Hill Puyallup. Present physician will continue working to aid in transfer of practice. Contact William Morrison, MD, 848-7297, 1-2 p.m.

OFFICE SPACE

PROFESSIONAL OFFICE SPACE for lease, 1600 sq. ft., University Place, 863-7926.

GENERAL

CERVICAL CAP TRAINING for health care providers. Call Marcy Bloom, Aradia Women's Health Center, 323-9388.

Auxiliary News

AMAA Confluence

By Alice Wilhyde, PCMSA President-Elect

Over 200 county auxiliary presidents-elect met in Chicago, October 9-11, to attend the 1988 AMAA Leadership Confluence I session. Since 1975, these unique training sessions have helped unify, strengthen, and increase the effectiveness of county and state auxiliaries and their leaders.

Nationally recognized experts conducted seminars on effective writing, parliamentary procedure, legislation, and the ABCs of networking. Auxiliary leaders shared specific information on effective programming, member support systems, and membership recruitment and retention. We enjoy an exceptionally good Society/Auxiliary working relationship, so attending the seminar on successful team efforts was of special interest to me.

We heard discussions on the current nursing shortage, disturbing statistics on adolescent health problems, and attended workshops on inter-generational programs of older citizens and the prevention of teen suicide.

Confluence is intense, structured, highly informative and well worth attending. It is work -- but it's also fun! Thank you for the opportunity to represent Auxiliary.

Quilters Needed

In just two years, St. Joseph Hospital will celebrate its 100th year of serving the residents of Pierce County. Many projects are being planned for 1990 and 1991 to mark the occasion, including a centennial quilt marking milestones in the hospital's history. If you have nimble fingers and are interested in quilting, your help is needed. A group is being formed to design and sew a quilt for the hospital and one for a raffle. People with all levels of quilting experience are welcome.

If you are interested in joining the group or would like more information, please call quilt co-chair Judy Baerg at 851-9429 or Mary Carmody, St. Joseph Hospital, at 591-6730.

Attention Graduates!

The Medical Society and Auxiliary would like to recognize all our graduates this year. If you have a son or daughter graduating from high school, vocational school, college, graduate school, etc., please take a moment to fill out this form and return it to **Kim Nelson, 5613 70th Ave. Ct. W., Tacoma, WA 98467, by April 1.**

Student's name _____
School _____ Degree or diploma _____
Home address _____
Parents' names _____
Future plans _____

PHYSICIANS

Your
Army Reserve Personnel Counselor,

MAJOR PAUL H. LAWHON, MSC

Would like to talk to you about the following opportunities in the United States Army Medical Department:

- ***Part-Time Income***
- ***Retirement Potential***
- ***Post Exchange Privileges***
- ***Insurance Discounts***
- ***Continuing Medical Education****
- ***Attendance at A.M.A. Conferences****
- ***Training at U.S. Army Hospitals****

****All paid for by the U.S. Army Reserve.***

P.O. BOX 38
Madigan Army Medical Center
Tacoma, WA 98431-5038
206-967-5046

Many groups TALK about building a better America-
The Army Reserve WORKS at it.

PIERCE COUNTY MEDICAL SOCIETY
705 South 9th, Suite 203
Tacoma, Washington 98405
ADDRESS CORRECTION REQUESTED

PCMS
NEWSLETTER
♦ A publication of the Pierce County Medical Society ♦

MAR 1 1989

An Apple a Day . . .

Basic Health Plan Launched

As a direct result of the coordinated efforts of Pierce County Medical and Pierce County Medical Society, the Basic Health Plan commenced in Pierce County on February 1. The plan will enable 5,000 qualified "working poor" to sign up for a state insurance plan that will pay up to 90% of their health care costs.

You may be asked some questions by your patients regarding the "Plan" and how they would qualify for it.

To qualify for the program a person must:

- be under 65 and not qualify for Medicare or
- have a gross family income that **does not exceed 200% of the federal poverty level.**

That means:

- family of four must not exceed $23,300 in annual income
- a family of three must not exceed $19,380
- a parent and a child must not exceed $15,460
- a single person must not exceed $11,540

For information on how to apply, have your patients call toll-free 1-800-826-2444 or write to the Washington Basic Health Plan, 1220 Eastside St. S.E., P.O. Box 9014, Olympia 98504.

PCMS Referral System Effective March 1

Under the new system, participants will be able to designate the number of Medicaid and no-pay patients they will accept on a monthly or annual basis.

In the past, any member on the referral list had to accept any patient referred by PCMS. This new procedure will allow greater participation from the membership.

The Society receives approximately 300-400 referral calls a month. On the average, Medicaid patients comprise 80-90% of these calls.

Primary care physicians are in the greatest demand. The PCMS referral list is in serious need of OB-GYNS and Family Physicians.

The care of these patients should not fall on the shoulders of a few. We need a balanced referral list. Won't you sign up to take 2-3 patients a month?

INSIDE PCMS NEWSLETTER

HCFA Makes Changes in the Medically Unnecessary Program

As a result of AMA's threatened litigation, the HCFA and the AMA have agreed on changes that HCFA will make in the medically unnecessary program. Under this agreement:

- claims development, which HCFA had intended to abandon, is now to continue indefinitely and HCFA has conceded its "importance to a fair process;"
- a directive to carriers will immediately be sent out requiring that claims development be done "fully and fairly" and detailing the necessary steps, including a statement "of the basis of, and criteria for" any denial letter;
- a required process for medical society notice and consultation on carrier review issues is established for the first time;
- input from medical societies regarding new screens is required and consultation regarding any carrier or policy, including existing screens, is mandated. The formal release of all screens (parameters) is not required at this time.

There will still be problems, but this is a much better arrangement. AMA will assist any state medical society in responding to, and consulting with, any carrier regarding medical review policy. AMA remains free to pursue all judicial or legislative remedies with regard to the medically unnecessary

ICD-9-CM Codes Required on Part B Claim Forms

HCFA is requiring that physicians must use ICD-9-CM coding on all Medicare Part B claims – effective April 1, 1989.

It is AMA's perception that only about 30-50% of physicians currently use these diagnosis codes on claim forms and that the others follow the historic practice of providing a narrative diagnosis. If that is the case, the Federation must carry out an extensive educational program to inform the profession of the requirement which was mandated under a provision of the Medicare Catastrophic Act of 1988.

Technically, the requirement goes into effect on April 1, 1989, but as a result of meetings and conference calls, AMA has persuaded HCFA to delay sanctions until June 1. Failure of physicians to comply with the requirement could result in monetary penalties of up to $2,000 per incident, or even exclusion from the Medicare program for non-participating physicians and payment denials for participating physicians.

If you believe an educational program would be beneficial, please call the Society office.

Multicare Buys Out Humana Hospital

Multicare's February 10th announcement that it had purchased Humana Hospital of Tacoma caught the medical community by surprise (including many board members of both organizations).

Multicare President and CEO Barry Connoley said the agreement had been reached after several months of negotiations. Connoley was quoted in the *Morning News Tribune* as saying, "Multicare has just begun studying how best to use the Humana staff and facilities."

Connoley went on to say, "that no specific plans have yet been made to move or relocate any existing services within Multicare Medical Center or at the Humana facility."

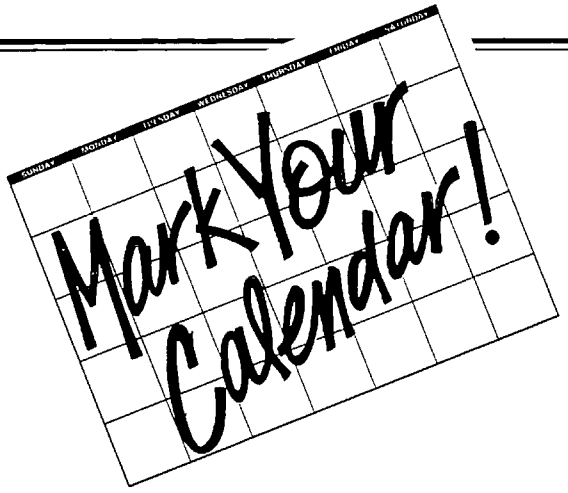
Multicare anticipates the renamed Humana will operate as a separate division with its own budget, staff, board of directors and financing. Connoley said, the budgets of Tacoma General and Mary Bridge will not be reduced to pay the costs of acquiring or operating Humana.

C.O.M.E. AIDS Program Draws 244 Physicians

In spite of major snow, ice and wind, 244 doctors from Pierce, Thurston, Kitsap, Mason, and South King counties attended the AIDS conference at the Tacoma Sheraton Hotel on February 1.

The conference, which fulfilled the state AIDS education requirement, featured both local and national speakers on a gamut of AIDS and HIV infection issues.
Dr. Constance Wofsy, Co-Director of the AIDS Activity Department of San Francisco General Hospital was the conference keynote.

Local speakers included Samuel Insalaco, M.D., James Komorous, M.D., and Alan Tice, M.D. Dr. Tice organized the program. The course was sponsored by the College of Medical Education with financial support from The AIDS Education and Training Center of the University of Washington.



To assist Medical Society members in planning their continuing medical education plans for the year, the remaining College of Medical Education 1988–89 program schedule is printed below. A completed calendar and individual program brochures are available through the COME office, 627–7137. Remember...
MARK YOUR CALENDAR!

1989 C.O.M.E. Schedule

March – 9,10	Tacoma Academy of Internal Medicine
March – 22, 23	Orthopedics and Sports Medicine
April – 14,15	Tacoma Surgical Club
April – 28, 29*	Computers in Medicine
May – T.B.A.*	Neurology
June – 26, 27	Advanced Cardiac Life Support

*** New Dates**

Orthopedics and Sports Medicine

A program featuring one day of orthopedics followed by one day of sports medicine is set for Wednesday and Thursday, March 22 and 23 at the La Quinta Inn in Tacoma.

The program, successfully sponsored by the College two years ago, is designed for the primary care providers and offers 15 hours of Category–I AMA and AAFP credit. Doctors Mark Craddock and Stuart Freed, the course coordinators have organized a program highlighting both local and regional experts which will include hands-on demonstrations.

Interested? Please contact the COME office for more information and a registration brochure – 627–7137.

TAIM Annual Review, Dinner Set

The Tacoma Academy of Internal Medicine's Annual "Review" is scheduled for Thursday and Friday, March 9 and 10. The program, coordinated by John C. Hill, M.D. will be held at Jackson Hall.

The two day program will be **preceded** this year by the Academy's annual dinner to be held at the Tacoma Country and Golf Club on the evening of Wednesday, March 8.

Those who have not signed up for the Category–I accredited program or the dinner should call the College of Medical Education at 627–7137 for the program brochure and registration form.

NEWSBRIEFS

PCMS Involved In County War on Drugs

Drs. Bill Ritchie, Medical Society President, Bill Jackson, and Chris Jordan met with County Councilman Dennis Flannigan who has been coordinating the efforts to spearhead the war on drugs in Pierce County.

The Society expressed to Mr. Flannigan its commitment to work with the community in the newly formed "Safe Streets Campaign" – the community effort to defeat the epidemic of drugs.

A task force has been created to help coordinate private and public agency efforts – one of the few combined or coordinated efforts in the country. It is anticipated that the Medical Society will be asked to appoint a representative to the task force. Dr. Ritchie has asked Dr. Bill Jackson, Immediate Past President, to represent the Society on the task force.

Pierce County Needs Representation

WSMA is requesting nominations for members who would like to serve on WSMA councils and committees.

Pierce County is not adequately represented on several of the committees.

Listed below are some of the committees that need Pierce County input. Please look them over. If you have any questions as to the purpose or time commitment of serving please call the Medical Society office for details. As a rule, the councils and committees meet 2-3 times a year.

- Adolescent Health Task Force
- Council on Professional Affairs
- EMS Standards Committee
- Finance Committee
- Judicial Council
- Liability Reform Steering Committee
- Medicaid Advisory Committee
- Medical Education
- Medical Services Committee
- Membership Committee
- Pace Program Steering Committee
- Personal Problems of Physicians Committee
- Pharmaceutical Committee
- Risk Management Committee
- Rural Health Committee

"Physician for a Day"

Would you like to see Democracy in action? Observe the State Senate and House of Representatives debate the issues – volunteer to serve as "Physician for the Day" at the State Capitol building in Olympia. This is your opportunity to meet your legislator and establish rapport between the medical community and our political leaders.

The First Aid Clinic is sponsored by WSMA and open Monday through Friday from 9:00 a.m. to 12:00 p.m. Beepers are available for your use and you can tour the Capitol building at any time. Parking near the building is provided.

If you are interested in volunteering, please call Winnie Cline in the WSMA Olympia office at **1-800-562-4546**.

Free Subscriptions to AMA/NET

All AMA members are now eligible for a free subscription to AMA/NET, the AMA-sponsored electronic information network. This service, provide by AMA subsidiary American Medical Computing Ltd., brings physicians instant access to a variety of on-line services....

Clip and Save!

Key Legislative Committee Members & Phone Numbers

HOUSE

Judiciary Committee

Jean Marie Brough	786-7830
Ron Meyers	786-7964
Randy Tate	786-7968

Human Services Committee

Randy Tate	786-7968
Shirley J. Winsley	786-7890

Rules Committee

Jean Marie Brough	786-7830
Brian Ebersole	786-7996
P.J. Gallagher	786-7906
Ron Meyers	786-7964

SENATE

Health Care and Corrections

Stan Johnson	786-7602
R. Lorraine Wojahn	786-7652

Law and Justice

Ken Madsen	786-7602
"Slim" Rasmussen	786-7656

Rules Committee

"Slim Rasmussen	786-7656
R. Lorraine Wojahn	786-7652

Legislative Hot Line 1-800-562-6000

PCMS Offers Personnel Help for Concerned Employers

Interviewing, the hiring process, performance reviews, discipline and terminations are issues of concern to all physician employers in private practice. Sharon Bain, Pierce County Medical Society's Medical-Dental Placement Coordinator, covers all of these topics in her presentations.

Recently, Sharon has presented programs on personnel procedures and staff management to several groups of PCMS members and to residents at Tacoma Family Medicine.

Printed materials are provided in the presentations. They include a sample office policy manual, interviewing techniques, employee counseling reports, discipline procedures and guidelines for proper reviews and terminations. These guidelines are helpful in dealing with a variety of personnel related matters. Presentations can be arranged for large or small groups by contacting the Membership Benefits office at 572-3709.

Your Medical Practice: A Practice Management Workshop

This workshop is designed for physicians about to enter the private practice of medicine and physicians who already are in practice. The subjects are presented on the "nuts and bolts" level so that a comfortable, satisfying and rewarding professional practice can be easily established. This workshop is scheduled on Friday and Saturday for the physician's convenience. The workshop will be held at the Executive Inn in Seattle on March 31 and April 1 or at Nendels University Plaza in Seattle on November 17 and 18. Spouses may attend free of additional charge. Each workshop is limited and is conducted by Northwest Medical Consultants, Ltd. You MAY tape record the workshop.

(Continued on Page 12)

Pierce County Medical Society

705 South Ninth Street • Suite 203 • Tacoma, Washington 98405 • Telephone (206) 572-3666

"How to Avoid a Lot of Trouble" –Medical/Legal Issues in the Office

at the

General Membership Meeting

on

Tuesday, March 14, 1989

featuring speakers:

John Kennedy, J.D.

and

Marcel Malden, M.D.
Chairman Doctor/Lawyer Committee

Date:	Tuesday, March 14, 1989
Time:	6:00 p.m. – No Host Cocktails
	6:45 p.m. – Dinner
Place:	Fircrest Golf Club
	6520 Regents Boulevard
Cost:	$14.00 per person

Register now. Please complete the attached reservation form and return it, with a check payable to PCMS in the enclosed envelope, or call the Medical Society office, 572-3667, to confirm your attendance.

Reservations must be made no later than Friday, March 10th.

Registration

Yes, I(we) have reserved the evening of March 14th to join my fellow Society members and to learn "How to Avoid a Lot of Trouble" – Medical/Legal Issues in the Office.

___Please reserve ____ dinner(s) at $14.00 per person (tax and gratuity included).

___Enclosed is my check for _____

___I regret that I am unable to attend the dinner portion of the meeting. I will attend the program only.

Dr._____

Return to PCMS no later than Friday, March 10th.

CLASSIFIED

Positions Available

Physician – Evening on call. Primary care MD 4:00 p.m. to midnight, 40 hour week. Contact: Professional Services Western State Hospital, Tacoma, 756-2349. E.O.E.

Physician Opening – Ambulatory care/minor emergency center. Full/Part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, M.D. at 5900-100th St. SW #31, Tacoma 98499 Phone: (206) 584-3023 or 582-2542.

Immediate Openings – Full time and part-time positions and Directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice. Flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES at 1-800-554-4405. Ask for Jeannie.

Expanding Seattle Area – Multispecialty group practice has position for BC/BE General Internist, Infectious Diseases/Internist, Cardiologist and Nephrologist. Well established group affiliated with prestigious hospital. Teaching opportunities. Send letter and CV to : 705 South 9th, #301, Tacoma, WA 98405.

Equipment

Looking for exam table in good condition & oto-ophthalmoscope cast rolling stool for end of exam table. Call 535-7337 ask for Val or Ann.

Excellent selection of exam equipment – We buy and sell used medical equipment Call us for a free catalog, Lynlee's Inc. 867-5415.

Fujinon Model SIG-EK flexsigmoidoscope – Lynlee's Inc. 867-5415.

(Continued on page 10)

The 60 Second Prescription Clinic

Rx for Effective Communication

Frequently small problems arise in the practice of pharmacy. One area they occur is on the written prescription. Many times this leads to patient misunderstanding, unintended changes in the prescription itself or other minor adjustments of which the prescriber may or may not be aware.

These problems are created most often by regulations under which the pharmacist must operate. They reduce the efficiency of the pharmacy and the physician's office staff (adjustments often require contacting the physicians office). We hope that exposing a few of these will help you to write better prescriptions.

Today we will discuss **Specific Instructions**. By regulation, pharmacists are required to list only specific instructions on medications labels. Directions like "u.d." and "prn" or other unspecific instructions do not serve that role. By filling a prescription in this manner, we have failed to provide the patient with adequate directions. To complete the prescription we must call your office for specific instructions, assume what directions were intended and possibly misdirect the patient or improperly or illegally label it.

We realize that sometimes the directions are given separately to the patient in a written form. If this occurs the direction on the prescription should read **"Follow Separate Written Instructions."**

Watch for future "60 Second Prescription Clinics" in upcoming issues of the *PCMS Newsletter.*

– The Professional Pharmacists of Pierce County

Auxiliary News

Mall Health Fair

Record setting cold weather and a brief power outage didn't prevent PCMS and PCMS Auxiliary members from staffing the annual Tacoma Mall Health Fair held February 3-5.

The WSMA PACE booth featured historical photographs celebrating 100 years of medicine in Washington. Information on cancer, Medicare, AIDS, bicycle helmet safety, and the heirloom birth certificate were popular items with mall shoppers.

A free drawing for a child's bicycle helmet helped emphasize the bicycle helmet safety program. The helmet, won by Jeffrey Sampson, of Tacoma, was donated by Sears. Our thanks to Robyn Smith, Sears Sales Manager for her assistance.

A very special Thank You goes to the following PCMS staff, and auxiliary volunteers who donated their time to help staff the health fair booth: Marilyn Bodily, Helen Whitney, Mary Lou Jones, Sydna Koontz, Dr. Bill and Marge Ritchie, Dr. Bill and Diana Dean, Nikki Crowley, Ann Crowley, Dr. George Tanbara, Dr. Dave Hopkins, Kris White, Alice Wilhyde, Sue Asher, and Doug Jackman.

Prevention Program Helps Educate the Community

Statistics show that each year almost half a million people in the U.S. suffer from head and spinal cord injuries. A majority of the victims are young people and their injuries often leave them permanently disabled. There is little that can be done to reverse the damage caused by a head or spinal cord injury. The key to reversing these statistics is through education.

The PCMS Auxiliary is committed to the education of Pierce County residents in efforts to prevent head and spinal cord injuries. The Auxiliary has joined efforts with the Washington State Head and Spinal Cord Injury Prevention Program coordinated by a State Auxiliary member.

Recently, the Auxiliary focused on bicycle helmet safety at the February Tacoma Mall Health Fair. Discount coupons were available and a drawing was held for a child's bicycle helmet. Literature which outlined the importance of bicycle helmet safety was also provided.

The PCMS Auxiliary will continue to focus on this vitally important community program. If you have an interest in working on this project, please call Kris White at 851-5552.

Personal Problems of Physicians Committee

For Impaired Physicians.
Your Colleagues want to help

Medical Problems, Drugs, Alcohol, Retirement, Emotional Problems

Committee Members

Patrick Donley, Chair	272-2234
John R. McDonough	572-2424
William A. McPhee	474-0751
Ronald C. Johnson	841-4241
Jack P. Liewer	588-1759
Kathleen Sacco	591-6681
Dennis F. Waldron	272-5127
Mrs. Jo Roller	752-6825

WSMA 1-800-552-7236

Pierce County Medical Society

705 South Ninth Street • Suite 203 • Tacoma, Washington 98405 • Telephone (206) 572-3666

Presents

Our Quarterly Luncheon Meeting

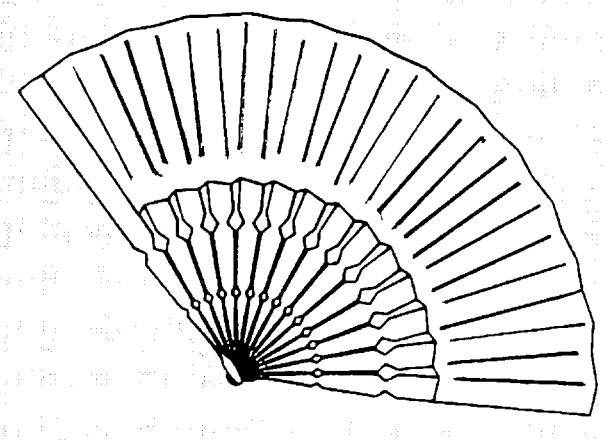
For Retired Members (and Spouses)

Featuring

"THREE WEEKS IN CHINA"

A Travelogue By:

Dr. Murray and Sherry Johnson



Date: Wednesday, March 15, 1989

Time: Lunch – 12:00 p.m.
Program – 12:45 p.m.

Place: Tacoma Dome Hotel
(Hickman North Room)
2611 E. "E" Street

Cost: Lunch $10.25 per person

To register, please complete the attached registration form and return it along with a **check payable to PCMS** (in the enclosed envelope) or call the Medical Society office at 572-3667 to confirm your attendance.

Registration

Please reserve _____ lunch(es) at $10.25 per person (tax and gratuity included). Enclosed is my check for $_____

I regret that I am unable to attend the lunch portion of the meeting. I will attend the program only.

Dr._____

Return to PCMS no later than Monday, March 13th.

Classified Continued

Appraisal Services, Lynlee's Inc. 867–5415.

Bundick EKG machine & stand– $750, 24 test insocult incubator – $30, Ultraviolet examining light – $25. Call Dr. Boyle, evenings 588–7475.

Sell waiting room chairs, exam tables, office equipment, good condition, reasonable – call 584–7100.

Beautiful new Medical-Dental Building – Own or lease, 1 BLOCK from Hospital – Puyallup. Call 848–2359 or 848–7332.

Professional Offices in Puyallup Construction starts mid spring – excellent location, freeway access and plenty of parking. Lease with option to purchase. For further information call Tom or Doug at 840–1770.

Custom Design hand crafted fine wood office furniture (desks, credenza's, file cabinets, benches, bookcases, wall units & exam tables) choose from oak, cherry, teak, birch, mahogany, etc. Free estimates, references & photographs available. "If you can imagine it – we can build it." **Creative Wood Design**, 344–6494.

Cervical Cap Training for health Providers. Call Marcy Bloom, Arcadia Women's Health Center.

The Pierce County Medical Society is a physician member organization dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community.

The PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society.

We welcome and invite your letters, comments, ideas and suggestions.

Pierce County Medical Society – 705 South 9th St., Suite 203 Tacoma, WA 98405 (206) 572-3667

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. – *Monique Johnson, Publications Coordinator*

PHYSICIANS

Your
Army Reserve Personnel Counselor,

MAJOR PAUL H. LAWHON, MSC

Would like to talk to you about the following opportunities in the United States Army Medical Department:

- ***Part-Time Income***
- ***Retirement Potential***
- ***Post Exchange Privileges***
- ***Insurance Discounts***
- ***Continuing Medical Education****
- ***Attendance at A.M.A. Conferences****
- ***Training at U.S. Army Hospitals****

****All paid for by the U.S. Army Reserve.***

P.O. BOX 38
Madigan Army Medical Center
Tacoma, WA 98431-5038
206-967-5046

Many groups TALK about building a better America-
The Army Reserve WORKS at it.

Practice Workshop Continued

Topics to be discussed include:

- Personnel Problems
- Setting Policies
- An Appointment System that Works
- Medical Records: The Inexpensive Method
- How to Collect Your Money
- How to Build a Practice Quickly and Ethically
- Promoting Your Practice

For registration information, please call Theresa Smith at 1-800-552-0612.

Pierce County Medical Society
705 South Ninth Street, Suite 203
Tacoma, WA 98405

Bulk Rate
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Tacoma, WA
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PCMS
NEWSLETTER
A publication of the Pierce County Medical Society

Volume 4, #3 ◆ April 1989

Striving Towards Quality Emergency Care

Many advances have been made in the quality of the EMS system in the last decade. However, many more improvements are still needed. This concern was brought to the members of the Board of Health by the Medical Society and The Fire Chiefs Association in 1988.

As a direct result of PCMS's actions, County Executive Joe Stortini formed the first Emergency Medical Systems Design Committee (EMSDC). The committee will be reviewing the present structure of EMS and making recommendations to the Board of Health on adjustments and/or changes necessary.

EMSDC will also be looking at the role of the Medical Program Director, funding, authority, and organization of the EMS system. The committee intends to develop its recommendations by its June meeting. EMSDC's next scheduled public meetings are April 10th and May 8th.

If you have any questions regarding the committee, please call PCMS at 572-3667. ◆

Fighting for Safe Streets

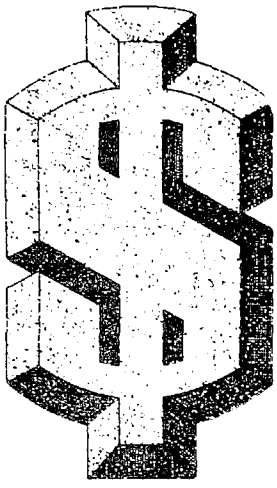
"The increase in the organized crack cocaine business actually began about two and a half years ago," reported Mr. Lyle Quasim, Director of Safe Streets at the PCMS Board of Trustees meeting on March 7th. "Gangs and drugs have been and continue to be very organized, while law enforcement is very unorganized," he lamented. It has been estimated that Tacoma has approximately 500 gang members. Quasim defined the gang/drug crowd as the "ultimate affirmative action employer."

The Safe Streets project hopes to change that. Safe Streets was started in Pierce County by County Council Dennis Flannigan in response to the public outcry over drugs and the problems they create. The Safe Streets project has three goals,
1) drug interdiction 2) community empowerment and 3) prevention and treatment.

Community involvement continues to be high. Over 2,500 people attended two recent community forums. These same people will be meeting with interested communities for data regarding drugs, gangs, and violence. A first draft plan of action will be completed by April 1. Quasim promised that the action plan will include activities for the Medical Society. ◆

INSIDE PCMS NEWSLETTER

Conflict of Interest?



Do physicians who have a financial interest in facilities that provide their patients services have a "conflict of interest" with them?

Rep. Fortney "Pete" Stark of California thinks they do. He has introduced legislation in the House of Representatives that would block Medicare payments for services provided by facilities in which the referring physician may have a financial interest.

The Wall Street Journal ran a series of two articles February 27 and March 1 entitled "Hospitals That Need Patients Pay Bounties For Doctor's Referrals" and "Doctor-Owned Labs Earn Lavish Profits in a Captive Market." The articles were particularly damaging to the profession.

The AMA has its own guidelines on "conflict of interest." The *1986 Current Opinions of the Council on Ethical and Judicial Affairs of the AMA* Chapter 8.03 Conflicts of Interest: Guidelines state: "Physician ownership interest in a commercial venture with the potential for abuse is not in itself unethical. Physicians are free to enter lawful contractual relationships, including the acquisition of ownership interests in health facilities, equipment or pharmaceuticals. However, the potential conflict of interest must be addressed by the following:(1) The physician has an affirmative ethical obligation to disclose to the patient or referring colleagues his or her ownership interest in the facility or therapy prior to utilization; (2) The physician may not exploit the patient in any way, as by inappropriate or unnecessary utilization; (3) The physicians activities must be in strict conformance with the law; (4) The patient should have a free choice either to use the physicians proprietary facility or therapy or to seek the needed medical services elsewhere; and (5) When a physician's commercial interest conflicts so greatly with the patient's interest as to be incompatible, the physician should make alternative arrangements for the care of the patient.

AMA's stand on the issue is quite clear. "There is no evidence [of]...widespread abuse." says James Todd, an official of the American Medical Association.

The *PCMS Newsletter* and *The Bulletin* will keep you up-to-date on further developments on this issue. ♦

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Pierce County Medical Society
705 South 9th St., Suite 203
Tacoma, WA 98405
(206) 572-3667

Publications Coordinator
Monique Johnson

Surgical Club Dissections, Demonstrations Set for Friday, April 14 at UPS

The Annual Tacoma Surgical Club dissections and demonstations are scheduled for Friday, April 14 between 1:30 and 4:30 p.m. at Thompson Hall in the University of Puget Sound. The Symposium, normally held on the following day, will not be held this year.

The dissections and demonstrations, performed by local physicians including many physicians from the Madigan Army Medical Center, are open to physicians, nurses and health care professionals.

The following dissections and demonstrations are planned:

⇒ Anatomy of the Circle of Willis as it Applies to Transcranial Doppler Examination

⇒ Surgical Anatomy of the Thyroid and Parathyroid Glands

⇒ Lewis Esophagectomy

⇒ Radial Forearm Flap, Proximally Based and Osseous Radial Forearm Free Flap

⇒ Radical Neck Dissection

⇒ Hemicorporectomy

⇒ Iatrogenic Urethral Injuries

⇒ Mandibular Reconstruction

⇒ Anatomy of the Wrist and Hand

⇒ Anatomy of the Knee

⇒ Trap Door Approach to the Great Vessels of the Neck

⇒ Retroperitoneal Approach to Groin Hernias

⇒ Surgical Anatomy of the Pancreas

⇒ The Human Eye and Cataract Dissection

⇒ Hand Rehabilitation After Tendon Repair

⇒ Sensory Innervation of Foot ♦

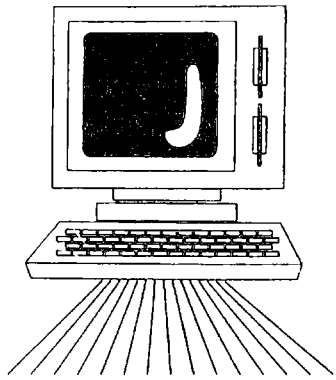
To assist Medical Society members in planning their continuing medical education plans for the year, the remaining College of Medical Education 1988–89 program schedule is printed below. A completed calendar and individual program brochures are available through the COME office, 627–7137. ♦

Remember... MARK YOUR CALENDAR!

1989 C.O.M.E. Schedule

April – 14,15	Tacoma Surgical Club
April – 28, 29*	Computers in Medicine
May – T.B.A.*	Neurology
June – 26, 27	Advanced Cardiac Life Support

* New Dates



Computers in Medicine Course Objectives Set

The College's *Computers in Medicine Course* set for April 28 and 29 at the Tacoma–Sheraton has set program objectives - or learning opportunities for local physicians.

At the conclusion of the course, physicians participating should be able to:

- Know what a computer system can and cannot do for his practice.
- Analyze his practice needs to determine what capabilities a computer system must have
- Know the key questions to ask a vendor
- Identify areas of performance specification to write into a contract
- Know a technique for accessing the most up to date medical information on Medline
- Know at least ten ways in which using a computer can improve the practice of medicine
- Understand how a patient's hospital medical record can be accessed from the office using the office computer system

Those interested in the course should call the College at 627-7137. ♦

Pierce County Medical Society

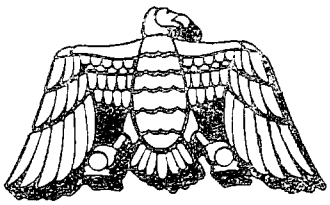
705 South Ninth Street • Suite 203 • Tacoma, Washington 98405 • Telephone (206) 572-3666

"Medicine in the White House"

at the

Joint General Membership Meeting with MAMC

on



Tuesday, April 11, 1989

featuring speakers:

Colonel John Hutton, M.C.,
Commander, MAMC, Vascular Surgeon

Date:	Tuesday, April 11, 1989
Time:	6:00 p.m. – No Host Cocktails
	6:45 p.m. – Dinner
Place:	**Executive Inn**
	5700 Pacific Highway East, Fife
Cost:	$14.00 per person

Register now. Please complete the attached reservation form and return it, with a check payable to PCMS in the enclosed envelope, or call the Medical Society office, 572-3667, to confirm your attendance.

Reservations must be made no later than Friday, April 7th.

Registration

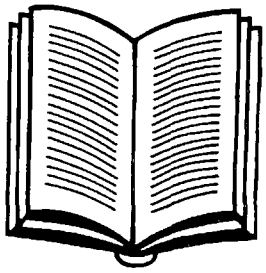
Yes, I(we) have reserved the evening of April 11th to join my fellow Society members and to hear: "Medicine in the White House"

___Please reserve ____ dinner(s) at $14.00 per person (tax and gratuity included).
___Enclosed is my check for _____
___I regret that I am unable to attend the dinner portion of the meeting. I will attend the program only.

Dr._____

Return to PCMS no later than Friday, April 7th.

BME Adopts WSMA-Proposed AIDS CME Requirement



A new CME requirement adopted by the Board of Medical Examiners at its January 27 meeting will require physicians renewing their license between July 1, 1989 and June 30, 1990, to obtain four hours of continuing medical education relating to the prevention, transmission and treatment of AIDS.

The requirement was adopted pursuant to the omnibus AIDS bill enacted by the legislature last year.WSMA, while remaining philosophically opposed to the concept or subject or disease specific CME requirements, offered several suggestions which were adopted by the board, including:

- requiring four rather than seven hours of CME;
- accepting CME obtained by several methods, including correspondence courses and independent study, rather than requiring attendance at a course containing a specific curriculum.
- accepting CME hours obtained in any category,I-V.

Under the new regulation, physicians will need to: certify that AIDS education has been completed after January 1, 1987; be able to document how the education and training took place; and retain for two years the records documenting the education. ♦

Personal Problems of Physicians Committee

For Impaired Physicians Your Colleagues Want to Help

Medical Problems, Drugs, Alcohol, Retirement, Emotional Problems

Committee Members

Patrick Donley, Chair	272-2234
Joseph Kramer	845-9511
John R. McDonough	572-2424
William A. McPhee	474-0751
Ronald C. Johnson	841-4241
Jack P. Liewer	588-1759
Kathleen Sacco	591-6681
Dennis F. Waldron	272-5127
Mrs. Jo Roller	752-6825

WSMA
1-800-552-7236

Medicaid Claims Processing Time Reduced

In their latest meeting with WSMA's Medicaid Advisory Committee, Medical Assistance officials reported excellent results from their efforts to reduce the claims processing inventory and improve claims turnaround time.

The inventory of physicians' claims has been reduced by 40% The number of days required to process hard-copy claims has dropped from 53 days last summer to 35 days.

Throughout this same period, the time required to process electronically submitted claims has averaged about 12 days.

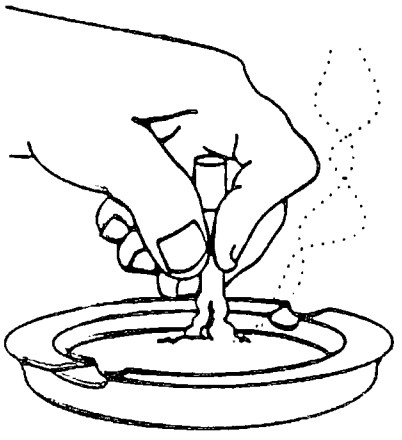
Although pleased with these results, the officials noted that efforts to speed up payments will continue. About 40% of physicians' billings are submitted electronically.

If your office already uses computers or if you are planning to automate and would like more information about electronic submission for Medical Assistance claims, please contact Debbie Rus in the Office of Provider Services at (206) 586-6825. ♦

Smoking and Common Sense

"The most uncommon thing in the world is common sense"
—Harry S. Truman.

Common sense, as well as approximately 40,000 articles in medical literature demonstrate to us that tobacco is clearly a significant cause of many diseases that we treat everyday. In fact, it is the most common cause of preventable death in our society (1 out of 6 deaths in Pierce County). Deaths resulting from tobacco usage are occurring in alarming numbers. Numbers that make AIDS and accidental deaths appear to be a pimple in comparison.



New medical evidence, in the last 4-5 years, clearly implicates second-hand smoke as the cause of pulmonary disease in non-smokers. . .especially children and non-smoking spouses in homes where there is a smoker. Further studies are in progress, however, there is enough evidence for us take a strong stand on this issue.

Surgeon General C. Everett Koop has taken a courageous stand on this issue. He has been the leader in challenging the medical profession, the general public and politicians to address tobacco as a public health threat. Non-profit health organizations such as the American Cancer Society, the American Lung Association and the American Heart Association have followed Koop's lead and increased the intensity of their public education and media focuses on tobacco in the last few years. The result of this has been the formation of a National Coalition to lobby Congress and more recently to establish the very important **Smoke-free Class of the Year 2,000 program.**

Last year Pierce County Medical Society established a **Tobacco Task Force** to address the issue of tobacco in our county. The Task Force felt that a strong public stance should be taken by the Medical Society as well as encouraging all members to individually take a strong public stance. The strong role of the physician in influencing his or her patients to stop smoking was also discussed. Further work in this area is needed.

The Task Force recommended that a goal of January 1, 1990 be set for all hospitals in Pierce County to be smoke-free. This goal was approved by the Board and presently the Task Force is working with the hospitals to make this a reality.

Currently, the Washington State Legislature is in session and a number of tobacco related bills have been introduced. Under the leadership of the Washington State Medical Association, the American Cancer Society and the American Lung Association of Washington, a state- wide lobbying body has been formed in Olympia called the **Tobacco Addiction Coordinating Council (TACC)**. TACC consists of 40 organizations (including the Pierce County Medical Society) representing 600,000 people in the State of Washington. It has been working with Rep. Art Sprenkle from Snohomish county put together a package of bills. However, only two bills on smoking and tobacco survived the House. HB 1941 will prohibit smoking in Health Care Facilities and Day Care Centers and HB 1836 which will require restaurants to set aside at least 50% of their seating for non-smokers. This package of legislation is now being lobbied by TACC.

Several other bills were introduced that would have: 1) prohibited distribution of free cigarette samples. 2) vigorously enforced the penalty for the sale of tobacco to minors 3) HB 1942 addressed smoking

inthe workplace. These bills failed to get out of Rules Committee. A bill to establish a fact finding advisory legislative committee to study the economic effects to the State due to tobacco abuse and to recommend further areas of legislation to be introduced over the next two to five years is being considered.

We need help in this effort. Please call or write your legislators supporting these specific bills. For information on the current status of these bills, please call the WSMA office in Olympia at 1-800-562-4546.

The Pierce County Medical Society will continue to address this issue locally and at the state level. Your help and support is important! Watch for more information about TACC in future issues of the *PCMS Newsletter* and *The Bulletin.* ◆

—Gordon R. Klatt, M.D.
Chairman, Coalition for a Tobacco Free Pierce County

Legislature Coming to a Close

The 1989 Legislature is scheduled to adjourn April 10. Several bills of importance still remain to be considered and voted on by your representatives. They will have an impact on you in many ways.

It is important that you talk to your representative or the key contact physician when you receive alerts from WSMA or the PCMS regarding a specific piece of legislation in these last weeks of the Legislature.

Following are the key contact physicians for the listed representatives and senators.

District	Legislators	Key Contact	Phone #
#2	Sen. Ken Madsen	William Knittel, M.D.	848-9345
#2	Randy Dorn	William Knittel, M.D.	848-9345
#2	Marilyn Rasmussen	Michael Spiger, M.D.	841-2471
#25	Sen. Mark Gaspard	Don Weber, M.D.	862-8001
#25	Randy Tate	Nichol Iverson, M.D.	845-6645
#25	George Walk	Michael Haynes, M.D.	845-6645
#26	Sen.Bill Smitherman	William Jackson, M.D.	594-1059
#26	Ron Meyers	Paul Schneider, M.D.	272-1231
#26	Wes Pruitt	Don Shrewsbury, M.D.	627-4942
#27	Sen.Lorraine Wojahn	Richard Hawkins, M.D.	383-4071
#27	Ruth Fisher	Michael Jarvis, M.D.	383-3444
#27	Art Wang	George Tanbara, M.D.	383-5777
#28	Sen. Stan Johnson	James Krueger, M.D.	582-1700
#28	Sally Walker	Terry Torgenrud, M.D.	564-1115
#28	Shirley Winsley	Joe Nichols, M.D.	272-3934
#29	Sen. Al "Slim" Rasmussen	Stan Tuell, M.D.	927-1117
#29	P.J. Gallagher	David Brown, M.D.	473-0940
#29	Brian Ebersole	Richard Hawkins, M.D.	383-4071
#30	Sen. Peter von Reichbauer	David Hopkins, M.D.	927-1555
#30	Jean Marie Brough		
#30	Dick Schoon		

N E W S B R I E F S

New Members To Society

The Board of Trustees at its March 7 meeting approved the recommendations of the Credentials Committee that the following applicants be approved for membership in the Medical Society. They are:

Kirk T. Harmon, M.D., Internist
Western Clinic
Cornell Medical College, 1984

Thomas E. Norris, M.D., Faculty
Tacoma Family Medicine
University of Texas Medical School, 1973

Charanjit K. Lamba, M.D., General Practice
8610 - 112th Street E., Puyallup, WA
College of Medical Sciences, New Delhi, India, 1978

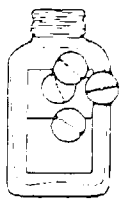
Ellen M. Pinholt, M.D., Internist
10507 Gravelly Lake Drive S.W., #1, Tacoma, WA
University of South Dakota School of Medicine, 1978

Stephen C. Settle, M.D.,
Physical Medicine & Rehabilitation Electrodiagnosis
Electrodiagnosis & Rehabilitation Associates of Tacoma
University of Cincinnati School of Medicine, 1976

Shinobu Inoue, Physicians Assistant
140 North Percival, Olympia, WA
Sponsor - Robert Reeves, M.D.

Mr. Inoue is the first physicians assistant admitted to the Medical Society under the amended Bylaws of 1988 – in the Physicians Assistant category similar to that of WSMA Bylaws. We welcome new members! .♦

High Risk Pregnancy/ Substance Abuse Treatment



The Tacoma-Pierce County Substance Abuse Treatment Program has services for pregnant and parenting women who have a history of cocaine use (alone or in addition to other substances, including alcohol). The treatment service include cocaine, parenting and pregnancy groups, individual counseling and case management.

Referrals can be made for admission to treatment by contacting:

Char Bennett, CHN or Dave Bischof, CCDCIII at 591-6405, Monday through Friday, 8:00 a.m. to 5:00 p.m. ♦

1989 Directory Corrections

Our apologies to the following physicians for these inadvertent errors in the PCMS 1989 Directory of Physicians and Surgeons.

Please change the phone number for the following physicians who practice at: 11019 Canyon Road 537-3494

Whitney, Robert B. Jr., M.D.
Pliskow, Raymond J., M.D.
Rich, Robert D., M.D.
Campbell, Michael S. M.D.
Graham, Martin L., M.D.
Flood, John A., M.D.
Nelson, Todd P., M.D.
Levine, Andrew R., M.D.
Anderson, C. Zeno, M.D.
Carleton, Scott H., M.D.

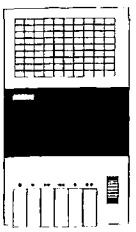
Clabots, Maria T., M.D.
Physicians only phone is 561-8678

Lamba, Charanjit K., M.D.
Office phone is 848-7927

Morrell, Michael H., M.D.
Please add spouse –
(Nancy Anne Eaton)

Nishtani, Michael E., M.D.
Office address should be
1322 3rd St. S.E. #340
Puyallup, WA 98372

AMA Leadership Conference Tapes Available



Dr. Bill Ritchie, President, Dr. Gordy Klatt, President-Elect, and staff attended the AMA Leadership Conference in Chicago February 24-26. They had the opportunity to hear some superb presentations on the "Environment of Medicine Today."

The following tapes are available:

- "The New Environment of Medicine" – Marvin Cetron, Ph.D President, Forecasting International
- "Developing Your Leadership Skills" – Pat Heim, Ph.D, President, Heim and Associates
- "Public Perspectives and Their Effect on Health Care Policy," Robert J. Blendon, ScD., John T. Dunlop, Ph.D, Emery A. Wilson, M.D.
- "Conflicts of Interest: Ethical Obligations vs. Economic Gain" – Arnold S. Reiman, M.D., John H. Moxley, III, M.D., Walter J. McNerney, M.H.A.

If you would like these tapes to hear on a loan basis please call the Medical Society at 572-3667. ♦

Team Physicians Needed

Dr. Stuart Freed has been appointed chairman of the newly created Sports Medicine Committee by President Bill Ritchie. The committee (made up of physicians interested in Sports Medicine and athletic directors from the school districts and the colleges in Pierce County), attended their first meeting on March 10. Several goals were established by the new committee 1) to train students to become trainers 2) to establish guidelines for health care administered within the school districts 3) to review areas of risk management and physician involvement 4) collect data and to 5) educate parents, physicians, EMTs, head coaches, etc., on the issues of concern.

One of the most noted comments by athletic directors, was the unavailability of physicians to act as team physicians for the schools.

If you are interested in becoming a team physician for the schools in Pierce County, please call the Medical Society office at 572-3667. ♦

Congratulations. . .

to Dr. and Mrs. James E. Hazelrigg on their daughter Peggy's position on the White House staff. Peggy Hazelrigg is the new Assistant Director of Presidential Advance. She will be helping to plan the president's trips both at home and abroad. Peggy has previously worked with President Bush (as vice president) through the Public Relations firm of Hill & Knowlton.

In the past, she served as a member of the 1989 Bicentennial Presidential Inaugural Committee. Peggy graduated from Stadium High School in 1975 and Whitman college in 1980.

Dr. Hazelrigg practices family medicine on Browns Point and has been a valuable PCMS member for 33 years. ♦

TCC Offers Collections Course

For the third straight year Tacoma Community College is offering its popular collections course, "What to Do About Past Due Accounts."

This one day seminar is designed to be of benefit to medical office personnel and the doctors and dentists they work for.

The workshop teaches you:

- how to get the most out of your collection time and effort
- how to develop an attitude for helping the creditor as well as your employer
- how to keep a good relationship with the client while collecting what is owed
- the law concerning collections

The special continuing education price is $69.

The course is offered on Thursday, May 4 from 8:30 to 4:30 at Tacoma Community College's Downtown Center, at 9th and Broadway. For registration information and to learn more about additional offerings call Carol Ann at 566-5163. ♦

How Much Does Your Medical Staff Know About Preventing Malpractice Suits?

What can you do to reduce your risks? Enroll your staff now in PCMS's course "Risk Management: Medical Staff Responsibilities in Preventing Malpractice Suits." The course is scheduled for Wednesday, May 10, 1989 and costs $35 for the staff of PCMS members and $50 for staff of non-members.

We can teach you:

- How to handle patient complaints
- How to stay within the limits of delegation
- How to protect the patients privacy
- What to do before sending a patient to collection
- How to reduce communication errors

For more information or to register, please call Sharon Bain at PCMS's Medical-Dental Placement Service 572-3709. ♦

Dr. Leland Kaiser (Futurist) to Speak May 24 at St. Joseph's Hospital

Through St. Joseph's Hospital and Pierce County Medical Society's cooperative efforts, Leland Kaiser, a noted motivational speaker, will be addressing the "Future of Medicine and Ethics" at the May 24 meeting. The meeting will be held at 7:30 a.m. at St. Joseph's Hospital. Breakfast will be served.

Kaiser is best known for his ability to change the way organizations think. He is a prolific author, prominent educator, and pioneer in the developing field of electronic teaching technologies. ♦

(Continued next page)

WSMA Committee/ Councils

WSMA is soliciting interest from members who would be willing to serve on various committees and councils. This is an opportunity to serve in a policy making position and play an active role in the decision making process. Please call the PCMS office to discuss the opportunities. ♦

ICD-9-CM Codes

After April 1, 1989 physicians will be required to submit these diagnosis codes on each claims submitted for services performed. Failure to do so can result in a substantial fine. For information on ordering new code books, call the PCMS office. ♦

Effective Use of the Medical-Dental Placement Service

Calling in Your Job Order Request as Soon as Possible

- Allows our prompt response in representing applicants to you
- Allows time to advertise
- Allows adequate time for you to screen applicants without hiring in a hurry
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Place the Job Order Request and We Will Do the Rest

- We advertise and screen applicants, first on the phone, then in our office
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- We will visit your office, upon request, and select applicants who seem best matched to your particular office
- We will send only the most qualified person based on your specified job requirements
- We are far more conscientious and concerned with your employment needs than any other agency because we are owned by you, our members
- We charge among the lowest fees in Pierce County so we attract the best applicants
- Employers are not required to pay fees, but do so only by choice
- We will mail resumes for you to review at your convenience

Refer all your walk-in applicants to us

- Saves you time interviewing from a stack of resumes that look sharper on paper than in person
- Saves you the awkward task of telling an unqualified person, or a "friend of a friend," that he/she is not suited to your position
- Reserves time for the all important task of "objective selection" because we provide the initial screening and time consuming duties of reference checking
- We can provide you with agency brochures and our business cards to give to your walk-in applicants. This gives them a resource to use in their employment search

Be Willing to Negotiate on the Fee for Well Qualified Applicants

- Any fee paid to us by you will be reimbursed if your employee quits or is terminated within 60 calendar days (member's benefit)
- Negotiating payment of the fee, or any portion of it, adds incentive and increases the prospect of attracting the most qualified applicants
- Any flexibility is better than none...total or partial fee paid, total or partial reimbursement after probation (after 90 days, 6 months, or 1 year)

Use Our Resources to Your Advantage

- We can furnish information on personnel procedures including office policy manuals, hiring procedures, interviewing techniques, proper employee discipline and counseling, proper termination procedures, etc.,
- We can furnish a salary and benefit survey taken directly from Pierce County Physicians
- We can save you valuable time and provide ethical --- effective service

If we do not have an applicant immediately who meets your needs, we will ! "l you and with your permission do all we can to recruit that person quickly. ♦

Kaiser

(Continued)

Dr. Kaiser is President of Kaiser and Associates, a healthcare consulting firm in Brighton, Colorado. He holds an appointment as Associate Professor, Graduate Program in Health Administration at the University of Colorado of Denver. ♦

Classifieds

POSITION OPENINGS

Expanding Seattle Area- Multispecialty group practice has position for BC/BE General internist, infectious diseases/internist, cardiologist and nephrologist. Well established group affiliated with prestigious hospital. Teaching opportunities. Send letter and CV to : 705 South 9th Street, Suite 301, Tacoma, WA 98405.

Immediate Opening for a full time physician in family practice in the Spokane area. Excellent compensation and malpractice. Monday though Friday call J. Hartley at 1-800-554-4405.

Associate Family Practitioner needed for busy rural office. OB optional. Excellent coverage for time off. Contact Laura or Mary at 862-8001.

Physician Opening – Ambulatory care/minor emergency center. Full/part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, M.D. at 5900-100th St. SW, #31 Tacoma, 98499. Phone (206) 584-3023 or 582-2542.

Immediate Openings – Full and part time, positions and directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice. Flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES at 1-800-554-4405. Ask for Jeanine.

EQUIPMENT

Unimeter 330K – New calibrated. Due in-office cholesterol; glucose, hemoglobin etc. Using prepared kits -$325. 927-9966

Hamilton Exam Table for sale- $600. Contact Kris at 272-3827.

Sell Waiting Room Chairs, exam tables, office equipment, good condition, reasonable. Call 584-7100.

Excellent Selection of Exam equipment – We buy and sell used medical equipment Call us for a free catalog, Lynlee's Inc. 867-5415.

Appraisal Services Lynlee's Inc. 867–5415.

Burdick ECG Machine & stand– $750, 24 test isocult incubator – $30, Ultraviolet examining light – $25. Call Dr. Boyle, evenings 588–7545.

OFFICE SPACE

Beautiful New Medical-Dental Building – Own or lease, one BLOCK from hospital – Puyallup. Call 848–2359 or 848–7332.

Class A Professional Office for lease. Southill, Puyallup - 1400 sq. ft. $650 a month. Call 474-3329.

???PCMS Issues and Answers???

The Medical Society frequently receives numerous calls on our policies and procedures. Below are some of the most frequently asked.

Q. How do I legally and ethically terminate the physician-patient relationship?

A. Send a letter by certified mail notifying the patient of your intent to terminate the physician-patient relationship. State that you will continue to provide routine and emegency medical care for 30 days while the patient seeks another physician and that you will send the new physician a copy of the patient's medical records. Include the names and telephone numbers of three area physicians, plus the name and phone number of the Medical Society physician referral service. Place a copy of the letter in the patient's chart.

Q. As a treating physician, do I have to respond to a subpoena that is totally unrelated to a malpractice suit?

A. Yes, legally you must respond to any subpoena. Treating physicians are often subpoenaed in litigation concerning auto accidents or Labor and Industry claims. Your response depends on the type of subpoena; we strongly suggest that you call a physicians Insurance Claims representative for advice on what you must do.

Q. When I receive a signed release of Medical Records form, should I release all records in the patient's file , including records from other providers, or just the records of my own care?

A. As long as the patient has given legal consent, release copies of all records contained in the patient's chart. If the patient has been treated for any STD, you will need a release specifically for that information.

Q. I want to fire an employee who has been with us for six-months. Her work is only fair, and she has trouble getting along with the other staff. I've given her a performance review, and she's promised to improve; but there's been little change. Our personnel manual specifies only that an employee can be terminated for embezzlement or dereliction of duty. Can I legally fire her "at will?"

A. Yes, you can. A personnel manual need not list every possible reason for dismissal. "At will" termination is illegal only when based on criteria such as sex, age, race, religion, or national origin, or when it violates a contract. Terminating this woman shouldn't cause legal problems, provided you've been documenting specific instances of her poor work. The personnel record should also contain the dates and corrective actions discussed in your conferences with her. ◆

If you have a question for *Issues and Answers*, write us at **Issues and Answers**, 705 South 9th, Suite 301, Tacoma, WA 98405 or call us at 572-3709.

Classified...

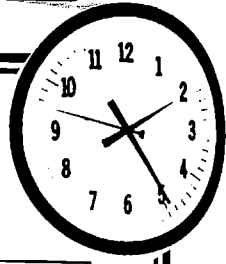
(Continued)

OFFICE SPACE

Family Practice—Underserved area with excellent demographics at Brown's Point. 2800 sq. ft. Will finish to suit, Kellis and Co., 272-5183.

General

Cervical Cap Training for health care providers. Call Marcy Bloom, Aradia Women's Health Center - 323-9388.



PCMS Up to the Minute Calendar

Saturday, April 1	ICD-9-CM Coding Required	
Tuesday, April 4	The Board of Trustees	Humana Hospital
Wednesday, April 5	Bulletin Copy Deadline AIDS Committee	 7:00 a.m.
Friday, April 7	Committee on Aging	
Monday, April 10	Legislation Adjourns C.O.M.E. Board of Directors Emergency Services Design Committee Public Meeting	
Tuesday, April 11	General Membership Meeting	Executive Inn
Wednesday, April 12	Credentials	
Thursday, April 13	Grievance Committee Tobacco Task Force	
Friday & Saturday, April 14, 15	Surgical Dissections	
Tuesday, April 18	Executive Committee	
Wednesday, April 19	Public Health/School Health	
Thursday, April 20	EMS Design Committee	
Friday, April 21	Sports Medicine Committee	
Monday, April 24	Medical/Legal Committee	
Tuesday, April 25	WSMA Financial Management Program	Executive Inn
Wednesday, April 26	Computer User Group	
Thursday, April 27	EMS Committee	
Friday & Saturday, April 28 & 29	Computers in Medicine Program	Sheraton Hotel

For meeting times/dates/places please call the Medical Society office at 572-3667. ♦

PHYSICIANS

Your
Army Reserve Personnel Counselor,

MAJOR PAUL H. LAWHON, MSC

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Madigan Army Medical Center
Tacoma, WA 98431-5038
206-967-5046

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The Army Reserve WORKS at it.

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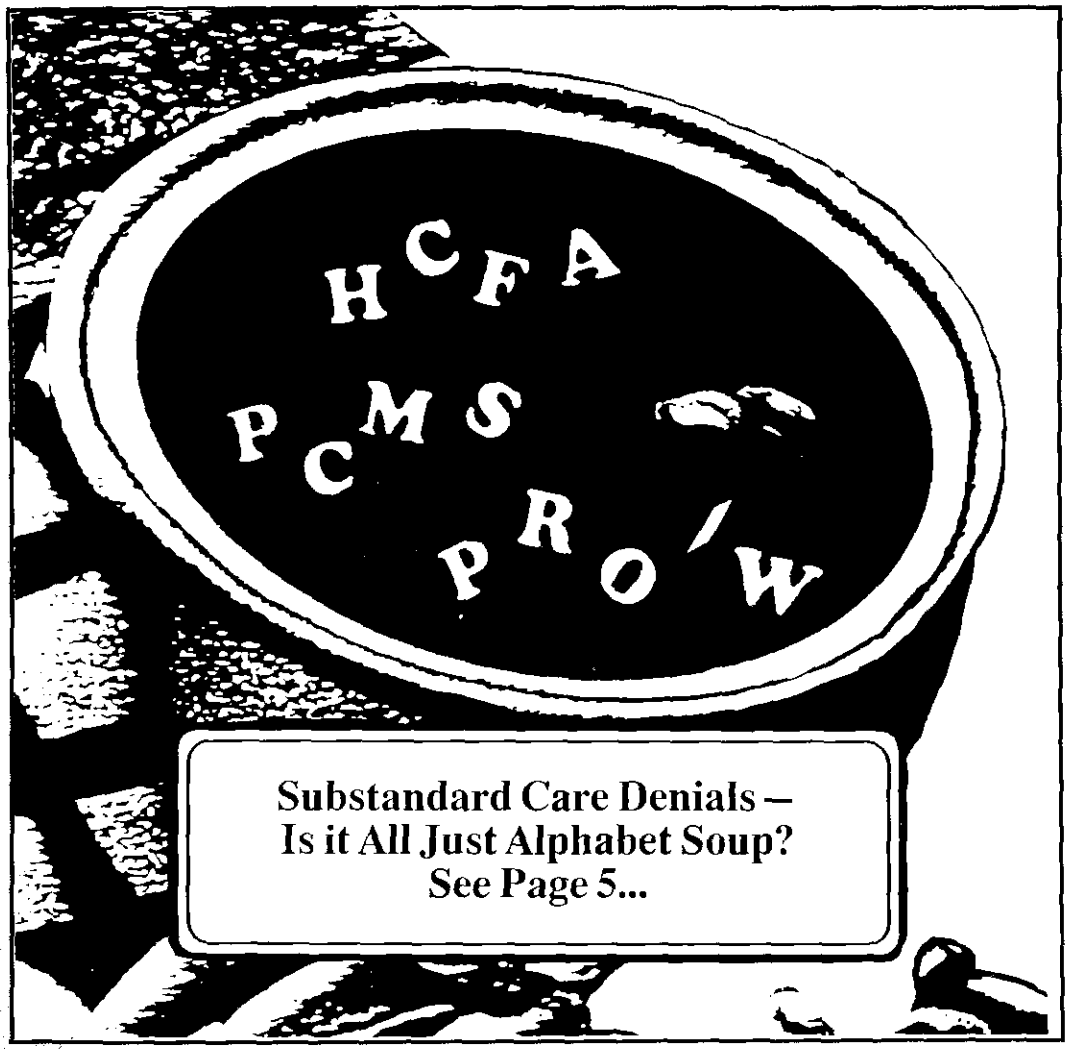
The Bulletin

Pierce County Medical Society

May 1989



Substandard Care Denials – Is it All Just Alphabet Soup?
See Page 5...

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The Bulletin

The Official Publication of the Pierce County Medical Society

The Bulletin is published quarterly, February, May, August and November by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advetisements in *The Bulletin* are the first of the month preceding publication (i.e., July 1 for August issue).

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

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Managing Editor: Douglas Jackman

Editorial Committee: David S. Hopkins (Chairman), Stanley Tuell, W. Ben Blackett, Richard Hawkins

Publications Coordinator:
Monique Johnson

Advertising: MBI, Pierce County Medical Society, 572-3709

Beverly Foley, 917 Pacific Avenue, Suite 217, Tacoma, (206) 272-7181

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Pierce County Medical Society
705 South 9th St., Suite 203
Tacoma, WA 98405
(206) 572–3667

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Testing the Boundaries of Medicine

By William T. Ritchie, MD, 1989 PCMS President

Earlier this spring your president, president elect, and chief executive officer traveled to Chicago and attended the AMA National Leadership Conference. We spent two and a half days of concentrated study learning about medicine at the national level, and how to become more effective leaders at our level of organized medicine. Numerous sessions were conducted on many of the major problems facing medicine. My most prominent impression of the entire meeting was that we have very knowledgeable, capable, and articulate leaders at the national level that are speaking out for the best interests of medicine and our patients. AMA is not a reactive organization of old men making policy; it is a democratic association whose brilliance lies in the involvement of its member physicians.

Over 60% want universal health insurance, but do not want an increase in taxes.

The public perspective has a tremendous effect on health care policy. Since political leaders tend to make decisions based on what they perceive people desire, they rely on opinion polls. Robert Blendon, Chairman of the Department of Health Policy and Management at the Harvard School of Public Health, discussed some of the basic trends that have been noted in the public opinion polls. He noted that there is an ideological split of public opinion. Health care is thought of as a civil right, but the public does not want to pay for it. Over 60% want universal health insurance, but do not want an increase in taxes. People approve of advances in medical technology, but at the same time, feel that physician and hospital fee increases are excessive. The competitive aspects of medical care delivery are not viewed favorably. For example, only 30% favor HMOs. Nor does the public favor regulation of health care. However, they do like health planning and want the government to negotiate fees for both physicians and hospitals. Associated with the increase in medical fees and increased business-like nature of health care, there has been a decline in the confidence in medical leadership. The message is clear that altruism and caring have to be put back into medicine and the emphasis on medicine as a business has to be reduced.

If you own a clinical laboratory, imaging center, rehabilitation clinic, or surgical center, or if you or a member of your family have a financial interest in such a facility, then you will want to follow the development of the "self referral" legislation that is making its way through Congress. Representative Pete Stark has introduced legislation to prohibit reimbursement for service provided in a facility owned by a physician or a member of the physician's family. The Wall Street Journal has published lengthy articles highlighting extreme examples of self referral and joint venture abuse. AMA believes an outright prohibition against physicians having financial interests in any and all outside health care entities is unreasonable. Strong ethical guidelines are already in place that state a physician has an affirmative ethical obligation to disclose ownership interest to his patients and referring colleagues, and patients should have free choice in deciding which facility to use. Dr. Arnold Relman, editor of the New England Journal of Medicine, feels that there is a clear conflict of interest for a physician to have a financial interest in any outside facility and argues that AMA should oppose such involvement. On the other hand, Dr. Walter McNerney from the Northwestern Graduate School of Management argues that although competitive pressures have increased physicians' entrepreneurial interest, professionalism cannot be legislated. It seems a reality, however, that eventually legislation will pass that at least guides physicians and others in identifying appropriate investment relationships.

One theme that almost every speaker at the conference reiterated was the need for unity in our profession now more than ever before. The dialogue between medicine and government is intense. AMA leadership is impressive, but medicine needs more than good leaders, it needs numbers. Less than half of the physicians in this country belong to AMA. The government needs to know who is the voice of medicine. Specialty societies have diverse interests and their voices are divided. They are already making "end runs" on the RBRVS issue. Divide and conquer is not just a threat. The profession has strength with a large organized membership speaking as one. AMA membership is increasing and seven states now have unified state and national membership. Although Oregon is not unified, Douglas County has 90% of its membership belonging to the national organization. This contrasts to our own Pierce County where only 39% of you belong to AMA. I encourage all of you to get involved at the local, state, and national level. Nobody agrees all the time with all the policies developed by our associations, but they are democratic organizations and your voice can be heard. ☐

Substandard Care Denials

The Implications of the New Proposed Regulations on the Practicing Physician

By Joseph C. Nichols, M.D.

As a result of the consolidated Omnibus Act of 1985, and the Omnibus Reconciliation Act of 1987, HCFA received a congressional update to develop regulations for the denial payment for "substandard" care. The PROs are to be given a new charge under this legislation. This new charge is above and beyond the PROs current obligation to apply generic quality screens to records under review, and sanction or apply "corrective" actions to physicians found to have quality variations.

Under these new regulations the PRO must deny payment to hospitals and physicians **and** notify beneficiaries when the PRO determines that substandard care has been provided. This new process has serious implications for the physician and the hospital.

The concept of not paying for services that are improper or are of inferior quality is certainly understandable. The difficulty in implementing policies and regulations based on this concept becomes quite apparent, however, when one realizes that, explicit reproducible, widely accepted standards of quality practice have yet to be defined and published for those under review. The provider is naturally uneasy when an explicit, definable basis for a determination of poor quality care seems to be missing from the equation.

HCFA and the PROs have been understandably uneasy about implementing these rules. HCFA delayed proposing these rules for nearly three years because of logistical and liability concerns, but under pressure from the Office of the Inspector General, the proposed rules were finally published in the Federal Register of January 18, 1989. The issue of liability has been one of the major concerns shared by providers and policy makers. There is certainly a potential to increase the liability exposure of providers when beneficiaries receive an official government sponsored letter that notifies them they have received poor quality care and should seek a refund when indicated.

In essence, the physician's judicial review is left to the tort system. The plaintiff attorney must feel at some advantage if he possesses a letter that certifies the care his client received was substandard.

It would seem appropriate that any notification to beneficiaries or denial of payment should be considered a significant adverse action which is punitive in nature. Even if a tort action is not pursued by the beneficiary, the damage to the physician's reputation in the community could be profound. Since action as a result of these rules is so punitive in nature, the provider should be afforded full due process, before the punitive action [ie. notification] occurs.

(Continued on Page 6)

Substandard Care
(Continued)

HCFA Guidelines

HCFA has chosen to develop general guidelines that are comprehensive in scope to be used to make determination of substandard care. The PROs have been left with the unenviable task of developing specific guidelines that reviewing physicians would use to make their determinations. The HCFA guidelines cover six submission scenarios that should encompass all medicare admissions. Under these six scenarios, there is an exhaustive list of elements of care. This list is extremely general and does not state how quality variations would be specifically measured under each of these elements. It leaves that job up to the regional PROs.

HCFA does specify the level of quality variation (or severity) that would trigger the substandard care denial and notification under two circumstances:

1. Care which resulted in:
   - Unnecessarily prolonged treatment of the patient
   - Complications in medical conditions
   - Readmission to the hospital
   - Physiological or anatomical impairment
   - Disability
   - Death

2. Care which presents an imminent danger to the health, safety, or well being of the beneficiary, or places the beneficiary unnecessarily in a high risk situation.

The descriptions and definitions provided in these two circumstances are so vague that the latitude (or license) for interpretation is frightening let alone confusing.

- Is unnecessarily prolonged treatment measured in minutes, hours, or days? Under what circumstances, and by whose standard?
- Are complications in medical conditions determined at the level of urinary tract infections or temporary confusion or post-op atelectasis?
- Does physiologic or anatomic impairment refer to post-op fever, drop in hematocrit, joint stiffness, or temporary alterations in electrolytes?
- What does disability mean in this context?
- Does an imminent danger to the patient's safety refer to the error of leaving down the siderails if a fall is reviewed retrospectively?
- What is a danger to the patients well-being?
- What are some examples of "high-risk" situations we might put beneficiaries into unnecessarily?

As a reviewer for the PRO, I would have considerable difficulty using these guidelines to arrive at a level of severity that was "consistent with HCFA guidelines."

Use of Health Care Professionals to Screen Cases

The proposed rule seems to take a positive step forward by agreeing with medical organizations that the reviewing physician should be in the same specialty as the physician under review, but as has been demonstrated in the past, further modifications of these rules and other options essentially negate or significantly compromise the apparent spirit of the rule. For example, HCFA states that a specialist should be used "except when meeting this requirement would compromise the effectiveness or efficiency of PRO review." Effectiveness and efficiency should take a back seat to fairness in the review process, particularly when the implications to the physician are so potentially punitive. When given a less expensive and cumbersome option for review, the PRO will predictably take the easiest option out. No mention is made of board certification by the specialist reviewer, although in a previous regulation, the PRO was to use board certified reviewers "where possible." In practice many reviewers and even some PRO medical executives are not board certified in their specialties.

Provider and Physician Responsibility

If the PRO determines that substandard care has been given, the hospital payment would be denied regardless of whether the hospital or physician provided the substandard care. This rule appears grossly unfair to the provider who in reality has no control over certain elements of the care given. The hospital is in no position legally or ethically to counter a doctor's orders. Only when a physician has been **proven** to be grossly deficient in care, and an exhaustive due process has been provided, can the hospital consider removing the physician **after** that care in question is given. To use the same logic, it is not difficult to see that HCFA could take the position that the physician is responsible for all activities of the hospital, even those for which he has no real control. For example, if the beneficiary falls in the radiology department should the physician be responsible for that "significant adverse affect?"

At the time of initial determination the physician in question has "an opportunity to discuss the matter with a PRO physician." If the PRO reviewer "still believes" that the care was substandard under the above mentioned severity guidelines, then a determination of substandard care denial and notification occurs. If the physician disagrees or is dissatisfied with the determination, he may request a reconsideration by the same PRO entity. The beneficiary on the other hand, does have the right to a hearing and judicial review.

There is a serious lack of due process in this mechanism.

- The physician must discuss his case with the reviewer who made the initial determination and convince the reviewer that he or she was in error. There is no mechanism required for other non-involved reviewers in the same specialty to review the reviewers decision for appropriateness.
- The physician with an adverse determination is directed to the same entity that made the determination for reconsideration.
- The beneficiary, who has the right to a hearing and judicial review, is unlikely to need that protection, since the beneficiary is

not being accused of substandard practice and there is no penalty to the beneficiary.

- It would seem more appropriate that the provider, who is the subject of this punitive action, should have the right to an external unbiased hearing and judicial review if necessary.

Needed Changes

If HCFA is to propose rules to deny payment to the physician and the hospital and notify the patient that they have received substandard care, it must fully understand the serious nature of this proposed process. The results of this process are punitive and could be irreversibly damaging to the physician.

The current rules cannot assure fair consistent evaluation of the physician, and leave the physician without even basic due process.

1.HCFA should take the responsibility to define explicit reproducible and measurable guidelines for all PROs to use in making their determination. Failing to take this responsibility seriously abrogates this difficult task to local organizations who do not have the resources to develop these complicated standards. Local variations in care cannot be an acceptable excuse for delegating this authority. There is no reason that quality care in Texas should be different than quality care in Oregon. If there are legitimate reasons why care should vary in different areas, the regional PRO should be able to explain those variances with credibility to HCFA and seek an exception from the national standard. Most PROs review areas of widely divergent local characteristics and do not develop different standards or criteria for the different areas they review. By dividing the responsibilities for specific criteria development, HCFA had made it difficult for national medical organizations to address the appropriateness of the guidelines. In effect, HCFA has given the PROs a license and removed itself from responsibility for the impact of the mandated regulations.

2. HCFA must be more specific in its definition of the elements that represent an "actual, significant, adverse effect." Reviewers should have no question as to when they must make a substandard care denial determination.

3.HCFA should remove the options and exceptions related to specialty specific reviewers. The physician reviewer should be a **board certified** physician of the same specialty as the physician being reviewed **in all instances.**

4.Physicians should have more than "an opportunity to discuss" the denial determinations. The issue of due process prior to notification **must** be addressed.

5.The physician should have any initial question of substandard care reviewed by another specialty specific physician who is not involved in the case, in addition to the first specialty specific reviewer – prior to the notification of the beneficiary.

6.If the beneficiary has the right to a hearing and judicial review, then certainly the physician should have a similar right since it its the physician who stands to lose from the determination.

7.The effect of a substandard care denial determination should be limited to the provider responsible. Hospitals or other providers should not have payments denied for services over which they have no direct control on any realistic basis.

8.If a PRO issues a notification of substandard care and subsequent due process appeals demonstrate that the PRO was in error, the PRO should be held liable for any damage to the physician as a result of notification that the physicians care was substandard.

9.The PRO should be required to provide each physician subject to review a complete set of documents which describes all due process rights, all criteria used for review, and a detailed explanation of the exact mechanism used to make a determination of substandard care. This should be the **direct** responsibility of the PRO which should not be delegated to hospitals. Any changes in rules or policies that would affect the review process should be communicated directly to the physician prior to implementing review under those new rules.

10. HCFA should provide a number of **examples** of care that would be determined to be substandard on review under each element of the criteria sets, and each element of the "significant adverse effect" definition. These examples should be sufficiently descriptive so as to leave no doubt in the mind of the reviewer how HCFA intends this type of review should be done.

11. Exempting HMO's and CMP's from the substandard care denial rules is grossly unfair. Even though HCFA states that there is no per-service payment to deny under these capitated systems, an equivalent monetary penalty could be assessed and the beneficiary should certainly be notified. If a beneficiary is to be notified of substandard care, it shouldn't matter under what delivery plan that care is given. ☐

–Dr. Nichols practices orthopedic medicine in the Tacoma area. He has been a PCMS member for eight years.

Personal Problems of Physicians Committee

For Impaired Physicians Your Colleagues Want to Help

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The Art of Good Dictation

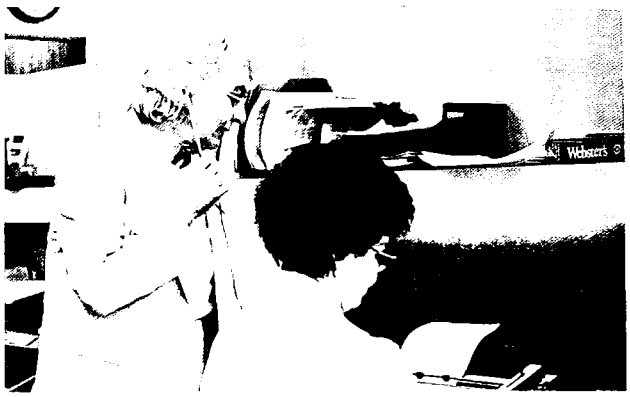
Some Friendly Tips from Your Local Transcriptionists

By Jerolyn Peters

Producing good dictation, like transcription, is an art. For some it comes naturally; others need some guidelines to help them. Rainier Chapter Medical Transcriptionists (RCMT) created the "Best Dictator Award" this year in celebration of **National Medical Transcription Week May 15–21** to help improve the quality of dictation in the South Puget Sound area – and thereby the quality of transcription. The chapter plans that the award will become an annual event, creating an annual opportunity to review some of the qualities of a good "dictator" and honor someone who consistently produces dictation that makes a transcriptionist's job a joy!

Here are some tips for quality dictation:

- **Prepare Ahead of Time to Do Your Dictation; Don't Just Pick Up the Phone and Start Talking.** Organize your thoughts and gather the information you need (patient's name, correct spelling, medical record number, admission and discharge dates if appropriate, operation date and time if appropriate, laboratory values, diagnostic test results, etc., Begin by clearly stating your name as well as the type of document you are dictating.
- **Making it a Point to Dictate at the Same Time(s) Each Day Works Best for Many Busy Physicians and Helps Them Keep Up-to-Date on Their Dictation.** Ideally, dictation should be done when it can take place without interruption or distraction. This will allow you to concentrate and provide you with a noise-free background. That centrifuge whizzing away on the next table can obliterate the words of even the best dictator. So can the "thump" of a report dropped near-by, the scream of a patient, or the conversation of the nurse standing next to you. Don't be afraid to ask people around you to be quiet while you dictate.
- **Get Yourself into a Good Mood.** Be pleasant, cheerful, and friendly. And, please, don't complain about "the system." The transcriptionist at the other end of the line probably had nothing to do with the type of dictation system installed at her place of employment. True complaints, however, as well as constructive criticism should be relayed to the transcription supervisor either by telephone or in writing.
- **Save Your Mailing and Copying Directions for the End of a Report.** Most hospitals and health care facilities put this information at the end of their reports. Giving the transcriptionist the number of copies you want and names and addresses of the people to whom they are to be sent at the beginning of a report is a waste of time and energy and a great opportunity for mistakes. The transcriptionist must find a pencil and paper, handwrite the information, and then decipher her handwriting when the report is finished.
- **Dictate the Admission and Discharge Diagnoses, the Preoperative and Postoperative Diagnoses, and the Name of an Operation at the Beginning of a Report.** Again, it is a waste of time if the transcriptionist has to go back to the beginning of the report to fill in this information.
- **Talk Naturally but Speak Distinctly; Enunciate each Word.** Mumbling fosters inaccurate reports because too often the transcriptionist must guess – or leave a blank. "B" and "D" sound too much like alike; so do "T" and "V." It helps the transcriptionist a great deal to hear "b like in boy" and "V like in Victor." Corrections are a nightmare even on electronic and computerized equipment. They take time and time is money.
- **Emphasize Numbers for Accuracy.** Too often "15" and "50" sound exactly alike at the other end of the line.
- **Use Short Concise Sentences.** Don't try to overwhelm with eloquence; too often it interferes with the production of a quality medical record rather than enhancing it.



Sometimes it takes two people to decipher particularly difficult dictation. Here Enid Smith, CMT, (left), confers with Kathy Hamilton, CMT.

- **Speak in Complete Sentences, Not in Outline Form.** A written record should be a narrative, not an outline.
- **Dictate at an Even Pace—Not Too Fast, Not Too Slow.** Try to group your words into natural patterns and rhythms; (a DICT–ator WHO is a JERK–er makes for very difficult transcription—and mistakes).
- **Use Your Normal Tone of Voice.** Don't whisper and don't shout, but do vary your tone of voice to help the transcriptionist properly punctuate your report. Then trust them to do it correctly; a good transcriptionist has been trained to do this.
- **Please Don't Smoke a Cigarette When You Dictate—or a Cigar or a Pipe; Don't Chew Gum, Chomp on an Apple, Suck on Cough Drops, or Eat Your Lunch.** Not only is it simple, common courtesy to the human being at the other end of the line, but it avoids dropped prefixes and suffixes and assures an even flow of dictation.
- **Don't Force the Transcriptionist to Guess.** Use only abbreviations that are agreed upon at your health care institution (and **none** in diagnosis), spell the names of new diseases, drugs, and treatments that probably are not yet in the reference literature. If you do not know the spelling, admit it and enunciate the word particularly well so the transcriptionist can take the proper steps to determine the correct spelling.
- **Don't be Afraid of the Machinery or the Transcriptionist.** Both are there to help you give quality patient care; not to foil your plans to "get it over in a hurry."
- **Accept Nothing but the Best from the Transcriptionist.** Use constructive criticism to get what you need. Discuss mistakes calmly (the quality of your dictation might have been part of the problem). A good transcriptionist wants to "get it right" just as much as you do. Good transcription is the direct result of good dictation, cooperation and communication between the dictator and the transcriptionist. By its very nature, the job of medical transcription involves a lot of detective work. Since medical science is constantly changing, a good transcriptionist is always learning something new. It makes the job a challenge. But the detective work should be necessary only when it involves something new or something rare; not to confirm the common everyday facts and figures.

Patty Norton, CMT, demonstrates the "tools of her trade."

- **Thank the Transcriptionist for Work Well Done.** Such gestures can go a long way in developing a cooperative attitude and improving the quality of transcription.
- **Don't be Afraid to Ask for Further Tips to Improve the Quality of Your Dictation.** Most transcriptionists and their supervisors would be delighted to let you listen to one of your own dictations and discuss with you what you can do to improve—as well as point out the good things that you are already doing.

As physicians, you are busy and often stressed to your limits and tired; transcriptionist's understand (they get that way, too). RCMT hopes that these "Tips for Quality Dictation" will be taken in the spirit in which they were intended-to get the physicians of the South Puget Sound area the best transcription possible in the shortest turn–around time possible. Too often the skills needed to do this have been neglected by our respective schools in producing physicians and other health care personnel and transcriptionists. It is one of the major goals of RCMT, through its continuing education program, to encourage quality in the latter; it is up to you to do something about the former.

As a professional organization, we welcome constructive criticism from you and would be happy to hear from you about how we can further meet this goal. Please write us at RCMT P.O. Box 111627, Tacoma, WA 98411. ☐

—Jerolyn Peters is president of RCMT and a full time transcriptionist at St. Joseph Hospital. She is also a free-lance journalist.

First Annual "Best Dictation" Award Goes to PCMS President-Elect Klatt

By Jerolyn Peters

Gordon R. Klatt, M.D., colon-rectal surgeon with Mt. Rainier Surgical Associates in Tacoma, has been named recipient of the first annual "Best Dictation Award" by Rainier Chapter Medical Transcriptionists (RCMT). Runners-up were pathologist Rob R. Roth, M.D., and cardiologist David G. Clark, M.D.

"I'm excited," Dr. Klatt said when told of the award. "I feel that there is not enough focus on good dictation and the effect it has on accurate transcription and a quality record. Too often we, as physicians, complain that the turn-around time is too slow when what we have to do is to ask ourselves what we can do to change that."

Klatt stressed that he felt clear and timely dictation means minimal errors in transcription, and that an accurate medical record is of utmost importance for quality patient care as well as for protection of the physician in liability issues.

He admitted he still has "lots to learn" and can improve his own dictation. "They didn't teach us how to dictate in medical school, at least not when I was in school," Klatt said. "We handwrote everything and learned how to dictate from our colleagues as the newer machinery came along."

"Now dictation is one of our best means of communication. I want to stress the importance of the communication aspect because, as physicians, we do a poor job of it...for medicolegal purposes as well as for patient benefit."

As a surgeon, Klatt considers the operative summary a part of the operation–"I don't change clothes until it's done unless I'm called to the Emergency Room." He admitted that, like most physicians, he has the "most frustration" with the narrative discharge summaries–"they are the last thing on my list; I try to dictate them when I discharge the patient but it's not always possible." Klatt said he feels discharge summaries, as dictated by the physician, need not be long–"it's all in the record already anyway–and could conceivably be eliminated entirely." Clerical people could be trained to extract the key information from the record and write the discharge summary, he noted.

Klatt tries to dictate "so that the transcriptionist won't have to do much searching." He spells words he thinks the transcriptionist may not know, he dictates most punctuation, and then he trusts the transcriptionist to edit what he dictates into an acceptable form.

I don't get paranoid about the transcriptionist's editing what I dictate," he said. "We need to work together...a quality medical record is so important. I'm compulsive when it comes to this–good patient care is the bottom line and a good medical record is a big part of that."

Klatt is currently on the active staffs of St. Joseph Hospital, Tacoma General Hospital, Mary Bridge Children's Hospital, and Humana Hospital and is 1989 president-elect of the Pierce County Medical Society. Last year he received the St. George Medal from the National American Cancer Society.

How Much Does Your Medical Staff Know About Preventing Malpractice Suits?

What can you do to reduce your risks? Enroll your staff now in PCMS's course *Risk Management: Medical Staff Responsibilities in Preventing Malpractice Suits.* The course is scheduled for Wednesday, May 10, 1989 and costs $35 for the staff of PCMS members and $50 for staff of non-members.

We can teach you:

- How to handle patient complaints
- How to stay within the limits of delegation
- How to protect the patient's privacy
- What to do before sending a patient to collection
- How to reduce communication errors

For more information or to register, please see enclosed brochure or call Sharon Bain at PCMS's Medical-Dental Placement Service 572-3709.

Do You Know That...

- DRUGS and ALCOHOL were most often cited in an Ohio survey of convicts as the reason they committed crimes?
- more than half of them started their life of crime before the age of 14?
- Tacoma police have arrested a 12-year-old DRUG pusher?
- they also arrested a 15-year-old pusher who had $1,000, CRACK COCAINE, and a hand gun in his pockets?
- there are 400 Los Angeles-connected gang members in Pierce County whose main activity is selling CRACK COCAINE?
- the number of DRUG cases in Pierce County has quadrupeled since 1985.
- the Pierce County Sherriff makes two-to-three FELONY DRUG arrests each day?
- the price of COCAINE here is triple that in Los Angeles, making Pierce County a magnate for pushers?

The Safe Streets Committee holds periodic meetings for the general public. Please help your community by showing your support. Call 597-6464 for meeting information.

—Reprinted with permission from representative Sally Walker.

To My Little Leaguer

Life goes on, a father writes to his son, long after the last out

by Richard E. Waltman, M.D.

Dear Matt,

One of the things a father hopes to do is spare his children some of the heartbreaks he suffered as a kid. Remarkably, though, we fathers seem unable to do this, maybe because every generation has those rites of passage that even the most doting of dads can't protect his children against. And even more remarkably, like their fathers before them, the kids, always seem to get through the tough times, wounded a bit but still kicking and ready for the next challenge.

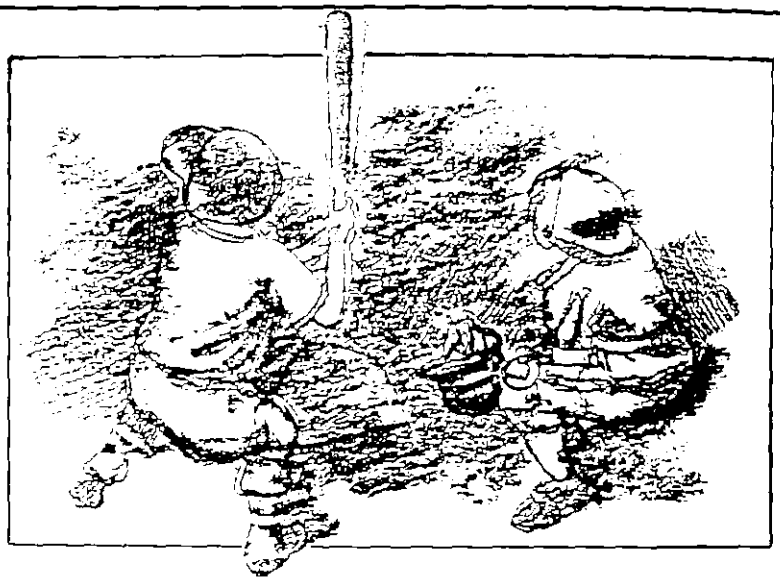
Yet, when you brought home the sign-up form for your first Little League season, I couldn't help but be a little anxious. Yes, I knew that the first two years in the league are only T-ball – that you would be hitting off a rubber tee and wouldn't have to worry about facing a pitcher. But, still, I was anxious. That's because I can remember my own little league traumas.

You see, when I was growing up I had the misfortune to be the son of a natural athlete. Not only was my dad All-Everything in sports, but he also excelled in school and career, becoming a first-rate physician. Baseball, by the way, was his best sport.

Not So Glory Days

He expected a lot of me, but even though I tried hard, my genetic mix failed me. Oh, I was good enough to make the team, but I was still bad enough to screw up a lot.

I never seemed to get the clutch hit, and I always seemed to make the key error. I hated it.



When I was growing up I had the misfortune to be the son of a natural athlete.

No one could understand it. Not Mr. Francis, my Little League coach, who had played high-school ball with my father, nor my dad himself, who kept taking me out for extra batting and fielding practice and buying me new bats and gloves. Both of them kept waiting for me to come around. I never did.

Most of all, I couldn't understand it. I thought I should be good because my dad was. I couldn't figure out why my body didn't do what I wanted it to do. For three years I muddled through Little League, waiting for the genes to kick in. In the meantime, I hoped that the other team would hit the ball to someone else or that the inning would end while I was safely in the on-deck circle. (Quick, Matt: Who was on-deck when Bobby Thompson hit the homer to win the pennant for the Giants in 1951?)

My biggest moment–and biggest failure–came at the end of my last Little League season. We had won our division and were playing the other division winner in a one-game playoff for the city championship.

We had a good team, but so did they. In particular, they had a superhero named Fred "The Duke" Greenwood. Another one of those natural athletes, this kid was a long-ball hitter and their best pitcher. The Duke was good in all sports, and all the girls adored him. Naturally, all the boys hated him.

Although I had dreams of heroism before the game (I catch a sinking liner off the Duke's bat to end the game...I cream a Duke fastball over the fence to win it), I was secretly hoping to sprain an ankle in practice so I could limp onto the field with crutches and coach first base.

I tried hard for that entire week to sustain an injury, but no such luck.

I started in right field, a good spot for me because few fly balls came that way. I was actually doing pretty well that day: I caught a pop-up, got a single my first time up, and walked and came around to score my second time at bat.

The Duke was good in all sports, and all the girls adored him. Naturally, all the boys hated him.

The Duke was hot as usual, with two homers over the left-field fence. Our pitcher, Charlie Donley, however, was getting everyone else out, and in the fifth we were ahead 6–2.

Then our troubles began. Charlie got beaned when the catcher threw the ball back to him when he wasn't looking. He wasn't knocked out, but he was woozy. He should have come out, but since Mr. Francis didn't want to lose Charlie's bat, he stuck him in right field, hoping he would come around after an inning or two. Even in his groggy state, Charlie couldn't do too much damage out there. After all, that's why I was there in the first place.

Mr. Francis took our second pitcher, Johnny Savage, from behind the plate, and after some thinking and mumbling to himself brought me in to catch, something I had never done before. Mr. Francis looked at me proudly and said,"Okay, Rico, we need it from you now."

"Okay, Coach," I said weakly, again looking around for a quick way to sprain an ankle. But as I caught Johnny's warm-ups I started to feel good. I was catching well, even managing some good catcher's chatter ("All right, baby, lay it in there. This guy's no batter, no batter") and getting excited. After all, I reminded myself, Yogi and I were both born May 12.

I did a good job: no passed balls and good throws back to the mound. As we opened the seventh and last inning, we were still up 6–2.

Charlie was coming back to earth by then, and Mr. Francis put him back in to pitch. Savage went back to catching, and I trotted back out to right field a la Ted Williams. My catching job even earned me some cheers, mostly from my dad and Uncle Moe.

But our opponents quickly scored a pair of runs on us, and, with two outs, two runners got on. Then up came–you guessed it–the Duke. If we get him out we win; another blast from this pull-hitter and they go ahead.

Charlie had a two-and-two count on the Duke. We were just one strike away from victory! But, alas, nothing was that easy with the Duke at the plate. The next pitch he smashed–not to left field–but to right–right at me! I saw it coming and ran back, tracking it all the way. With my back against the fence, I stood ready to catch it–ready to get the final out and be swarmed by my jubilant teammates. The ball seemed to take a lifetime to get to me, like in those movie scenes where everything moves in slow motion. Finally, as it was getting closer and closer, and moving faster and faster, I reached up to grab it. But instead of the loud clap of horsehide meeting cowhide, all I heard was a whiz over the top of my glove and then a small thump behind me. The ball landed on the other side of the fence–a home run.

After the final out of the inning, we went down one–two–three, and it was over. We lost, 7–6.

God, I cried. I cried, it seems, for days, weeks, and years. I'm getting a little teary now as I think about it.

The Game of Life

But life went on, and there was more anguish for me, both on the field and off. There have been lots of good times too, though, and one of the best times was that night you were born, old buddy.

Life went on for the Duke, too. He was a star in high school, faded in college, and the last I heard he was an orthodontist in Cleveland. He's probably making a lot of money in golf tournaments on weekends.

So, Matt, maybe now you can understand my concern when you said you wanted to play T-ball. But even so, how could I say no? Baseball has always been a big part of our family. My grandfather started taking me to Yankee games when I was five, and you saw your first triple–A at the age of three. Your Mom even went into labor–with both you and your brother at ball games.

As soon as you were old enough, we practiced hard, and I told you lots of baseball stories. Then finally the big day came: your first game. I remember how excited and grown-up you looked in your new uniform with WHITE SOX across the front.

You did well. You got a couple of scratch hits off the tee, paid attention to what was going on (unlike the center fielder who was playing in the dirt when a fly ball hit him on the head) and, to my great pleasure, no one hit a ball near you all day. Your team won 27–16–a slugfest if I ever saw one–and you acted as if you'd won the World Series. Boy, did I breathe a lot easier.

You did well the whole season, too. You worked hard and were a good team player. And when your team won the pennant, you were so happy. I was proud of you, Matt, proud and relieved.

As we get ready for the next season, I see you getting excited again and feel myself getting nervous. I guess the reality is that you'll strike out and drop a few fly balls this season and every season in your life, just as everyone will. But keep trying your best, and everything will work out. Remember that I'll always be with you, even when the grounders go through your legs and the balls fly over your glove. You're my son, Matt, and a son is always special, no matter what his batting average is.

Love,
Dad

P.S. That batter on deck in 1951 was a rookie named Willie Mays. □

–Reprinted with permission from March issue of *MD Magazine*.

Pierce County Medical Society
705 South Ninth Street • Suite 203 • Tacoma, Washington 98405 • Telephone (206) 572-3666

"Ethical Decisions: We Can. Should We?"

jointly sponsored by

St. Joseph Hospital and PCMS

on

Wednesday, May 24, 1989

featuring

Leland R. Kaiser, Ph.D.

Dr. Leland Kaiser

Time: 7:30 a.m. – 9:00 a.m.

Place: Lagerquist Education Center
St. Joseph Hospital
1718 South "I" Street
Tacoma

Breakfast will be served.

Dr. Kaiser is noted futurist and a widely respected speaker. He is best known for his ability to change the way organizations think. He is a prolific author, prominent educator, and pioneer in the developing field of electronic teaching technologies. Dr. Kaiser is president of Kaiser & Associates Health Care Consulting firm in Brighton, Colorado. He holds an appointment as Associate Professor, Graduate Program in Health Administration at the University of Colorado, Denver.

For more information or to register, please call 591-6767.

NEWSBRIEFS

New AMA Publications

Three segment newsletters, directed to AMA members who self-selected one of three special interests through Membership last year, (medical and scientific information, representation on socioeconomic issues, or representation on a broad range of issues) made their debut as an insert on AMNews last month. The *Member Matters* newsletter is being produced to inform members of national representation efforts, activities and products of the AMA.... A new book, entitled Medicare Carrier Review: What Every Physician Should Know About "Medically Unnecessary" Denials (publication number OP-198) has been prepared by AMA with technical assistance from HCFA. It is designed to give physicians and their support staffs a thorough understanding of Medicare's medical necessity requirements, and the carrier review process in general. The cost is $10.00 for M.D.'s who are members of AMA and $12.50 for Non-AMA members.... The 1988 edition of Socioeconomic Characteristics of Medical Practice **(publication number OP 228/8)** which includes the results of AMA's 1987 and 1988 Socioeconomic Monitoring Systems surveys is available. The cost is $60.00 for M.D.'s who are members of AMA and $75.00 for Non-AMA members. All AMA prices include shipping and handling.

Legislation and Policy

AMA's Board of Trustees has endorsed a phase–in requirement that all employers provide health insurance coverage for all full–time employees. This is part of AMA's policy to assure that basic health insurance coverage is extended to the estimated 37 million Americans who now lack this protection.... In a recent joint hearing before the Subcommittee on Health and Subcommittee on Oversight of the House Ways and Means Committee, AMA stated that placing a virtual ban on physician self-referrals (referrals to entities where physicians or a family member have an economic interest) would solve one problem, but create a larger problem. AMA stated that the ban on referrals would not only be anti–competitive, but would also ignore many positive benefits of physicians' investments in health facilities such as providing broader access to care, innovation and new technology, better

(Continued on Page 16)

NEWSBRIEFS
(Continued)

quality and lower cost.... AMA is planning to build a coalition that will push for **Medicare reforms** to make the program fiscally sound. A bill based on an AMA proposal to reform the program was introduced by Rep. Charley Rose (D, NC) in the last congress.

TNT Praises Medical and Dental Societies

In an editorial on March 21 titled "Tacoma Fluoridation Needs Champions," the TNT stated, "Pierce County's Medical and Dental societies served this community well last year when they mounted a successful campaign to fluoridate the City of Tacoma's water supply."

The editorial urged doctors and dentists to be prepared to defend this public health measure. In the last six weeks anti-fluoridationists have launched an initiative drive and will be seeking signatures again to have the issue brought before the voters to overturn the 1988 vote. Under the chairmanship of Dr. Terry Torgenrud, the Committee for Better Dental Health will be working to educate those who remain skeptical of fluoridation.

Tobacco Legislation Fails

The Legislature considered eight separate bills that would have controlled smoking in the workplace, schools, health care facilities, restaurants and the distribution of free cigarettes.

The Senate Health Care and Correction Committee refused to pass some bills out of committee. Senator Jim West, Chairman, believed that the legislation interfered with free enterprise.

The Tobacco Addiction Coordinating Council, a statewide organization of nearly 40 separate organizations, will be meeting with their representatives during the summer and fall months to lay the ground work for the 1990 session.

With the demise of the state legislation, Pierce County efforts for adoption of city/county ordinances will continue. The Tobacco Free Pierce County Coalition is staffed by the Medical Society and has created four subcommittees to work the issues. They are: Youth, Media, Workplace and Legislative.

City of Destiny Classic

The Fifth Annual City of Destiny Classic Run will be held on May 19-20 in the Stadium High School Bowl.

The original 24-hour run against cancer is a popular event with many Society members. Ron Taylor, Gordon Klatt and many other society members will be participating this year.

Klatt, a local colon–rectal surgeon, ran and walked on a Tacoma track for 24 hours in 1985 for the first ever City of Destiny Classic. He raised $27,000 for the American Cancer Society in direct sponsorships and from community members who ran or walked beside him in half-hour shifts. He traveleld 81 miles.

Drs. Jeff Nacht and Greg Popich will be volunteering their time to manage the medical aspects of the run. Over 50 teams have registered.

This year the teams hope to raise $75,000. Last year, more than 250 participants raised $53,000 to fight cancer.

The City of Destiny Classic can never have too many cheerleaders. If you can't walk or run the classic be sure to lend your active suport. For more information, call 473-1853.

Tacoma Spine Program Receives Accreditation

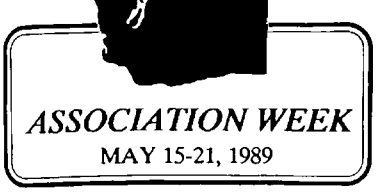
CARF, Commission on Accreditation of Rehabilitation Facilities, awarded a maximum 3–year unconditional accreditation to Northwest Therapy and Rehabilitation's Tacoma Spine Program and Pain Clinic reported Dr. Edgar Steinitz, Medical Director on Co-coordination, and Dr. Stephen Settle. The pain clinic was awarded the accreditation for meeting all of the national rehabilitation standards and for outstanding performance as a comprehensive multi-disciplinary outpatient pain management center. The Tacoma Spine Program has received a preferred provider status from the Department of Labor and Industries.

Letter to the Editor

Dear Editor,

I have been a Freemason for over 20 years and wish to enlighten my medical colleagues by sharing facts about Freemasonry which I have obtained personally.

Let me start first by telling you what Freemasonry isn't. It isn't a religious cult, a secret society with nefarious purposes, or an anti-christian society. Freemasonry is a fraternity composed of men of every country, sect and opinion. It began as a formal organization in England in 1717 to provide a guild or trade union for the stone masons and workers in the building trades. They worked under strict standards regard-



ing both their technical skills and their moral integrity. Over time, the organization gradually changed from a trade union to a philosophical society.

Today, you will find over 6 million Masons in free countries around the world. Masonry is incompatible with, and not allowed in any suppressive or repressive society. Freemasons are extremely active in the United States and Canada; there are three million Masons in these two countries, about half the world's number.

The Masons primary purpose is fellowship. That is, a desire to associate with other good men for the enjoyment of good clean fun. It is not a religion or a political party. The secondary purpose of Masonry is to practice charity. This is generally done in a very private (almost secretive) manner. This may account for many of the myths that exist about Freemasonry. Additionally, they are champions of public education. The Masons have a wide variety of scholarships available. None of these are limited solely to Masons or Masons family members. While a fraternal organization, Masonry is also very definitely family oriented. Concordant groups consisting of Mason's wives, children and other relatives are active in a whole range of social and fraternal activities.

I hope this explanation of Masonry will help to dispel some of the myths associated with my organization. Masonry may not be the only good organization or fraternity in the world, but it certainly is the oldest, largest, and I believe, the best. If you have any questions regarding Freemasonry please call me at 845–5551.

Sidney Kase, M.D.
Puyallup

Hike for Hospice

Hike for Hospice is ready and set to go on its second annual Hike, Saturday, May 13, 8:30 a.m. at Point Defiance Park.

You can help by telling your patients of the event and/or giving a tax deductible donation of $100 or more. Registration for the hike is at Owens Beach on May 13 or at the Hospice of Tacoma office, 750 Market St., on April 3, April 21 or May 5 between 2-4 p.m. The adult registration fee is $15 which includes a T-shirt.

Hospice of Tacoma is a non-profit agency serving terminally ill patients and their families. Nurses, home health aids, therapists and volunteers care for patients at their homes during the course of an illness. Bereavement counseling and support is available to the family before and after the death. All the money raised at the hike will be donated to hospice.

Medical Emergencies in the Front Office

This special six–hour course is being offered by Tacoma Community College by arrangement only. It is designed to be held at your medical or dental office. The course covers basic emergency procedures and includes American Heart Association certification in CPR. We will schedule the workshop according to the needs of your group. Call 566–5163 for more information or to register.

Call for Resolutions

The WSMA Annual Meeting will be held Sept 28 – Oct 1, 1989 at the Sea-Tac Red Lion Inn, Seattle.

Any member of the House of Delegates may submit a resolution to the House of Delegates meeting. Pierce County Delegates will introduce resolutions submitted to the Pierce County Delegation prior to August 1.

If you would like to see WSMA take action on some issue, call the Society office and they will help you draft a resolution for the House of Delegates. WSMA is committed to responding to the actions of the House. Submit your ideas today!

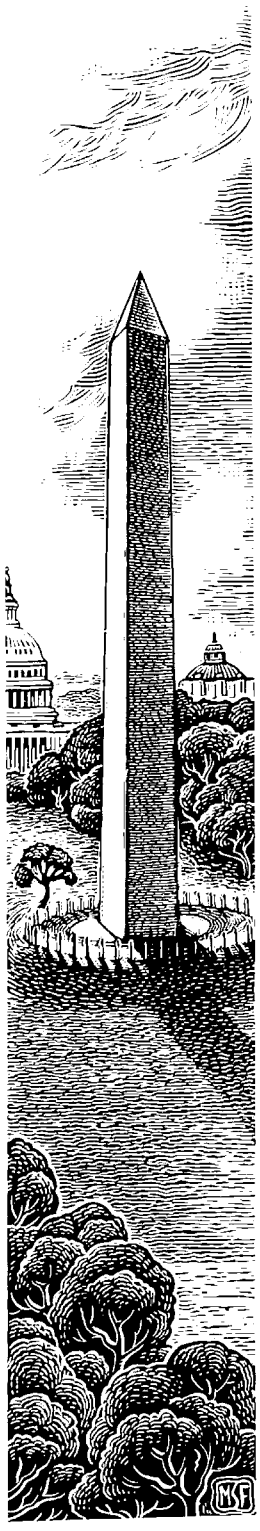
Last year nearly 50 resolutions were introduced covering such topics as AIDS, State Income Tax, Cigarette Tax, Vaccine Allocation, Long-term Care, Medicaid and many others.

The Buck Stops Here

Children's Hospital of Seattle will begin advertising its Miracle Network Telethon on June 3 and 4 . While the telethon encourages "support of your local children's hospital" it is important to note that Mary Bridge, Pierce County's local children's hospital **will not** receive any of the money raised during their event. All funds raised will go to Seattle.

Mary Bridge doctors and nurses are fighting for children's lives right here in Pierce County every day. Every dollar given to Mary Bridge returns to the community through the most advanced pediatric care available. Mary Bridge is also the only hospital in southwest Washington with an emergency department staffed 24 hours a day by pediatricians trained in pediatric medicine.

If you live in Pierce, Thurston or South King Counties, and would like to contribute to your local children's hospital please call Mary Bridge Children's Hospital at (206) 594–1264.



OVER A CENTURY AGO,

a thousand visionary physicians across the nation bestowed a commemorative stone carving to the Washington Monument. This patriotic display symbolized their unrelenting devotion to a new republic founded on freedoms—including the freedom to practice medicine for the best possible health of all its people. *Today your help is needed to restore this symbol of our profession.*

Because the commemorative stone has suffered from severe erosion and defacement, the American Medical Association is launching a campaign to raise money from physicians to restore this symbol of medicine for the National Park Service. Every contribution made to this effort will serve as a statement of each physician's personal affirmation and commitment to health and medicine in America.

Please take part in rededicating the commemorative stone as a shining example of the strength of medicine in a free and strong society. Contributors who donate $100 or more will receive a memorial replica of the carving as a token of appreciation. Send your tax deductible contribution for this timeless symbol today. Thank you.

Yes. I want to affirm my commitment to health and medicine in America. Please accept my contribution for:

- Other
- $100
- $50
- $25

Please make checks payable to: AMA Stone/National Park Service. Mail your payment with this form to: AMA Stone/National Park Service, P.O. Box 109016, Chicago, Illinois 60610-9016

Name

Address

Signature

All donations are tax deductible. All contributions will be publicly recognized in an unveiling ceremony for the new stone when it is fully restored.

Thank you for your contribution.

New Members

The Board of Trustees has approved the Credentials Committee recommendation that the following applicants be approved for PCMS Membership.

Christine L. Harmon, M.D.,
Family Practice, Tacoma

David B. Kilgore, M.D.
Family Practice, Tacoma

Lawrence Konick, M.D.
Pathology, Tacoma.

Associate Members

Muriel Taylor, M.D.
Psychiatry, American Lake, Tacoma.

Applicants

The Pierce County Medical Society welcomes the following physicians who have applied for Society membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the credentials committee or Board of Trustees of the Society.

Osman O. Carrim, M.D.
Internal Medicine. Born in Pretoria, South Africa, 12/16/55. Medical School, American University of Caribbean, 1983; internship, St. Mary Hospital, 6/83–6/84; residency, St. Mary Hospital, 6/84–6/86. Washington State License, 1986; Board Certification: American Board of Internal Medicine, 1987. Dr. Osman is currently practicing medicine at Allenmore Medical Center.

Lynette D. Charity, M.D.
Anesthesiology. Born in Norfolk, Virginia. Medical School, Tufts School of Medicine, 1978; internship, Eastern Virginia Medical School, 7/78–6/79; Beth Israel Hospital, 7/79–8/81, graduate training, University of California, San Francisco School of Medicine, 9/81-8/82. Washington State License, 1983; Board Certification: Anesthesiology, 1983. Dr. Charity is currently practicing medicine at Tacoma Anesthesia Associates.

Lawrence E. Fisher, M.D.
Pathology. Born in Detroit, Michigan. Medical School, University of Michigan, 1976; internship, University of Colorado, 7/76–6/77; residency, University of Colorado, 7/77–8/80; graduate training, Stanford University, 9/80–1/81. Washington State License, 1988; Board Certification: Pathology, 1981. Dr. Fisher is currently practicing medicine at St. Joseph Hospital.

David C. Jester, D.O.
Emergency Medicine and General Practice. Born in Portland, Oregon, 12/5/50. Medical School, Chicago College of Osteopathic, 9/75–6/79; internship, Doctors Hospital, North, 7/79–7/80. Washington State License, 1982; American Board of Emergency Medicine Certification, 1986. Dr. Jester is currently practicing medicine with Dr. Andrew Tsoi in Puyallup.

Patty J. Kulpa, M.D.
OB/GYN. Born in Milwaukee, Wisconsin. Medical School, University of Wisconsin, 1980; internship, Ohio State University, 7/80– 7/81; residency, Blodgett Memorial Medical Center, 7/81– 6/84. Washington State License, 1988; Board Certification: OB/GYN, 1986.

Maria J. Mack, M.D.
Anesthesiology. Born in Holland, 10/13/50. Medical School, University of Vermont, 1980; internship, Medical Center Hospital, Vermont 6/80–6/81; residency, Medical Center Hospital, Vermont, 7/81–6/83. Washington State License, 1984; Board Certification: Anesthesia, 1985. Dr. Mack is currently practicing medicine at Pacific Anesthesia, P.C.

Henriette P. Schwab, M.D.
Dermatology. Born in Dabo-Sing-Kep, 12/13/54. Medical School, State University of Leiden, Netherlands, 1980; internship, St. Joseph Hospital, 11/80–11/81; residency, St. Joseph Hospital, 11/81–11/83; graduate training, University of Colorado, 7/84–7/87. Washington State License, 1988; Board Certification: Family Practice, 1984; Dermatology, 1987. Dr. Schwab is currently practicing medicine with Dr. Wiklund in Puyallup.

William K. Shields, M.D.
Retina/Vitreous. Born in Seattle. Medical School, University of Washington, 1983; internship, St. Mary Medical Center, 6/83–6/84; residency, 7/84–6/87; graduate training, Pacific Presbyterian, 7/87–10/88. Washington State License, 1988, Board Certification: Ophthalmology, 1988. Dr. Shields is currently practicing medicine at Allenmore Medical Center.

Jobst Singer, M.D.
Anesthesiology. Born in Germany, 7/02/47. Medical School, Michigan State University, 1982; internship, St. Joseph Mercy Hospital, 7/82–6/83; residency, Maimonides Medical Center, 1/86–1/87; graduate training, Texas Technical Health Sciences, 5/87–10/87. Washington State License, 1987; Board eligible for certification. Dr. Singer is currently practicing medicine in Tacoma.

Michael B. Smith, M.D.
OB/GYN. Born in Williston, North Dakota, 9/10/47. Medical School, New York Medical College, 7/81–6/82; residency, Prince George General Hospital, 7/82–6/84; graduate training, Tripler Army Medical Center, 7/84–12/86. Washington State License, 1984; Board eligible for Certification. Dr. Smith is currently practicing medicine in Federal Way.

Arthur B. Vegh, M.D.
Allergy/Immunology. Born in Szombatheley, Hungary, 2/9/55. Medical School, University of Washington, 1983; internship, University of South Dakota, 7/83–6/84; residency, University of South Dakota, 7/84–6/86; graduate training, University of Iowa 7/86–6/89. Washington State License, 1989; Board Certification: Internal Medicine, 1986. Dr. Vegh is currently practicing medicine at Allenmore Medical Center.

Applicants
(Continued)

Dwight W. Williamson, D.O.
Family Practice. Born in Scottsbluff, Nebraska, 3/31/37. Medical School, Kansas City College of Osteo, 1962; internship 6/62–7/63. Washington State License, 1963; Board Certification: General Practice 1980. Dr. Williamson is currently practicing medicine in Tacoma.

Applicants for Associate Membership

John D. Howard, M.D..
Forensic Pathology. Born in Ellensburg. Medical School, University of Washington, 1982; internship, University of Washington, 6/82–6/83; graduate training, King County Medical Examiner, 7/86–6/87. Washington State License, 1983; Board Certification: Anatomic Pathology, 1988. Dr. Howard currently practices medicine at the Pierce County Medical Examiner's office.

Emmanuel Q. Lacsina, M.D.
Forensic Pathology. Born in Manilla, Philippines. Medical School,
Far Eastern University, 1963; internship, Deaconess Hospital, 7/63–6/64; residency, Arron City Hospital, 7/64–6/68; graduate training, Wayne County Medical Examiners Office, 7/81–6/82. Washington State License, 1984; Board certification: Anatomic & Clinical Pathology, 1972, Forensic Pathology, 1983. Dr. Lacsina is currently practicing medicine at the Pierce County Medical Examiner's office.

Applicants for Assistant Membership

Christine K. Delmendo, PA-C
Pediatrics. Born in Bremerton. Medical School, University of Washington, 1987. Washington State License, 1989. Ms. Delmendo is assistant to Dr. George Tanbara of Tacoma.

Lee Jay Bergman, PA-C
Cardio Thorasic Surgery. Born in Florida. Medical School, Medical School of South Carolina, 1983. Washington State License, 1985. Mr. Bergman is assistant to G. Gilbert Johnston of Tacoma. □

C.O.M.E. Neurology Course Rescheduled

The Neurology course scheduled for May and sponsored by the College of Medical Education has been rescheduled.

Course organizers John Huddlestone, M.D. and William Overfield, M.D. are attempting to finalize arrangements with two national speakers and reschedule the conference for September.

What Physicians Can Do to Promote Bike Helmet Use

- Convince your patients who are parents about the hazards of bicycle riding, the need to prevent head injury and the importance of wearing helmets, for themselves and their children. Suggest to parents: "Getting your child to wear a helmet is the single most effective thing you can do to make your youngster safe on his/her bike;" and "Bike crashes can happen anywhere, not just on the streets." Share any personal stories you know that may illustrate the need for helmets.
- Answer the common question: "Which helmet should I get for my child?" Any helmet that has a label stating that it meets the ANSI or Snell Standard, and that fits well, is adequate. A hard outer shell provides somewhat more protection, especially from puncture.
- Speak directly with children you see about the importance of bicycle helmet use. Ask the child: "Did you wear a helmet the last time you rode your bike?" "What's inside your head; what does your brain do for you?" "Do you want to grow up smart?"
- Reward the children who tell you that they **do** wear helmets with small prizes, such as stickers.
- Encourage the use of helmets from the time that children begin to ride bikes themselves, or are carried on parents' bikes. (The latter practice is not to be encouraged.) This enables children to form a habit of helmet use before they get used to riding bare-headed.
- Help parents understand that they are being good parents when they insist that their children wear their helmets and require that they wear them **every time they ride**. Also make them aware of the need for chidren to learn the rules of the road before riding on streets.
- Make parents, who also ride bikes, realize that their personal helmet use not only protects them, but also sets a model for the behavior that they want their children to follow.

Critical Ages for Intervention

1-parents carry babies in bike carriers; helmets must be used, although bike carriers are not recommended

3-children riding tricycles, big wheels; child can begin wearing a helmet, to get the habit of regular use

5-children begin riding bicycles; **CRITICAL** time to begin helmet use

8-children become more subject to peer pressure; kids need positive reinforcement to start or continue use

12-peer pressure escalates; positive reinforcement needed once again

Harborview Injury Prevention & Research Center, Seattle, WA
(206) 223-8388

- Supply pamphlets or other educational materials to parents. Put up posters in waiting areas and examining rooms.
- Keep a kid's size helmet in the waiting room for children to try on.
- Educate your colleagues through a grand rounds presentation or local medical society publication.
- Initiate or lend your support to local campaigns to promote helmet use and bike safety. ☐

Do You Have an Hour to Help a Needy Child?

Do you like to read? I do. Reading is my "favorite thing" and it is very hard for me to imagine what life would be like without it. Since I became involved in the Literacy Project, I discovered that over 465,000* people in Washington State and 46,568* people in Pierce County are illiterate.

There are many ways you can help. There is one way which doesn't require an enormous investment of time that can make an immediate difference in a youngster's life. The HOSTS program (Helping One Student to Succeed), is very easy, the rewards are high, and the need is great. For example, at McIlvaigh School approximately 50 volunteer tutors are needed. There are only three available.

Won't **YOU** help? Donate as much, or as little time as you wish, even one hour would be helpful. All you need to do is offer a caring and encouraging attitude to a Tacoma Public Middle School student during one on one reading – much the same as you do with your own children. There is no preparation time on your part and the only skill involved is being able to read. If you would like to help, please call Bonnie Pinckney, the Tacoma Public School District Volunteer Services Program Coordinator, at 596–1087. If you would like more information about HOSTS or other adult literacy programs, please call me at 841-3638.

– LaVonne Stewart–Campbell

*Figures taken from the U.S. Department of Education and University of Texas Adult Performance Level Report – 1984

Dear Friends,

There are times when we want to mark the passing of a friend, colleague, or family member in a special and thoughtful way. The WSMA Auxiliary would like to help you convey both sympathy and fond remembrance to those who have lost a loved one.

We are sponsoring a special fundraising program to benefit the American Medical Association Education and Research Foundation--the use of Memorial Cards. The Memorial Card states that AMA-ERF has received a gift from you in remembrance of a special person.

When you use the Memorial Card, you obtain the following advantages:

**Your entire donation is tax deductible*
**It involves no labor on your part*
**You will be presenting an appropriate and meaningful gift.*
**You will be supporting the auxiliary as well as AMA-ERF, whose goal is to ensure the quality of American medicine and medical education.*

The procedure is simple. Just make a check payable to the American Medical Association Education and Research Foundation and mail it to me together with the name of the person in whose memory the contribution is being made and the family's name and address. The sooner I receive your check, the sooner your remembrance card is sent. Please designate the school to receive the contribution and your preference for the Medical School Excellence Fund or the Medical Student Assistance Fund.

You can be a part of this worthwhile program by using the AMA-ERF Memorial Card. This is your opportunity to remember a special person in a meaningful way. Please let me hear from you today.

Sincerely,

Susie Duffy
WSMA-AMA-ERF Chairman

Pierce County Medical Society

705 South Ninth Street • Suite 203 • Tacoma, Washington 98405 • Telephone (206) 572-3666

Presents

Our Quarterly Luncheon Meeting

For Retired Members (and Spouses)

Featuring

"THE AUSTRALIAN OUTBACK – BY BUS"

With

Bill Mattson, M.D.

Date: Wednesday, May 31, 1989

Time: Lunch – 12:00 p.m.
Program – 12:45 p.m.

Place: Tacoma Dome Hotel
(Hickman North Room)
2611 E. "E" Street

To **register,** please complete the attached registration form and return it along with a **check payable to PCMS** (in the enclosed envelope) or call the Medical Society office at 572-3667 to confirm your attendance by Monday, May 29.

Registration

Please reserve _____ lunch(es) at $10.25 per person (tax and gratuity included). Enclosed is my check for $_____

I regret that I am unable to attend the lunch portion of the meeting. I will attend the program only.

Dr._____

Return to PCMS no later than Monday, May 29.

CLASSIFIEDS

Positions Available

Expanding Seattle Area – Multi-specialty group practice has position for BC/BE General Internist, Infectious Diseases/Internist, Cardiologist and Nephrologist. Well established group affiliated with prestigious hospital. Teaching opportunities. Send letter and CV to: 705 South 9th, #301, Tacoma, WA 98405.

Immediate opening for a full-time physician in family practice in the Spokane area. Excellent compensation and malpractice. Monday through Friday. Call J. Hartley at 1-800-554-4405.

Physician Opening – Ambulatory care/minor emergency center. Full/Part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, M.D. at 5900-100th Street S.W., #31, Tacoma, WA 98499. Phone (206) 584-3023 or 582-2542.

Immediate Openings – Full or part-time positions and Directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice. Flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES 1-800-554-4405. Ask for Jeanine.

Equipment

Fitron Cycle-Ergometer – Excellent condition. Please contact Linda at 383-4721.

Unimeter 330K – New calibrated. Do in-office cholesterol; glucose, hemoglobin etc., Using prepared kits. $325. 927-9966.

Hamilton exam table for sale. $600. Contact Kris at 272-3827.

Sell waiting room chairs, exam tables, office equipment, good condition, reasonable - call 584-7100.

Office Space

Class A Professional office for lease. Southill, Puyallup. 1400 square feet. $650 a month. Call 474-3329.

Family Practice. Under served area with excellent demographics at Brown's point. 2800 square feet will finish to suit, Kellis & Co. 272-5183.

ADVERTISE IN THE CLASSIFIEDS

Prices
PCMS Newsletter
75 cents per word

The Bulletin
85 cents per word

10 word minimum on all ads.

Please call 572-3709 for more information.

Send check or money order with this form to: **Pierce County Medical Society,** 705 South 9th, Suite 301 Tacoma, WA 98405

Advertisers Name and Address

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We'd Like To Help!

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MAJOR PAUL H. LAWHON, MSC

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- ***Insurance Discounts***
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- ***Training at U.S. Army Hospitals****

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Tacoma, WA 98431-5038
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Many groups TALK about building a better America-
The Army Reserve WORKS at it.

Pierce County Medical Society
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Tacoma, WA 98405

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PCMS NEWSLETTER

♦ A publication of the Pierce County Medical Society ♦

Volume 4, #4 June 1989

DoctorCare: Expanding Access to Health Care for the Elderly

An estimated 26,000 to 28,000 elderly in Pierce County cannot afford a basic necessity: health care. Because Medicare was not designed to cover all health care costs, elderly patients can incur considerable out-of-pocket expenses.

The Pierce County Medical Society (PCMS) and various senior groups have initiated an expanded program to improve access to needed medical care for seniors experiencing financial difficulties. This program is called DoctorCare.

DoctorCare is one of several Voluntary Medical Assignment Programs in place across the country. Under DoctorCare, participating physicians agree to accept Medicare Assignment for patients over age 65 with incomes of less than 175 percent of the poverty level. 1989 income level ceilings are $10,100 per person and $13,500 per couple. The federal poverty level is adjusted annually for inflation.

Under DoctorCare enrollees are responsible only for Medicare deductibles, copayments, and non-covered services. Although some physicians already accept Medicare assignment on all cases,

(Continued on Pg. 4)

Pierce County Hospitals Adopt "Smoke–Free" Policy

The PCMS held a press conference on May 10, with Dr. Gordon Klatt announcing that all non-governmental hospitals in Pierce County will be smoke-free by November 16, 1989 (Great American Smokeout). The announcement came after months of coordination to develop a common, unified, no-smoking policy that includes patients, visitors, and staff.

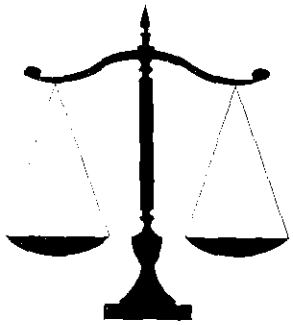
The hospitals involved include Humana Hospital, Good Samaritan Hospital, Lakewood Hospital, Multicare Medical Center (Mary Bridge Children's Health Center, and Tacoma General Hospital), and St. Joseph Hospital. The Pierce County Blood Bank and the Tacoma-Pierce County Health Department joined the hospitals in the announcement.

Dr. Klatt, President-elect of PCMS said "we are very excited that this joint announcement can be made

(Continued Next Page)

INSIDE PCMS NEWSLETTER

Tort Reform Suffers Setback



Limiting damage awards has been declared unconstitutional in a landmark Washington state personal injury case reversed by the Supreme Court on April 27. The 1986 Tort reform was enacted to cap the amount of money awarded to injured persons for pain, suffering and emotional damages.

State Insurance Commissioner Dick Marquardt does not expect insurance rates to rise as a result of the court's decision. Basil Badley, the lobbyist for the American Insurance Association and one of the architects of tort reform, doesn't agree. "What most people buy – auto and homeowners insurance – it just isn't going to have an effect." Badley said. "It will have an effect on **medical malpractice**, products liability and city and county governments and the state."

Marquardt, who must approve rate increases before they can be collected, said he sees no reason why rates would rise. "People were led to believe insurance would become more affordable and more available." said Marquardt, who opposed the law. "It has become more available but it's not because of tort reform." Instead, he said, insurance companies are doing better financially and are more willing to take on risk.

The cost of those insurance premiums filter down to consumers through higher taxes, medical insurance, and charges for services, said University of Puget Sound Law School professor Tom Richardson, an expert in products liability and civil liability law. ♦

*Revised from the April 28 issue of the Morning News Tribune.

Smoke–Free

(Continued)

and we feel that it will create a positive image for the community of Pierce County." Dr. Klatt has been working for months negotiating with the hospital administrators and medical staffs to reach an agreement that all the hospitals would not allow smoking. Each hospital will address the issue of chemical dependency and psychiatric units separate from this announcement.

The smoking ban means that a physician will no longer be able to write an order for the patient to smoke. Many hospitals currently have policies that allow patient smoking with an order of approval written in the patient chart.

Currently, only 8% of the hospitals in the United States are smoke-free and Pierce County may be the first county in the nation with all hospitals setting this policy. Dr. Klatt added that "the physicians will play an important role in the implementation of this policy and in decreasing the overall rate of smoking through patient education."

The press conference featured the administrators of the hospitals, the Presidents of PCMS and the American Cancer Society, the administrators of the Tacoma-Pierce County Health Department and the Pierce County Blood Bank. Coverage was extensive including KSTW (Channel 11), the Morning News Tribune, the Seattle Times, the Seattle P-I, the Art Popham Show, KIRO Radio, KOMO radio, and the Barbara Lord-Nelson show. ♦

PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas and suggestions.

Editor:
David S. Hopkins

Managing Editor:
Douglas Jackman

Editorial Committee:
David S. Hopkins (Chairman), Stanley Tuell, W. Ben Blackett, Richard Hawkins

Publications Coordinator:
Monique Johnson

Advertising: MBI, Pierce County Medical Society, 572-3709

Beverley Foley, 917 Pacific Avenue, Suite 217, Tacoma, (206) 272-7181

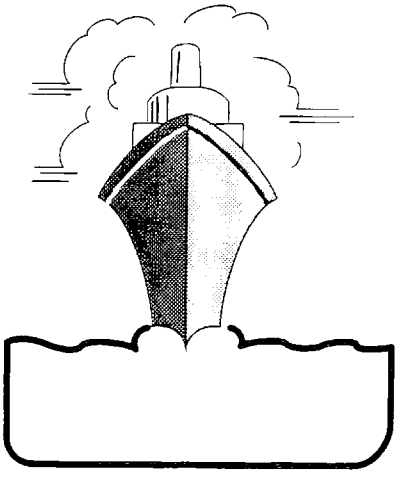
Pierce County Medical Society
705 South 9th St., Suite 203 Tacoma, WA 98405
(206) 572–3667

Here's a Way to Send Those Mid–Winter Blues Packing – To the Mexican Riviera

Picture it. It's mid-winter – late January – you wake up to a gray, overcast sky – again. Mid-winter blues are hard to shake but you can place a ray of hope in that overcast sky by making plans now to join PCMS's Mid-Winter Blues Getaway Cruise to the Mexican Riviera.

On January 20, Dr. Gordon Klatt, President-Elect, and his wife Trudy will lead a PCMS delegation through six gloriously sunny days and seven romantic nights aboard the Princess Cruise Line's Fair Princess, with stops in Cabo San Lucas, Mazatlan and Puerto Vallarta. 1988 President Dick Bowe and his wife Sara led a group of about 70 members, spouses and friends on a Caribbean Cruise and everyone had a great time.

Rates start at as little as $1075 (per person, double occupancy) for inside cabins and $1220 (per person, double occupancy) for outside cabins. Accommodations include roomy cabins, all with private showers, air–conditioning, 4-channel radios and color TV.



You can dine on meals of Italian, French and American cuisine served in the main dining rooms or wait for the lavish midnight buffets, poolside barbecues, pizzerias or daily afternoon teas.

The Fair Princess has three different lounges, two bars and one gambling casino. The lounges feature a variety of music including Las Vegas style revues in the showroom, bands, a piano bar and disco. Special evenings include Captain's Welcome Aboard Cocktail Party, Masquerade Party, Amateur Night, Beach Party, 50's Rock N' Roll Party and Pajama Party.

Don't wait until it's too late. You can change the course of your whole winter now – with one phone call. Call for reservations or information today at 572-3666. Please see insert. ♦

Physicians Needed for Basic Health Plan

Pierce County Medical needs additional PCM Preferred Providers in Pierce County as Basic Health Plan Primary Care Physicians.

Already over 650 Pierce County residents have enrolled in the Washington Basic Health Plan (BHP) offered through Pierce County Medical. Due to increased marketing efforts, enrollment is expected to double by the end of April.

The BHP, which has been operational in Pierce County since March 1, 1989, is a state demonstration project that is designed for the "working poor" – people who cannot afford health care insurance but earn too much to qualify for Medicaid. Members share in monthly premium costs based on their income, age and family size. The state makes up the difference between member payments and the amount Pierce County Medical receives for coverage.

For more information or to become a Basic Health Plan physician, please phone Jan West, Manager of Pierce County Medical's Customer Service/Professional Relations Department at 597–6554. ♦

PCMS Endorses Needle Exchange

The Pierce County Medical Society Board of Trustees voted at its May meeting to "endorse the Pierce County needle exchange pilot program to study the value of needle exchange programs in prevention of the spread of AIDS and hepatitis among IV drug users."

Mr. Terry Reid, Section Manager of the AIDS and Substance Abuse Division of the Tacoma–Pierce County Health Department presented data collected from the Pierce County program for the last eight months. After a lengthy discussion, the motion was passed by a vote of six to four.

The Board said goodbye to Mrs. Kris White, outgoing President of the PCMS Auxiliary. Dr. Ritchie, PCMS President, thanked Mrs. White on behalf of the Board for all her efforts and presented her with a gift of their appreciation. Mrs. White also thanked the Board for their support and cooperation during her term as President. Kris introduced Mrs. Alice Wilhyde, the new PCMS Auxiliary President.

The Board considered adoption of a mini-internship program modeled after the Multnomah County Medical Society's Program. The program's purpose is to give community leaders and decision makers an opportunity to experience medicine by spending two days with physicians. Portland's program has been operational for fourteen years and has been very successful and popular. PCMS staff and Board members will continue to investigate conducting such a program in Pierce County.

The PCMS referral system was reviewed by the Board. It appears that other referral agencies are sending all their DSHS referrals to PCMS. A suggestion was made that PCMS should no longer provide the referral service to the public, or at least discontinue advertising that the service is available. After discussion, the Board agreed that the referral service is a role and a service that the Society should provide the community. ♦

Personal Problems of Physicians Committee

For Impaired Physicians Your Colleagues Want to Help

Medical Problems, Drugs, Alcohol, Retirement, Emotional Problems

Committee Members

Patrick Donley, Chair	272-2234
Joseph Kramer	845-9511
John R. McDonough	572-2424
William A. McPhee	474-0751
Ronald C. Johnson	841-4241
Jack P. Liewer	588-1759
Kathleen Sacco	591-6681
Dennis F. Waldron	272-5127
Mrs. Jo Roller	752-6825

WSMA
1-800-552-7236

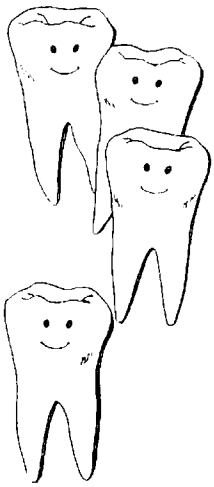
DoctorCare
(Continued)

formal application for DoctorCare is advised in case of referral to physicians affiliated with this program.

Dr. Bill Ritchie, PCMS President, is asking for your cooperation. We need your help to make this program work. Please call the Medical Society at 572-3667 for information, DoctorCare brochures or to become a DoctorCare cooperating physician.

Dr. Bill Ritchie will be talking about DoctorCare on 60 +, a thirty minute program directed to seniors. The program airs on Channel 11 at 6:30 a.m., Saturday, June 3. 60 + is produced by the Council on Aging. ♦

Fluoridation Update



The Pierce County Medical and Dental Societies, the Tacoma-Pierce County Health Department and the Citizens For Better Dental Health Committee co-sponsored a fluoride symposium on April 25, featuring Dr. Ernst Newbrun, a dental researcher from the University of California.

The symposium was initially slated as an invitation only event to gather fluoride supporters to begin a fluoridation campaign in Puyallup. After an invitation was anonymously sent to J. Michael Kenyon, Morning News Tribune columnist, the public was invited via his column and the symposium became a public forum.

Dr. Newbrun spoke on benefits and concerns of fluoride, Mr. Bob James, Professional Engineer from the state water department addressed protection and safety, and Mr. Ken Merry, Sanitation Engineer from the City of Tacoma spoke on implementation. Mr. Merry informed the group that fluoridation of Tacoma's water will happen in four sites, the Green River head water, South Tacoma resevoir, Hood Street resevoir, and Dash Point and Tacoma Tideflat stations. The Green River site will begin adding fluoride in late June, after a two-week notice in the paper.

Dr. William Jackson, moderator, helped Dr. Newbrun in attempts to keep the symposium from becoming a forum for debate. Specific questions were allowed, but expression of opinions were discouraged.

The anti-fluoridationists are in the process of gathering signatures to place the fluoride issue on the ballot in November. To do this, 2,500 signatures must be gathered by June 7.

J. Michael Kenyon has joined the anti-fluoridation campaign and has continuously berated fluoridation of community water systems. The Tacoma News Tribune has been contacted and their response is that even though they endorse fluoride, they feel that they were remiss in reporting the 1988 September campaign adequately from both sides.

Citizens For Better Dental Health, the fluoride committee of the Medical Society, chaired by Dr. Terry Torgenrud continues to meet monthly and will begin strategizing for an educational campaign to defend the fluoridation of Tacoma's water. A grant proposal will be sent to the Washington Dental Service Foundation for education purposes to help fund this campaign.

Please remember to inform your patients of the benefits of fluoridated water and encourage them to support this important public health measure. ♦

Medicare Rationing Spreads Cross Country

John Kitzhaber, M.D. is gaining the press' attention for his Medicaid Rationing plan in Oregon. The plan, which seeks to rank health benefits based on cost and effectiveness, is spreading across the country.

Arizona, Alaska, Colorado, Kentucky and Vermont are considering the plan. Recently, Alameda County officials began placing priorities on medical services for poor people in the northern California county.

Dr. Kitzhaber, who is also President of the Oregon Senate, introduced legislation which started the rationing of health services. His plan is an attempt to help many of the 400,000 Oregonians without private health insurance who do not qualify for government assistance.

Under his bill, consumers and health care providers would define an adequate level of health care for the Medicaid population. After the legislature approved these priorities, the state would contract with managed care systems to provide services. The program would not affect the aged, blind, or disabled, and would not cover long-term care or mental health benefits – all of which are covered under Medicaid. However, it would assist the remainder of the Medicaid population, families with young children, and those who have jobs and earn less than the federal poverty guidelines.

If you would like to hear more about Oregon's plans, attend the September 12 General Membership Meeting featuring Dr. Kitzhaber. ♦

*From the May 5 issue of the AMA news.

NEWSBRIEFS

Patient Care – the Primary Concern

Under the chairmanship of Dr. Alan Tice, the Medical Society's AIDS committee continues to focus on ways to improve the care of patients with HIV infection and to assist the Health Department in preventing spread of the disease. To further this process the committee recently increased its members to include Dr. Jan Gorton, Dr. Richard Hawkins, Dr. Robert L. Modarelli, Dr. Terry W. Torgenrud, Dr. Ron Goldberg, Dr. Tom Baker, Dr. James Witt, and Dr. Ivan Covas-Maldanado.

There are a few ways that you can improve the care of patients without joining a committee. 1) Report all stage HIV infection (AIDS) cases in a timely manner. This ensures the Health Department adequate Federal and State funding for the care of these patients. 2) Call the Health Department AIDS project at 591-6060 if you have any questions about an AIDS patient.

Lori VanSlyke, M.S., Case Manager for the Health Department, will be available to help in case management for any AIDS patients.

If you have any questions or comments, please contact Dr. Tice at 627-4123. ♦

PCMS Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for Society membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the credentials committee or Board of Trustees of the Society.

James R. Taylor, M.D.

Pulmonary. Born in Palo Alto, California, 11/15/55. Medical School, University of California, 1982; internship, University of Washington, 7/82-6/83; residency, University of Washington, 6/83-6/86; graduate training, Stanford Medical Center, 6/86-6/88. Washington State License, 1982; Board Certification, Pulmonary,1986, Internal Medicine, 1988. Dr. Taylor is currently practicing medicine at Pulmonary Consultants in Tacoma.

John P. McClosky, M.D.

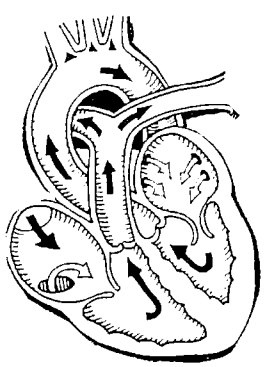
Pediatric Cardiology. Born in California, 5/26/53. Medical School, University of California, 1983; internship, Children's Hospital, Seattle, 7/83-6/84; residency, Children's Hospital, Seattle, 7/84-6/86; graduate training, Children's Hospital, Cincinnati, 7/86-6/89. Washington State License, 1984; Board Certification, Pediatrics, 1988. Dr. McClosky is currently practicing with Drs. Paul Herndon and Tom Jones.

James R. Rooks, M.D.

Otolaryngology. Born in St. Petersburg, Florida, 11/22/41. Medical School, University of Miami, 1968; internship, Jackson Memorial Hospital, Miami, Florida; residency, University of Florida, 7/71-6/75. Washington State License, pending, Board Certification, Otolaryngology. Dr. Rooks is currently practicing with Dr. Ronald Beveniste.

James F. Longo, M.D.

Radiation Oncology. Born in New York, 7/26/52. Medical School, University of New Mexico, 1981; internship, University of Oregon Health and Sciences, 1982; residency, University of California Los Angeles, 1986. Washington State License, pending; Board Certification, Therapeutic Radiology, 1986. Dr. Longo is currently practicing medicine in Tacoma. ♦



ACLS Set for June 26, 27

The College of Medical Education will present an Advanced Cardiac Life Support program June 26 and 27 at Jackson Hall. The program will be coordinated by James Dunn, M.D.

The course is designed for physicians, nurses, and paramedics, follows the detailed guidelines of the American Heart Association, and offers certification and recertification for ACLS providers. The course also offers 16 hours of Category I credit.

Those interested in signing up should register early because class size is limited.

For registration or more information, please call the College at 627-7137. ♦

1989-90 C.O.M.E. Program Schedule Nears Completion

The College of Medical Education's 1989-90 program schedule is nearly set. Course topics have been selected by the College Board in direct response to input gathered from an interest questionnaire received from Pierce County Medical Society physicians.

In keeping with a successful tradition, the 1989-90 schedule is slated to be mailed to all local physicians in late June. The annual calendar brochure is designed to assist physicians in scheduling their continuing medical education plans for the entire year. Like last year, the calendar is developed for quick review and includes specific program dates and short course descriptions and identifies program director(s).

The programs will offer Category I credit for both AMA and AAFP. In special programs, other specialized Category I credit will be available.

Restructured last year and under the management of the Pierce County Medical Society, the college will continue to be administered by part-time Program Administrator, Les McCallum.

Programs tentatively scheduled for next year include:
Neurology
AIDS
Common Office Problems
Tacoma Academy of Internal Medicine

ENT/Ophthalmology
Surgical Club
ACLS
Rehab of Muscular, Skeletal Injuries
Law and Medicine
Dermatology
Cancer ♦

AIDS Bereavement Support Group

Good Samaritan Hospice offers a monthly support group called "Together" for anyone whose loved one is living with or has died of AIDS.

"Together" meets the second Monday evening of each month from 7:00 to 8:30 p.m. in the conference room of the Good Samaritan Home Health/Hospice building on the hospital campus in Puyallup.

The group is led by a professional facilitator. The goals are to help participants share their feelings of loss, understand the grief process and find positive ways to endure their tragedy and achieve personal growth.There is no charge to attend, although donations are gladly accepted. Please call 841-5668 for directions or for more information. ♦

Governor Signs AIDS Legislation

The Governor quietly signed SB 5886 into law last week. The new law, a critical priority of the WSMA this legislative session, makes it possible for health care providers to exchange confidential medical information in order to better coordinate patient care. A technical amendment to the 1988 AIDS Omnibus Act, it addresses a major concern of delegates to the 1988 WSMA Annual Meeting.

WSMA negotiated with the DSHS Office on HIV/AIDS and a host of interest groups, including a privacy lobby, to arrive at acceptable language. The bill survived a last minute attack from a gay rights group in the Seattle area and the American Civil Liberties Union that interpreted the measure as an effort on the part of medicine to roll back the privacy provisions of the AIDS Omnibus Act. AIDS testing results remain strictly confidential and can be released only with the consent of the individual. ♦

OIG Reports Low Percentage of Physicians Who Refer Medicare Patients to FacilitiesWhere They Have a Controlling Interest

A broad based HHS office of inspector general (OIG) study has confirmed what the AMA found in a 1988 survey – that only a relatively small percentage of physicians refer Medicare patients to facilities in which they have ownership or investment interest.

The OIG report, which was released in late April, said that 12% of physicians who bill Medicare make such referrals. The earlier AMA Socioeconomic Monitoring Service survey indicated that only 7% made such referrals, but was directed to all physicians, not just those who saw Medicare patients.

Although it provided evidence of wrongdoing, the Congressionally mandated study stated that patients of physicians who own or invest in clinical laboratory services received 45% more lab services than Medicare patients in general and 34% more directly from independent clinical labs than Medicare patients in general. AMA is questioning these conclusions and seeking to determine on what date they are based. AMA also stressed that the findings don't indicate the extent of overutilization. The OIG said that increased utilization of clinical laboratory services by patients of physician–owners cost the Medicare program $28 million in 1987.

The OIG study included two surveys – one directed to physicians and the other to independent clinical labs, independent physiological labs and durable medical equipment suppliers. ♦

PPRC Proposes Three Policies to Slow Medicare Expenditures

The Physician Payment Review Commission (PPRC) has recommended three policies to slow increases in Medicare expenditures and to reduce the provision of inappropriate services in its 1989 annual report of Congress released in early May.

The proposed policies are intended to slow the growth in physician expenditures through the use of expenditure targets; increase research on the effectiveness of care and development and dissemination of practice parameters; and implement ways of improving utilization and quality review by carriers and peer review organizations (PRO's).

The thrust of those and other proposals, including establishment of a Medicare Payment Schedule based primarily on resource costs, is "to rationalize the pattern of payments to physicians by Medicare and to slow the rate of increase in program costs so that they are affordable to beneficiaries and taxpayers."

Mark your calendars ! **Dr. Tom Reardon,** PPRC panel member, will be the speaker at the October 10 General Membership Meeting. Plan on attending to hear what your government has in mind for you! ♦

In Memory

The medical community was saddened by the sudden death of Dr. Hobart J. White on May 22. Dr. White, a plastic surgeon died of a heart attack. He was 56. He joined the Medical Society in 1977.

Born in Tremonton, Utah, he recieved his M.D. from Jefferson Medical College in 1962. The Society extends its sympathy to his wife, Dian and his four children. ♦

Philanthropic Fund Applications Available

If you belong to a service or health–oriented organization that would like to be considered by the Pierce County Medical Society Auxiliary as a recipient of their philanthropic funds, you may now obtain an application by either calling or writing to:

Mary Cordova
P.O. Box 97132
Tacoma, WA 98497
(206) 588-3126

APPLICATION DEADLINE IS WEDNESDAY, SEPTEMBER 13, 1989

Optometric Bill Signed Into Law

Consumer protection suffered a blow when Governor Booth Gardner signed SB 5193, the optometric bill into law. Optometrists will now be allowed to prescribe therapeutic medications.

PCMS and Auxiliary members thank all physicians who contacted the Governors office urging his veto of SB 5193 and who worked with the legislators during the session opposing this measure. ♦

June PCMS Calendar

Thursday, June 1	Puyallup Fluoride Committee
Friday, June 2	Committee on Aging
Tuesday, June 6	Board of Trustees
Wednesday, June 7	Immunization SubCommittee
Thursday, June 8	Grievance Committee
Monday, June 12	Medical Legal Committee
Monday, June 12	C.O.M.E. Board of Directors
Wednesday, June 14	Credentials Committee
Thursday, June 15	M.B.I. Board of Directors
Friday, June 16	Smoking Task Force Physicians
Tuesday, June 20	Executive Committee
Wednesday, June 21	Public Health/School Health Committee
Thursday, June 22	EMS Committee Coalition for a Tobacco Free Pierce County
Friday, June 23	Sports Medicine Committee
Wednesday, June 28	AIDS Committee
Thursday, June 29	Citizens for Better Dental Health

Please call the Society Office for times and locations—572-3667.

Medical Terminology*

Artery–The study of paintings
Barium–What you can do when CPR fails
Cesarean Section–A district in Rome
Colic–A sheep dog
Coma–A punctuation mark
Congenital–Friendly
Dilate–To live long
Fester–Quicker
G.I. Series–Baseball games between teams of soldiers
Grippe–A suitcase
Hangnail–A coat hook
Medical Staff–A doctor's cane
Morbid–A higher offer
Nitrate–Lower than the day rate
Node–Was aware of
Outpatient–A person who has fainted
Post-operative–A letter carrier
Protein–In favor of young people
Secretion–Hiding anything
Serology–Study of English Knighthood
Tumor–An extra pair
Urine–Opposite of you're out
Urinal–Today's paper
Varicose Veins–Veins which are very close together ♦

*This excerpt was first published as Norwegian Medical Terminology, however PCMS feels that it could be applied to practically any group.

1988 HMO Survey: Some Key Findings

- Ninety percent of responding HMOs require their members to use pharmacies designated by the HMO.
- About one quarter of HMOs (26 percent) allow therapeutic interchange for drugs.
- Eighteen percent of HMOs have an in-house pharmacy.
- Formularies are used by 40 percent of responding HMOs.
- A large number of drugs are included in these formularies: 31 percent include 1,000 or more drugs and 33 percent include from 500 to 999 drugs.
- Fifty-six percent of HMOs purchase through a buying group and 86 percent purchase through a prime vendor or wholesaler. More than half (53 percent) participate in a chargeback rebate program, and 84 percent purchase drugs through contract bids. ♦

Congress Forms Tobacco and Health Task Force

Formation of a Congressional Task Force on Tobacco and Health was announced in a "Dear Colleague" letter to all members of the House of Representatives. The letter asked members to join the task force and "work with us on issues related to tobacco use." Congressmen Richard Durbin (D-IL), Michael Andrews (D-TX), Rod Chandler (R-WA), Mike Synar (D-OK), Tom Petri (R-WI), Don Ritter (R-PA), Pete Stark (D-CA), Bob Whittaker (R-KS) and Henry Waxman (D-CA) signed the letter. Several of them took part in an AMA-U. of Texas conference held in Houston last January on tobacco and health. ♦

MultiCare Offers HIV/AIDS Update

MultiCare's Continuing Education Department is offering a series of six one-hour videos on AIDS/HIV on Wednesday, June 14 starting at 4:00 p.m. at Tacoma General Hospital in Conference Room #6.

This series will feature instructional videotapes on topics developed by the WAMI/AIDS Education Center and meet the state of Washington's requirements for health professionals.

The topic schedule is as follows:

4:00 p.m. – HIV Infection, Epidemiology, and Etiology
5:00 p.m. – Clinical Manifestation in Treatment
6:00 p.m. – Psychosocial Aspects of Care
7:00 p.m. – HIV Testing and Counseling
8:00 p.m. – Transmission and Infection Centers
9:00 p.m. – Ethical Aspects: Washington's Response to AIDS

Additional information is available. For reservations or information please call 594-1221. ♦

Dr. Singh Serves on ABEM Exams

For the fifth consecutive year Dr. Surinderjit Singh was asked to serve as an examiner for the oral portion of the American Board of Electro Diagnostic Medicine (ABEM) Examinations at the Rehabilitation Institute of Chicago on April 29.

Dr. Singh has been a member of the Medical Society for nine years and serves on the Board of Directors for the College of Medical Education. He is a member of the American Associations of Electromyography and Electrodiagnosis and the American Academy of Physical Medicine and Rehabilitation. ♦

Auxiliary News

The Pierce County Medical Society and the PCMS Auxiliary are pleased to recognize the sons and daughters of members who are graduating this year. Each one of these graduations represents a milestone in the student's life. We are proud to have you as representatives of our community. Congratulations and best wishes for the future.

Anne Louise Akamatsu, daughter of Toshio and Suzanne Akamatsu. Anne is graduating from the University of Washington with a B.A. in English. Anne plans to attend Graduate School in Foreign Studies.

Leonard H. Allott, son of Dr. and Mrs. Leonard S. Allott. He is graduating from Rogers High School and will be attending college.

Michael A. Bahn, son of Cordell and Betty Bahn. He is graduating from Bellarmine Prep and will be attending the University of Puget Sound.

Eileen Bailey, daughter of Dan and Ann Bailey will be graduating from Bellarmine Prep. She plans to attend the University of Washington.

William and Judith Benson announce two graduations. **Adam J. Benson** will graduate from Pacific Lutheran University with a B.A. and plans to attend Graduate School.

Molly J. Benson will graduate from Curtis High School. Molly plans to attend Pacific Lutheran University.

Brent Bourdeau, son of Dr. Emory J. and Shirley Bourdeau. He is graduating from Clover Park High School and will be attending Gonzaga University.

Charles Buck, son of Betsy and Al Buck. He will be graduating from Charles Wright Academy and will attend Haverford College in the fall.

Stephen Chan, son of Dr. and Mrs. Wing L. Chan. He will be graduating from Lakes High School. Stephen plans to attend Harvard University in Pre-Med.

Jim and Nikki Crowley announce two graduations. **Ann Michelle Crowley** will graduate from Fife High School and plans to attend the University of Puget Sound. **Rob Crowley** will graduate from the University of Washington with a B.A. in International Studies. He plans to attend Graduate School in International Studies.

Kevin Donley, son of Pat and Judy Donley. Kevin will be graduating from Central Washington University with a degree in Engineering.

Eric T. Iverson, son of Nichol and Joanne Iverson. Eric will be graduating from Central Washington University with a degree in Engineering.

Kimberly Erin Jones, daughter of Tom and Mary Lou Jones. She will graduate from Curtis Senior High. Kimberly will probably be attending Washington State University in International Studies.

Amy L. Knight, daughter of Ron and Pat Knight. She will be graduating from Charles Wright Academy and plans to attend college.

Michael Lapin, son of Eugene and Margaret Lapin. He is graduating from Charles Wright Academy. Michael will be attending Williams College in Massachusetts to study International Law.

Eric Pierce, son of Irv and Phyllis Pierce. He will be graduating from Clover Park High School.

Michael Plonsky, son of Carl and Kay Plonsky. He will be graduating from Bellarmine Prep and plans to attend college.

Nancy Jean Lillian Virtue, daughter of Dr. and Mrs. Clarence Virtue. She will graduate from Santa Clara University with a B.S. degree. Nancy's future plans include Public Relations and Politics.

David Whitney, son of Bob and Helen Whitney. He will graduate from Stanford University with a Master of Science. David's future plans include a career in computer science. ♦

PCMS Auxiliary Installs 1989-90 Officers

Congratulations to the 1989-90 PCMS Auxiliary Executive Committee Members. The members were installed at the May 2 meeting at the Tacoma Country and Golf Club. Elected were: President – Alice Wilhyde, President-Elect – Mary Lou Jones, 1st V.P.– Program – Karen Dimant, Sylvia Lee, 2nd V.P.–Membership – Helen Whitney, Bev Graham, 3rd V.P.– Bylaws/Historian – Marie Griffith, Recording Secretary – Kim Nelson, Corresponding Secretary – Rubye Ward, Treasurer – Kit Larson, Dues Treasurer – Alice Yeh. ♦

Teen Health Forum a Success

CHOICE, NOT CHANCE, the statewide teen health forum held April 11 on the Central Washington University campus in Ellensburg was a resounding success. Over 500 middle school students and educators attended the forum including 33 students and educators from Pierce County.

WSMA and WSMA Auxiliary joined with the Office of the Superintendent of Public Instruction to present information to our youth and educators on AIDS, eating disorders, and teen suicide. The forum emphasized the need for decisions, controls, and conflict resolution to promote healthy and productive lifestyles.

We would like to thank the PCMS auxiliary members Leigh Anne Yuhasz, Debby McAlexander, Sharon Lukens, and Janet Fry for their efforts in contacting the Pierce County Middle Schools; Cindy Anderson for the CHOICE NOT CHANCE logo and brochure graphics; Kris White, Susie Duffy, Jo Roller, Cindy Anderson, Marny Weber, and Alice Wilhyde for their on site assistance in numerous roles.

Video tapes of the conference are available. For further information, please call Alice Wilhyde at 572-6920. ♦

Malpractice: Prevention is Nine-Tenths of the Law*

Generally, if a healthy patient–doctor relationship exists, malpractice suits are not likely to occur. Marcia Lewis and Carol Warden have developed some helpful guidelines to prevent malpractice including:

- Perform no illegal acts, nor allow employees to do so.
- Comply with state regulations and statutes.
- Keep the office safe and the equipment in readiness.
- Practice asepsis.
- Log telephone calls. Return all calls to patients within a reasonable time.
- Avoid treating patients via phone.
- Put verbal instructions in writing and give a copy to the patient.
- Do not criticize other practitioners.
- Be sure all diagnostic test results are seen and initialed by the doctor before filing.
- Do not keep patients waiting for appointment for more than 20 minutes.
- Select employees carefully and encourage the "team approach."
- Keep all matters relating to patient care confidential.
- Discuss patients' fees prior to treatment.
- Have employees follow up on missed or canceled appointments.
- Treat patients equally.
- Never guarantee a cure.
- Continue to grow professionally.
- Secure informed consent as much as possible.
- Listen to patients.
- Formally document (a) withdrawing from a case, and (b) discharging a patient.
- Carefully follow the Controlled Substances Act. Document all information required.
- Keep accurate records.
- Limit practice to scope of training, and to a manageable number of patients. ♦

Marcia Lewis and Carol Warden are Instructor and Program Director, respectively, in the Medical Assisting Departments at Olympic College and Highline Community College in Washington. They have co-authored the book Law and Ethics in the Medical Office: Including Bioethical Issues from which these clear, concise guidelines are taken. *Excerpted from Palmer and Associates April '89 Practice Management Report.

CLASSIFIEDS

Positions Available

Puget Sound Opportunity–Exciting opportunity for BC-FP who desires a good mix of administration, teaching, and clinical medicine. Tribal Health and Human Services organization is looking for a medical director/clinician for their JCAHO accredited ambulatory care center in Tacoma, WA. Full range of FP including active OB practice. Call/teaching responsibilities shared with local FP Residency Program. Faculty appointment with University of Washington. Unlimited opportunities for Public Health program development. Seattle and Mt. Rainier less than 60 miles away! 100% malpractice, competitive benefits/salary. Send resume to T. Peffley, Personnel Director, Puyallup Tribal Health Authority, 2209 East 32nd Street., Tacoma, WA 98404, (206) 593-0232.

Immediate Opening for a full–time physician in family practice in the Spokane area. Excellent compensation and malpractice. Monday through Friday. Call J. Hartley at 1-800-554-4405.

Associate Family Practitioner needed for busy rural office. OB optional. Excellent coverage for time off. Contact Laura or Mary at 862-8001.

Physician Opening–Ambulatory care/minor emergency center. Full/part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, M.D. at 5900-100th Street S.W., #31, Tacoma, 98499. Phone (206) 584-3023 or 582-2542.

Immediate Openings–Full and part–time positions and Directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice. Flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES 1-800-554-4405. Ask for Jeanine.

Equipment

Oto-ophthalmoscopes, Welch–Allyn wall mounted and other quality medical equipment for sale at reasonable prices. We buy and sell used medical equipment. Call for a free catalog. Lynlee's Inc. (206) 867-5415.

Fitron Cycle–Ergometer, excellent condition. Please contact Linda at 383-4721.

Office Space

2000 Square Feet of Prime Medical Office Space is available on South Hill, Puyallup, in the **Hartland II Building** of **Hartland Medical Center**. The space can be designed by the physician to fit his or her own professional needs. The complex already has diagnostic Imaging Northwest, South Hill Eye and Skin Associates, Apple Physical Therapy, Puyallup Valley Institute, and South Hill Family Medicine. If interested, please contact: Dr. Rebecca A. Sullivan, 848-5951 or Al Sullivan, 593-6072.

Class A Professional Office for lease. South Hill Puyallup. 1400 Square feet. $650 per month. Call 474-3329.

ADVERTISE IN THE CLASSIFIEDS

Prices

PCMS Newsletter
75 cents per word
The Bulletin
85 cents per word
10 word minimum
on all ads.

Deadline
July PCMS Newsletter deadline is July 15. Please call 572-3709 . for more information.

Send check to: **Pierce County Medical Society**, 705 South 9th, Suite 301 Tacoma,WA 98405

Advertisers Name and Address

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CLASSIFIEDS (Continued)

General

East Gig Harbor–No bank, waterfront. Executive home on one plus acres, four–bedroom, two bath, recreation area with kitchen, hot tub. $450,000. Contact Gig Harbor Realty, Joann Mann at 383-1175 or 851-9157.

Victorian Elegance–Historic north end waterview. 4,000 square feet, including three to four–bedrooms, sunroom, security system, gardener, two car garage and much more. MGM Property Management 627-4810 or 851-8189.

Aug 5–Dec. 31–Large furnished North Tacoma home. (Five minutes to I-5), bay view, grounds, three–bedroom, 3 1/2 bath, formal living, dining, and reception rooms, solarium with pond and fountain. No pets. $850.00 a month. 752-7896.

NORTH TACOMA BRICK HOME for lease. Three–bedroom, two bath, large kitchen, full basement, hardwood floors and wall-to-wall carpets, fireplace. $550 per month. Available July 1, Contact 572-8820.

Sailboat: CAL 34, 1970, New Vetus engine, tiller, sleeps six, $32,500. Call Walter Schumacher at 565-8325.

MEDICAL CONSULTANT POSITION AVAILABLE

Social Security Disability (Office of Disability Insurance) seeks part-time medical consultant to review disability claims.

REQUIREMENTS:
Washington State Medical License

WE OFFER:
Personal Services Contract for maximum compensation based on Washington Consultative Physician's schedule
No overhead
No patient contact

Interested physicians should contact Don Larsen, Area Manager at (206) 586-4224.

Office of Disability Insurance, Airdustrial Park, Tumwater, WA 98504-9303

Waterfront and Marine View Homes, listed by Peachy Smalling, Gig Harbor Realty–383-1175 or 851-9157 weekdays, 861-3336 weekends and evenings.

Fox Island Waterfront: four-bedroom, Colonial home with pool and tennis court. $490,000.

Rosedale Waterfront: 140 feet, no bank, prime waterfront. Elegant three bedroom rambler, western exposure. $475,000.

Waterfront Estate: Spacious four–bedroom, two story with recreation room, 316 feet. No bank. Dock, 6 1/2 acres. $575,000.

North Rosedale Waterfront: Four bedroom, tri-level built in 1983. Eurostyle kitchen, two–bedroom, guest home. $332,000.

Custom View Home: Spectacular cedar home overlooking Hales Passage. Very private. 2 1/2 acres. $315,000.

New Traditional Homes: Overlooking the Narrows. Two story, three–bedroom plus den. $295,000 and $305,000.

Did You Know That... PCMS's Placement Service is More Concerned About YOU Than ANY Other Agency? Call us–We Can Help! 572-3709

Over 140 Medical Office Staff Learn About Risk Management

Sharon Bain, of the PCMS Placement Service organized a risk management program that was held on May 10. Designed for medical office staff, the program focused on staff responsibilities in preventing malpractice suits.Over 140 medical office staff members attended and rated the program as very good to excellent on the evaluation surveys. The program included lunch and two speakers, Philip Dyer from Doctor's Company and Thomas Kirchmeier from WSPIA. Please contact Sharon, 572-3709, to request topics for office staff seminars that you would be interested in attending. ♦

PHYSICIANS

Your
Army Reserve Personnel Counselor,

MAJOR PAUL H. LAWHON, MSC

Would like to talk to you about the following opportunities in the United States Army Medical Department:

- ***Part-Time Income***
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- ***Training at U.S. Army Hospitals****

****All paid for by the U.S. Army Reserve.***

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Madigan Army Medical Center
Tacoma, WA 98431-5038
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Many groups TALK about building a better America-
The Army Reserve WORKS at it.

AMA Offers Help for Practice Management

Physicians who plan to start a private practice or those who wish to review fundamentals of practice management will benefit from the newly revised and expanded edition of The Business Side of Medical Practice.

The book, available from the AMA, is designed to provide information needed to successfully start and manage a medical practice. New topics to this edition include computers in the medical office and up-to-date information on the pros and cons of the various legal forms of organizing a practice.

You can order The Business Side of Medical Practice, 166 pages, OP–410/8, for $30 (20% discount for AMA members), from the AMA Book and Pamphlet Fulfillment, P.O. Box 10946, Chicago, IL 60610–0946 or call 1-800-826-6895 with VISA or Mastercard to order.

Pierce County Medical Society
705 South Ninth Street, Suite 203
Tacoma, WA 98405

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PCMS
NEWSLETTER
• A publication of the Pierce County Medical Society •

Volume 4, #5 July 1989

Helping the Elderly Pay the Doctor Bills

The Morning News Tribune
Established 1883

EDITORIAL

In November 1987, Washington voters defeated a poorly conceived initiative aimed at forcing doctors to accept the "reasonable charges" set by the federal Medicare administration.

Despite its flaws, Initiative 92 addresses a real problem. It was designed to ease the plight of elderly patients whose doctor bills often far exceeded Medicare's artificially low reimbursements. But the measure not only demanded that doctors treat Medicare patients at a loss, it made no distinction between genuinely needy patients and those who could well afford to pay the going rate for medical care.

Now the medical profession has come up with a better approach. To its credit, the Pierce County Medical Society has been quick to adopt it.

Under the Medical Society's new program — called DoctorCare — physicians are being encouraged to charge the basic Medicare fee to all elderly patients whose incomes don't exceed 175 percent of the federal poverty level. Patients who qualify will have to pay all the usual personal expenses built into Medicare, including a $75 annual deductible and 20 percent co-payments. But they won't be billed for anything more.

The heart of the system, is a DoctorCare card, which can be ob-

(Continued on page 2)

Oregon MD-Legislator May Revolutionize Care for the Poor

Dr. Kitzhaber, scheduled speaker for the September 12 General Membership Meeting, is the architect of two bills that will revolutionize the way government provides health care to the poor. Some Oregon citizens who now have no coverage will receive a basic medical care package, but others who need the medical procedures may wind up at the bottom of a priority list.

"The list will be based on public input, standards, effectiveness, research and on what would be most beneficial for the entire population being served as opposed to an individual within that population." said Dr. Kitzhaber, a Democrat. "Hopefully, it will reflect a clinical database and also public values."

The commission was appointed and started work in mid-June and will be reporting to the legislature with the completed list in March of 1990.

The list will be turned over to an independent actuary, which will

(Continued on back page)

INSIDE PCMS NEWSLETTER

DoctorCare Update

On May 26 Dr. Bill Ritchie, President and Dr. Gordon Klatt, President-Elect, met with the Tacoma News Tribune Editorial Board to discuss several issues. Among them were DoctorCare, Fluoridation of Puyallup's Water Supply, EMS Design Committee, and the Tobacco Coalition. The resulting DoctorCare editorial (Page 1) was run on June 2.

PCMS kicks off the DoctorCare program on August 1. As the newsletter goes to print, over 300 members have signed up to participate in the voluntary Medicare assignment program. This is in addition to over 125 participating physician members who already accept assignment.

DoctorCare applicants can fill out the verification forms at Pierce County Senior Centers and Nutrition Sites. The Centers and Sites will then return the forms to the Medical Society office where the identification cards will be completed and mailed to the applicants.

A listing of DoctorCare participating physicians will be available at the nutrition sites and senior centers. The listing will note that other physicians in the county may also be accepting assignment for Medicare patients – whose names are not listed and that some of the doctors listed may not be taking new patients at the present time.

Some offices have asked to provide the Verification forms to patients. PCMS has no objection if the offices want to screen applicants. Forms are available by calling the Society office at 572-3667. ♦

PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas and suggestions.

Editor:
David S. Hopkins

Managing Editor:
Douglas Jackman

Editorial Committee:
David S. Hopkins (Chairman),
Stanley Tuell,
W. Ben Blackett,
Richard Hawkins

Publications Coordinator:
Monique Johnson

Advertising: MBI, Pierce County Medical Society, 572-3709

Beverly Foley, 917 Pacific Avenue, Suite 217, Tacoma, (206) 272-7181

Pierce County Medical Society
705 South 9th St., Suite 203 Tacoma, WA 98405
(206) 572-3667

DoctorCare
(Continued)

tained through local senior centers. The card constitutes proof that a patient qualifies financially for the plan; all participating physicians have agreed to honor it. This spares the elderly the humiliation of pleading poverty whenever they get sick and spares physicians the painful task of probing their patient's finances. The attractiveness of this system should make it easier for needy patients to get treatment on terms they can afford.

DoctorCare is an innovative private arrangement that avoids heavy-handed government intervention in the medical marketplace. It won't solve Medicare's deeper cost control and budgetary problems, of course. But for the elderly, it may be the best answer to be found outside of Washington, D.C. ♦

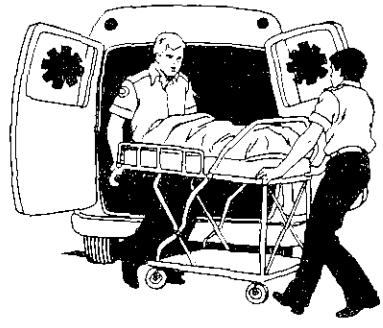
*Reprinted with permission from the June 2 issue of *The Morning News Tribune*.

Board Adopts Medical Standards Developed by EMS Committee

Six medical standards were developed and recommended by the EMS committee were presented at PCMS's June 6 Board of Trustees meeting. The committee believes the standards are critical for the development of a quality EMS system. They are:

- 1) Developing a centralized dispatch center for the most rapidly available unit. Providing unit dispatch training with uniform certification standards and medical review.
- 2) Requiring quality assurance from agencies, EMT's and paramedics.
- 3) Developing and enforcing response times.
- 4) Requiring that all first response agencies in urban and suburban settings be manned with two paramedics per vehicle and that the transport vehicle be manned with one EMT driver and one paramedic.
- 5) Requiring the first responding paramedic to transport the patient to the hospital with all ALS patients.
- 6) Requiring that medical incident reports accompany patients at the time of transport.

The Society will forward the



adopted standards to the EMS Council for recommendation to the Pierce County Board of Health and for incorporation into the Pierce County EMS protocol. ♦

Practice Parameters Explored

The face of medicine may soon be changing. The AMA has banded together with national medical specialty societies, practicing physicians, and the medical research community to develop appropriate practice parameters.

Practice Parameters are being viewed as a possible response to public concerns regarding over-utilization. Many of the national medical specialty societies have been studying the potential role of practice parameters for reducing inappropriate utilization. More than a dozen societies have already developed practice parameters.

The purpose of practice parameters is to assist physicians in the diagnosis and treatment of specific diseases or conditions. They will be developed by synthesizing the broad array of medical information, including scientific studies, available medical data, and expert opinion. Practice parameters will outline the range of appropriate tests and procedures for a given clinical situation, rather than define one specific course of action.

Potential concerns regarding practice parameters include the adequacy of the techniques for developing practice parameters, the potential of practice parameters to restrict patient treatment options and stifle innovation, inappropriate uses of practice parameters in payment decisions, and potential malpractice liability. Evaluating and addressing these concerns is part of the AMA strategy.

In late May, AMA launched a plan to coordinate information and expertise with the national medical societies. The first part of this plan has included a workshop to share technical information and develop strategies to produce clinically relevant practice parameters and working with the RAND corporation to establish a project to develop parameters.

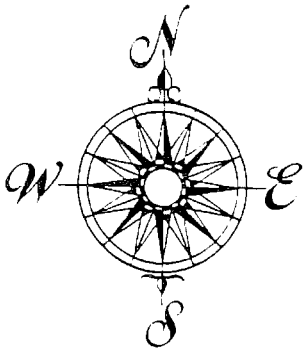
Look for more information on the development of practice parameters in future issues of PCMS Newsletter and The Bulletin. ♦

In Memory

The medical community was saddened by the death of Dr. Elmer W. Wahlberg on June 12. Dr. Wahlberg, 87, was a member of the Medical Society since 1946 .

Born in Minneapolis, Minnesota, he recieved his M.D. from the University of Minnesota in 1930. The Society extends its sympathy to his children Carolyn Else, of Tacoma, and Susan Gould of Seattle. ♦

HHS Releases Geographic Simulation Report



The Department of Health and Human Services released a study of the impact of the Resource-Based Relative Value Scale (RBRVS) on Medicare Payments by geographic area and specialty. Their simulation impacts are clearly cause for concern regarding potential dislocations for certain physicians and their Medicare patients. At the same time, several points **must** be kept in mind.

- These results are based on the current preliminary version of the RBRVS.
- Considerable further attention and resources need to be devoted to devising geographic cost indexes appropriate for use in a new payment system.
- The distributional results for smaller states are subject to sampling errors associated with the 5% "provider file" used by HHS in its simulation.
- These results do not reflect the moderating effects of a measured transition to a new system—a policy supported by both the AMA and the PPRC.
- Access implications of these results merit careful consideration before serious action is taken.
- This issue can and must be dealt with within Medicine—we cannot be divided.
- Overall, these results reinforce a need to move cautiously and at an appropriate pace toward implementation of a new Medicare payment system.

The HHS reports that under the current RBRVS model and current indices of geographic practice cost variation a number of states and localities exhibit gains and losses, sometimes substantial, in Medicare payments. These patterns of gains and losses reflect the interaction of the RBRVS, which generally is advantageous to physicians whose practices are oriented to visits and consultations and disadvantageous to physicians whose practices are oriented to procedures, with the geographic practice costs adjustments, which are generally advantageous to rural areas and disadvantageous to large urban areas. The extremes of gain and loss reflect the interaction of the two elements (e.g., urban surgeons and rural family physicians).

The HHS analysis is notable principally because it presents a greater geographic detail than have previous RBRVS impact simulations by the Harvard RBRVS research team, the AMA, and the Physician Payment Review Commission.

If you would like copies of the HHS Geographical Simulation Analysis please call the Society office at 572-3667. ♦

AMA Cautions Premature RBRVS Implementation

Congress must avoid a premature implementation of a new physician reimbursement system based on a Resource-Based Relative Value Scale (RBRVS), the AMA cautioned members of a key health subcommittee last week.

The Physician Payment Review Commission (PPRC) has proposed that the new reimbursement system be implemented starting next year under Medicare . Many issues, however, must be addressed and resolved before such a system is phased in. John J. Ring M.D., Chairman of AMA's Board of Trustees, stressed in testifying before the Subcommittee on Health and Environment of the House Energy and Commerce Committee.

The need for an orderly, go slow approach was also reinforced when the Department of Health and Human Services released their preliminary impact analysis study showing who the "gainers" and "losers" would be if the RBRVS were used in its present, incomplete form as the basis for a national fee schedule under Medicare.

The AMA pointed out the HHS simulations are based only on the limited number of services and specialties studied in Phase I of the RBRVS study. Considerable further attention and resources must be devoted to devising geographic cost indices appropriate for use in a new payment system, it added. In addition, the ongoing Phase II of the Harvard study, as well as work by the PPRC and HCFA, must be completed before definitive RBRVS impacts can be estimated. ♦

Information Line, Quality Control Program Available

Physicians who perform in-office laboratory tests can call 1-800-LAB-9902 to hear a summary of new federal requirements targeted for implementation in January, 1990.

The four minute message provided by the College of American Pathologists (CAP) describes requirements to be placed in any office performing laboratory tests, and introduces EXCEL-QC -- the CAP's new quality control program.

Requirements for office laboratory certification, quality assurance and quality control procedures, proficiency testing, personnel qualifications, on-site inspection, and non-compliance penalties are included in the Clinical Laboratory Improvement Amendments of 1988. Regulations implementing the law are expected later this year.

The new EXCEL-QC program offered by the CAP includes a control material with 32 common chemistry analytes including human cholesterol, a comprehensive instruction manual with troubleshooting guide for persons performing the tests, control charts customized for each instrument, and pipettes. Participating physicians will receive AMA Category I Continuing Medical Education credit and a participation certificate for display in the waiting room.

For more information on EXCEL-QC or the EXCEL proficiency testing program for physician office laboratories, call the CAP at 312-966-5700 or write to: *College of American Pathologists,* 5202 Old Orchard Road, Skokie, IL, 60077. ♦

DSHS Conducts AIDS Community Work Sessions

Recently the Legislature acted to amend Chapter 70.24 RCW by adding a new section concerning counseling and consent for HIV testing administered as part of an application for insurance. Following the April action by the State Board of Health to amend WAC 248-100-207, the legislature passed SSB 6048.

The Legislature also passed SSB 5886 amending RCW 70.24.105 to permit exchange of STD and HIV patient identifying information among certain child care workers and health care providers on a need-to-know basis.

In response to a petition bearing 150 signatures and a request from Governor Gardner, the State Board of Health directed staff to plan a series of community work sessions throughout the state to discuss proposed revision of WAC rules implementing RCW 70.24.105. Amendments to Board of Health rules in Chapter 248-100 WAC may be required to:

1. Protect the privacy of the infected individual;

2. Meet the needs of the health care professional; and

3. Provide public health officials with the information needed to conduct effective public health interventions.

Community work sessions are scheduled to be held on August 4 at the Tacoma DSHS building, 1949 South State Street in room 388 from 12:00 p.m. to 4:00 p.m. and on September 7 at the DSHS building, room 388, from 9:00 a.m. to 1:00 p.m.

If you are interested in learning more about RCW 70.24.105 please call Jean Ullom, Coordinator, State Board of Health HIV/AIDS Rule Development, at 753-5824. ♦

HCFA Requires Quality Problem Profile

Each quarter PRO's will profile the total weights accumulated for reviews completed in that quarter for each physician or provider. The total weight will determine the type of corrective action to be implemented.

When the quarterly profile shows that a particular physician or provider has a total weighted score of 3 or more, the PRO must initiate corrective action. The type of corrective action to be implemented depends on the assigned weight and trigger level. The six types of interventions and trigger levels in the QIP are:

Trigger Levels	Interventions
3	notification
10	educational efforts
15	intensified review
20	other interventions
25	consideration of coordination with licensing and certification bodies
25	consideration of initiation proceedings

Each PRO is required to use the HCFA QIP and implement the intervention based upon the above triggers as well as all interventions for lesser educational efforts, and intensified review.

PRO quality problem profiling will be performed each quarter to determine whether the weighted scores of three or more per quarter, or five per six-month bi-quarter, are reached. This method of review is termed a "rolling" quarter system (i.e. one quarter is removed and a successive quarter is added on). For example, in July, the PRO will profile the April-June quarter and the January-June bi-quarter; in October, the contractor will profile the July-September quarter and the April-September bi-quarter.

The AMA has questioned HCFA's decision to limit the severity levels to just three categories and to the potential for inflexibility of the point system and its potential for being perceived as a more arbitrary mechanism. While present indications are that HCFA intends to move forward with these provisions as written, they have made it clear that, by contract the PRO is prohibited from automatically implementing the most severe interventions (i.e. coordinating with licensing and certification bodies, and consideration of sanction). Rather, the PRO must exercise flexibility in determining what intervention is appropriate to the particular case. ♦

PCM Thanked

The Board of Trustees expressed its deep appreciation to Mr. Don Sacco, President, and Pierce County Medical for its ongoing support of the Medical Society at its June 6 meeting.

Most recently PCM printed brochures, identification cards and informational literature for the DoctorCare program allowing the PCMS to offer these services to the elderly without an accompanying administrative fee. In 1988, PCM helped to educate the public about the fluoridation of Tacoma's water supply by printing $5,000 worth of educational brochures. ♦

NCI Suggest Ways to Kick the Habit

What specifically, can a doctor do by way of effective preaching and reinforcement? Based on recent and past experience says NCI and the Cancer Society in a new pamphlet for doctors, a physician should:

- Ask about smoking habits. And: "Are you ready to quit?"
- Clearly advise each smoker to quit, and explain the hazards of – heart disease, lung disease, cancer – of smoking, and the benefits of quitting. Often health facts like these don't get home to us until our doctor relates them to each of us, as an individual.
- Explain, if a patient has tried to stop smoking and failed, that this is not unusual. According to NCI, the average smoker has three or four relapses before quitting for good.
- Set an early quit date.
- Then offer support. To quote an NCI pamphlet for doctors, "Let patients know that you care enough to monitor their progress. Stress that you will be monitoring their commitment either to stop by the quit date or consider quitting in the future." This can mean phoning or having a nurse or assistant phone or write the patient periodically.
- "Congratulate quitters, encourage renewed efforts among relapsers, and avoid blaming patients for lack of success. Emphasize learning from past attempts" and from stresses or situations that may make the new ex-smoker search desperately for a cigarette.
- Give extra help or lead the patient to it. For some, this may mean a "quit smoking" program or class or the help of another therapist, often a psychologist or counseling social worker. For some who are highly nicotine dependent, it may mean temporary use of nicotine gum.

Past efforts have shown that, for many patients, the more measures or "interventions" the better: the help of a doctor, the help of other health workers, written materials or other educational tools, classes, close monitoring, follow-up. ♦

*Reprinted with permission from the June 5 issue of The News Tribune.

College of Medical Education 1989-90 C.M.E. Program Schedule

The College of Medical Education's 1989-90 schedule has been finalized. Approved by the College Board at their last meeting, the schedule includes a variety of Category I approved programs designed particulary for primary care physicians and internists.

The twelve programs have been selected in response to physician interest. They include:

DATE(S)	PROGRAM	DIRECTOR(S)
1989		
Fri., Sept. 29	**Neurology Update**	Dale Overfield, M.D. John Huddlestone, M.D.
Weds., Thurs., Oct. 11 & 12	**Common Office Problems**	Mark Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Fri., Nov. 17	**ENT/ Ophthalmology**	Michael Dunn, D.O. Craig Rone, M.D. Carl Wulfestieg, M.D.
Thurs., Fri., Dec. 7 & 8	**Advanced Cardiac Life Support**	Mark Craddock, M.D.
1990		
Thurs., Jan. 18	**Law & Medicine Symposium**	F. Ross Burgess, J.D. Jeffrey Nacht, M.D.
Thurs., Fri., Feb. 8 & 9	**Cancer Review - 1990**	Amy Yu, M.D.
Weds., Feb. 28	**AIDS Update**	Alan Tice, M.D.
Thurs., Fri., Mar. 8 & 9	**Tacoma Academy of Internal Medicine Annual Review**	David Law, M.D.
Fri., Sat., April 13 & 14	**Tacoma Surgical Club**	Chris Jordan, M.D.
Fri., April 27	**Dermatology**	Barbara Fox, M.D. James Komorous, M.D. David Brown, M.D.
Thurs., Fri., May 10, 11	**Aggressive Musculoskeletal and Spinal Evaluation,Treatment and Rehabilitation**	Edgar Steinitz,M.D. S. Singh, M.D. Mohammad Saeed,M.D.
Mon., Tues., June 25 & 26	**Advanced Cardiac Life Support**	James Dunn, M.D. ♦

Neurology Program Sets Prominent Lecturers For September 29

Internationally recognized neurologist lecturers are scheduled for C.O.M.E.'s Neurology Update Conference on September 29. The all day Friday program, set for conference rooms 3A and B in St. Joseph's Hospital South Pavilion, is coordinated by Dale Overfield, M.D. and John Huddlestone, M.D.

Joe Wilder, M.D. internationally recognized speaker from Gainsville, Florida will speak on Epilepsy Management in Adults. Donald Calne, M.D., head of Neurology for the University Hospital in Vancouver, British Columbia, will speak on both Parkinson's Disease and Movement Disorders: Recent Therapeutic Advances. Dennis Smith, M.D., Professor of Neurology from Portland, Oregon will present Drug Selection for Children and Adolescents. Local neurologist, Dale Overfield, M.D. will speak on Facial Pain.

The Program is designed for the primary care physician and internist, but should interest all physicians. Accredited for both AMA and AAFP Category I credit, the program will feature both lecture and question/answer sessions.

Program brochures will be mailed soon. For additional information, please call C.O.M.E. at 627-7137. ♦

NEWSBRIEFS

New Members

Three new physician members were voted into the Society at the Board of Trustees June 6 meeting and two physician assistants were approved for assistant member category membership. The Society welcomes the following active members. They are:

Active Members

Lawrence F. Fisher, M.D., Pathologist. Director St. Joseph Hospital Laboratory; University of Michigan School of Medicine, 1976.

Maria J. Mack, M.D., Anesthesiologist. St. Joseph Hospital; University of Vermont School of Medicine, 1980.

Dwight W. Williamson, D.O., 7509 Custer Road West; Kansas City College of Osteopathic Medicine and Surgery, 1962.

Assistant Members

Lee J. Bergmann, P.A.-C. Medical School of South Carolina, 1983; Sponsor: Gilbert Johnston, M.D.

Frances P. Putnam, P.A.-C. Baylor University-U.S. Army, 1977; Sponsor: Charles Weatherby, M.D. ♦

Resolutions Due

Resolutions offered at the September meeting of the WSMA House of Delegates are to be submitted to the Society office by Tuesday, August 1.

This is an excellent opportunity to get your message to your colleagues and legislators and to seek change in some facet of the system.

The Society office can help you finalize a resolution if you need assistance. ♦

Recent Rise in PPNG Prompts Treatment Change

During the first four months of 1989, 16 cases of penicillin resistant (Penicillinase-Producing Neisseria Gonorrhea-PPNG) have been reported in Pierce County. This compares with one case for the same period in 1988. King County is experiencing a similar increase.

As a result, the Tacoma Pierce County Health Department has revised its treatment protocol for all patients diagnosed with uncomplicated gonococcal infection. This regimen is also consistent with Seattle-King County Health Department's Protocol.

Ceftriaxone (Recephin) 125 mg. IM, AND

Doxycycline 100 mg. BID x 7 days OR

Erythromycin 500 mg. QID x 7 days

Confirmed cases of PPNG and their contacts should be treated with the following medication regimen:

Ceftriaxone (Recephin) 250 mg. IM, AND

Doxycycline 100 mg. BID x 7 days OR

Erythromycin 500 mg. QID x 7 days

The staff of the Sexually Transmitted Clinic is available for professional consultation regarding diagnosis, treatment or patient management of sexually transmitted diseases – 591-6407. ♦

PCMS Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the Society.

Michael J. Kelly, M.D.

Family Practice. Born in Canton, Ohio, 01/18/49. Medical School, University of Cincinnati, 1975; residency, Oregon Health Sciences University, 1975-1978. Washington State License, pending; board certification, Family Practice, 1984. Dr. Kelly will be practicing medicine at 11315 Bridgeport Way SW – beginning in August.

Dan H. Martin, M.D.

Radiology. Born in Inglewood, California, 12/21/48. Medical School, University of Nevada, 1977; internship, Newton-Wellesley Hospital 1980; residency, Newton-Wellesley Hospital, 1985; graduate training, University of Southern California Medical Center, 1987. Washington State License, pending; board certification, Radiology, 1987. Dr. Martin will be practicing at Diagnostic Imaging Northwest in August.

Russell W. Campbell, M.D.

General Surgery, Vascular Surgery. Born in Trenton, New Jersey, 07/01/53. Medical School, Rutgers Medical School, 1982; internship, Rhode Island Hospital 1983; residency, Rhode Island Hospital, 1987; graduate training, Rhode Island Hospital, 1989. Washington State License, pending. Dr. Campbell will be practicing at 1901 South Cedar in August.

Steven C. Brack, D.O.

Orthopaedic. Born in Lynnwood, Washington, 3/21/52. Medical School, College of Osteopathic Medicine, Iowa, 1981; internship, Phoenix General Hospital, 1982; Oklahoma Osteopathic Hospital, 1986; graduate training, St. Mary's Spine Center, 1989. Washington State License, 1988. Dr. Brack will be practicing at 324 East Pioneer, Puyallup in October.

Lance W. Kirkegoard, M.D.

Internal Medicine, Critical Care. Born in Ann Arbor, Michigan, 04/29/51. Medical School, University of Texas Medical School, 1978; internship, Mercy Hospital, residency, Mercy Hospital. Washington State License, 1989; board certification, Internal Medicine, pending. Dr. Kirkegoard will be practicing in the Lakewood Professional Building.

Personal Problems of Physicians Committee

For Impaired Physicians Your Colleagues Want to Help

Medical Problems, Drugs, Alcohol, Retirement, Emotional Problems

Committee Members

Patrick Donley, Chair	272-2234
Joseph Kramer	845-9511
John R. McDonough	572-2424
William A. McPhee	474-0751
Ronald C. Johnson	841-4241
Jack P. Liewer	588-1759
Kathleen Sacco	591-6681
Dennis F. Waldron	272-5127
Mrs. Jo Roller	752-6825

WSMA
1-800-552-7236

City of Destiny Classic Raises $86,000

The Fifth Annual City of Destiny Classic Run was held on May 19-20 in the Stadium High School Bowl.

PCMS thanks the members that participated in this special event. They include: Drs. Gordon Klatt, Jim Billingsley, Amy Yu, G. Bruce Smith, Greg Popich, Dennis Wight, Jonathan Bacon, Edward Williams, and Donald Bernhardt.

The 24 hour run consisting of 43 relay teams, included 425 runners and walkers, who raised $86,000 dollars for the American Cancer Society. The money goes toward research, education and patient services. ♦

The Puyallup Fluoride Committee held their first meeting on June 1 at Good Samaritan Hospital. Those present included PCMS Secretary/Treasurer, Dr. Bill Marsh; Puyallup Dentists Dr. Eugene Choy and Steven Urbeck; Janelle Cole, Dental Hygienist and Puyallup citizen; Lavonne Campbell, PCMS Auxiliary; Marilyn Nishitani, Puyallup citizen; Patty Wolcott, TPCHD Fluoridation Consultant, and PCMS staff members. The committee is ready to proceed with fluoridation efforts for Puyallup's water supply.

Dr. Bill Marsh and PCMS staff met with the Mayor and City Administrator of Puyallup regarding fluoridation and found the reception very favorable. It was recommended that the issue be brought before the City Council in August. The Council has the authority to fluoridate the water, do nothing with the request, or to put the request on the ballot for a vote by the citizens of Puyallup.

The Committee will meet again on July 6, 7:00 a.m. at Good Samaritan Hospital to finalize plans for presenting the issue to the City Council in August. If you know anyone who is interested in working on the committee, please contact the Medical Society office. ♦

Fluoride for Puyallup

PCMS Personnel Policies Revised

The Pierce County Medical Society recently revised their personnel policies. The changes were made with recommendations from PCMS attorney Mr. Elvin Vandeberg. The changes were in relation to sick leave, auto reimbursement, maternity leave and involuntary termination.

The PCMS Board of Trustees voted at their June 6 meeting to approve the revisions. The revised edition of the policy manual is now available.

For those members currently using the PCMS policy manual or a revised format, we can forward only the pages that were changed upon request. If you do not have a copy of the policy manual and would like one sent to you, please call Membership Benefits at 572-3709. ♦

Pacific Rim Disaster Personnel Needed

The Pacific Rim Disaster Team needs doctors, nurses, paramedics, search and rescue persons, and pharmacists to organize disaster relief efforts for foreign nations impacted by disaster.

The initial focus of the team is to follow through on commitments made to Soviet and Armenian officials for post-disaster assistance in several areas.

The Team's long range operations include pre-disaster planning with local, national and foreign governments, training disaster relief workers for international disaster response, and assisting in the creation of a post-disaster assessment process so that disaster relief efforts can be focused and directed in the most efficient manner.

By becoming a Pacific Rim Disaster Team volunteer you can experience foreign countries and peoples in ways that very few others do and learn how to make your town a safer place in the event of a major disaster. Please call the Medical Society at 572-3667 for more information or an application. ♦

Sound to Narrows — Another Great Run

Many PCMS members, along with members of their families, participated in the 17th Annual Sound To Narrows run on June 10, sponsored by the Tacoma News Tribune.

Three members finished in the top 200 male finishers. They were: **Ron Taylor**, *General Surgeon, age* 46, finishing 72nd overall with a *time of* 44:10; **Tom Herron**, Pediatrician, age 33, finishing 84th

overall with a time of 44:39; and **Craig Rone**, ENT, age 37, finishing 189th overall with a time of 48:17.

Other members running among the 14,000 were Gerard Ames, Ron Anderson, Ted Baer, Cordell Bahn, John Bargren, Ron Becker, Michael Blackburn, Marvin and Faye Bourne, Dick Bowe, Laurie Bowe (daughter), David Brown, Bruce Buchanan, Michael Dunn, Jan Halstead, Deborah Hammond, John Hautala, Judy Ip , Maria Mack, Donna McLees , David Munoz, Jack Nagle, Robert Osborne, Lee Payne , Michael Priebe, Belinda Rone, Craig Rone, Don Russell, Kathleen Samms, Don Shrewsbury, Dennis Waldron, Carol Wulfestieg, Stephanie Wulfestieg, Susan Wulfestieg, and Mark Jergens, Mimi Jergens, Megan Jergens (visiting from Belleville, Illinois).

Two and a half mile shuffle participants were Sara Bowe, James Komorous, David, Andrew, Beverly, Hilary and Tad Law, Martin Oravetz, Sue Romig, Hsushi, Jessica, Michelle, Ting-Ling and Yvonne Yeh, Eric Hautala and Maurice Origenes.

Our apologies to anyone we missed. If we missed you, please call the Society office and we will print amendments in the August issue of *The Bulletin.* ♦

Sports Medicine CommitteeUpdate

Dr. Stuart Freed, chairman of the Sports Medicine Committee has recently polled the PCMS membership to determine the level of interest by members in serving as athletic team physicians for local school districts.

Approximately twenty-five percent have responded to date, and several have indicated a desire to participate. Many respondents are interested but declined due to time contstraints and a lack of expertise in treating sports related injuries.

The Sports Medicine Committee will be working hard this summer to organize a model program for team sports physicians in Pierce County. They are currently studying a model from Albuquerque that was presented to the committee by Mary Nebgen, Ph.D., from the Tacoma Public School District. ♦

Society Comment — a Must

Medicare carriers must invite medical society comment when any proposed change in local medical policy is contemplated. The new procedure implements another step in the seven – point agreement HCFA entered into with the AMA last January to obviate a threatened lawsuit by the AMA. ♦

WSMAA House of Delegates Report

The WSMAA annual meeting held April 26-28 in Bellevue was a great combination of business, education, and fun. PCMSA delegates who attended were President Kris White, Mary Lou Jones, Marlene Arthur, Patty Kesling, Lavonne Stewart-Campbell, Judy Ip, Pam Drouillard, and Nikki Crowley.

Sharon Ann Lawson, WSMAA President; Helen Whitney, Treasurer; Marny Weber, SW Regional VP; Susie Duffy. AMA-ERF Chairman; and Alice Wilhyde, MedAux News Editor; attended as state Board members.

Pierce County Auxiliary members elected to the State Board are Helen Whitney, Treasurer and Marny Weber, SW Regional VP. Sharon Ann Lawson will serve as Past President and Teen Health Forum Co-Chairman. Susie Duffy was appointed to a second year as AMA-ERF Chairman and Kris White will serve as WSMAA Historian for 1989-90.

Resolutions were approved to:

- provide new optional reduced dues category for retired/widowed federated members;
- allocation of $5 dues to match WSMA funding for WSMA Auxiliary Administrative Assistant;
- support WSMAA Health Foundation in planning regional and /or statewide health projects. ♦

Pierce County Wins AMA-ERF Award

The AMA-ERF award for the largest contribution by a county was won again this year by Pierce County for a total contribution of $14,707. Kris White accepted the award at the annual meeting in Bellevue and presented it to Gail Alenick, AMA-ERF Chairman at the combined Auxiliary Board Meeting in May. Congratulations Gail! ♦

AuxBriefs

Graduate Addendum

Eric Anderson, son of Charles and Cindy Anderson, is a four year Academic All-American and graduated with Honors from Pacific Lutheran University with a B.S. in biology.

WSMAA House of Delegates

Pierce County Auxiliary members Sharon Ann Lawson, 1988-89 WSMAA President, and Susie Duffy, WSMAA AMA-ERF Chairman will be WSMAA delegates to the annual meeting of AMA Auxiliary in Chicago, June 18-21.

Fall Convention

WSMA/WSMAA annual meeting will be held September 28-Oct.1, 1989 at the Sea-Tac Red Lion Inn. Plan to attend the special workshops offered to all auxiliary members.

Newcomers:

Physician spouses should contact the Medical Society office (572-3666) to receive information regarding contact people and activities.

Of Note

Due to space limitations in the June newsletter the Teen Health Forum report was reduced. This most successful event attracted students from all over the state, including 33 students from Pierce County.

Many persons were responsible for its success. Sharon Ann Lawson, current WSMAA President and Past President of PCMSA was the major organizer of the event. She spent countless hours putting the program together. She was assisted by two other PCMSA members, Mary Skinner and Alice Wilhyde.

Dr. George Schneider, President WSMA attended and contributed a great deal to the program by his participation.

The Medical Society is proud of the numerous contributions the PCMS Auxiliary makes to WSMAA activities. They are frequently the leaders in the organization and implementation of various projects and programs. ♦

Philanthropic Fund Applications Available

If you belong to a service or health-oriented organization that would like to be considered by the Pierce County Medical Society Auxiliary as a recipient of their philanthropic funds, you may now obtain an application by either calling or writing to:

Mary Cordova
P.O. Box 97132
Tacoma, WA 98497
(206) 588-3126

APPLICATION DEADLINE IS WEDNESDAY, SEPTEMBER 13, 1989

CLASSIFIEDS

Positions Available

PHYSICIAN NEEDED: Ambulatory care clinic. Flexible schedule, excellent pay, no call. Contact Roger Simms, M.D., Firstcare Medical Center, 5702 North 26th Street, Tacoma, WA, 98407, 759-6655.

Immediate Opening for a full–time physician in family practice in the Spokane area. Excellent compensation and malpractice. Monday through Friday. Call J. Hartley at 1-800-554-4405.

Physician Opening–Ambulatory care/minor emergency center. Full/part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, M.D. at 5900–100th Street S.W., #31, Tacoma, 98499. Phone (206) 584–3023 or 582–2542.

Immediate Openings–Full–time and part–time positions and Directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice. Flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES 1-800-554-4405. Ask for Jeanine.

Equipment

Exam tables and other quality medical equipment for sale at reasonable prices. We buy and sell used medical equipment. Call for a free catalog. Lynlee's Inc. (206) 867-5415.

Fitron Cycle–Ergometer, excellent condition. Please contact Linda at 383-4721.

Practices Avalilable

Seattle Arthritis Practice and Research Contracts. Busy practice plus $300K drug study contracts, experienced research coordinator, fully equiped offices downtown and West Seattle, excellent financing. Owner moving to full–time research. Will assist with transition. Contact Sandra Smith (206) 623-7935. 2815–2nd Avenue #540, Seattle, 98121.

Office Space

Class A Professional Office for lease. South Hill Puyallup. 1400 square feet. $650 per month. Call 474-3329.

General

Beach Home Furnished for Lease on Case inlet. 383-4631 or 581-2139.

Victorian Elegance–Historic north end Tacoma waterview. 4,000 square feet, including three to four–bedrooms, sunroom, security system, gardener, two car garage and much more, for rent. MGM Property Management 627-4810 or 851-8189.

Sailboat: CAL 34, 1970, New Vetus engine, tiller, sleeps six, $32,500. Call Walter Schumacher – 565-8325.

ADVERTISE IN THE CLASSIFIEDS

Prices

PCMS Newsletter
75 cents per word
The Bulletin
85 cents per word
10 word minimum
on all ads.

Deadline
August Bulletin deadline is July 15. Please call 572-3709 . for more information.

Send check to:
Pierce County Medical Society, 705 South 9th, Suite 301
Tacoma,WA 98405 ♦

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CLASSIFIEDS (Continued)

Waterfront and Marine View Homes, listed by Peachy Smalling, Gig Harbor Realty – 383-1175 or 851-9157 weekdays, 851-3336 weekends and evenings.

Fox Island Waterfront: four-bedroom, Colonial home with pool and tennis court. $490,000.

Rosedale Waterfront: 140 feet, no bank, prime waterfront. Elegant three bedroom rambler, western exposure. $450,000.

Waterfront Estate: Spacious four-bedroom, two story with recreation room, 316 feet. No bank. Dock, 6 1/2 acres. $575,000.

North Rosedale Waterfront: Four bedroom, tri-level built in 1983. Eurostyle kitchen, two-bedroom, guest home. $332,500.

Custom View Home: Spectacular cedar home overlooking Hales Passage. Very private. 2 1/2 acres. $315,000.

PCMS Calendar

Wednesday, July 5
– Board of Health

Thursday, July 6
– Puyallup Fluoride Committee

Tuesday, July 18
– Executive Committee

Thursday, July 27
– EMS Committee

MEDICAL CONSULTANT POSITION AVAILABLE

Social Security Disability (Office of Disability Insurance) seeks part-time medical consultant to review disability claims.

REQUIREMENTS:
Washington State Medical License

WE OFFER:
Personal Services Contract for maximum compensation based on Washington Consultative Physician's schedule
No overhead
No patient contact

Interested physicians should contact Don Larsen, Area Manager at (206) 586-4224.

Office of Disability Insurance, Airdustrial Park, Tumwater, WA 98504-9303

Make a Date with the Fair Princess

The Medical Society is offering a fantastic Getaway cruise to the Mexican Riviera on January 20. Dr. Gordon Klatt and his wife Trudy will lead a PCMS delegation through six days and seven nights with stops at Cabo San Lucas, Mazatlan, and Puerto Vallarta.

Accommodations include roomy cabins, all with private showers, air-conditioning, 4 channel radios and color TV.

Rates start at as little as $1075 (per person, double occupancy) for inside cabins and $1220 (per person, double occupancy) for outside cabins.

Make plans now to join Gordon and Trudy Klatt for a special **"Margarita Night"** on Wednesday, July 12, at 730 p.m. at the Tacoma Dome Hotel. The festivities, hosted by Alice's Wonderland Travel will include movies on the Mexican Riviera, snacks and margaritas.

Please call the Society for more information at 572-3666.

PHYSICIANS

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Army Reserve Personnel Counselor,

MAJOR PAUL H. LAWHON, MSC

Would like to talk to you about the following opportunities in the United States Army Medical Department:

- ***Part-Time Income***
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Many groups TALK about building a better America-
The Army Reserve WORKS at it.

Kitzhaber
(Continued)

determine the cost of providing each one of those services. The legislature will then take existing revenue and divide it into the population the state is responsible for, which has been defined as everyone with incomes lower than the federal poverty level.

"You'll end up with an expenditure per person per month and you'll be able to go down that list to a certain level. And at that point you'll have a public debate on whether that's enough or whether you need to fund more," said Dr. Kitzhaber.

Dr. Kitzhaber stresses that neither he, the 11 commissioners, nor the plan itself rations health care. "This is an important point, " he said. "There's nothing to say we can't fund everything for everybody if we want to raise taxes or take money away from schools or corrections. It forces us to make those explicit decisions."

Senate Bill 27 sets up a Health Services Commission, slated to consist of five physicians, a social worker, a public health nurse, and four consumers, who will be charged with the task of prioritizing health care services.

The bill also requires the state to expand the Medicaid Program to at least 120,000 previously uninsured people.

At the September General Membership Meeting, Dr. Kitzhaber will be available to answer questions on the legislation passed in early June. ♦

*Reprinted with permision from the *AMA News*.

Pierce County Medical Society
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Tacoma, WA 98405

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The Bulletin

Pierce County Medical Society August 1989

"Health Care in an Era of Limited Resources"

September 12

John Kitzhaber, M.D.

President, Oregon Senate

Tacoma Sheraton

1989-1990
WSMA's Annual Meeting
"A Century of Caring"
September 28 - October 1
Sea-Tac Red Lion

"RBRVS – Our Future"
Tom Reardon, M.D.
October 10
Tacoma Sheraton

INSIDE...

Physicians and Public Opinion – see page 4
On RBRVS – see page 14

AXID®
nizatidine

Enhances compliance and convenience

Patients appreciate Axid, 300 mg, in the Convenience Pak

In a Convenience Pak survey (N = 100)[1]

- 100% said the directions on the Convenience Pak were clear and easy to understand
- 93% reported not missing any doses

Pharmacists save time– at no extra cost

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- Pharmacists dispensing the Axid Convenience Pak can encourage compliance and continued customer satisfaction

Convenience Pak is available at no extra cost

Lilly

Brief Summary - Consult the package literature for complete information.

Indications and Usage: Axid is indicated for up to eight weeks for the treatment of active duodenal ulcer. In most patients, the ulcer will heal within four weeks.

Axid is indicated for maintenance therapy for duodenal ulcer patients at a reduced dosage of 150 mg h.s. after healing of an active duodenal ulcer. The consequences of continuous therapy with Axid for longer than one year are not known.

Contraindication: Axid is contraindicated in patients with known hypersensitivity to the drug and should be used with caution in patients with hypersensitivity to other H$_2$-receptor antagonists.

Precautions: *General* – 1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Because nizatidine is excreted primarily by the kidney, dosage should be reduced in patients with moderate to severe renal insufficiency.

3. Pharmacokinetic studies in patients with hepatorenal syndrome have not been done. Part of the dose of nizatidine is metabolized in the liver. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory tests – False-positive tests for urobilinogen with Multistix® may occur during therapy with nizatidine.

Drug interactions – No interactions have been observed between Axid and theophylline, chlordiazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450-linked drug-metabolizing enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increases in serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility – A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 60 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a two generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or the progeny.

Pregnancy: Teratogenic Effects – Pregnancy Category C – Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect. But, at a dose equivalent to 300 times the human dose, treated dams had abortions, decreased numbers of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aorta, cleft and edematous palate in one fetus and at 50 mg/kg it produced edema, fetal abortions, distended abdomen, spina bifida, hydrocephaly and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers – Studies conducted in lactating women have shown that 6.7% of the administered oral dose of nizatidine is secreted in human milk in proportion to plasma concentrations. Caution should be exercised when administering nizatidine to a nursing mother.

Pediatric Use – Safety and effectiveness in children have not been established.

Use in Elderly Patients – Ulcer healing rates in elderly patients are similar to those in younger age groups. The incidence rates of adverse events and laboratory test abnormalities are also similar to those seen in other age groups. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions. Clinical trials of nizatidine included almost 5,000 patients given nizatidine in studies of varying durations. Domestic placebo-controlled trials included over 1,300 patients given nizatidine and over 1,100 given placebo. Among reported adverse events in the domestic placebo-controlled trials, sweating (1% vs. 0.2%), urticaria (0.5% vs. < 0.1%), and somnolence (2.4% vs. 1.3%) were significantly more common in the nizatidine group. A variety of less common events was also reported. It was not possible to determine whether these were caused by nizatidine.

Hepatic – Hepatocellular injury evidenced by elevated liver enzyme tests (SGOT [AST], SGPT [ALT], or alkaline phosphatase), occurred in some patients and was possibly or probably related to nizatidine in some cases; there was marked elevation of SGOT, SGPT enzymes (greater than 500 IU/L) and, in a single instance, SGPT was greater than 2,000 IU/L. The overall rate of occurrences of elevated liver enzymes was over three times the upper limit of normal. However, the only significant difference from the rate of liver enzyme abnormalities in placebo-treated patients. All abnormalities were reversible after discontinuation of Axid.

Cardiovascular – In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.

CNS – Rare cases of reversible mental confusion have been reported.

Endocrine – In clinical pharmacology studies and controlled clinical trials, there was no evidence of antiandrogenic activity due to Axid; impotence and decreased libido were reported with equal frequency in patients who received Axid and in those given placebo. Rare reports of gynecomastia occurred.

Hematologic – Rare thrombocytopenia was reported in a patient who was treated with Axid and receives H$_2$-receptor antagonists. On previous occasions, this patient had experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental – Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity – As with other H$_2$-receptor antagonists, rare cases of anaphylaxis following administration of nizatidine have been reported. Because cross-sensitivity in this class of compounds has been observed, H$_2$-receptor antagonists should not be administered to individuals with a history of previous hypersensitivity to those agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other – Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine administration have been reported.

Overdosage: Overdoses of Axid have been reported rarely. The following is provided to serve as a guide should such an overdose be encountered.

Signs and Symptoms – There is little clinical experience with overdosage of Axid in humans. Test animals that received large doses of the nizatidine have exhibited cholinergic-type effects, including lacrimation, salivation, emesis, miosis, and diarrhea. Single oral doses of 600 mg/kg in dogs and of 1,200 mg/kg in monkeys were not lethal. Intravenous median lethal doses in the rat and mouse were 301 mg/kg and 732 mg/kg respectively.

Treatment – To obtain up-to-date information about the treatment of overdose, a good resource is your certified regional Poison Control Center. Telephone numbers of certified poison control centers are listed in the *Physicians' Desk Reference (PDR)*. In managing overdosage, consider the possibility of multiple drug overdoses, interaction among drugs, and unusual drug kinetics in your patient.

If overdosage occurs, use of activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance.

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The Bulletin

The Official Publication of the Pierce County Medical Society

The Bulletin is published quarterly, February, May, August and November by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advetisements in *The Bulletin* are the first of the month preceding publication (i.e., July 1 for August issue).

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

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Managing Editor: Douglas Jackman

Editorial Committee: David S. Hopkins (Chairman), Stanley Tuell, W. Ben Blackett, Richard Hawkins

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Physicians and Public Opinion

By William T. Ritchie, MD, 1989 PCMS President

Polls have become part of the American way of life and medicine is no exception. Organized medicine wants to know the concerns of its members and of the public. Every year the American Medical Association surveys physician and public opinions on health care issues.

The 1989 AMA report was released a few months ago and when the results are compared with prior years, many interesting trends and changes in attitudes can be seen. The survey, which was done by the Gallup Organization, included telephone interviews with 1004 physicians and 1500 randomly selected U.S. residents. Perhaps some of you may have been interviewed.

How does Pierce County compare with the county as a whole? The first question asked both the physicians and the public was "What do you feel is the main problem facing health care and medicine in the United States today?" Both the public (57%) and the physician respondents felt that cost-related issues were the most significant.

The number of problems other than cost increased significantly (15-22%). Elderly heath care needs were mentioned substantially for the first time. Although only 29% of the physicians mentioned cost first, there was a large increase in concern about access, distribution, and third party reimbursement.

Federal funding to assure access to medical care for all Americans whose income falls below the poverty line, even if it would increase taxes, was favored by nearly three-fourths of all physicians in this country. Physicians who are non salaried, in solo practice, live in the deep South, are in family practice or are surgeons liked this idea the least, but still a majority of these subgroups were supportive. In the Pacific region, 84% of us favored the plan.

It is interesting that 60% of the public feel that not enough money is being spent on health care. When prioritizing the need for spending, health care is tied for fourth place with financial assistance for the needy. This follows education (72%), financial support of the elderly (70%), and environmental protection (65%). In contrast, only 12% believe that defense needs more funding.

One area where public opinion seems to differ with the physicians is in pre-certification requirements. Eighty percent of the public feel that government and insurance company requirements have not caused any problems or annoyance. In contrast, 63% of the physicians feel that their control over patient treatment has decreased. Also, 81% of the physicians believe that DRG's have had a significant impact on medical practice and only 20% of these physicians feel that the impact has been for the good.

The most troubling aspect of the entire AMA survey is the item on physicians' satisfaction with the practice of medicine. We know that the number of medical school applicants is declining. One fourth of all the physicians said they probably would not and another 14% said that they definitely would not go to medical school today given what they know about medicine as a career. As you might anticipate, the youngest physicians were most likely to say they would again go to medical school while those older than 55 were least likely. Radiologists and obstetricians were least likely to try medical school again while anesthesiologists and pediatricians were most likely. The greatest complaints by those not satisfied with medicine, were with the government, third party regulation and lack of autonomy. When the public was asked if they thought that being a medical doctor was a better or worse career than ten years ago, a plurality (42%) felt that medicine was a worse career. Also 26% of the public had less respect for physicians than they did ten years ago. Over a quarter of these people said it was because doctors were in it for the money. Apparently, marketing courses for physicians must be having some effect on the public.

These are just a few of the thought provoking results from the survey. Would you believe that the majority of the public trusts doctor organizations like the AMA to propose fair and workable health care policies, but only 7% trust the federal government to do the same. Take the time to peruse the study which can be found in the Medical Society office.

The fall season is fast approaching and with it the resumption of the general membership meetings. Two speakers that you won't want to miss will be making presentations.

John Kitzhaber M.D., President of the Oregon Senate, is scheduled for September 12. Dr. Kitzhaber is spearheading efforts in Oregon to revolutionize care for the poor by prioritizing care. His plan is being scrutinized across the nation as an answer to health care for the poor.

On October 10 Dr. Tom Reardon, Family Physician and member of the Physician Payment Review Commission, will speak on the Resource Based Relative Value Scale. Dr. Reardon and the Review Commission have made recommendations to Congress, among them is to enact Expenditure Targets for Fiscal Year 1990. Dr. Reardon will be able to provide us with insights into the commission's decision. ☐

Pierce County Medical Society

705 South Ninth Street • Suite 203 • Tacoma, Washington 98405 • Telephone (206) 572-3666

presents

" Health Care in an Era of Limited Resources "

featuring

John Kitzhaber, M.D.
President, Oregon Senate

– Architect of legislation that will reshape the uncompensated care issue

Date: **Tuesday, September 12**

Time: 6:00 p.m. No–host cocktails
6:45 p.m. Dinner
7:45 p.m. Program

Cost: Dinner, $16 per person

Place: Tacoma Sheraton Hotel
1320 Broadway Plaza

REGISTRATION

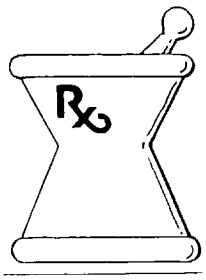
Yes, I(we) have reserved the evening of September 12 to join my fellow Society members and to hear: "***Health Care in an Era of Limited Resources***" by John Kitzhaber, M.D.

__Please reserve ____ dinner(s) at $16.00 per person (tax and gratuity included).
__Enclosed is my check for _____
__I regret that I am unable to attend the dinner portion of the meeting. I will attend the program only.

Dr._____

Return to PCMS no later than Friday, September 8.

NEWSBRIEFS



The 60 Second Prescription Clinic

Rx for Smooth Inter-office Relationships

I have been practicing pharmacy in the Pierce County area in excess of 30 years and have observed dramatic changes taking place in the physician-pharmacist relationship particularly regarding communications.

When I first began my practice, it was common to refill medications for maintenance medications on an as requested by the patient procedure. Pharmacists only called the physician's office occasionally to see if the patient was to continue. Most calls were in reference to refills on the more HARD drugs (pain meds, etc.,).When we called we would often get an OK – almost before we got the words out of our mouths.

Physician records were very limited and often incomplete. It appeared that they were basically non-existent – at least as far as recording use of meds. From the physicians' view, it may have looked just the opposite. I wish to point out that this was not true with all offices or pharmacies, but the majority of them seemed so.

Now, however, with greater scrutiny justly being placed upon the practice of medicine, it is essential that very accurate records be kept. I am pleased to note that most physicians have instituted such procedures in their practices. Pharmacies also have become much more complete in their record keeping.

If I may make some suggestions (some of which are already being used in some offices), I believe we could make procedures uniform. Whenever an office person calls a pharmacy, he or she should first identify themselves by their first name. This is especially important on calling in new prescriptions or refill authorizations. Likewise, the pharmacist should give their name to the physician's office. I record on my prescription pad the name of the person that called in new medication or on ledgers those that called in authorization of refills. Each office, and/or pharmacy, should have a person responsible for transmitting and/or receiving this authorization. The more standardized the procedures become, the better medicine is practiced.

Liability tends to fall AGAINST the person that keeps the LEAST accurate records, so I suggest keeping as accurate an account as possible.

—A Pierce County Pharmacist

What is Case Management? How and Who to Refer. . .

Case management is a direct-service of the AIDS Prevention Program in Pierce County. As providers of coordinated care, we assist individuals in gaining access to needed services as shown above.

In doing so, we have the capability and flexibility to render service wherever it is most convenient for the client, whether it be in their home, physician's office, hospital, or community based agency.

To refer to Case Management an individual must be HIV+ and have unmet social and/or health needs. A referral can be made to a Case Manager by calling Lori Van Slyke or Janet Davis at 596-2863 or 596-2864. If you are unable to reach a Case Manager, please call the AIDS Prevention Program at 591-6060. They will access a Case Manager via beeper. ***This is a service for physicians only.***

One of the most important functions of Case Management is the initial and ongoing comprehensive assessment. This assessment documents functioning assets, deficits and needs in the following psychosocial and health areas:

- –physical health (health problems, current diagnosis, medications, treatments)
- –mental health/emotional status
- –cognitive functioning
- –behavior problems
- –social relationships
- –ability to perform activities of daily living
- –economic status
- –environmental situation
- –insurance information
- –housing issues
- –alcohol/drug history
- –other needs identified by the client

From this information, the Case Manager develops a service plan and provides follow-up. Support services will be identified in the service plan, such as client advocacy or volunteers.

Updates of Case Management activities will be published in the PCMS newsletter. □

PCMS Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the Society.

Mary K. Lawrence, M.D.

Internal Medicine/Endocrinology. Born in Chattanooga, Tennessee, 03/29/59. Medical School, George Washington University, 1983; internship, Vanderbilt University, 1984; residency, Vanderbilt University, 1986; graduate training, University of North Carolina, 1989. Washington State License, 1989; board certification, Internal Medicine, 1986. Dr. Lawrence will be practicing at Endocrine Consultants Northwest in Tacoma.

Robert J. Kenevan, M.D.

Plastic Surgery. Born in Austin, Maryland, 3/14/48. Medical School, University of Minnesota, 1975; internship, Letterman Army Medical Center, 1976; residency, Fitzsimmons Army Medical Center, 1985; graduate training, University of Colorado, 1988. Washington State License, 1976; board certification, Plastic Surgery, 1986, Otolaryngology, 1980. Dr. Kenevan will be practicing medicine at 2021 South 19th Street.

Ralph M. Shealy, M.D.

Emergency Medicine. Born in Columbia, South Carolina, 10/31/48. Medical School, Medical University of South Carolina, 1978; internship, North Carolina Baptist Hospital, 1979; residency, North Carolina Baptist Hospital, 1981. Washington State License, 1988; board certification, Emergency Medicine, 1982. Dr. Shealy will be practicing with Tacoma Emergency Medical Associates, P.S.

Timothy B. Jolley, M.D.

Pediatrics. Born in Columbus, Ohio, 10/11/45. Medical School, Michigan State University and University of Washington, 1971; internship, Virginia Mason Clinic, 1972; residency, Children's Orthopedic Hospital, 1974. Washington State License, 1976; board eligible, 1989. Dr. Jolley is practicing at 1322 3rd Street S.E. in Puyallup.

Steven M. Teeney, M.D.

Orthopaedics. Born in Corvallis, Oregon, 04/05/58. Medical School, University of Washington, 1984; internship, LAC/USA Medical School, 1985; residency, LAC/USA Medical School, 1989; graduate training, Good Samaritan Hospital, 1990. Washington State License, pending. Dr. Teeney will practice with Dr. Hirz and Dr. Johnson in July of 1990.

Dr. Ronald M. Graff, M.D.

General Surgery. Born in Madison, South Dakota, 03/11/55. Medical School, University of South Dakota, 1982; residency, Emanuel Hospital and Health Center, 1987. Washington State License, 1986. Dr. Graff will be practicing with Mount Rainier Surgical Associates in Tacoma. ☐

Fluoridation in Tacoma

As approved by a vote of the people in September of 1988, the City of Tacoma began fluoridation of its water on:

July 24, 1989

New Lakewood Hospital Slated to Open

Construction of Lakewood Hospital's new $18 million state-of-the-art facility is right on schedule, said Hospital Administrator, Dick Vanberg.

"We anticipate opening our doors to the public in early October," he said. Located at 11315 Bridgeport Way South, the new hospital, a light grey trimmed in royal blue and lined with rows of tinted windows, is approximately half completed.

The 105,000 square foot facility focuses on creating a soothing, non-threatening atmosphere with its pastel pinks and blues covering the walls and floors.

"The overall purpose of the new hospital atmosphere is to create a calming, comfortable, non-medical environment for patient's and staff," said Assistant Administrator for the hospital, Cathy Nugent.

Nearly completed are the hospital's radiology, emergency and short-stay surgery departments.

Radiology will feature an ultrasound scanner with "color flow doppler" capabilities, one of the latest technological advances in studying blood vessels, as well as unborn and newborn babies. Surgery, intensive care and maternity departments are next in line for completion.

Maternity is another area Lakewood targeted for improvement. It features six birthing suites in which women and their families can stay for the entire birthing process, from labor to recovery.

Grand opening festivities for the new facility will take place Sept. 10-24. ☐

Disaster Training Conference to be Held in Tacoma

The Pacific Rim Disaster Team, a group from Seattle which coordinates international disaster response such as assistance to Armenia last year, is sponsoring a training conference in Tacoma.

The first annual Disaster Training Conference will be held August 24-27 in Tacoma and Seattle. The Conference will include a variety of topics such as: assessment, communication, allocation, convergence, preparedness and legal problems.

Although it is specifically designed for the Pacific Rim Disaster members and those in the international disaster response business, anyone is welcome to register. It will be an excellent training opportunity for emergency managers, first responders, hospital personnel and others in Washington.

For more information, call the Pacific Rim Disaster Team office in Seattle at (206) 367-7712. ☐

Issues and Answers

Q. Recently, an elderly patient told my nurse that he was offended when I called him by his first name. Although no one else has ever complained, should I start asking patients on their registration forms how they'd like to be addresed?

A. No. A form is cold and impersonal. Warming up to patients is something that must be individualized.

After a few visits, patients may invite you to use their first names. Until then, address them formally – Ms. Jones, Mr. Smith – and require your staff to do likewise.

If you have a question that you would like to see listed in issues and answers please write: Pierce County Medical Society, 705 South 9th, Suite 203, Tacoma, WA 98405. ☐

*This was recently submitted from the July 3 issue of Medical Economics.

PCMS Members Assume Leadership Positions for Pierce County Medical

PCMS member, Ronald J. Graf, M.D., Endocrinologist and member since 1979, has assumed chairmanship of Pierce County Medical's Board of Trustees. Radiologist, Robert B. Whitney, Jr., M.D., who has been active for some time in PCMS leadership positions, was named chairman-elect.

Dr. Vernon Nessan, Puyallup Pulmonary Disease Specialist, was named to the Board of Trustees. Also serving on the Board are Drs. John R. McDonough, John H. McGowen III, and Roy H. Virak. Drs. McGowen and Virak are past chairman of the Board.

Dr. Whitney recently completed serving two years as President of Membership Benefits, Inc., the Medical Society's for–profit subsidiary. Prior to that, he served two years as Secretary-Treasurer for the Society. ☐

Auxiliary Comes To Rescue

The PCMSA came to the rescue of the DoctorCare program in late June. President Alice Wilhyde called her PCMSA volunteers to assist the Medical Society in gearing up for the program. Over 9000 items were collated. The effort saved medical society staff a tremendous amount of time and it was much appreciated. The volunteers included Alice, Kris White, Mary Lou Jones, Mary Schaeferle, Dorothy Truckee, Helen Whitney, Alice and Yvonne Yeh. ☐

Addendum

Our sincere apologies to the Sound-to-Narrows runners we missed in the July issue of the PCMS Newsletter. They are: Julia Mueller, Ane and Jennifer Fulcher, and Marcy Spalding, daughter of Richard Spalding. ☐

"The Malpractice Suit—a Survival Guide for Physicians and their Families"

A few months ago, I was perusing the AMNEWS and came across an article outlining a new video tape called, "The Malpractice Suit-A Survival Guide for Physicians and Their Families" by Eidetics. This was a package that included a video cassette as well as a booklet titled, "Medical Malpractice, A Primer for Physicians" by Douglas Danner.

The Society has purchased these, and my family and I have watched the video, and I have gone through the book. We found them extremely well done. It is educational as well as very useful in dealing with the overwhelming emotional aspects of being sued. It addresses the problem of both the physician and the family during the litigation process. In my opinion, this would be helpful even before any suit was ever on the horizon, but at any stage, this video will be extremely reassuring.

The booklet can be read at a later time as it outlines in plain language the necessary aspects of the litigation process and how the physician can most effectively support his defense. This series will be available through the Medical Society, and I would encourage every physician to obtain this and to view it with the family, including the teenage children. ☐

*By Patrick J. Donley, M.D., Chairman
Personal Problems of Physicians Committee

Personal Problems of Physicians Committee

For Impaired Physicians Your Colleagues Want to Help

Medical Problems, Drugs, Alcohol, Retirement, Emotional Problems

Committee Members

Patrick Donley, Chair	272-2234
Joseph Kramer	845-9511
John R. McDonough	572-2424
William A. McPhee	474-0751
Ronald C. Johnson	841-4241
Jack P. Liewer	588-1759
Kathleen Sacco	591-6681
Dennis F. Waldron	272-5127
Mrs. Jo Roller	752-6825

WSMA
1-800-552-7236

Dr. Tom Reardon To Address PCMS October 10

–PPRC Member

Tom Reardon, M.D., Family Physician, Portland, Oregon and member of the **Physicians Payment Review Commission (PPRC)** will be the featured speaker at the October 10 General Membership Meeting.

The PPRC has blessed the expenditure target concept that would tie MDs' future Medicare fee updates to government-set spending targets. The targets are part of a three-pronged MD payment reform plan that also calls for a new Medicare fee schedule and limits on balance billing as of Oct. 1, 1991.

The expenditure target (ET) concept has been strongly opposed by nearly all physician groups. Rep. "Pete" Stark, (D) Calif. has led the charge and his House Ways and Means health subcommittee has worked closely with the PPRC to develop plans that will move payments in the direction they are expected to go under the broader resource-based fee reform that would be implemented.

Please see the PPRC's preliminary list of "overvalued" procedures (page 15) developed to guide congressional committees designing Medicare cuts.

The list, which could change as it is discussed with Medicare officials and medical specialities, includes procedures for which today's prices are at least 10% higher than projected under a resource-based relative value scale (RBRVS).

To get the information first-hand, plan on attending the October 10 General Membership Meeting, tentatively scheduled for the Tacoma/Sheraton Hotel. ☐

Physician Efforts Key to Promoting Preventive Medicine

Although major advances have been made in preventive medicine, preventive health services are seriously limited by physicians' failure to promote recommended practices, say reports in the May 19 issue of the Journal of the American Medical Association.

This failure is due in part to the lack of emphasis placed on clinical preventive practices during medical training, says William H. Foege, M.D., M.P.H., of Emory University, Atlanta, in a report in JAMA's annual CONTEMPO issue, which highlights developments in several dozen medical specialties. "The remarkable evolution of preventive medicine to include problems such as violence, environmental contamination, and chronic diseases continues," he writes. Yet many people still are not receiving recommended preventive services.

Among the preventive activities Foege addresses are screening for breast cancer; reducing the amount of cholesterol and fat in the diet; screening for high levels of radon gas in the home (a major cause of lung cancer); and efforts to control the AIDS epidemic through public education and research.

In a study cited by Foege, of preventive services provided by family practice and internal medicine residents, only 13 to 25 percent of eligible patients received Pap smears to detect cervical cancer, only 27 to 29 percent received breast examinations, only 4 to 5 percent received mammography, and only 4 to 30 percent were vaccinated against influenza. "This is particularly disturbing, since the clinical residency programs of 1989 determine the preventive care patients will receive in the 21st century. For all of the advances in theory and practice, prevention still lacks a sufficient constituency, widespread acceptance, or adequate funding," he writes.

Foege's report is accompanied by three other Contempo reports addressing various aspects of preventive medicine. In a report on internal medicine, Suzanne W. Fletcher, M.D., M.Sc. of the University of North Carolina, Chapel Hill, says one of the most important developments in her specialty in the past few years has been the basing of disease prevention and health promotion activities on medical science. "Although knowledge about the health effect of many behaviors has long been available, until recently there has been little or no scientifically validated information about effective physician actions to help patients change their behaviors."

Good doctor-patient communication is the key to prevention.

The emphasis in the fight against diseases such as breast and lung cancer has shifted from evaluation whether screening or counseling can save lives to getting health care providers and patients to incorporate preventive activities into ongoing care, she says. Recent studies show that mammography screening reduces breast cancer mortality among older women by as much as 40 percent, she notes, yet a nationwide survey by the American Cancer Society found that fewer than half of primary care physicians ever offered a screening mammogram for a patient. Other reports suggest fewer than one-third of women over age 50 have received a mammogram in the past year, and many of those who hadn't received a mammogram said it was because their physicians had not recommended it, she reports.

Because physicians can expect only a 10 to 15 percent success rate in helping smoking patients quit, they may find it difficult to discern positive results that justify the effort, she says. However, these efforts could trim the ranks of smokers by 3 to 4 million nationally, Fletcher writes. Because some 25 percent of smokers die of complications of the habit, substantial numbers of lives can be saved if all physicians were to offer smoking cessation counseling, she says. Likewise, dietary counseling to reduce cholesterol levels in patients could prevent more than 60,000 cardiovascular deaths each year in the U.S., she reports.

(Continued)

PREVENTIVE MEDICINE
(Continued)

In a report on oncology, Maryann Roper, M.D. and Michael A. Friedman, M.D., of the National Cancer Institute (NCI), describe preliminary results from a national survey indicating too few American adults are making use of tests for the early detection of cancer. Early findings of the study by the NCI and National Center for Health Statistics suggest almost 25 percent of women age 18 years and older had not had a Pap test within 3 years; more than 60 percent of women older than age 40 never had a mammogram; more than 60 percent of people older than age 40 never had a stool blood test; and more than 70 percent never had proctoscopy. "The most common reason cited for not using screening tests included not having heard of the test, believing that there was no problem, and believing that the test was not needed. Fewer than 5 percent of those surveyed indicated that cost was a factor in their decision not to be tested," they report.

In a report on pediatrics, Marilyn Heins, M.D. of the University of Arizona College of Medicine, Tucson, says that growing poverty is causing a "tragic" lack of access to preventive care for children. The tragedy begins in utero – nearly 8 percent of pregnant women get inadequate prenatal care, she reports. In 1985 more than 60,000 women received no prenatal care. As a result, the low-birth-weight rate was the same in 1985 as it had been in 1980 while the incidence of very-low-birth-weight infants under 1,500 grams is actually increasing. More than 9 percent of children in the United States did not see a physician in 1987 and 28,000 have never seen a physician, she says. "Currently 100,000 children are estimated to be homeless on a given night, and children are the fastest growing group among the homeless. In a study of six industrial countries, the United States – the wealthiest nation – had the highest poverty rate among children. Further, this poverty rate rose from 15 to 20 percent between 1970 and 1987.

In a related report on developments in obstetrics and gynecology, George R. Huggins, M.D., of the Francis Scott Key Medical Center, Baltimore, discusses two new technologies for sampling fetal tissues, percutaneous umbilical blood sampling and chorionic villus sampling. These techniques should improve clinicians' ability to diagnose more accurately and quickly, as well as improve therapeutic efforts in a number of different conditions, he writes.

In a related report on medical genetics, A.G. Motulsky, M.D., of the University of Washington, Seattle, discusses recent advances in locating the genetic defects responsible for numerous diseases, such as cystic fibrosis, Duchenne muscular dystrophy, and even some cases schizophrenia and manic-depressive illness. In some cases, these technological advances allow early diagnosis or can determine whether or not a person is a carrier of the genetic disorder, he says. □

On RBRVS

– Richard Hawkins, M.D.

Here is the problem:

Median Income

All Physicians	$108,000
Family Practice	80,000
Surgery	153,000
Radiology	170,000

There is too big a discrepancy in physician incomes and the difference is getting bigger.

At one time it was not very important. The low income physicians did not pay much attention to how much money high income physicians made. The prevailing attitude was, "if someone was willing to pay that much for what they did, well, that was their business."

Today, those high incomes are having a direct negative impact on the low income physicians. The general public thinks that doctors make too much money – they do not differentiate among physicians. They do not want to keep paying so much, so they want to decrease payments to all physicians.

There has been a loss of public trust in physicians, partly due to a perception of greed.

It is intriguing to speculate on the course of events if the California RVS had not been taken away by the Federal Trade Commission.

What is the value of a physician's work? That is the question RBRVS is addressing.

In the Harvard RBRVS, Dr. Hsaio made comparisons among the work that any one physician might do and came up with values for those tasks relative to one another. Then he compared the services of different physicians.

Rather than looking at the value of each service, let's look at the value of the physician – each physician's personal income, after expenses, before taxes, including pensions. These are the numbers listed above.

I am not going to ask whether or not the median physician income *should* be $108,000. The economist Uwe Reinhardt talks about the value of physicians as compared to other professionals and workers. We do not see this question being addressed directly, nor do we see a constructive attempt to assign a logical dollar value to teachers or plumbers or dock workers.

Should the average income of high income doctors be *twice* that of low income doctors? It is a question of magnitude. I am very hard pressed to see any justification for a two fold difference in incomes. I would like to hear somebody's explanation of why this should be.

This is not to say that all physicians should have the same incomes. They should not. When a physician spends more time in training, works harder, longer, and under more difficult conditions, then the income should be higher. There is plenty of room to argue about the value of those last years in residency, of the contrast in stress and working conditions, and of the service to the patient. However, those differences do not make the value of one physician half that of another.

Other important factors, if we only knew how to evaluate and measure them, include service to the patient, merit to society, clinical competence, outcome, interpersonal skills and efficiency. (Maybe we should also be talking about how to measure sucess and value in ways other than money).

It is this wide discrepancy that has led to the cognitive versus procedure controversy. As we have talked about this in the last few years, the main message that I have heard from proceduralists, i.e. high income physicians, is "yes, perhaps low income physicians are not treated fairly, but I do not want my piece of the pie to get smaller." Low income physicians have been working hard to protect the practice of medicine as we know it, which includes the opportunities for the high income physicians to generate those high incomes. What have the high income physicians done? Look at the size of the pie and its pieces.

The discrepancy is widening. The average income of family physicians has not kept up with inflation for at least ten years. High income physicians have seen significant increases even when adjusted for inflation.

Let's add some more information to the above table. The data is taken from AMA's "Socioeconomic Characteristics of Medical Practice." Medical Economics magazine, the only other ongoing survey source of physician data, reports similar numbers. The first column (see chart – page 15) is median net income, including pension contributions, excluding expenses and before taxes. The second column is annual percent change from 1977 to 1987 adjusted for inflation. The third column is the percent of physicians in each specialty. And the fourth column is the portion of the pie paid to physicians in each specialty.

Is there justification for the wide disparity between high income and low income physicians?

I do not think so.

(continued)

Note on Adjacent PPRC Chart

- The list and note were taken with permission from the June 23 issue of the AMA News.

This preliminary list of "overvalued" procedures (see adjacent chart) was developed by staff of the Physician Payment Review Commission (PPRC) to guide congressional committees designing Medicare budget curbs.

The list, which could change as it is discussed with Medicare officials and medical specialties, includes procedures for which today's prices are at least 10% higher than projected under a resource-based relative value scale (RBRVS).

Only the specific procedure and code surveyed in Harvard's RBRVS study are listed, but the cuts indicated they would be applied to similar procedures so that ultimately as many as 200 codes might be involved.

PPRC has suggested cutting each one-third of the difference (indicated in the right hand column in the adjacent chart) between the current and projected fees. The House Ways and Means subcommittee would trim prices by half the difference, but would apply cuts only to the approximately 30 procedures that exceed the expected RBRVS rate by 15% or more. Thus, the prevailing charge limit for a mastectomy would fall by 5% under PPRC's plan, and by 7.5% under the subcommittee's version. Laryngoscopies would be targeted under PPRC's proposal but not the subcommittee's. Cuts would never exceed 15% and would be geographically adjusted in either plan, however, so that actual reductions could range from zero in some localities to 15% in others. ☐

ON RBRVS

(Continued)

	Median Income	Change	#	Pie
All	$108,000	+1.5%	100.0%	100.0%
FP	80,000	-0.3	15.7	10.9%
IM	100,000	+0.7	21.7	20.0
Surg	153,000	+3.3	20.9	29.6
Ped	77,000	-0.6	6.9	4.5
ObG	145,000	+2.2	7.0	8.7
Rad	170,000	+2.5	5.1	7.0
Psych	90,000	+1.4	6.9	5.4
Anes	150,000	+2.8	4.9	6.1
Path	100,000	–	2.4	2.3
Other	–	–	8.5	–

That is what the Harvard Resource Based Relative Value Scale is addressing.

The status quo is not working. Usual, customary and reasonable was right for awhile, but its time has past. We need a change in the system.

Consider the alternatives.

Tinkering with UCR has not been helpful, in fact the situation is getting worse.

Physician DRG's, capitation and salaries do not sound very attractive.

A relative value scale appears to be the best option. RBRVS may not be perfect, but there does not seem to be anything that is any better. We cannot wait for the development of a better system. ☐

PPRC Preliminary List of "Overvalued" Procedures

CPT Code	Procedure Description	% Change
19240	Modified radical mastectomy	-15
27130	Total hip joint replacement	-17
28292	Correction of bunion	-20
29881	Arthroscopic Knee Surgery	-28
31032	Explore sinus remove polyps	-18
31365	Remove Larynx	-15
31535	Operative laryngoscopy	-13
323480	Partial Lung Removal	-12
33207	Insertion of Pace Maker	-36
33405	Replacement of aortic valve	-25
33512	Bypass of coronary arteries	-29
33512	Repair abdominal aortic aneurysm	-18
35301	Rechanneling of Artery, neck	-23
39400	Visualization of mediastinum	-13
44145	Partial removal of colon	-13
44950	Appendectomy	-22
45385	Colonoscopy, lesion removal	-29
47600	Gallbladder removal	-20
49505	Repair inguinal, hernial	-29
50590	Fragmenting of Kidney Stone	-15

(Continued on page 23)

WSMA Annual Meeting Sept. 28 - Oct. 1

—"A Century of Caring"

WSMA will be celebrating it's Centennial Annual Meeting, September 28 - October 1 at the SeaTac Red Lion Inn. "A Century of Caring" is the theme of the meeting.

The opening session on Thursday, September 28 promises to be an informative and fascinating session. A comparison of health care in Canada and in the United States will be presented as well as an address by representative James McDermott, M.D., on the "Political Environment for Change."

The Pierce County Delegation will be represented by the Board of Trustees and several volunteer Alternate Delegates. It is not too late to submit resolutions to the Society office for introduction at the House of Delegates meeting.

Members of PCMS are playing a leading role in the scientific programs that are held concurrently with the meeting. Dr. Alan Tice, Infectious Disease Specialist, is the Co-chairman of the Aids Prevention and Control Program. In the scientific session for the ophthalmologists, Dr. Hsushi Yeh will be presenting on, "Retinal Complications of Aids." Dr. Jim Komorous, Dermatologist, will present, along with Dr. Tice, a report on HIV and AIDS case presentation.

Chairing a session on "Managing Diabetes in the 1990s," will be Dr. Larry Stonesifer, Tacoma Endocrinologist.

Dr. Jim Fulcher, PCMS Vice President, will be honored with a reception, 5:00 p.m., Friday as the incoming President of the Washington Chapter, American College of Emergency Physicians.

PCMS Secretary–Treasurer, Dr. Bill Marsh, will be chairing Reference Committee "B," this committee often hears the more controversial issues to come before the House of Delegates.

Registration forms have been mailed to WSMA and PCMS members. Plan to attend, and if you have the opportunity, sit-in on the House of Delegates meetings and learn a good-deal of what's happening in the present environment of medicine. □

"Demystifying" Section 89

–Do You Have a Qualifying Plan?

Internal Revenue Service Code 89, which went into effect on January 1, 1989, imposed new taxes on employees of companies whose health and welfare benefits do not meet certain requirements and discrimination rules. The intent of this legislation is to:

- A) Encourage employers to provide increased benefits to lesser paid employees;
- B) Eliminate the public subsidization, via non-taxability, of benefits to highly compensated employees; and
- C) Raise additional revenues

Because of the revenue raising intents of the new law, employers should expect that some of their plans may fail the new testing procedures. The gross taxable income of highly compensated employees may have to include the cost of a portion of their employer provided benefits.

Generally the new legislation covers accident and health plans (including hospital and dental plans), group term life insurance plans, group legal service plans, educational assistance programs, dependent care assistance programs, and cafeteria plans.

Qualification Requirements

A plan will be considered to qualify if it meets new qualification requirements by the end of the plan year which begins in 1989, employees have reasonable notice of the plan's essential features by the start of the plan year, and the provisions of the plan are effective retroactive to the start of the plan year. The qualification requirements are as follows:

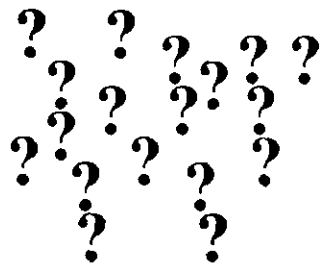
- A) The plan must be in writing;
- B) The employees' rights under plan must be legally enforceable;
- C) Employees must receive reasonable notification of benefits available;
- D) The plan must be maintained for the exclusive benefit of employees; and
- E) The plan must be established with the intention that it will be permanent.

The conference report offers some clarification of the requirement that the plan be legally enforceable. In essence the employer may not retain the discretion to determine when and if benefits are payable. For instance, a health plan which permits an employer to reimburse medical expenses at its discretion would not be legally enforceable since the employee cannot compel payment.

The provision that the plan must be established with the intention of permanency does not preclude an employer from terminating a plan in the future.

The legislation requires employers to include the benefits derived under non-qualifying plans on an employee's W-2.

If the qualification requirements are not satisfied, all employees will be subject to income tax on the value of the employer provided benefits received for the taxable year. For example, if a plan is not qualified and medical benefits of $10,000 are paid for an employee during the year, this amount of $10,000 must be included in the employee's taxable income.



This taxable income is subject to withholding and F.I.C.A. taxes.

The legislation requires employers to include the benefits derived under non-qualifying plans on an employee's W-2. If the employer does not include this taxable income on an employee's W-2, then the employer will be subject to the penalty which is measured by multiplying the value of the taxable income benefits by the highest individual income tax rate for that year. This penalty will be required even if employees include the value of these benefits in their taxable income, and will not be deductible by the employer.

Non-Discrimination Rules

Once a plan meets the qualification requirements, Section 89 mandates that health and accident plans and term life insurance plans must not discriminate in favor of highly compensated employees. Highly compensated employees are defined as:

(Continued)

Section 89
(Continued)

- A) Owners of 5 percent or more of the firm; or
- B) Any employee paid over 75,000 per year (Indexed Annually); or
- C) An officer of the employer who earns more than $45,000 per year. (No more that 50 employees are to be to treated as officers or if less, the greater of three employees or 10 percent of all employees).

Non-highly compensated employees are all other employees.

It also must be noted that if an employer provides health and life insurance benefits to former employees then they must be considered in the list of highly compensated employees based on their compensation at the time of termination of employment.

To be non-discriminatory a plan must meet three eligibility tests and one benefit test. Plans must be tested once a year to determine their status and these testing records must be preserved to be presented to the Internal Revenue Service in case of challenge.

The three tests are described in the following way:

A. Fifty Percent Test

This test requires at least 50 percent of the employees eligible to participate in a plan must be non-highly compensated employees. If less than 50 percent of the employees are not eligible, this requirement can be satisfied with an alternative percentage test. This alternative percentage test is met if the percentage of highly compensated employees eligible to participate does not exceed the percentage of non-highly compensated employees eligible to participate. To illustrate this provision, the conference report considers an employer with 20 employees, 15 of whom are highly compensated. Since more than 50 percent of its employees are eligible to participate in the plan. If, however, all employees are eligible highly compensated employees and non-highly compensated employees would be the same – 100 percent.

In applying this test, comparable plans may be aggregated.

Comparable plans are defined as any health plans where the smallest benefit available to a participant is at least 95 percent of the largest employer benefit provided to any participant.

B. Ninety/Fifty Percent Test

This test requires at least 90 percent of the non-highly compensated employees must be eligible to participate in the plan and if participating must be eligible for an employer-provided benefit available to any highly-compensated employee. For example, if the firm offers life insurance based on earnings of an employee up to $50,000 then 90 percent of the non-highly compensated employees must be eligible for $25,000 of coverage which is 50 percent of the amount available to highly-compensated employees of $50,000.

C) General Non-Discrimination Test

This requires there be no provision related to eligibility that, by its terms or otherwise, favors highly-compensated employees. This provision is designed to prevent subtle forms of discrimination which are only apparent from an investigation of the facts and circumstances surrounding a plan. For instance, a plan might provide a benefit designed specially to satisfy a highly specialized need of a highly-compensated employee, and while it may offer the same benefits to others, there are no other people who would benefit from this coverage. Therefore, a plan providing unusual coverage of a rare disease to which only a highly compensated employee is subject would be discriminatory.

Even though a plan meets the above eligibility tests, the plan must also meet benefit tests. This benefits test is satisfied if the average employer-provided benefit actually received (actual coverage) by non-highly compensated employees under all plans of the same type equals at least 75 percent of the employer-provided benefit received by highly-compensated employees.

(Continued)

Section 89
(Continued)

"Average employer-provided benefits" is an amount equal to the aggregate employer-provided benefit that is received by the employer's highly and non-highly compensated employees, respectively, under all plans of the same type divided by the total number of highly and non-highly compensated employees. For example, if highly compensated employees receive an average of $2,000 in medical insurance, then the average benefit received by non-highly compensated employees must be 75 percent of that amount or $1,500 or greater.

A health plan or group term life insurance plan will not be considered discriminatory even if it fails the eligibility and benefits tests if it passes an alternative test which is much less cumbersome than the above mentioned tests. Under the alternative test, the plan would be considered non-discriminatory if it benefits at least 80 percent of the non-highly compensated employees. If, however, the plan contains any provision which by its terms otherwise discriminate in favor of highly compensated employees, the alternative tests then will not apply and the plan will have to satisfy the Section 89 eligibility and benefits tests. This test applies only to insurance type plans (defined as health and group term plans). Eligibility for coverage is not sufficient to satisfy the requirements, the individual must actually receive coverage to be considered as a benefit under this plan.

If a plan discriminates in favor of highly-compensated employees, Section 89 provides that an amount equal to each highly-compensated employee's excess benefits be included in the gross income of such employee in the employee's taxable year within which the plan year ends. In general, this discriminatory excess is the amount of the employer–provided benefits which would have to be paid in after tax dollars to keep the plan non-discriminatory. In the case of health plans or group term life insurance plans, the amount considered is the value of the coverage provided. In the case of benefit plans other than health plans and group term life insurance, this discriminatory excess is determined with reference to the value of the benefits received, not the coverage.

The discriminatory excess must be included in the W-2's of the highly compensated employees and must be reported as taxable income. If the employer fails to report this income to the Internal Revenue Service, then the employer will be subject to a non-deductible penalty based on the discriminatory excess multiplied by the highest individual income tax rates. This penalty will be assessed even if the employee includes this discriminatory excess in his taxable income.

Because of the complexities of the new law employers should be prepared for qualification and nondiscrimination of their plans.

The regulations mandate that this test be done once a year at a date chosen by the employer. Each benefit is tested on a separate basis. In applying the Section 89 non-discriminatory rules the following employees may be excluded:

- A) Employees who have not completed one year of service (six months in case of Core benefits under a health plan);
- B) Employees normally working less than 17 1/2 hours a week;
- C) Seasonal employees normally working less than six months during a year;
- D) Employees who have not reached the age of 21;
- E) Employees covered by collective bargaining; and
- F) Non-Resident aliens receiving no income from the employer which would constitute U.S. source income.

For purposes of the one year/six month service requirement, an employee is excluded from consideration until the first day of the first month beginning after completion of the required period of service. The term Core insurance is not defined in the legislation. According to Conference Reports, non-Core benefits, however, consist of coverage for dental, vision, psychological and orthodontic expense and for elective cosmetic surgery.

Employees with dependent and spousal coverage under other employer plans can be excluded from discrimination testing as long as the employer receives a sworn affidavit on Internal Revenue Service forms that Core insurance coverage is provided to these people under other plans.

In doing the testing, part-time employees are treated a little differently than regular employees. First, if an employee normally works less than 22–1/2 hours per week, the employer may deem benefits provided to be equal to twice that of the actual coverage provided. Second, if an employee normally works less than 30 hours per week, benefits provided may be deemed to have a value equal to 1–1/2 times the actual value.

Section 89 applies to all employers, but there is a benefit for small employers with under 10 employees. For these employers, an employee working less than 35 hours per week would be excluded from the discrimination testing.

In looking at the benefits for discrimination tests, the Act does provide for coordination of benefits with health and disability coverage provided by any Federal, State or foreign law. This would include Medicare.

The Act does not pertain to disability benefits in which the benefits would be taxable to the employee upon receipt.

If an employer establishes to the Internal Revenue Service that it operates separate lines of business, the various tests may be applied separately to the employees of each line of business.

To be considered separate, the following three conditions must be met:

- Each line of business must have at least 50 employees
- The employer must notify the Internal Revenue Service of the separate treatment; and

(Continued on page 23)

MD Advertising

Text of AMA Council Opinion

This statement is intended to provide guidance on deceptive and nondeceptive advertising by physicians. It represents the views of the AMA on the issue. Any state or local medical society is, of course, free to adopt its own statement on advertising by physicians. However, each such society should be aware that under paragraph IVD of the final order in FTC docket 9064, it must agree, as condition of affiliation with the AMA, not to declare unethical, or interfere with, any physician advertising unless the society has reason to believe that the advertising is false or deceptive.

There are no restrictions on advertising by physicians except those that can be specifically justified to protect the public from deceptive practices. A physician may publicize himself as a physician through any commercial publicity or other form of public or private communication (including any newspaper, magazine, telephone directory, radio, television, direct mail, or other advertising) provided that the communication shall not contain any false or misleading statement, or shall not otherwise operate to deceive.

Because the public can sometimes be deceived by the use of medical terms or illustrations that are difficult to understand, physicians should design the form of communications to communicate the information contained therein to the public in a readily comprehensible manner. Aggressive, high pressure advertising and publicity should be avoided if they create unjustified medical expectations or are accompanied by deceptive claims. The key issue, however, is whether advertising or publicity, regardless of format or content, is true and not materially misleading.

The communication may include: (a) the educational background of the physician; (b) the basis on which fees are determined (including charges for specific services); (c) available credit or other methods of payment; and (d) any other nondescriptive information.

Nothing in this opinion is intended to discourage or to limit advertising and representations which are not false or deceptive within the meaning of Section 5 of the Federal Trade Commission Act. At the same time, however, physicians are advised that certain types of communication have a significant potential for deception and should therefore receive special attention.

The key issue, however, is whether advertising or publicity, regardless of content, is true and not materially misleading.

For example, testimonials of patients as to the physician's skill or the quality of his professional services tend to be deceptive when they do not reflect the results that the patients with conditions comparable to the testimoniant's condition generally receive.

Statements relating to the quality of medical services can raise concerns because they are extremely difficult, if not impossible, to verify or measure by objective standards. However, objective claims regarding experience, competence and the quality of the physician's service may be made if they are factually supportable. Similarly, generalized statements of satisfaction with a physician's services may be made if they are representative of experience of that physician's patients.

Because physicians have an ethical obligation to share medical advances, it is unlikely that a physician will have a truly exclusive or unique skill or remedy. Claims that imply such a skill or remedy therefore can be deceptive if it implies a certainty of result and creates unjustified and misleading expectations in prospective patients.

Consistent with federal regulatory standards which apply to commercial advertising, a physician who is considering the placement of an advertisement or publicity release, whether in print, radio, or television, should determine in advance that his communication or message is explicitly and implicitly truthful and not misleading. These standards require the advertisement to have a reasonable basis for objective claims before they are used in advertising. The reasonable basis must be established by those facts known to the advertiser and those which a reasonable, prudent advertiser should have discovered. Inclusion of the physicians name in advertising may help to assure that these guidelines are being met.

Last year the AMA and Federal Trade Commission concluded more than six months of negotiations aimed at closing an FTC investigation into the AMA's opinion on advertising and publicity that began early last summer. The AMA has agreed to make what its attorneys call "minor" changes in its policy.

AMA lawyers originally defended the existing opinion, but ultimately agreed to the changes to retain "the basic and important advice to physicians about advertising that can be fraudulent," said Kirk B. Johnson, AMA general counsel. ☐

*This is an excerpt from the December 23, 1988 American Medical News, a publication of the American Medical Association.

Long Way To Portland

–A Cycling We Will Go!

Dick, Laurie, Kathy, and David Bowe
George Gilman
Steve, Cynthia, and Chris Hammer
Maria Mack
Chris Miller
Dan and Leslie Niebrugge
Dave Pomeroy
Greg Popich
Joe Robinette
Don Shrewsbury
Anita Silverman
Dave Wilhyde

Drs. Dave Wilhyde and Dave Pomeroy are smiling before leaving the Kingdome for their two day ride to Portland with 10,000 other riders.

Ask the above members the best way to get to Portland and they will tell you it is via the **Seattle to Portland Bike Ride.** They joined nearly 10,000 riders who descended on the Kingdome parking lot, Friday, June 23 to join in the 10th Annual Seattle to Portland Bike Ride (203 miles).

Two beautiful days of sunshine in the high 70's on Friday and mid 90's on Saturday was enjoyed by all. Dick Bowe started the trip by going over the handlebars within two blocks of the Kingdome when a gravel truck pulled out in front of a group of bikers. Fortunately, Dick and bike were able to continue on without major problems. Don Shrewsbury had a large deer cut in front of him near Castlerock. This was fifty miles before his front tire went flat in Oregon.

Dr. Dick Bowe and friends change a tire in Winlock before starting out on the second day of the trip.

Approximately 80% of the riders did the ride in two days. The remainder started out on Saturday morning and finished in one day. The first rider usually has a time of about nine hours.

Some of the PCMS contingent stayed in Centralia (94.5 miles) the first night and others went on to Winlock and Toledo (112 miles).Reservations for motel rooms have to be made months in advance.

Many of the PCMS party tented out on the football fields.

Visiting the finish line on Saturday night, seven riders were being treated with IV's. The heat played a major role in the dehydration of many bikers. Despite this, it was a thoroughly enjoyable event.

The Society is considering a more leisurely, organized bike ride for members and family next summer. Nothing definite has been scheduled, but a 5-6 day trip into Oregon wine country is being discussed.

If you are interested or have any ideas for a trip, call Doug Jackman at the Society office, 572-3667. ☐

Belinda Asleep Without Dreams

by Kris Sperry, M.D., Albuquerque

Visitors are few and far between in the pediatric intensive care unit at 3 A.M.. When I walked through the doors, the nurses clustered between the faintly beeping monitors that flanked their work area, paused, and turned in unison to look at me. I identified myself, showing them my medical investigator's office badge and university ID card, and told them that the police had called and asked me to look at a little child who had been under their watchful care for only a few hours. I could not immediately remember the child's name; the telephone call 45 minutes earlier was rather hazy in my memory. When I scanned the patient roster posted on the wall, I found the right name: Belinda. Her nurse took me to the child's bedside.

Pathologists usually do not encounter problems that cannot wait until morning. For several years, though, the forensic pathologists with the Medical Investigator's Office have been working directly with child abuse units of both the local police department and the district attorney's office. We evaluate traumatic injuries frequently and are not as reticent to testify in court as other physicians. This expertise has often aided in the successful prosecution of abuse cases. Thus, I found myself at Belinda's hospital bed in the middle of the night, trying to fill in some of the puzzle pieces that would help explain how she got here.

Belinda lay motionless, her small chest rising and falling in time with the "chuff" sound made by her pediatric ventilator. She appeared asleep, quiet and at rest, with her delicate features marred only by the endotracheal tube taped across her mouth. Monitor wires crossed her trunk, and intravenous lines were innocuously anchored to her short, chubby arms with Velcro splints. I started my examination, carefully moving and inspecting her arms and legs. A couple of small healing abrasions on her legs were the sole injuries, legacies of an angry kitty cat grabbed a few days ago by this curious 13-month-old toddler. No marks discolored the chest or abdomen, and the back was likewise uninjured. I turned her head this way and that, looking for anything that might help explain her deep, unarousable sleep, and found only tiny hemorrhagic cutaneous suffusions over the mastoid regions, subtly heralding internal disasters. I separated the fine straight blonde hairs, but found nothing on her scalp.

After a short journey downstairs to radiology, I located her skull films. The massive trauma revealed by the X-ray films was overwhelming: linear skull fractures coursed anteriorly over the entire length of both parietal bones, meeting posteriorly just left of midline with sutural separations connecting the radiolucent fracture lines. Tomographic brain scans recorded extremely severe cerebral edema in shades of gray, with the black spaces that represent the ventricular spaces reduced to mere slits by the swelling.

These radiological revelations were followed by extended discourses with the child abuse detectives who were encamped at a house where, not even 12 hours before, Belinda had been under the watchful care of a babysitter. During the afternoon, the sitter's husband "found"the toddler unconscious within her playpen, initiating this nightmarish sequence that was only too real. I answered the police queries: No, the injury could not have been sustained in a fall within the home, or from the playpen. Yes, the injury was directly inflicted by another individual, most probably an adult, who had slammed the back of Belinda's head down on a hard, unyielding surface with such force that the only comparable injuries would be those seen in a head-on vehicle collision. Yes, Belinda was probably going to die, as her brain was swollen beyond the normal cranial cavity capacity.

Finally, I drove home, to catch a few hours' sleep before assuming the day's duties. In the early afternoon, the call came to me that underscored Belinda's prognosis: Could this child be considered an organ donor? An electroencephalogram was scheduled for tonight, and if the brain was devoid of cerebral activity, blood flow studies would follow tomorrow to inarguably prove brain death. Then, the organ harvest, followed by feverish activity to fly these precious gifts to anonymous ailing children around the country. Belinda would then come to me, where my job would be to expose, describe, and photograph the lethal injuries hinted at in the two dimensional colorless X-ray films I had viewed. Finally, reports would be generated, and the interminable series of discussions with attorneys would begin. And, perhaps along the line, whatever passes for justice would be served.

In the wink of an eye, an emotional outburst killed a small child, and coincidentally shattered two families just as surely as this little one's skull had been broken into jagged pieces. Guilt, recrimination, regret, and hate suddenly become paramount,

BELINDA
(Continued)

fuelled by suspicion. Normally placid day-to-day family activities were invaded by the legal, police, and social welfare systems, all attempting to achieve some understanding of an event that is inherently impossible to understand.

As I drove home that evening, questions raged in my thoughts: Why do we continue to kill and maim our children? What actions of a 13-month-old child are so heinous that smashing her head against the floor is the only recourse. What punishment could be meted out to the perpetrator, in the name of justice, that will even begin to replace the beauty of a single smile from this dead child? When will I never see another dead or dying baby, mortally hurt at the hands of those whom it unwaveringly loves and trusts? My heart ached, and my eyes misted over with tears of rage, frustration, and sorrow.

My own children met me at the door, eager to share their experiences in school and to show me the treasures they had constructed there. They chattered on, and I thought about what it would take for me to hurt them. I could not find an answer. Later, as they nestled against me we read a book together, my mind crept unbidden to a small child, seemingly asleep in a hospital bed, but no longer having the dreams of warmth, security, and love that provide comfort in the dark hours of the night.

Sleep with the angels, Belinda. □

*Reprinted with permission from the February 3 issue of JAMA.

SECTION 89
(Continued)

- The line of business meets the guidelines in Regulations to be issued or the employer receives approval from the Internal Revenue Service.

Because of the complexities of the ew law employers should be preparg for qualification and nondisrimination of their plans. They should o the following:

- 1) Review record-keeping procedures and make sure that accurate data is being retained to perform the testing;
- 2) Perform preliminary testing to identify areas where a discriminatory excess will result;
- 3) Consider changes in their plans to absorb any discrimination excess; and
- 4) Review all affected welfare and fringe benefit plans to ensure that they comply with the basic qualification requirements.

Employers should also meet with their advisors to determine whether it is more beneficial to offer additional fringe Benefits to non-highly compensated employees or to include the discriminatory excess in the taxable income of their highly compensated employees.

Smaller employers should be especially careful with regard to termination of one or two employees because that could make a difference in the entire balance of discrimination excesses. The planning process should begin immediately to allow time for data collection and preliminary testing.

*Reprinted with permission from the American Association of Medical Society Executive.s

Overvalued Procedures
(Continued)

51595	Remove bladder, revise tract	-13
52235	Cystoscopy and treatment	-17
52601	Prostatectomy	-18
58120	Dilation and curettage	-14
58150	Total hysterectomy	-21
58265	Hysterectomy and vaginal repair	-21
63017	Lumbar hemilaminectomy	-14
63030	Lumbar laminectomy	-14
64721	Revise media nerve /carpal tunnel	-27
66984	Remove cataract, insert lens	-21
66985	Insert lens, prothesis	-17
67107	Repair detached retina	
67228	Treatment of retinal lesion	-25
69641	Revise middle ear and mastoid	-14
76516	Echo exam of eye	-39
76700	Echo exam of abdomen	-19
80500	Lab pathology consultation	-42
88302	Surgical pathology, tissue presumed normal	-57
88304	Surgical pathology, tissue presumed abnormal	-33
92235	Ophthalmoscopy /angiography	-14
93000	Electrocardiogram, complete	-29
93503	Right heart catherization	-31

Note: Each of the procedures listed is a surveyed procedure in the Hsiao study. For each of these procedure codes, several additionally closely related codes will also be designated as overvalued.

Auxiliary News

PCMS Auxiliary Executive Committee 1989-1990

President	Alice Wilhyde
President-Elect	Mary Lou Jones
1st Vice President—*Program*	Karen Dimant & Sylvia Lee
2nd Vice President—Membership	Helen Whitney & Bev Graham
3rd Vice President—*Bylaws and Historian*	Marie Griffith
4th Vice President—*Arrangements*	Joan Sullivan
Recording Secretary	Kim Nelson
Corresponding Secretary	Rubye Ward
Treasurer	Kit Larson
Dues Treasurer	Alice Yeh
Immediate Past President	Kris White

You Can Make a Difference

Does your son or daughter attend a junior high/middle school? If so, would you be the TEEN HEALTH FORUM Liaison between that school and the Auxiliary? If you are interested, please call Alice Wilhyde at 572-6920.

Greetings to PCMSA Newcomer Spouses

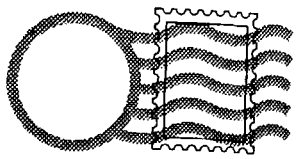
It is with great pleasure that I take this opportunity to welcome you to the community, and introduce you to the Pierce County Medical Society Auxiliary.

The Auxiliary is an active group of physician's spouses that functions in conjunction with the Pierce County Medical Society. Auxiliary involvement in the various medical issues of the day has led auxilians into philanthropic, political, social and educational causes.

A fascinating, informative, and enjoyable agenda is planned for 1989-90. I encourage you to join these activities.

It is my desire to meet as many of you as possible prior to the September meeting. I shall be calling later in the summer to say hello and welcome. I look forward to meeting you.

Leigh Anne Yuhasz
Newcomer Chairman



Do We Have Your Correct Phone Number and Address?

If you did not receive the PCMSA July newsletter (Pulse) and membership mailing—we probably don't have it . Contact Alice Yeh at 756-0578 or the Medical Society office at 572-3667 with your address and phone number changes.

Auxilian Honored by City Council

Dorothy Grenley recently received a City of Destiny Award for more than 20 years as a board member of Children's Industrial Home. The Home serves orphans and emotionally and behaviorally disturbed children. Dorothy, a long time auxiliary member, was President of PCMSA in 1968-69. She has served on the board of many other community organizations.

The Tacoma City Council annually recognizes individuals and institutions who have made significant contributions to their community. Seven other awards were given this year. Congratulations, Dorothy!

Philanthropic Fund Applications Available

If you belong to a service or health-oriented organization that would like to be considered by the Pierce County Medical Society Auxiliary as a recipient of their philanthropic funds, you may now obtain an application by either calling or writing to:

Mary Cordova
P.O. Box 97132
Tacoma, WA 98497
(206) 588-3126

APPLICATION DEADLINE IS WEDNESDAY, SEPTEMBER 13, 1989

CLASSIFIEDS

Positions Available

PHYSICIAN NEEDED: Ambulatory care clinic. Flexible schedule, excellent pay, no call. Contact Roger Simms, M.D., Firstcare Medical Center, 5702 North 26th Street, Tacoma, WA, 98407, 759-6655.

Immediate Opening for a full–time physician in family practice in the Spokane area. Excellent compensation and malpractice. Monday through Friday. Call Susan at 1-800-554-4405.

Physician Opening–Ambulatory care/minor emergency center. Full/part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, M.D. at 5900–100th Street S.W., #31, Tacoma, 98499. Phone (206) 584–3023 or 582–2542.

Immediate Openings–Full–time and part–time positions and Directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice. Flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES 1-800-554-4405. Ask for Susan.

Exciting Opportunity available for BC FP who desires a good mix of administration, teaching, clinical medicine. Tribal Health and Human Services Organization looking for a medical director/clinician for their JCAHO accredited ambulatory care center in Tacoma, WA. Full range of FP including active OB practice. Call/teaching responsibilities shared with local FP residency program. Faculty appointment with University of Washington. Unlimited opportunities for Public Health program development. Seattle and Mt. Rainier less than 60 miles away! 100% malpractice, competitive benefits/salary. Send resume to T. Peffley, Personnel Director, Puyallup Tribal Health Authority, 2209 E. 32nd St., Tacoma, WA 98404, (206) 593-0232.

(Continued)

ADVERTISE IN THE CLASSIFIEDS

Prices
PCMS Newsletter
75 cents per word
The Bulletin
85 cents per word
10 word minimum
on all ads.

Deadline
for September
PCMS Newsletter is
August 15.
Please call 572-3709 .
for more information

Send check or money order to:**Pierce County Medical Society,**
705 South 9th, Suite 301
Tacoma,WA 98405

Advertisers Name and Address

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Ad Copy

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CLASSIFIEDS

Equipment

Home Health Care Products, wheelchairs, used office and medical equipment for sale at reasonable prices. We buy and sell used medical equipment and offer single source office appraisals. Please call Lynlees, Inc., for more information and a free catalog 206-867-5415.

Practices Available

Seattle Arthritis Practice and Research Contracts. Busy practice plus $300K drug study contracts, experienced research coordinator, fully equipped offices downtown and West Seattle, excellent financing. Owner moving to full-time research. Will assist with transition. Contact Sandra Smith, 2815–2nd Avenue #540, Seattle, 98121, (206) 623-7935.

North Pierce/South King County– Primary care physician needed for established practice. Financial assistance available. High growth area–young families. For details, please call 1-800-535-7698.

General

Beach Home Furnished for Lease on Case inlet. 383-4631 or 581-2139.

Sailboat: CAL 34, 1970, New Vetus engine, tiller, sleeps six, $32,500. Call Walter Schumacher – 565-8325.

WATERFRONT–POOL–TENNIS: Fox Island's luxury waterfront home with Olympic Mountain View and landscaped grounds. Traditional decor with formal dining and living rooms, spacious kitchen, wood paneled den. 4-bedrooms, each with their own bath plus recreation room with full kitchen. $490,000. Call Peachy Smalling, Gig Harbor Realty, 383-1175, evenings and weekends, 1-851-3336.

AMERICAN LAKE WATERFRONT– New contemporary 4,000 sq. ft., 4BR, 3BA, gourmet European style kitchen, brick, hardwood and imported tile floors, light and spacious with spectacular view and southern exposure. Includes: boathouse and dock with railway storage, separate guest house, separate, large garage. Lakewood's finest living! $525,000 Call Scott Shera –588-1626, 584-2233.

PHYSICIANS

Your
Army Reserve Personnel Counselor,

MAJOR PAUL H. LAWHON, MSC

Would like to talk to you about the following opportunities in the United States Army Medical Department:

- ***Part-Time Income***
- ***Retirement Potential***
- ***Post Exchange Privileges***
- ***Insurance Discounts***
- ***Continuing Medical Education****
- ***Attendance at A.M.A. Conferences****
- ***Training at U.S. Army Hospitals****

****All paid for by the U.S. Army Reserve.***

P.O. BOX 38
Madigan Army Medical Center
Tacoma, WA 98431-5038
206-967-5046

Many groups TALK about building a better America-
The Army Reserve

Pierce County Medical Society
705 South Ninth Street, Suite 203
Tacoma, WA 98405

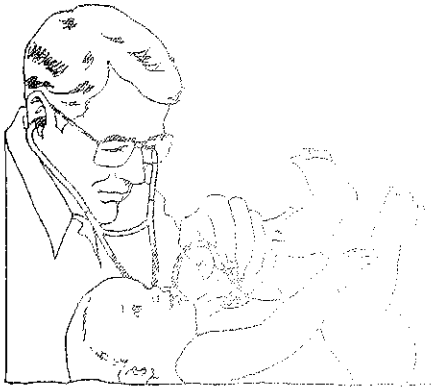
ADDRESS CORRECTION REQUESTED

PCMS NEWSLETTER

♦ A publication of the Pierce County Medical Society ♦

Volume 4, #6 September 1989

Maternity Access "First Steps" Legislation Effective August 1



Access to prenatal care has been an issue of major concern for the Pierce County medical community for several years. Perhaps assistance is in sight with the passage of **"First Steps,** The Maternity Access Act of 1989," which appropriated nearly $92 million in state and federal monies.

The Act will fund a case management program to assist 9,800 high-risk recipients in obtaining needed medical care and social services. It will also expand eligibility to 185 percent of the federal poverty level (FPL) for pregnant women and children from the existing 90 percent of the FPL.

Physician reimbursement for maternity services will be increased, including the standard fee and additional fees for risk assessment, high-risk pregnancies and high volume providers.

The Act will increase reimbursement for OB care and delivery from $750 to $850, it will establish a $50 initial assessment procedure, and it will add a total of $300 for high-risk pregnancy management.

In response to passage of the Act,

(Continued on page 2)

Bring Your Spouse to the September General Membership Meeting

Dr. John Kitzhaber will be addressing the PCMS membership on *"Health Care in an Era of Limited Resources"* on September 12. Rationing and uncompensated care are issues which are having a tremendous impact on medicine and how we practice it.

Here are some quotes from Dr.Kitzhaber's comments to the Annual Meeting of the American Association of Medical Society Executives in San Diego on August 3.

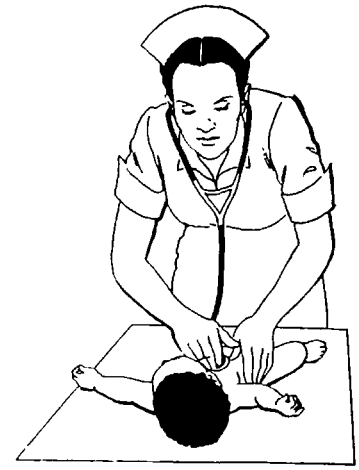
"Over the past eight years the average annual premium increase for American Business has been 17%, and an additional jump of over 25% is expected next year."

"At the Federal Level, we have gone through the DRG's, the addition of co-payments, physician payments, and expenditure charges. Most of these charges, with the possible exception of the physician payment reform, have occurred over the objections and

(Continued on back page)

INSIDE PCMS NEWSLETTER

"First Steps"
(Continued)



the Board of Health appointed the **Prenatal Challenges Advisory Committee,** to be chaired by Dr. John Coombs, Medical Director of Multicare and member of PCMS. Sitting on the Committee with Dr. Coombs are: Dr. Bill Roes, representing the PCMS Board of Trustees and Family Practice physicians; Dr. Dave BeMiller, President Elect of Washington ACOG; Dr. George Tanbara, Pediatrics; and Dr. Bob Ferguson, representing the insurance industry's perspective.

On July 13, the Committee held a community forum to gather feedback from those interested in access to prenatal care. Dr. Bill Ritchie, PCMS President, addressed the Committee and outlined several factors that impact the providers. He noted that the liability risk is increasing and that the availability of OB/GYN practitioners is decreasing (a 50% drop in Pierce County in the last four years). He also pointed out that "the DSHS reimbursement rate (about 45% of cost) does not encourage the practice of obstetrics."

Currently over one-fourth of maternity care is funded by DSHS and funding is forecasted to increase to close to one-half in the next decade.

On August 2, the Advisory Committee reported to the Board of Health its recommended solutions to the Maternity Access problem utilizing the resources provided in the legislation.

Other members of the Committee were: Rep. Art Wang (D), 27th District; Sen. Lorraine Wojahn (D), 27th District; Bill Haggins, Legislative Analyst; Jeanne Ward, DSHS; Jane Beyer, attorney, Legislative Caucus; and Paul Baron, Pierce County Medical.

The Committee recognizes that access to prenatal care is not only a medical problem, but a social and political one as well. The initial impact of the Maternity Access Act will be to lessen the crisis of access to prenatal care. It does not provide for long term solutions. ♦

PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas and suggestions.

Editor:
David S. Hopkins

Managing Editor:
Douglas Jackman

Editorial Committee:
David S. Hopkins (Chairman),
Stanley Tuell,
W. Ben Blackett,
Richard Hawkins

Publications Coordinator:
Monique Johnson

Advertising: MBI, Pierce County Medical Society, 572-3709

Beverly Foley, 917 Pacific Avenue, Suite 217, Tacoma, (206) 272-7181

Pierce County Medical Society
705 South 9th St., Suite 203 Tacoma, WA 98405
(206) 572–3667

WSMA Annual Meeting
Sea-Tac Red Lion
Sept. 28 - Oct. 1

House Energy and Commerce Physician Payment Proposals

The following summary of the physician Medicare payment provisions approved by the House Energy and Commerce Committee, under the chairmanship of Representative John Dingell, (D), Michigan, was obtained from the Committee's news release after adopting its FY 1989 budget reconciliation package in July.

Physician Payment Reform

The current reasonable charge methodology would be replaced by a fee schedule derived from a resource based relative value scale, which would be phased-in over four years.

The phase-in would begin on April 1, 1990. During the first two years of the phase-in, adjustments would be made in the current prevailing charges, based on the difference between such prevailing charges and a "reference fee schedule" developed by the Secretary. During the third year, payments would be made under an adjusted fee schedule, again using implementation, the Congress would specify which procedures would be subject to adjustments during the first year, as well as the relative values for such procedures, the method of making geographical adjustments in the fees, and the extent to which volume changes should be taken into account in calculating the conversion factor. In later years, there would be more discretion given the Secretary on such issues, as well as an opportunity for the Congress to review and revise the fee schedule.

This reform would be carried out in a budget neutral manner in each year of the transition. After the transition, conversion factors would be subject to a formula increase each year.

The current MAAC limits would expire on December 31, 1990. Beginning January 1, 1991, nonparticipating physicians would be subject to a limit on the amount they could charge patients, equal to 120% of the Medicare prevailing charge of fee schedule amount.

Physicians who signed participating physician's agreements for 1989 would be given an opportunity before January 1, 1990, to terminate those agreements, effective January 1, 1990. Otherwise, such agreements would remain in effect until April 1, 1990. All physicians would be given a new opportunity to sign participating agreements for the nine-month period beginning April 1.

The Secretary would be required to monitor the impact of these reforms on the volume of services and on the access and quality of services, as well as their effect on assignment rates, participation rates, and balance billing. The Physician Payment Review Commission (PPRC) would also monitor the implementation and make recommendations on refinements.

There would also be no update in physician fees in calendar 1990. The MEI (estimated by CBO at 5.3% for 1990) would be eliminated for all physician services for one year. The MEI would be reinstated in 1991, but the 5.3% would not be restored.

On April 1, 1990, there would be increases in the fees for primary care and other undervalued services. The expected increases in primary care would equal or exceed the MEI. ♦

Common Office Problems Sets Final Program

The Annual Common Office Problems Conference, scheduled this year for October 11 and 12, has finalized program topics. The conference, coordinated by Mark Craddock, M.D., Kirk Harmon, M.D., and Tom Herron M.D., will be held in Jackson Hall . This year program topics include:

Pediatrics:

Cocaine Babies:
- Detection and Placement
- Parent Rehabilitation
- Outcome of Children

Sexual Abuse:
- Medical Diagnosis: -Physical Signs
- Interview Techniques
- Legal Aspects
- Counseling Victims
- Analgesics and Anesthesia: for Pediatric Procedures

Internal Medicine

- Community Resources for Substance Abuse
- The Chest X-Ray
- Update in Dermatology
- Review of Clinically Important Drug Interactions

Pharmacology:

- Out-patient Antibiotic Therapy of Skin, Urine and Respiratory Infections
- Out-patient Drug Therapy of Ventricular Ectopy
- Drug Therapy of Lipid Disorders
- Drug Therapy of COPD
- Age and Race Specific Anti-Hypertensive Therapy
- Over the Counter Drugs – *". . . but you told us you weren't taking any other medicines."*
- Analgesics – Practical Comparisons and Strategies
- Choice of Anti-Depressants: Practical Considerations in Drug Therapy in Chronic Renal Failure. ♦

College of Medical Education 1989-90 C.M.E. Program Schedule

The College of Medical Education's 1989-90 program schedule includes a variety of Category I approved programs designed particularly for primary care physicians and internists.

The twelve programs have been selected in response to physician interest. For registration information, please call 627-7130.

DATE(S)	PROGRAM	DIRECTOR(S)
1989		
Fri., Sept. 29	**Neurology Update**	Dale Overfield, M.D. John Huddlestone, M.D.
Weds., Thurs., Oct. 11 & 12	**Common Office Problems**	Mark Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Fri., Nov. 17	**ENT/ Ophthalmology**	Michael Dunn, D.O. Craig Rone, M.D. Carl Wulfestieg, M.D.
Thurs., Fri., Dec. 7 & 8	**Advanced Cardiac Life Support**	Mark Craddock, M.D.
1990		
Thurs., Jan. 18	**Law & Medicine Symposium**	F. Ross Burgess, J.D. Jeffrey Nacht, M.D.
Thurs., Fri., Feb. 8 & 9	**Cancer Review - 1990**	Amy Yu, M.D.
Weds., Feb. 28	**AIDS Update**	Alan Tice, M.D.
Thurs., Fri., Mar. 8 & 9	**Tacoma Academy of Internal Medicine Annual Review**	David Law, M.D.
Fri., Sat., April 13 & 14	**Tacoma Surgical Club**	Chris Jordan, M.D.
Fri., April 27	**Dermatology**	Barbara Fox, M.D. James Komorous, M.D. David Brown, M.D.
Thurs., Fri., May 10, 11	**Aggressive Musculoskeletal and Spinal Evaluation, Treatment and Rehabilitation**	Edgar Steinitz, M.D.
Mon., Tues., June 25 & 26	**Advanced Cardiac Life Support**	James Dunn, M.D.

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Medical Society Executive Notes and Comments

During the first week of August, the Executive Director of PCMS, Doug Jackman, attended the American Association of Medical Society Executives Annual Meeting in San Diego. The following are some of the comments heard from speakers at that meeting.

Humphrey Taylor, President, Lou Harris & Associates Incorporated, was keynote speaker for the conference, and led off with some of the following comments:

- "There is a growing distrust of experts."
- "Why do we plan so much on treating the sick, and so little on prevention and care?"
- "A Lou Harris survey indicated 4% of the Canadians failed to get needed care, 5% in Britain, and 13% in the United States."
- "The United States already has a multi-tiered delivery system."
- "The United States has the most expensive and inefficient health care system in the world."
- "I predict costs will continue to increase and tension will get worse."
- "The public will not support a policy to restrict access."
- "Americans are skeptical of government running anything, but the public has no confidence in the health care system."
- "Doctors will survive and prosper."
- "We spend a huge amount on people about ready to die."
- "This country will ultimately have universal health coverage."

John Kitzhaber, M.D., President, Oregon Senate, spoke on, *"The Challenge of Limited Resources,"* and had the following comments.

- "The Medical Lobby (AMA) has shown an unwillingness to recognize there was a volume problem."
- "It was a tactical error by AMA in its opposition to expenditure targets saying they would ration health care."
- "Medicine's unwillingness to deal with health care costs will result in someone else determining our future for us."
- "Medicine must become part of the solution."

Mr. Philip Sharp, Attorney, and former aid to Senator Brock Adams had the following comments:

- "Medicine must lead the way in changing the health care system."
- "We are already in a period of limited resources." ♦

In Memory

The medical community was saddened by the death of Dr. Howard A. Boyd on August 4, 1989. Dr. Boyd, age 70, was a member of the Medical Society for 17 years. He started his private practice in Tacoma in the specialty of Otolaryngology in 1971. He received his MD from Howard University College of Medicine in 1946. He was preceded in death by his wife Shari.

The Society extends its sympathy to his daughters, Karen, Janice L., Denise A., Kris E., Gabrielle R. and Erin E., his sons, Howard A. Anthony A., Nicholas B., and his two grandchildren.

Releasing Medical Records — More than Just Paperwork

The Medical Society regularly receives calls from patients who have been unable to obtain their records after repeated requests to their physicians. In the interest of making the process of releasing records smoother, we thought it appropriate to remind you of the **"AMA's Current Opinion of the Council on Ethical and Judicial Affairs "** on releasing records.

7.00 Opinions on Physician Records

7.01 Records of Physicians: Availability of Information to Other Physicians.

The interest of the patient is paramount in the practice of medicine, and everything that can reasonably and lawfully be done to serve that interest must be done by all physicians who have served or are serving the patient. A physician who formerly treated a patient should not refuse for any reason to make his records of that patient promptly available on request to another physician presently treating the patient. Proper authorization for the use of records must be granted by the patient. **Medical reports should not be withheld because of an unpaid bill for medical services.**

7.02 Records of Physicians: Information and Patients.

Notes made in treating a patient are primarily for the physician's own use and constitute his personal property. However, on request of the patient, a physician should provide a copy or a summary of the record to the patient or to another physician, an attorney, or other person designated by the patient.

The record is a confidential document involving the physician-patient relationship and should not be communicated to a third party without the patient's prior written consent, unless required by law or to protect the welfare of the individual or the community. Medical reports should not be withheld because of an unpaid bill for medical services. Simplified, routine insurance reimbursement forms should be prepared without charge, but a charge for complex, complicated or multiple reports may be made in conformity with local custom.

7.03 Records of Physicians on Retirement

A patient's records may be necessary to the patient in the future not only for medical care but also for employment, insurance, litigation, or other reason. When a physician retires or dies, patients should be notified and urged to find a new physician and should be informed that upon authorization records will be sent to the new physician. Records whch may be of value to a patient and which are not forwarded to a new physician should be retained, either by the physician himself, another physician, or such person lawfully permitted to act as a custodian of the records.

7.04 Sale of a Medical Practice

A physician or the estate of a deceased physician may sell to another physician the elements which comprise his practice, such as furniture, fixtures, equipment, office leasehold and goodwill. In the sale of a medical practice, the purchaser is buying not only furniture and fixtures, but also goodwill, i.e., the opportunity to take over the patients of the seller.

The transfer of records of patients is subject, however, to the following:

1. All active patients should be notified that the physician (or his estate) is transferring the practice to another physician who will retain custody of their records and that at their written request, within a reasonable time as specified in

(Continued on page 9)

Tacoma–Pierce County Health Department
Acquired Immunodeficiency Syndrome (AIDS)
Definitive and Presumptive AIDS Cases
Surveillance Report 6/27/89

1. Disease Category	Adult/Adolescent Cases (%)	Adult/Adolescent Deaths (%)	Pediatric Cases (%)	Pediatric Deaths (%)	Total Cases (%)	Total Deaths (%)
PCP	41 (49)	23 (56)	0 (0)	0 (.)	41 (48)	23 (56)
Diseases w/o PCP	33 (39)	15 (45)	1 (100)	0 (0)	34 (40)	15 (44)
KS Alone	10 (12)	6 (60)	0 (0)	0 (.)	10 (12)	6 (60)
No Disease Listed	0 (0)	0 (.)	0 (0)	0 (.)	0 (0)	0 (.)
Total	84 (100)	44 (52)	1 (100)	0 (0)	85 (100)	44 (52)

2. Age	Cases (%)
Under 5	0 (0)
5-12	1 (1)
13-19	0 (0)
20-29	31 (36)
30-39	35 (41)
40-49	6 (7)
Over 49	12 (14)
Unknown	0 (0)
Total	85 (100)

3. Race/Ethnicity	Adult/Adolescent Cases (%)	Pediatric Cases (%)	Total Cases (%)
White, Not Hispanic	62 (74)	1 (100)	63 (74)
Black, Not Hispanic	15 (18)	0 (0)	15 (18)
Hispanic	5 (6)	0 (0)	5 (6)
Asian/Pacific Is.	1 (1)	0 (0)	1 (1)
Am. Indian/Alaskan	0 (0)	0 (0)	0 (0)
Unknown	1 (1)	0 (0)	1 (1)
Total	84 (100)	1 (100)	85 (100)

4. Patient Groups	Adult/Adolescent Males (%)	Adult/Adolescent Females (%)	Total (%)
Homosexual or bisexual Men	57 (69)	0 (0)	57 (68)
Intravenous (IV) drug user	5 (6)	1 (100)	6 (7)
Homo/Bi IV Drug User	12 (14)	0 (0)	12 (14)
Hemophiliac	2 (2)	0 (0)	2 (2)
Heterosexual Contact	1 (1)	0 (0)	1 (1)
Transfusion with blood/products	4 (5)	0 (0)	4 (5)
None of the above/Other	2 (2)	0 (0)	2 (2)
Total	83 (100)	1 (100)	84 (100)

	Pediatrics Males (%)	Pediatrics Females (%)	Total (%)
Hemophiliac	1 (100)	0 (.)	1 (100)
Parent at risk/has AIDS/HIV	0 (0)	0 (.)	0 (0)
Transfusion with blood/products	0 (0)	0 (.)	0 (0)
None of the above/other	0 (0)	0 (.)	0 (0)
Total	1 (100)	0 (100)	1 (100)

Fluoride Update

Puyallup

The Puyallup Fluoride Committee, chaired by Dr. William Marsh, addressed the Puyallup City Council on August 7 requesting that the council take action to fluoridate the City of Puyallup water supply.

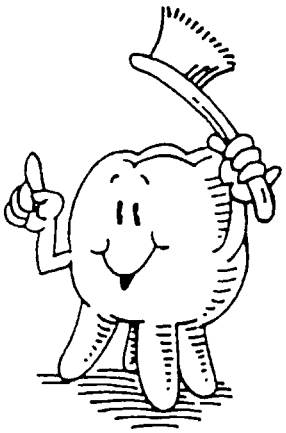
Dr. Marsh opened the presentation by introducing himself as a resident of Puyallup, a family practice physician in Puyallup, as well as chairman of the Puyallup Citizens for Fluoride Committee. He then introduced Patty Wolcott from the Tacoma/Pierce County Health Department. Ms. Wolcott presented the safety, effectiveness and cost of community water fluoridation.

She reported that in 1983 Surgeon General Koop appointed a committee of fourteen people to study fluoride. After the study was completed and the findings published, Dr. Koop endorsed fluoridation as did the EPA. Studies published from 1951 - 1985 continually demonstrate that fluoride has no impact on cancer or heart disease and is harmless to health in the recommended concentration of one part per million.

Ms. Wolcott summarized by saying that fluoride has withstood the test of time, has repeatedly been studied and tested and continues to be endorsed by numerous professional groups as well as local, state, and federal agencies and organizations.

Dr. Steve Urback, D.D.S., Puyallup dentist and resident, addressed the council representing the dental community in Puyallup. Dr.Urback reported that 95% of children have dental caries and that the addition of fluoride to the community water supply protects everyone. He said this is especially important for the young and the poor. He reported that in his practice he sees a very high decay rate in primary teeth and that water fluoridation would be the single most beneficial step the City Council could take for the dental health of Puyallup. He stated that very few people actually get prescriptions for fluoride.

Ms. Pat Horn spoke as a citizen of Puyallup and a dental hygienist. Ms. Horn reported that as a busy mother she knows how difficult it is to give a tablet to children daily and it is not realistic to expect busy mothers to always follow through. She believes the research is conclusive that water fluoridation is much more effective than topical application.



Ms. Denise Snodgrass, wife of PCMS member Dr. Cecil Snodgrass, told the council that she has two young children, is a resident of Puyallup and she tries hard to remember to give her children fluoride tablets. She said she often forgets and she strongly favors water fluoridation as it is a much more secure method of fluoride application. She encouraged the council members to provide this needed benefit for Puyallup residents.

Dr. Marsh concluded the presentations by requesting the City Council Members to adopt water fluoridation in Puyallup.

The only question that the Council asked was regarding mass medication. Dr. Urback responded by informing the Council that fluoride is not a medicine, it is an ion that is naturally occurring in many water supplies. In addition, Dr. Jack Parrish, Puyallup City Council member and dentist, responded that this has been challenged legally and courts have ruled that it is not considered mass medication.

The anti-fluoridation group passed out information to the Council members and informed them that water fluoridation is being repealed in many communities in this country as well as other countries. They claim it causes cancer, heart disease, AIDS, and numerous other health maladies.

No action was taken by the council at the meeting but they invited interested or concerned individuals to call Ms. Ardith DeRaad at the City of Puyallup, 841-5501.

(Continued on page 12)

Helping "Patients in Need"

With the rising cost of medications many patients have problems paying for prescriptions. Searle Laboratories recognizes those needs with two programs – "Patients in Need" and the "Patient Promise Program."

"Patients in Need," which has been available for several years now, uses certificates to provide medication to needy people – specifically those people that fall through the systems's cracks – the "working poor." Each of the certificates will give one needy patient up to a month's free therapy with the Searle product prescribed. Each doctor can give out as many certificates as he feels necessary – ten certificates to one patient or one certificate each to ten patients.

Here's how it works. A physician requests Searle Certificates directly from the company. When a patient is in need of one of the products that Searle supplies, a physician fills in the prescription specifically stating that it is to be a Searle drug and not a generic equivalent. The patient then presents the certificate and prescription to the pharmacy and the pharmacy gives the patient their medication – at no cost. Then the pharmacy mails the certificate back to Searle and Searle reimburses the pharmacy at 100%.

To qualify for the program a patient must suffer from diseases for which the Searle product prescribed is appropriate, have an annual household income of $9,000 or less for 1 or 2 people or $12,000 or less for 3 or more people, and must not qualify for any private insurance, governmental assistance (e.g. Medicaid), or other assistance that pays in whole or in part for prescription drug purchases.

The "Patient Promise Program" recognizes that not all drugs work the way the physicians or patients expect them to, and that some patients may not need entire prescriptions of a drug or even that sometimes a stronger or weaker dosage is required. Searle promises to buy back any leftover drugs that fall into these categories so the patient isn't stuck with a cabinet full of inappropriate drugs. Again the physician is the initiating agent in the process.

If you would like more information about "Patients in Need" or the "Patient Promise Program," please call your Searle Representative: Randy Chushcoff at 565-8148 or write G. D. Searle & Co., 8111 S. 14th Street, Tacoma, WA 98465. ♦

Medical Records
(Continued)

the notice, the records or copies will be sent to any other physician of their choice. Rather than destroy the records of a deceased physician, it is better that they be transferred to a practicing physician who will retain them subject to requests from patients that they be sent to another physician.

2. A reasonable charge may be made for the cost of duplicating records.

Copies of the 1989 edition of CURRENT OPINIONS of AMA's Council on Ethical and Judicial Affairs are currently available. Call AMA's toll free number 1-800-621-8335 and ask for a copy. The approximately 40,000 AMA members who are on FEDNET may request their copy by sending an AMA/Mail message to mailbox AMAMSR as an equally convenient method of ordering. (If you order through AMA/Mail be sure to include the name of the publication you want, your full name and mailing address.)

As an important, insightful companion piece to CURRENT OPINIONS, AMA has developed a separate new volume, REPORTS OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS (nonmembers $80). This valuable publication provides guidelines to help practicing physicians in their decision making. Some of the reports discuss the rationale underlying Council opinions on various ethical issues. Call toll-free 1-800-621-8335 to order your copy. ♦

NEWSBRIEFS

PCMS Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the Society.

Michael J. Kelly, M.D.

Family Practice. Born in Canton, Ohio, 01/18/49. Medical School, University of Cincinnati, 1975; residency, Oregon Health Sciences University, 1975-1978. Washington State License, pending; board certification, Family Practice, 1984. Dr. Kelly will be practicing medicine at 11315 Bridgeport Way SW – beginning in August.

Dan H. Martin, M.D.

Radiology. Born in Inglewood, California, 12/21/48. Medical School, University of Nevada, 1977; internship, Newton-Wellesley Hospital 1980; residency, Newton-Wellesley Hospital, 1985; graduate training, University of Southern California Medical Center, 1987. Washington State License, pending; board certification, Radiology, 1987. Dr. Martin will be practicing at Diagnostic Imaging Northwest in August.

Russell W. Campbell, M.D.

General Surgery, Vascular Surgery. Born in Trenton, New Jersey, 07/01/53. Medical School, Rutgers Medical School, 1982; internship, Rhode Island Hospital, 1983; residency, Rhode Island Hospital, 1987; graduate training, Rhode Island Hospital, 1989. Washington State License, pending. Dr. Campbell will be practicing at 1901 South Cedar in August.

Steven C. Brack, D.O.

Orthopaedic. Born in Lynnwood, Washington, 3/21/52. Medical School, College of Osteopathic Medicine, Iowa, 1981; internship, Phoenix General Hospital, 1982; Oklahoma Osteopathic Hospital, 1986; graduate training, St. Mary's Spine Center, 1989. Washington State License, 1988. Dr. Brack will be practicing at 324 East Pioneer, Puyallup in October.

Lance W. Kirkegoard, M.D.

Internal Medicine, Critical Care. Born in Ann Arbor, Michigan, 04/29/51. Medical School, University of Texas Medical School, 1978; internship, Mercy Hospital, residency, Mercy Hospital. Washington State License, 1989; board certification, Internal Medicine, pending. Dr. Kirkegoard will be practicing in the Lakewood Professional Building. ♦

DoctorCare Update

As of August 1, DoctorCare, the voluntary Medicare Assignment program sponsored by PCMS became effective. At that time, over 400 of the 600 active members of the Society had elected to take part. Over 100 of PCMS members already accept assignment.

PCMS staff have met and discussed DoctorCare with virtually all the 30 + Senior Centers and Nutrition Sites in the County. Applications are coming in, but not as rapidly as anticipated.

Dr. Ritchie discussed DoctorCare on the **Art Popham Show** (KTAC), July 13 and on the **Brunch with Barb** (KKMO 1360) talk show, August 30.

DoctorCare continues to get a good reception wherever it is discussed. Senior citizens and those who are familiar with Medicare are particularly pleased to have the program available.

Several radio stations have called for interviews on DoctorCare and curently the Seattle Times is writing an article on it. ♦

Congratulations

Drs. Vern Larson and George Tanbara captured the Pacific Northwest Seniors Championship Finals at Sprinker Recreation Center on July 23. ♦

PCMS Members on WSMA Access Task Force

Dr. Dick Bowe, Tacoma Ophthalmologist and past President of PCMS, and Dr. Charles Weatherby, Family Physician and past PCMS Trustee, are presently serving on the WSMA Task Force charged with reassessing health care access issues and WSMA's position on them. Bowe and Weatherby are WSMA Trustees.

The Task Force has accepted several days of testimony from representatives of the AARP, labor unions, health care purchasers, legislators, providers, and consumers. The Task Force will present recommendations at the WSMA Annual Meeting in September. The House of Delegates is expected to formulate new public and legislative policies on access as the association enters the 1990's. Dr. Hal Clure, WSMA President-Elect and Chairman of the Task Force, may recommend that WSMA sponsor town meetings around the state in order to get the public involved in deciding what limits, if any, should be placed on the availability of health care. In Oregon, much-praised meetings were held around that state before the legislature placed new restrictions on its Medicaid program funds. ♦

State Board of Health Meets in Tacoma

The State Board of Health conducted its July 12 meeting in Tacoma at St. Joseph Hospital. The Board heard testimony from Dr. Bill Ritchie, PCMS President, Dr. Hal Clure, President Elect of WSMA and Mayor Doug Sutherland.

Dr. Ritchie welcomed the Board to Tacoma and addressed several issues that the Society is involved in, including: fluoridating water supplies, quality emergency medical services and smoke-free hospitals. He also asked the Board if they could assist with the fluoridation of all public water supplies on the state level. Although sympathetic to the issue, they responded that previously this particular issue had consumed all their time and that they would review the matter.

Dr. Tanbara, past PCMS President and long time member of the Board, organized a luncheon for local officials who met with Board members and discussed the many changes that will involve the Board and the new Department of Health. ♦

Dr. Bob Stuart Named to Gig Harbor Planning Commission

Bob Stuart, Family Physician and PCMS Member, has been appointed to the Gig Harbor Planning Commission by unanimous vote of the Gig Harbor City Council. Stuart is also Vice President and President-elect of Pierce County Chapter of the American Academy of Family Physicians, and Chairman of the local Public Education Committee of the American Cancer Society. He presently serves on the Cancer Society's Board of Directors for Pierce County. ♦

Personal Problems of Physicians Committee

For Impaired Physicians Your Colleagues Want to Help

Medical Problems, Drugs, Alcohol, Retirement, Emotional Problems

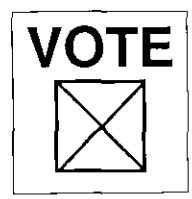
Committee Members

Patrick Donley, Chair	272-2234
Joseph Kramer	845-9511
John R. McDonough	572-2424
William A. McPhee	474-0751
Ronald C. Johnson	841-4241
Jack P. Liewer	588-1759
Kathleen Sacco	591-6681
Dennis F. Waldron	*272-5127*
Mrs. Jo Roller	752-6825

WSMA
1-800-552-7236

Absentee Ballots

An **Absentee Ballot Request** is enclosed in this Newsletter. If you find it difficult to get to the polling booth, please use enclosed Absentee Ballot. Each vote counts and we all have a responsibility to vote. Pierce County traditionally has one of the lowest voter turnouts in the state and that does not reflect well upon us. ♦



Nominating Committee Members To Be Selected

The four at-large members of the Nominating Committee will be nominated at the September General Membership Meeting. If you would like to serve on the Committee, mention it to a colleague who will be attending or call the Medical Society office.

The Committee normally meets twice before finalizing officer and board nominations. ♦

New PPRC Simulation Projections Released

New projections showing how conversion to a fee schedule under an RBRVS would effect Medicare payments on a specialty-by-specialty basis have been released by the Physician Payment Review Commission(PPRC). The new simulations provide greater detail than those released by HCFA last May. The PPRC's tabulations indicate payment percentage difference that would result in each Medicare carrier locality by moving from the present CPR system to one based on an RBRVS. They are provided for these specific groupings: by individual medical specialties, by surgical specialties, by radiology and pathology and by all specialties combined. Results of the PPRC simulations must, of course, be considered preliminary since they were derived from current RBS and geographic multiplier estimates which could be significantly changed. A copy of the simulations is available from PCMS – 572-3667. ♦

Fluoride
(Continued)

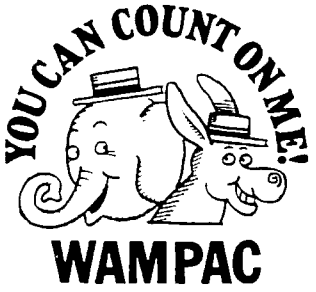
Tacoma

Water fluoridation for the City of Tacoma will be on the ballot November 7, 1989 due to efforts of a small but vocal and active anti-fluoridation group who gathered the required 2,524 signatures. The signatures were verified on August 14 and were presented as an information item at the August 15 Tacoma City Council meeting. The Council has thirty days to take action and if they do nothing the issue automatically is placed on the next councilmanic election which is November 7.

It is not uncommon for a city to vote on the fluoride issue more than once. Seattle battled the fluoride issue for twenty-four years. In 1952 water fluoridation was defeated by a 2-1 margin and again in 1963 by 4-3 margin. "On Tuesday, November 5, 1968, the Seattle headlines read: Third Attempt Succeeds – Seattle Voters Approve Fluoridation of Water." Seattle saw attempts to overturn the initiative in 1973 and 1976, but both repeals were defeated by a 2-1 margin. Seattle's water has been fluoridated for 21 years.

The Citizens for Better Dental Health Committee will be seeking funds and volunteers to help with the campaign for the November vote. Strategies include ringing doorbells, phone calling, yard signs, and targeted mailings, as well as reaching senior citizens and parents regarding the positive effects of fluoride on the dental health of children and bone health of adults.

Please call the Medical Society office, 572-3666, if you are willing to help fight to maintain Tacoma's fluoridated water. ♦



Auxiliary News

In Memory of Jeanne Judd

One of the reasons Ken and I decided to live in Tacoma was the encouragement and friendship offered to us by the Judds. Jeanne took me under her wing that first year we were here. She took me to my first county auxiliary meeting and encouraged me to become involved. She felt it was very important to establish friendships within the medical community and she felt the auxiliary was the place to do this. She was PCMS Auxiliary President in 1962-63 and later served on the Board of Directors of the WSMA Auxiliary. She felt a strong sense of community commitment. She was very active in her church and spent many years working with the handicapped swim program at the YWCA. Jeanne's generosity with her time and energy is well known to her many friends. Most of us know Jeanne was an insulin-taking diabetic for 59 years. Her long productive life, surely, is due in part to her self discipline, courage, and determination. Jeanne simply did not know the meaning of self pity. The last years of her life were very difficult. But I will always remember her never failing cheerfulness and her beautiful smile.
—Bev Graham ♦

PCMS Auxiliary Meeting Notice

Our first 1989-1990 meeting is scheduled for Friday, September 15 from 10:00 a.m. to 1:00 p.m. at St. Andrew Episcopal Church (S. 19th & Jackson). Denny MacGougan, Humorist and former TNT columnist, will be our speaker. Auxilians will welcome newcomers at this general membership meeting. You can assist Leigh Anne Yuhasz, Newcomers Chairman, by bringing a newcomer to the meeting. ♦

Fall Workshops

Treat yourself to a morning or more of seminars/workshops directed at the busy, talented individual.

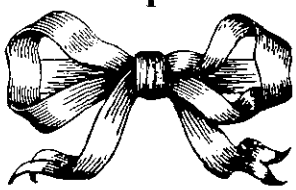
– Maximizing energy and channelling potential to meet demands of this changing world will be the focus of Marsha Manter's presentation, The Balancing Act, beginning at 9:00 a.m. and adjourning at 4:30 p.m. on Friday, September 29.

– Utilizing time efficiently is another key to success. Warren Dean Starr, Superintendent of Public Schools, Yakima, will sharpen your time management skills during his presentation, Time is Your Life, from 9:00 a.m. to 11:45 a.m. on Saturday, September 30.

These programs are presented by the WSMA Auxiliary at the SeaTac Red Lion Inn. Both can be attended for the registration fee of $15. Preregistration forms appear in the WSMA Annual Meeting announcement and WSMAA Med-Aux News. ♦

Sally Foster Gift Wrap

Sally Foster Gift Wrap is available now through October 20. Samples and ordering information will be available at the September and October meetings or through Marny Weber, Chairman.



Philanthropic Fund Applications Available

If you belong to a service or health-oriented organization that would like to be considered by the Pierce County Medical Society Auxiliary as a recipient of their philanthropic funds, you may now obtain an application by either calling or writing to:

Mary Cordova
P.O. Box 97132
Tacoma, WA 98497
(206) 588-3126

APPLICATION DEADLINE IS WEDNESDAY, SEPTEMBER 13, 1989

CLASSIFIEDS

Positions Available

Fully Equipped office in Tacoma in a convenient medical building available – 1) 1 to 2 days per week, 2) to share, or 3) to exchange for day in Puyallup. Contact Dr. Lovy at 756-2182.

Physician Opening–Ambulatory care/minor emergency center. Full/part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, M.D. at 5900–100th Street S.W., #31, Tacoma, 98499. Phone (206) 584–3023 or 582–2542.

Immediate Openings–Full–time and part–time positions and Directorship in Tacoma acute illness clinic. Hourly rates plus excellent malpractice. Flexible scheduling. Any state license. Other opportunities including ER in Olympia area. Call NES 1-800-554-4405. Ask for Susan Alan.

Equipment

We have dozens of exam tables at half retail price; and cardiac monitoring systems. We buy and sell used medical equipment and offer single source office appraisals. Please call Lynlee's, Inc., for more information and a free catalog. (206) 867-5415.

Practices Available

Seattle Arthritis Practice and Research Contracts. Busy practice plus $300K drug study contracts, experienced research coordinator, fully equipped offices downtown and West Seattle, excellent financing. Owner moving to full–time research. Will assist with transition. Contact Sandra Smith, 2815–2nd Avenue #540, Seattle, 98121, (206) 623-7935.

North Pierce/South King County–Primary care physician needed for established practice. Financial assistance available. High growth area–young families. For details, please call 1-800-535-7698.

General

Beach Home Furnished for Lease on Case Inlet. 383-4631 or 581-2139.

AMERICAN LAKE WATERFRONT– New contemporary 4,000 sq. ft., 4BR, 3BA, gourmet European style kitchen, brick, hardwood and imported tile floors, light and spacious with spectacular view and southern exposure. Includes: boathouse and dock with railway storage, separate guest house, separate large garage. Lakewood's finest living! $525,000 Call Scott Shera –588-1626, 584-2233.

"Waterfront – North Rosedale," ideal home for large family. Built in 1983. Gorgeous cedar walls on three levels with Euro-style Kitchen, formal dining room, spacious family and living rooms, plus playroom. Two bedroom guesthouse. Three car garage plus carport. $332,500. Peachy Smalling, Gig Harbor Realty 383-1175 weekdays and 851-3336 evenings and weekends.

For Sale: 1986 Porsche 944 Turbo, with touring package. $30,000. Evenings – 851-5659.

Advertise in the Classifieds

Prices

PCMS Newsletter
75 cents per word
The Bulletin
85 cents per word
10 word minimum
on all ads.

Deadline
October Newsletter deadline is Oct. 15. Please call 572-3709 for more information.

Send check to:
Pierce County Medical Society, 705 South 9th, Suite 301 Tacoma,WA 98405

Advertisers Name and Address

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Ad Copy

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PHYSICIANS

Your
Army Reserve Personnel Counselor,

MAJOR PAUL H. LAWHON, MSC

Would like to talk to you about the following opportunities in the United States Army Medical Department:

- ***Part-Time Income***
- ***Retirement Potential***
- ***Post Exchange Privileges***
- ***Insurance Discounts***
- ***Continuing Medical Education****
- ***Attendance at A.M.A. Conferences****
- ***Training at U.S. Army Hospitals****

****All paid for by the U.S. Army Reserve.***

P.O. BOX 38
Madigan Army Medical Center
Tacoma, WA 98431-5038
206-967-5046

Many groups TALK about building a better America-
The Army Reserve WORKS at it.

Bring Your Spouse
(Continued)

opposition of the medical profession."

"It is also clear that while physician payment reform may be a reasonable way to begin to control physician costs, volume must be controlled as well."

"The medical lobby in its opposition to the expenditure targets made, in my view, two tactical mistakes and one very serious strategic error."

". . . unwillingness to recognize either that there was a volume problem or that the government was in fact going to address it."

"an advertising campaign which argued that the expenditure targets would lead to the rationing of health care."

"We cannot afford the hypocrisy nor the subsequent political vulnerability of positioning ourselves to oppose health care resource allocation, which is another way of saying rationing, while at the same time refusing to see Medicaid clients which is a form of rationing in itself."

". . . the strategic error was the lack of any clear and comprehensive policy to deal with the problem of health care costs. We can no longer afford to be in a reactive mode."

Plan to attend the September 12 meeting and bring your spouse to hear Dr. Kitzhaber's presentation *"Health Care in an Era of Limited Resources."* ♦

1990 Directory Changes

Currently we are in the process of revising our 1990 directory. Most of you have returned your forms promptly, however, there are still a few forms outstanding. If you wish to be listed in our directory, please return your form today. If you have had any changes since you have sent in your form, please be sure to get them to us as soon as possible. Thank You!

Pierce County Medical Society
705 South Ninth Street, Suite 203
Tacoma, WA 98405

ADDRESS CORRECTION REQUESTED

Bulk Rate
U.S. Postage
PAID
Tacoma, WA
Permit # 605

PCMS
NEWSLETTER
♦ A publication of the Pierce County Medical Society ♦

Volume 4, #7 October 1989

VOTE NO

PROPOSITION 3

Shall there be a repeal of Tacoma City Ordinance No. 24321 which provides for fluoridation of the Tacoma water supply?

Board Approves Balanced Budget

At its September 5 meeting, the Board of Trustees approved a balanced budget of $219,785 in expenditures and $219,785 in income for fiscal year 1990.

Anticipated reserve level as of December 31 will be $94,812, which is 54% of the basic operating expense for the Society.

Pierce County Medical Library is budgeted to receive $45,347 of support from the Society which is $77.52 per member contribution.

Financial support of its for-profit subsidiary Membership Benefits Inc. is not required in 1990 nor is financial support necessary for the College of Medical Education in the 1990 fiscal year. The budget is based on a membership of 575 members with dues remaining the same as they have been for the last six years. ♦

Board of Health Adopts EMS Recommendations

The Tacoma-Pierce County Board of Health at its September 6 meeting adopted "In Concept" recomendations of the Emergency Medical Services System Design Committee report.

A summary of the recommendations are:

- Pierce County should have a centrally coordinated county-wide EMS System.
- The system would be governed by the Tacoma-Pierce County Board of Health.
- The Board of Health through the Tacoma-Pierce County Health Department would collect all EMS designated revenues into a single fund and contract with current providers for pre-hospital care and transportation services.
- There should be an EMS Council made up of participants in the EMS system, which advises the Board of Health through the Chief Executive Officer and Director of Health.
- The CEO will work with the EMS Council in developing policy recomendations to the Board of Health.
- The CEO should be the Medical Program Director.
- The CEO, in cooperation with the EMS Council, would recommend appropriate levels of EMS service for the community, through the Director of Health to the Board of Health. ♦

INSIDE PCMS NEWSLETTER

Medicare Confrontations

Dear Colleagues,

Recently Orthopaedics Today published several sample letters which are reproduced and included in this issue of the *PCMS Newsletter*. The ever increasing regulation of the delivery of health care results only in increased costs and further straining of the relationship between doctors and patients. The regulators do not listen to our concerns.

I feel that only by educating our patients to the issues can we hope to reverse this unfavorable trend. I urge you all to use such sample letters or to develop similar means to communicate to your patients your serious concerns about expenditure targets. Our patients need to be much more informed about the regulations which will directly affect their health care.

Sincerely,
Dick Hoffmeister, M.D.

Sample Letter: *To be given to patients in advance of treatment.*

Medical Reimbursement for Physician Services

An Open Letter to Our Patients

In 1985 Congress passed the Omnibus Budget Reconciliation Act (Public Law 99-272). Section 9403 of this law deals with cost containment. Medicare through this and other regulation has two designated categories of physicians, participating and nonparticipating. Participating physicians accept fee payments as decided by Medicare as payment in full; nonparticipating physicians do not. Overall, more physicians including those in this office are nonparticipating physicians. At present to entice physicians to become participating, the payment schedule is more generous and paper work is less onerous.

In what appears to be an attempt to intimidate nonparticipating physicians, Medicare has recently decided to send a notice with any reimbursement check for physician services which states the following:

"We are paying a total of $____ to you . . . You are responsible to the physician for the difference between the billed amount and the Medicare payment. You could have avoided paying the difference between the billed and Medicare approved amount, if the claim had been assigned. Participating doctors always accept assignment of Medicare claims. Write or call us for a free list of participating doctors."

The purpose of this letter is to communicate to you the patient our reasons to remain nonparticipating physicians in spite of increased government attempts at intimidation.

1. We think quality care is a top priority. The Medicare priority is money, not your good health. Every person is different and so are doctors. A physician who serves you well both with the art and science of medicine is critical. In addition, many doctors with the same generic specialty have special skills for special needs. How can a free list for the lowest cost address the millions of individual special needs?

2. Medicare tactics are, in effect, "Health Care Rationing." Cost decisions made by bureaucrats artificially depress the delivery of ser-

PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas and suggestions.

Editor:
David S. Hopkins

Managing Editor:
Douglas Jackman

Editorial Committee:
David S. Hopkins (Chairman),
Stanley Tuell,
W. Ben Blackett,
Richard Hawkins

Publications Coordinator:
Monique Johnson

Advertising:
Kim Reed
MBI, Pierce County Medical Society,
572-3709

Pierce County Medical Society
705 South 9th St., Suite 203 Tacoma,
WA 98405
(206) 572-3667

vices. Your access to appropriate services is being threatened.

3. You need a strong advocate. The need for negotiation on your behalf before third parties, such as government, insurance companies, employers, hospitals, and review committees, is ever increasing. When the chips are down, you need an independent doctor who has your health interest as the number one priority.

There are many ways to lower costs and maintain quality care. Cooperative control studies between the government and doctors (who actually treat people) to find the most effective treatment plans for a variety of difficult problems would help a lot. Doctors often practice defensive medicine because of an unjust legal system. Legal reform would help a lot. Better control of drunk driving and extra insurance premiums for those who have poor health practices such as cigarette smoking will also decrease costs.

A good hard look at how insurance companies do business is also in order! There are many ways to help cut costs, but we need government cooperation not intimidation.

We are pleased you have chosen us for your medical care. We will do everything we can to keep your trust. If you see the danger as we do concerning these Medicare tactics, you can help.

Call, telegram, or write your Congressman and ask him or her why Congress through Medicare is making it more difficult for physicians to provide quality medical services at reasonable cost. Also ask about alcohol related injuries and death and how much that costs per year. Ask about the legal system and defensive medicine, and how much that costs per year. Ask why your private medical records are now open to the prying eyes of clerks and bureaucrats. Ask who is in charge of Medicare regulations.

Your congressman's name, telephone no., and address is:

The Honorable Norm Dicks
U.S. House of Representatives
Washington, D.C. 20510
(202) 225-5916

Your senator's name, telephone no., and address is:

The Honorable Slade Gorton
Brock Adams
The United States Senate
Washington, D.C. 20510
(202) 224-2621 (BA)
(202) 224-3441 (SG)

Sample letter: *To be given to patients in advance of treatment*

Standards of Medical Care and Medicare

An Open Letter to our Patients

On May 1, 1989, the Medicare Administration began to implement a poorly designed law. In the government's zeal to contain costs, the U.S. Congress has passed regulations that make it impossible for us to treat our patients' illnesses with complete effectiveness or confidentiality.

Rigid computer standards (often developed by bureaucrats and nonphysicians) are being implemented in every hospital across the United States. Segments of these standards may or may not have relevance to your care and are to be screened by clerks. Without even checking with your doctor to determine the accuracy of the conclusion reached, in some instances the law mandates that a letter be sent to you that your treatment was outside the standard of care. All this new activity means that many more people (computer operators, government bureaucrats, etc.) have access to your medical files and although the government says your privacy will be protected, the hospital will be forced to send your records to clerks outside the hospital.

While this law is actually intended to reduce costs, the government is inaccurately suggesting these regulations will improve your care. So far as we can tell it will do neither. To the contrary, doctors who actually treat patients anticipate these regulations will do the following:

1. Increase the amount of tests ordered (ergo increased costs and risk).

2. Increase paper work (ergo increased costs and loss of privacy).

3. Discourage many physicians from treating certain Medicare patients or types of medical problems, thereby decreasing your access to the doctor or the best treatment when less costly but less effective options are present. This is "Health Care Rationing."

(Continued on back page)

Personal Problems of Physicians Committee

For Impaired Physicians Your Colleagues Want to Help

Medical Problems, Drugs, Alcohol, Retirement, Emotional Problems

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Mrs. Jo Roller	752-6825

WSMA
1-800-552-7236

Pierce County Medical Society

705 South Ninth Street • Suite 203 • Tacoma, Washington 98405 • Telephone (206) 572-3666

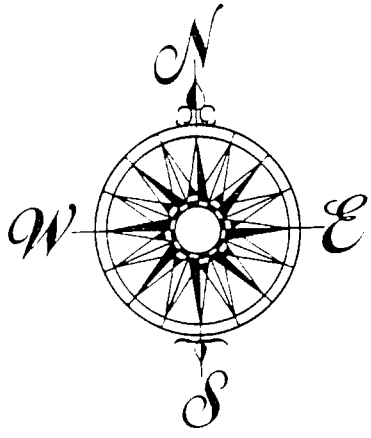
presents

"RBRVS"– Implications for the Practicing Physician

SPOUSE INVITED

featuring

Tom Reardon, M.D.
Member
Physician Payment Review Commission



Date: **Tuesday, October 10**
Time: 6:00 p.m. No-host cocktails
6:45 p.m. Dinner
7:45 p.m. Program
Cost: Dinner, $17.50 per person
Place: Tacoma Sheraton **Ball Room**
1320 Broadway Plaza

REGISTRATION

Yes, I(we) have reserved the evening of October 10 to join my fellow Society members and to hear: **"RBRVS — Implications for the Practicing Physician"** by Tom Reardon, M.D.

___Please reserve ____ dinner(s) at $17.50 per person (tax and gratuity included).
___Enclosed is my check for _____
___I regret that I am unable to attend the dinner portion of the meeting.
___I will attend the program only.

Dr._____

Return to PCMS no later than Friday, October 6.

ENT/ Ophthalmology Program Set

The College of Medical Education's third program for the 1989-90 year, ENT and Ophthalmology, will feature local and Seattle expertise covering a variety of pertinent subjects on Friday, November 17.

The program developed by Michael Dunn, D.O., Craig Rone, M.D., and Carl Wulfestieg, M.D., *will include the following topics:*

ENT

- Evaluation of the Mass in the Neck
- Office Laryngoscopy Techniques
- The Green Nose – Childhood Rhinitis
- Nasal Obstruction /Dysfunction
- Vertigo Practical Work Up/Treatment
- Eustachian Tube Dysfunction
- Acoustic Tumor Detection
- Hearing Loss –Work Up and Rehabilitation

Ophthalmology

- The "Red Eye"
- Diabetic Retinopothy
- Evaluation of Patients with Vision Loss
- Vision Loss
- Macula Degeneration
- Early Detection of Glaucoma
- Lid Lesions ♦

Common Office Problems – October 11 & 12

The popular CME program, COMMON OFFICE PROBLEMS, has limited registration openings. To reserve your spot, contact the College as soon as possible. For more information about the program or to receive a brochure, please call C.O.M.E. at 627-7137. ♦

C.O.M.E. Program Schedule

DATE(S)	PROGRAM	DIRECTOR(S)
1989		
Weds., Thurs., Oct. 11 & 12	**Common Office Problems**	Mark Craddock, M.D. Kirk Harmon, M.D. Tom Herron, M.D.
Fri., Nov. 17	**ENT/ Ophthalmology**	Michael Dunn, D.O. Craig Rone, M.D. Carl Wulfestieg, M.D.
Thurs., Fri., Dec. 7 & 8	**Advanced Cardiac Life Support**	Mark Craddock, M.D.
1990		
Thurs., Jan. 18	**Law & Medicine Symposium**	F. Ross Burgess, J.D. Jeffrey Nacht, M.D.
Thurs., Fri., Feb. 8 & 9	**Cancer Review - 1990**	Amy Yu, M.D.
Weds., Feb. 28	**AIDS Update**	Alan Tice, M.D.
Thurs., Fri., Mar. 8 & 9	**Tacoma Academy of Internal Medicine *Annual Review***	David Law, M.D.
Fri., Sat., April 13 & 14	**Tacoma Surgical Club**	Chris Jordan, M.D.
Fri., April 27	**Dermatology**	Barbara Fox, M.D. James Komorous, M.D. David Brown, M.D.
Thurs., Fri., May 10 & 11	**Aggressive Musculoskeletal and Spinal Evaluation,Treatment and Rehabilitation**	Edgar Steinitz,M.D.
Mon., Tues., June 25 & 26	**Advanced Cardiac Life Support**	James Dunn, M.D.

Clip and Save!

Pierce County Medical Society

Presents

"Taking Back Control of the Medical Practice"

A Program for Medical Office Staff

It's a beautiful day in Tacoma. The sun shines brightly in the brilliant blue sky reflecting off the red and orange leaves as they fall from the trees. There's still a chill in the air. It's Fall; your favorite season. You feel relaxed and calm almost melancholy as you approach the medical practice where you work. As you walk more cautiously toward the office, your pulse quickens – signaling anxiety. As you put your hand on the door knob, you take one last breath and then. . . suddenly the door opens from the inside. Standing before you is Rod Serling. He whispers, "Welcome to the Twilight Zone."

- All telephone lines are ringing at once.
- The line of patients already looks like Sears during a white sale.
- Angry patients are yelling uncivilized words - words you've never heard before, not even from your teenager.
- Patient Mrs. Smith has brought a list of symptoms so long it stretches out the door. You scan the daily schedule for a block of time sufficient to deal with all her problems.
- Patient Mrs. Jones stands on a chair in the waiting room obviously eager to "calmly discuss her bill."
- Patients unable to find sitters have brought all their children. Several hang from the light fixtures while others delight as they dump potted plants on the floor.
- The physicians have not yet arrived.
- The office has been open for ten minutes and already you're running three hours behind schedule.
- Several drug reps arrive simultaneously to "get into see the doctors for just a minute or two." They deposit their sample boxes on the 5-foot high pile of "filing to do."
- Someone yells, "We've lost the transcription on Mr. Brown." Another voice responds, "Who's Brown, gout or cholesterol?"
- The mail arrives with two hundred rejected PPO claims.

Ah, Fall. What a wonderful time of year.

Join us this Fall, on Wednesday, November 8 from 1:00 to 5:00 p.m. for a discussion of how you can "Take Back Control of the Medical Practice." We'll look at:

- Scheduling
- Telephone Performance Standards
- Behavior Standards
- Patient Relations including Dealing with Angry Patients
- Job Descriptions
- Work Flow
- Hiring the "Right" staff and other Personnel Problems. As well as develop solutions to your individual, unique problems. ♦

Look for our brochure soon!!

DSHS Moves Ahead with "First Steps"

The legislature of Washington State recently passed the Maternity Access Act of 1989, establishing the "First Steps" program – effective August 1. This has brought about some very exciting changes in the services available for low income women and children in this state.

The "First Steps" program expands Medicaid eligibility for pregnant women and their infants up to age one to 185% of the Federal Poverty Level, children up to age eight born on or after October 1, 1983 at 100% of the Federal Poverty Level, enhances maternity fees paid to physicians, and offers case management and additional supportive services to pregnant women. A brief summary of the opportunities made possible by the act are:

1. **An increase in eligibility for pregnant women and their infants up to one year of age from the current 90 percent of the federal poverty level to 185 percent.** If you are serving women who may now be eligible for Medicaid, please refer them to the local Community Service Office for eligibility determination.

2. ***Additional funding to increase* physician reimbursement for maternity care services.** DSHS will use this funding to increase reimbursement for OB care and delivery from $750 to $850; to establish a $50 initial assessment procedure; to add a total of $300 for high-risk pregnancy management, allocated by trimester; and to allocate additional funds among providers and areas of the state which need increased financial resources in order to develop new systems or ensure access under existing systems.

3. **Case Management Services.** These are services to assist pregnant women in gaining access to needed medical, social, educational and other services. Case management requires knowledge of the community for referrals, comprehensive, ongoing identification of needs, development, implementation and monitoring of a detailed plan of services and related activities and advocacy for the recipient. Case managers will be qualified nurses, social workers, or teachers with specialized training. It will be available to high-risk maternity groups such as teens, chemically dependent women, those with special medical and social conditions which put them at high risk for poor birth outcomes. Case management is available throughout pregnancy, 60 days after delivery and through the first year of a child's life.

4. **Maternity Support Services.** These are preventive health services provided in the home or clinic for women who are pregnant or up to 60 days after delivery. Services include nursing, psychosocial and nutrition assessment/counseling, childbirth/parenting education and assessment or chemical dependency. These visits include development of interdisciplinary care plans and intervention services in coordination with the prenatal provider. Prenatal support services will be provided primarily by health departments and other local health agencies.

5. **Prenatal services for low-income pregnant undocumented aliens who are not Medicaid eligible.**

6. **Expansion of Medicaid eligibility from 90% to 100% of the federal poverty level for children under age eight who were born on or after October 1, 1983.**

7. **DSHS will make a determination as to which areas of the state are maternity access distressed areas.** When the department notifies a county that it is a distressed area, the county has 120 days to prepare a plan for a maternity delivery system to be developed with broad community representation.

8. **In addition to the improvements identified above, other**

procedures are being or are in the process of being implemented:

- Using a shortened and simplified application form for Medical Assistance.

-Outstanding DSHS staff in certain areas to facilitate eligibility.

-Conducting eligibility interviews for Medical Assistance within five working days and making the eligibility determination within 15 working days.

-Implementing a broad based public education campaign stressing the importance of obtaining early and continuous prenatal care.

-Studying the feasibility of presumptive eligibility.

-Establishing a loan repayment program to encourage maternity care providers to practice in medically underserved areas.

-Contracting with an independent agency to evaluate the effectiveness of this maternity care access program.

If you would like specific information about the "First Steps" Program, contact Kathy Marshall, First Steps Program Manager, (206) 586-9014. ◆

Smoker Cessation Referral Sources

Helping your patient quit smoking can be a difficult and demanding task. However, there is help. Pierce County has a wide variety of referral sources that can help you to help them kick the habit.

Behavior Modification/ Group Support:

American Lung Association of Washington 565-9555

1) Freedom from Smoking Clinic
(7 two-hour sessions: quit at third session) $50

2) Tobacco-Free Teens Program
(8-50 minute sessions for teens) Free
(in participating schools)

American Cancer Society 473-1853

1) Fresh Start Program
(four one-hour sessions) Free

2) Smart Move
(1 hour session) Free

Fort Lewis QUIT SMOKING CLINIC 967-5045
(6 evening sessions. Clinic is free to all military personnel, active duty or retired; civilian employees; and family members.)

Group Health Cooperative 1-800-462-5237
(6 sessions over 4 weeks; all classes from 7:00 - 8:30 p.m. Fee waivers available for GH members. Special repeat rates available.)

GH Member	$75
Nonmember	$85
GH Couple	$110
Non-GH Couple	$120

St. Joseph Hospital/Educational Services 591-6624
(5 sessions over 2 weeks) $75

Seventh Day Adventists 1-481-7171
(Group support/discussion, 8 sessions. Call for a program in your community.) Donation

Smokenders 1-632-2126
(Classes for 6 weeks, quit during 4th week)

Business	$225
Individual	$295

Veterans Administration Medical Center 582-8440 ext. 6953 or ext. 6796
(5 to 6 one hour sessions; veterans only)
Jarett Kaplan, Ph.D. Free

Hypnosis

Active Therapy Associates 572-2269
$70 per session = $420 total
(6 session minimum)

Allenmore Psychological Associates 752-7320
(2 one hour sessions; hypnosis on second session)
$90 per hr.
$180 total

Canyon Hypnotherapy Center 531-9085
(one 60-90 minute session; interview and hypnosis. Reinforcement sessions needed for one year at no extra cost.) $147

Live-In Retreat

Seventh Day Adventists 1-481-7171
(5 day retreat. Location varies. One in spring, one in fall. Teaches smoking cessation, stress management and more.)

Individual	$345
Couple	$620

Self Help

American Lung Association of Washington 565-9555

1) Freedom from Smoking For You and Your Family Manual – a step by step guide planned so that smokers may use the portion which is most pertinent to their stage of the quitting process $7

2) Freedom from Smoking Manuals
(a 20 day program and maintenance manual) – materials are designed to help the individual smoker kick the habit through an easy to follow, step by step approach.
set of 2, $11.50

(Continued on page 10)

Letter to the Editor: RBRVS – A Myth . . .

Relative Value Scales is not a new concept. The California Relative Value Studies was in effect in 1956. The essential elements of the RVS was a uniform nomenclature, standardized code system and relative values of different procedures.

Many insurance carriers and physician's offices make use of unit values for billing and reimbursement. However, these are not standardized. The RBRVS may be the start to standardization – but will all carriers be willing to change?

The RBRVS theoretically works toward a greater equality in median incomes of physicians in differing specialties. What is the answer to equality of incomes of football players, lawyers and bankers? Socialism? Each of us entered into our different specialties knowing the inequalities in median incomes.

DSHS uses a unit value system but the reimbursement is in the region of 50% of billed charges. Their system is not favorable because of the low dollar amount placed per unit. We have no guarantee that Medicare will place an equitable dollar amount for the RBRVS units. It is more than possible that the final reimbursements may remain the same for Family Physicians and considerably less for surgical specialties. Legislators would applaud this!

Medicare currently pays 80% of the approved amount of a billed charge, eg: for CPT code of 90050 and a charge of $35.00, amount approved is $20.90. Medicare pays $16.70, patient or the supplemental insurance picks up the difference of $4.20. The physician writes off the remaining $14.10. Total percentage of bill paid is 60%. Is this fair reimbursement for services rendered?

Why should Medicare cap the reimbursement for private insurance? Supplemental insurance should pick up the total difference in the bill and pay according to their contractual agreement. i.e. the difference of $18.30 should be the remaining bill, and if the supplemental insurance allows for 80% coverage, they pay $14.60 – total reimbursement is $31.30.

With the above suggestion, no changes will be required in the Medicare budget. Patients are at liberty to buy supplemental insurance. They do not need to feel that they are getting discounted care and if they chose, their whole bill would be covered. Physicians would stand to get a fairer reimbursement without the in-fighting that is going on.

The RBRVS does bring out some important points. Some procedures are overweighed and others are obsolete. Any existing system can correct this. There should be a mechanism to periodically revise and update the system.

Do we really need to re-vamp the whole system to implement RBRVS?

Sincerely,
Daisy Puracal, M.D. ♦

Smoker Cessation
(Continued)

3) Freedom from Smoking for You and Your Baby Manual – is a self help smoking cessation manual for the pregnant smoker. Daily activities encourage the smoker to quit 10 days after beginning the program.

Without audio cassette tape: $8
With audio exercise cassette tape: $14

4) In Control Home Video Program $59.95

– A one half hour VHS cassette designed for groups desiring to offer a smoking cessation program on site. Each tape is viewed 9 minutes a day, for a total of 13 days.

5) Quit Smoking Kits Free
The kit includes helpful hints and strategies for success. You will learn why you smoke and discover coping skills for tough situations. A guide to smoking cessation methods is also available.

Call 565-9555 for more information. All offerings and prices subject to change. ♦

*Special Thanks to the American Lung Association for this list of referral sources.

We've enclosed this meeting schedule for your convenience. Please clip and save.

PCMS Meeting Schedule

October, 1989

DAY	DATE	EVENT/MEETING	TIME	PLACE
Tuesday	Oct. 3	Board of Trustees	6:30 p.m.	Good Samaritan Hospital
Wednesday	Oct. 4	Tacoma-PC Board of Health	4:00 p.m.	Burlington Northern
Thursday	Oct. 5	MBI Board Meeting	7:00 a.m.	Allenmore Hospital (Drs. Dining Rm.)
Friday	Oct. 6	Committee on Aging	7:00 a.m.	Allenmore Hospital (Lrg. Board Rm.)
Tuesday	Oct. 10	General Membership	6:00 p.m.	**Sheraton Ball Room**
Wednesday	Oct. 11	Credentials Committee	7:00 a.m.	Allenmore Hospital (Drs. Dining Rm.)
Thursday	Oct. 12	Puyallup Fluoride	7:00 a.m.	Good Samaritan Hospital (Glacier Rm.)
Thursday	Oct. 12	Grievance Committee	7:00 a.m.	Tacoma General (CR #4)
Tuesday	Oct. 17	Executive Committee	7:00 a.m.	Mary Bridge Children's Hospital (Sml. Brd. Rm.)
Wednesday	Oct. 18	PH/SH Committee	7:00 a.m.	Tacoma General (CR #4)
Monday	Oct. 23	Medical/Legal Committee	7:00 a.m.	Mary Bridge Children's Hospital (Lrg. Brd. Rm.)
Wednesday	Oct. 25	COME Board Meeting	7:00 a.m.	Allenmore Hospital (Drs. Dining Rm.)
Thursday	Oct. 26	EMS Committee	7:00 a.m.	Mary Bridge Children's Hospital (Lrg. Brd. Rm.)
Thursday	Oct. 26	Fluoride Committee	7:00 a.m.	Allenmore Hospital (Drs. Dining Rm.)
Wednesday	Nov. 1	AIDS Committee	7:00 a.m.	Tacoma General

NEWSBRIEFS

PCMS Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the Society.

David S. Brantley, M.D.

Hematology/Oncology. Born in Boston, Massachusetts, 11/30/52. Medical school, Baylor College of Medicine, Houston, Texas, 1979; internship, Madigan Army Medical Center, 1980; residency, Madigan Army Medical Center, 1982; graduate training, Letterman Army Medical Center, 1987. Washington State License, 1989; board certification, Hematology, 1986; Medical Oncology, 1987. Dr. Brantley is practicing with Drs. Senecal and Baker in Tacoma.

George L. Garcia, M.D.

Family Medicine. Born in Juarez, Mexico, 05/02/56. Medical school, University of New Mexico School of Medicine, 1981; internship, University of New Mexico, 1982; residency, University of New Mexico, 1984. Washington State License, 1989; board eligible. Dr. Garcia is practicing with Sumner Family Physicians.

Gregory J. Hallas, M.D.

Internal Medicine. Born in Omaha, Nebraska, 03/13/56. Medical school, Creighton University, Omaha, 1985; internship, Creighton University, 1986; residency, Creighton University, 1986. Washington State License, 1989. Dr. Hallas will be practicing with Drs. Schmidt and Pinholt in Lakewood.

Stanley C. Harris, M.D.

General Surgery. Born in Oakland, California, 10/09/44. Medical school, University of Washington, 1970; internship, Trippler Army Medical Center, Hawaii, 1971; residency, Fitzsimmons Army Medical Center, Denver, 1974. Washington State License, 1983; board certification, General Surgery, 1978. Dr. Harris is practicing at the Cedar Medical Center.

Bruce E. Hilton, M.D.

Physical Medicine and Rehabilitation. Born in Philadelphia, Pennsylvania, 08/20/47. Medical school, Jefferson Medical College, 1973; internship, Naval Hospital, San Diego, 1974; residency, University of Washington, 1982. Washington State License, 1989. Dr. Hilton will practice at Cedar Medical Center.

Marilyn E. Pattison, M.D.

Internal Medicine and Nephrology. Born in Billings, Montana, 09/26/49. Medical school, University of Washington, 1989; internship, Tucson Hospital and Medical Center, 1983; residency, University of Arizona, 1985; graduate training, University of Arizona, 1987. Washington State License, 1989; board certification, Internal Medicine, 1985, Nephrology, 1988. Dr. Pattison will be practicing at Internal Medicine Associates.

Vita S. Pliskow, M.D.

Anesthesiology. Born in Israel, 09/13/42. Medical school, University of British Columbia, Vancouver, Canada, 1967; internship, Cedars Sinai Medical Center, Los Angeles, California, 1968; residency #1, University of Michigan, 1969; residency #2, Indiana University Medical Center, 1970. Washington State License, 1971; board certification, Anesthesiology, 1972. Dr. Pliskow will be practicing with Allenmore Anesthesia Associates.

Sabine E. Speer, M.D.

Anesthesiology. Born in Germany, 03/20/52. Medical school, University of Alabama, 1978; internship, Children's Orthopaedic Hospital, 1981; residency, University of Washington, 1983. Washington

Applicants
(Continued)

State License, 1979; board certification, Anesthesiology, 1987. Dr. Speer is practicing with Tacoma Anesthesia Associates.

Donald K. Stritzke, M.D.

Urology. Born in Moscow, Idaho, 08/13/58. Medical school, Medical College of Wisconsin, 1984; internship, Medical College of Wisconsin, 1985; residency, Medical College of Wisconsin, 1989. Washington State License, 1989; board eligible. Dr. Stritzke will be practicing medicine with Drs. Stagner and Ohme.

Mary T. Sullivan, M.D.

Anesthesiology. Born in Houston, Texas, 12/26/29. Medical school, University of Texas, 1957; residency, Santa Rosa Hospital, San Antonio, 1958; internship, Parkland Memorial Hospital, Dallas, 1961. Washington State License, 1959. Dr. Sullivan is currently practicing at American Lake Veterans Hospital.

James A. Wilson, M.D.

Internal Medicine. Born 09/10/49. Medical school, University of Rochester; internship, Madigan Army Hospital, 1976; residency, Madigan Army Medical Center, 1978. Washington State License, pending; board certification, internal medicine, 1979. Dr. Wilson is practicing with Dr. Matthew White in Lakewood.

Maryann Woodruff, M.D.

Pediatrics. Born in Tacoma, Washington, 10/26/56. Medical school, University of Washington, 1983; internship, Mt. Zion Hospital and Medical Center, 1985; residency, Mt. Zion Hospital and Medical Center, 1985; residency, Mt. Zion Hospital and Medical Center, 1987; graduate training, Stanford University Medical Center. Washington State License, 1989; board eligible. Dr. Woodruff will be practicing at Pediatrics Northwest. ♦

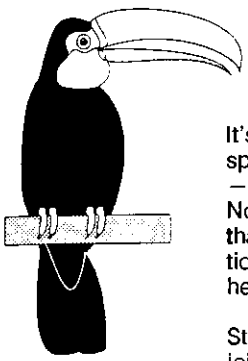
Dr. Waltman Published

'Old Age' is Not a Diagnosis is the title of Dr. Richard E. Waltman's recent article published in the July/August issue of *Senior Patient*. Dr. Waltman practices family medicine and geriatrics at Allenmore Medical Center. He has been a member of the Medical Society since 1982. If you would like a copy of the article, please call the Medical Library of Pierce County at 572-5340. ♦

CERTIFIED MEDICAL ASSISTANTS: HEALTHCARE'S MOST VERSATILE PROFESSIONALS

Medical Assistant Meetings

The Pierce County Chapter of Medical Assistants, Affiliate of the American Association for Medical Assistants, holds monthly meetings on the 2nd Monday of each month at 5:30 p.m. Dinner is followed by a speaker. For further information, please contact Doris Stansell at (hm.) 531-1913 or Kate Babinsky at (hm.) 851-8272, (wk.) 272-7344. ♦



Time is Running Out for the January 20 Mexican Riviera Cruise

It's not too late to reserve your spot aboard the Fair Princess – but time is running out! November 20 is the last day that you can reserve the vacation that you deserve after the hectic holiday season.

Start the new year off right by joining Dr. Gordon and Trudy Klatt for six sunny days and seven romantic nights aboard the Princess Cruise Line's Fair Princess. The Princess will be stopping in Cabo San Lucas, Mazatlan and Puerto Vallarta.

Rates start at as little as $1075 for inside cabins and $1220 for outside cabins (per person, double occupancy). Accommodations include roomy cabins, all with private showers, air-conditioning, 4-channel radios and color TV.

You can dine on meals of Italian, French and American cuisine served in the main dining rooms or wait for the lavish midnight buffets, poolside barbecues, pizzerias or daily afternoon teas.

The Fair Princess has three different lounges, two bars and one gambling casino. The lounges feature a variety of music including Las Vegas style revues in the showroom, bands, a piano bar and disco. Special evenings include Captain's Welcome Aboard Cocktail Party, Masquerade Party, Amateur Night, Beach Party, 50's Rock N' Roll Party and Pajama Party.

Sign up today. Some cabin classes are already full and the rest are going fast. Call Shirley Garrison at Alice's Wonderland Travel – 572-6271 or the Medical Society – 572-3667, for reservations or information. ♦

College of Medical Education Thanks Contributors

The College of Medical Education would like to thank the following contributors for their generous donations. As directed by the Board of Directors, the College is now self-supporting and no longer receives subsidization from the Pierce County Medical Society or the local hospitals. Expenses are paid directly from enrollment fees, donations, and/or grants.

The Board of Directors is grateful for your support.

Diagnostic Imaging Northwest
Mian Anwar, M.D.
Wing Chan, M.D.
William Dean, M.D.
Patrick Donley, M.D.
James Furstoss, M.D.
George Gilman, M.D.
Galen Hoover, M.D.
Kiyoaki Hori, M.D.
Jonathan Hurst, M.D.
William Jackson, M.D.
Michael Jarvis, M.D.
Thomas Jones, Jr., M.D.
Chris Jordan, M.D.
Herman Judd, M.D.
Marion Larsen, M.D.
Larry Larson, D.O.
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Marcel Malden, M.D.
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Stanley Mueller, Jr., M.D.
Thomas Norris, M.D.
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Gilbert Roller, M.D.
Mohammad Saeed, M.D.
Paul Schneider, M.D.
Dennis Scholl, M.D.
Surinderjit Singh, M.D.
Michael Smith, M.D.
Edgar Steinitz, M.D.
Ronald Taylor, M.D.
Stanley Tuell, M.D.
Barry Weled, M.D.
Matthew White, M.D. ♦

Committee Updates

Sports Medicine Committee

Chairman: *Stuart Freed, M.D.*

The Sports Medicine Committee recently sponsored a Continuing Medical Education program for team physicians. "The Role of The Team Physician", held in late August, featured **Dr. Stuart Freed** who addressed the issues and concerns surrounding functions and responsibilities of being a team doctor. The program was very well received and attended. The Sports Medicine Committee plans to sponsor future CME programs for team physicians.

AIDS Committee

Chairman: *Alan Tice, M.D.*

The AIDS Committee continues to meet monthly to work on their goals of improved patient care, physician assistance, and prevention as outlined below:

A. Improved patient care will consist of a) ready access to physicians, b) continuing education programs for physicians about HIV infections and adequate resources for them to keep abreast of the most recent developments, c) improved and coordinated community support services such as case management, counseling, and financial assistance, and d) better access to investigational protocols.

B. Physician assistance will strive to develop ways to deal with the legislation and administration that has developed around AIDS and help avoid legal and ethical problems.

C. Prevention is an important focus of the Committee, but much of this role will be administered by the Tacoma-Pierce County Health Department. The Committee will strive to have physicians involved in education and counseling regarding the prevention of HIV infections.

The AIDS committee has made considerable impact on physician access for PWA's. Comments from the Pierce County AIDS Foundation and the Health Department indicate that physician access is not a major problem in Pierce County and is an area that has seen marked improvement.

Aging Committee

Chairman: *Jim Wilson, M.D.*

The September meeting of the Aging committee put to rest the "rumor" in the medical community that nursing homes were not accepting AIDS patients. Even though AIDS is not directly linked to the aging population, placement of AIDS patients impacts the long-term care community and patients.

The meeting brought together the medical directors and administrators of the nursing homes with the Tacoma-Pierce County Health Department AIDS staff members to discuss the placement issue.

It was determined that the appropriate people were not being contacted as the medical directors had received no word or knowledge that this problem existed. It was explained that nursing homes are not designed to care for young people, but if the nursing home can meet the needs of the infirmed individual, a placement would be made.

Many questions were asked that will need answers in the future in regard to long-term care for PWA's. However, this meeting was a positive step for solving the immediate problem of placement in Pierce County.

Citizens for Better Dental Health

Chairman: *Terry Torgenrud, M.D.*

The Tacoma Fluoride Committee will be meeting frequently now that the fluoride issue will be put back on the ballot in November. The committee has met and is in the process of raising funds. Fundraising letters were mailed the middle of September seeking funds for postage, printing, mailing labels, yard-signs, advertising and other campaign expenses.

Leaflets will be distributed to medical and dental offices in Tacoma, a phone-tree is being organized and yard-signs will once again be distributed. **WE NEED YOUR HELP.** Please call the Medical Society – 572-3667, if you have suggestions that would contribute to our efforts or if you would like to help with any campaign projects.

Vote "No" on Proposition 3 ♦

Expenditure Targets

Expenditure targets or ET's are limits on expenditures for physician Medicare payments proposed by the federal government. The AMA has actively been involved in a broad range of activities to prevent the enactment of ET's. Recently, information on the proposal, along with a call for action, was mailed to more than 300,000 physicians. Visits by the AMA officers and trustees to 26 of the 50 largest newspaper editorial boards have occurred and advertisements condemning the proposal have appeared in The Washington Post and The Wall Street Journal. The ET proposal will reach the House and Senate floors this Fall. ♦

Please Report Deaths Accurately

Failure to accurately report non-traffic accidental deaths results in unnecessary delays and interferes with funeral services and burials. The Pierce County Medical Examiner's 1988 statistics show that there were 74 non-traffic accidental deaths in Pierce County comprising 7.5% of the caseloads. Thirty three (33) of these deaths were attributed to falls, the majority of which (26 or 78.8%) occurred in elderly patients who frequently developed pneumonia or pulmonary embolism while convalescing from the hip fracture which resulted from the initial fall.

A good percentage of these deaths are certified by the practicing physicians as **NATURAL** deaths (despite the fact that hip fracture is listed as a contributing cause) and are not reported to the Medical Examiner's Office initially. The Funeral Directors or Vital Statistics usually call these to our attention and the office initiates an investigation into the circumstances surrounding the fracture.

The Medical Examiner's policy on such deaths is as follows:

1. Notify the Medical Examiner's Office if there is a hip fracture.

2. If the hip fracture contributed to the immediate cause of death, the practicing physician can fill out the NATURAL cause of death (#49), and other significant conditions (#50), and sign the death certificate.

3. The physician should then notify the Medical Examiner's Office regarding the hip fracture or instruct the Funeral Directors to report it to the Medical Examiner's Office when the death certificate is picked up at his or her office.

4. Upon receipt of the signed death certificate, the Medical Examiner will investigate the circumstances surrounding the hip fracture and he will complete items #53-#59 on the death certificate and then countersign it.

The death certificate is an important legal document. It is imperative that the information entered is as accurate as possible.

If you have any questions please call the Medical Examiner's Office at 591-6494 or FAX them to 591-6589. ♦

Attention!! Physicians Interested In Politics...

PCMS and WSMA are reorganizing the Community Action Teams that were so successful during the 1986 Liability Reform effort.

MEDCATS (Medical Community Action Teams) will be the core of WSMA's political action program. Teams will be established at each legislative district level. Three or four members of the Society and Auxiliary will meet two to three times annually with their representative.

If you are interested in the political arena, and would like to participate at the grassroots level, call the Society office today. Issues such as Access to Care, AIDS, Professional Liability, Dept. of Health, Smoking, Scope of Practice and many others will be topics to discuss with your representative. Call 572-3667. ♦

Auxiliary October Meeting Notice

The October Meeting of the Auxiliary is scheduled for Thursday, October 19 from 10:00 a.m. to 1:00 p.m. at the Tacoma Country and Golf Club, Gravelly Lake Drive S.W.

Dorothy Wilhelm, Creative Consultant for KIRO radio, speaker, writer, humorist and radio personality will present "Washington Women: A Centennial Salute." This official centennial program is a "warm, humorous, fast moving look at the women who built Washington and the men who stood beside them - and sometimes stood in their way! It is based in part on the authentic diaries of Washington women, historically accurate, up to the minute, funny." Invite a friend to share this special no host luncheon with you. Reservations must be made no later than October 13. Send your check, payable to PCMSA for $12 per person, to Joan Sullivan, 5404 104th St. SW, Tacoma, WA 98499. Your cancelled check is your reservation receipt. ♦

Kitzhaber Notes

Over 150 members, spouses and Pierce County legislators heard John Kitzhaber, M.D. and President of the Oregon Senate, speak on Oregon's plan to improve access to care.

Dr. Ritchie, PCMS President, introduced Dr. George Schneider, President of WSMA and Dr. Hal Clure, President-Elect of WSMA. Senators Wojahn and Madsen and Representatives Rasmussen, Dore, Tate, Winsley and Walk attended to hear Oregon's alternatives for confronting uncompensated care.

(Continued on back page)

Missed Opportunities for Immunizing Children

Children are still suffering from vaccine-preventable diseases and their complications, primarily because they have not been adequately vaccinated. While immunization levels are high at school entry in Pierce County (exceeds 95 percent), coverage may be as low as 50 percent in younger children.

Responsibility for low immunization levels does not rest solely with the public sector. Health-care providers sometimes miss opportunities to give vaccines. A missed opportunity occurs when someone in need of immunization interacts with the health care sector and receives some care, but not the needed immunization.

The first missed opportunity occurs when persons seek immunizations but do not receive all that could be administered, either because the provider fails to take advantage of the potential for simultaneous administration of multiple antigens or because the patient is refused immunizations for invalid contraindications.

Centers for Disease Control Recommended Schedule for Active Immunization of Normal Infants and Children.

RECOMMENDED AGE	VACCINE(S)
2 months	Diphtheria-Tetanus -Pertussis(DPT) Oral Polio (OPV)
4 months	DTP,OPV
6 months	DTP
15 months	DTP, OPV, Measles-Mumps -Rubella (MMR)
18 months	Haemophilus b Vaccine
4-6 years	DTP, OPV
14-16 years	Tetanus diphtheria (Td)

Immunization Contraindications

DTP Should not be Administered to:

- Infants as yet unimmunized who are suspected of having underlying neurologic disease.
- Persons with a febrile illness. A minor URI is not a contraindication.
- Persons who had any of the following adverse events following immunization with a vaccine containing a pertussis antigen:
  - A. Allergic hypersensitivity.
  - B. Fever of 105 F., or greater, within 48 hours.
  - C. Collapse or shock-like state within 48 hours.
  - D. Persisting, inconsolable crying lasting three hours or more or an unusual, high pitched cry within 48 hours.
  - E. Convulsion(s) with or without fever occurring within three days.
  - F. Encephalopathy occurring within seven days.

OPV Should Not Be Administered To:

- Persons with immune deficiency diseases.
- Household contacts of immunodeficient persons.

MMR Should Not Be Administered To:

- Women who are known to be pregnant or who are considering becoming pregnant within three months of vaccination.
- Persons with severe febrile illness.
- Persons with a history of anaphylactic reactions following egg ingestion or topically or systemically administered neomycin.
- Vaccination should be deferred for three months after a person has received immune globulin.
- Persons with immune deficiency diseases. Children with asymptomatic HIV infection may receive MMR.

The second type of missed opportunity occurs when persons who are seeking care for reasons other than immunization, such as trauma or diarrhea, fail to have their immunization status assessed, and thus miss needed vaccinations. This latter type of missed opportunity may be more difficult to correct unless special attention is given to immunizations in clinic procedure. We must make every effort to assure the hard-to-reach are assessed and, if appropriate, vaccinated at every interaction with a health-care provider. ♦

References:

1. U.S. Department of Health and Human Services. Public Health Service. Centers for Disease Control. Twenty-second Immunization Conference Proceedings. San Antonio, Texas. June 1988.

2. A.C.I.P. MMWR September 19, 1986, Vol. 35/No.37, pp 577-579.

3. A.C.I.P. MMWR July 12, 1985, Vol. 34, No.27, pp 405-414, 419-427.

4. A.C.I.P. MMWR January 29, 1982, Vol. 31, No.3, pp 22-26, 31-34.

5. A.C.I.P. MMWR July 10, 1987, Vol. 36, No. 26, pp 409-418, 423-425.

—Courtesy of Allene Mares, R.N., Section Manager, Communicable Disease, Tacoma-Pierce County Health Department

Auxiliary News

AMA-ERF Holiday Card Kickoff

All Pierce County Physicians will receive a letter from Gail Alenick and Sandy Shrewsbury telling them about this year's AMA-ERF holiday sharing card. The sharing card is sent to all PCMS members with an enclosed list of contributors. Save yourself the expense and labor of addressing all those cards to medical friends and let your Auxiliary committee do the work. It is an easy way to send holiday greetings while supporting the medical school or medical research of your choice. All funds are payable to AMA-ERF. Your donations are tax deductible. Pierce County has been number one in donations in Washington for many years. Keep up the good work. Watch for your letter coming soon with all the information you need to make 1989 a banner year for AMA-ERF.

Finance Committee Will Select Recipients of Philanthropy Funds

PCMS Auxiliary Finance Committee will meet during October to select recipients for the 1989-90 philanthropy funds. The committee received eleven applications. The committee chairman, Mary Cordova, will present the committee's recommendations to the PCMS Auxiliary Board in November for their approval. The joint recommendation for this year's philanthropy funds will be presented at the November General Membership Meeting.

Applicants are: 1) Pierce County Parks and Recreation 2)National Multiple Sclerosis Society, Pierce County 3)National Masonic Foundation for the Prevention of Drug and Alcohol Abuse Among Children 4)Catholic Community Services 5)Vision Youth Service Agency 6)Health Care Providers Council of WA 8)Miles Memorial M.E. Church - "Kids Moving Up" 9)Pierce County AIDS Foundation 10) WSMA Health Foundation 11)Good Samaritan Hospital
The requests from most applicants relate to our county, state, and national emphasis on health education, improvement of health, and quality of life for all people. Comments should be directed to Mary Cordova, 588-3126. Your comments and the applications will be reviewed by the Committee before October 31, 1989.

Sally Foster Gift Wrap

October 20 is the final date to place your gift wrap order. Samples and ordering information will be available at the October 20 general membership meeting and through Marny Weber (863-2114).

Unique Volunteer Opportunity

You can make a difference! The YWCA Women's Support Shelter program for battered women will prepare you to speak to abused women. You visit with them during their stay in the hospital. The primary focus of your discussion with the patient is to offer alternatives to returning to an abusive home environment.

Your desire to help another person is the most important quality you can bring to this situation. Other specifics needed to talk with battered women will be provided at an orientation/training session. Your questions and concerns regarding your participation in the program will be answered at the meeting you attend.

If you are interested in having more information about this vitally needed program, please call Ginnie Miller 756-6376 or 759-7434 and indicate the meeting you will attend.
Orientation/training sessions are scheduled for: October 18 from 6:30 p.m. to 8:00 p.m. or October 25 from 6:30 p.m. to 8:00 p.m.

AMA Auxiliary Leadership Training

PCMS Auxiliary President-Elect, Mary Lou Jones has just returned from Chicago where she attended the AMAA Leadership Confluence I. Look for her report in the November Bulletin.

Thinking About Getting Involved?

You are wanted and needed to serve your community through Pierce County Medical Society Auxiliary. Selection of officers and committee chairmen for 1990-91 will begin soon. If you are interested in serving on the PCMS Auxiliary Board, please contact Kris White to provide her with your name, address, telephone number, and area of interest. Kris White, 3903 26th Avenue Court, NW, Gig Harbor, WA 98335. 1-851-5552.

CLASSIFIEDS

Positions Available

Radiologist – Immediate opening for Board Certified General Diagnostic Radiologist at military hospital near Tacoma. Need US, CT, and mammo plus limited angio and interventional ability. Regular hours – fulltime or 6 to 9 months per year, 5 year contract. Call Dr. Bernstein (213) 521-6630.

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GROUP HEALTH COOPERATIVE OF PUGET SOUND, a 370,000-member prepaid group practice, currently has a locum tenens position available for a Rheumatologist. Referral only practice in a multi-specialty organization. To inquire, write: Group Health Cooperative of Puget Sound, Manager, Medical Staff Personnel, 521 Wall Street, Seattle, WA 98121.

Physician Opening–Ambulatory care/minor emergency center. Full/part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, M.D. at 5900–100th Street S.W., #31, Tacoma, 98499. Phone (206) 584–3023 or 582–2542.

Fully Equipped Office in Tacoma in a convenient medical building, available: 1) 1 to 2 days per week, 2) to share, or 3) to exchange for day in Puyallup. Contact Dr. Lovy at 756-2182.

Practices Available

Seattle Arthritis Practice and Research Contracts. Busy practice plus $300K drug study contracts, experienced research coordinator, fully equipped offices downtown and West Seattle, excellent financing. Owner moving to fulltime research. Will assist with transition. Contact Sandra Smith, 2815 – 2nd Avenue, #540, Seattle, 98121, (206) 623-7935. 2815–.

NORTH PIERCE/SOUTH KING COUNTY –Primary care physician needed for established practice. Financial assistance available. High growth area - young families. For details please call 1-800-535-7698.

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Many groups TALK about building a better America-
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Medicare
(Continued)

We are all concerned about health care costs and the quality of care. It seems to us, however, that if the government is really interested in you, they would try to help "your doctors" deliver quality care in an efficient manner. Instead, they have chosen punitive bureaucratic regulations, which will ration health care and make it impossible to serve you well.

What to Do:

1. Call, write or telegram your congressman today, and ask him or her to explain this law to you, ask whether he or she knows who determined what standards were to be included, whether the standards are relevant to treating patients, and his/her reasons for voting for these regulations.

2. If you receive a letter from Medicare, call your doctor immediately and discuss it with him or her. Together, you can resolve the specific issue and help fight this onerous bureaucratic mess.

3. Do it! After all it's your health that is at stake.

4. Pass the information on to your friends.

The law number is: Section 9403 of Public Law 99-272 amending sections 1154a(2) Omnibus Budget Reconciliation Act of 1985.

This law is administered by the Health Care Financing Administration.

Your congressman's name, address, and telephone no. is:

The Honorable Norm Dicks
U.S. House of Representatives
Washington, D.C. 20510
(202) 225-5916

Your senator's name, address, and telephone no. is:

The Honorable Slade Gorton
Brock Adams
The United States Senate
Washington, D.C. 20510
(202) 224-2621 (BA)
(202) 224-3441 (SG) ♦

Kitzhaber
(Continued)

The Oregon plan establishes a Commission, made up of consumers and providers, which will, through a public process, prioritize health care services. The legislature will make the funding decisions. Several other states are looking at the plan for an alternative to the current dilemma. ♦

Pierce County Medical Society
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The Bulletin

Pierce County Medical Society

November 1989

INSIDE...

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(recombinant DNA origin)

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Human Insulin

With Human Insulin

Humulin®
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(recombinant DNA origin)

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

Lilly Leadership In Diabetes Care

The Bulletin

The Official Publication of the Pierce County Medical Society

The Bulletin is published quarterly, February, May, August and November by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advetisements in *The Bulletin* are the first of the month preceding publication (i.e., July 1 for August issue).

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

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White Water Times

– By William T. Ritchie, MD, 1989 PCMS President

In an address to the medical community a few months ago, futurist Leland Kaiser stated that medicine was in a white water period. Looking back on this past year, the Society has been paddling in these rapids.

We have been working actively on the access to care issue. One of the pilot projects for the Basic Health Plan covering 5000 otherwise uninsured Pierce County residents was implemented by the Pierce County Medical Bureau. The preliminary impressions of this program look favorable but how much the legislature expands the program remains to be seen.

The maternity access problem is being addressed by First Steps. Currently the program is being implemented by the legislature to insure that low income women receive early and continuous care. It has positioned Pierce County among the 21 counties qualifying as a maternity care distressed area. We rank 27 out of the 39 counties in the average number of Medicaid deliveries per provider. Last year our 86 Medicaid providers (OB/Gyn, FP/GP, midwives) averaged 26.6 Medicaid deliveries. Of the large counties only Yakima and Clark has averaged more. The Society is being challenged to help increase the number of providers for maternity care.

Access to care is a main priority at the state association level. Those of you who attended the state medical meeting in September heard Senator James McDermott tell us that it is no longer a question of if or when things will change, but how they will change at the national level. It is no longer a question of doing it ourselves before someone does it for us, it is a question of trying to have some influence on how that someone does it. In this state, House Health Care Committee Chairman, Dennis Braddock, has developed a health care delivery plan that was patterned after the British Columbia system. The plan will be considered by the 1990 legislature (See page 14). In Oregon, Dr. John Kitzhaber is championing the health care delivery plan that he presented at our September general membership meeting. When new delivery systems develop, we must not let them destroy the best of what we have. As physician providers, we need to educate the legislative decision makers while they deal with providing health care with limited resources.

Because health care costs exceed our willingness and ability to pay, obtaining access to care has become increasingly difficult for many.

The WSMA formed a Health Access Task Force. This group which includes two of our members, Charles Weatherby and Richard Bowe, heard from "virtually every group involved in the payment for, and the delivery of, health care as well as health care policy makers and patient groups." Their findings and recommendations were presented to the House of Delegates at the annual meeting last September. I urge you to obtain a copy of Report P and study it in detail. Because health care costs exceed our willingness and ability to pay, obtaining access to care has become increasingly difficult for many. The fact that business, government, and individuals are moving aggressively to control costs is well known. The Task Force defined six areas where action is needed.

1) After first gathering data, a purchaser and health care professional consensus must be developed to define quality and cost effective health care.

2) A public and health care professional consensus must be developed and a specific policy established on how increasingly limited resources are to be allocated for the maximum benefit of all.

3) The policy needs to recognize that there is a role for the consumer and provider to play and that there must be accountability for each if a comprehensive health care strategy for Washington is to be achieved.

4) As part of this comprehensive strategy, specific legislative steps must be taken to ensure that all Washingtonians have access to affordable health care insurance or - through the Medicaid Plan - access to a public program that provides basic benefits.

5) A solution must be reached that eliminates the impediments of access to basic health care services caused by professional liability.

6)Long term care must be integrated into the overall health care policy of the state of Washington and society must find alternative funding mechanisms. Alternatives to institutional care must be also explored and funded.

The solution will not be simple or easily derived, but we as physicians must provide leadership in attempting to form a consensus. Get involved, become knowledgeable, and inform your legislators. ☐

NEWSBRIEFS

New Members

The Board of Trustees has approved the Credentials Committee recommendation that the following applicants be approved for PCMS Membership.

Steven C. Brack, D.O.
Orthopaedic/Spine
324 East Pioneer, Puyallup

Russell W. Campbell, M.D.
General Surgery/Vascular Surgery
1901 S. Cedar, #107, Tacoma

Ronald Graff, M.D.
General Surgery
902 S. L St., #202, Tacoma

David C. Jester, D.O.
Emergency Medicine
General Practice
Bremerton Naval Hospital
Boone Rd., Bremerton

Timothy B. Jolley, M.D.
Pediatrics
1322 3rd Street S.E., Puyallup

Patty J. Kulpa, M.D.
OB/GYN
1811 S. K. St., Tacoma

James F. Longo, M.D.
Radiation Oncology
314 S. K St., #11, Tacoma

John P. McCloskey, M.D.
Pediatric, Cardiology
311 S. L St., Tacoma

James J. Rooks, M.D.
Otolaryngology
7424 Bridgeport Way W., #305
Tacoma

William K. Shields, M.D.
Retina/Vitreous
#A201 Allenmore Medical Center
Tacoma

Jobst Singer, M.D.
Anesthesiology
Tacoma

Donald K. Stritzke, M.D.
Urology
1320 3rd St. S.E., Puyallup

Assistant Members

Christine K. Delmendo, PA-C
Pediatrics
1811 S. K St., Tacoma

Associate Members

Emmanuel Q. Lacsina, M.D.
Forensic Pathology
3629 S. D St., Tacoma

Applicants

The Pierce County Medical Society welcomes the following physicians who have applied for Society membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the Society.

Ramadas K. Kamath, M.D.

Internal Medicine. Born in India, 12/01/55. Medical school, Kasturba Medical College, 1979; internship, Cook County Hospital, 1985; residency, Mt. Carmel Mercy Hospital, 1987; graduate training, The Brooklyn Hospital, 1989. Washington State License, 1984; board certification, Pediatrics, 1988; Internal Medicine, board eligible. Dr. Kamath is currently practicing in Steilacoom.

Jerry E. Markussen, M.D.

Internal Medicine. Born in Inglewood, California, 05/26/47. Medical school, University of California, Irvine, 1976; internship, University of California, SanDiego, 1977; residency, University of California, San Diego,1979. Washington State License, 1989; board certification, Internal Medicine, 1979. Dr. Markussen is currently practicing at Western Clinic.

Personal Problems of Physicians Committee

For Impaired Physicians Your Colleagues Want to Help

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Committee Members

Patrick Donley, Chair	272-2234
Joseph Kramer	845-9511
John R. McDonough	572-2424
William A. McPhee	474-0751
Ronald C. Johnson	841-4241
Jack P. Liewer	588-1759
Kathleen Sacco	591-6681
Dennis F. Waldron	272-5127
Mrs. Jo Roller	752-6825

WSMA
1-800-552-7236

Tacoma City Council Takes Action on EMS System

Following the testimony of numerous EMS providers, City Councilman, Tom Stenger, made a motion that, "No testimony has been provided that Tacoma is being adequately served by its current EMS system." Mr. Stenger and the City Council went on to direct the staff to move "expeditiously" to provide the City Council with options to make corrections in the current system.

Dr. Jackson, Immediate Past President of the Society, and Dr. Ralph Shealy, ER physician at St. Joseph Hospital, testified in favor of a change.

"The current EMS system is in need of reform," stated Dr. Jackson. He recommended a system that would provide strong medical direction, provided by a physician with specialty training and experience in EMS. The system would provide for optimum allocation of resources by developing a base station system. This system would have to be cost effective and work closely with the current system.

"A 'paradox' exists in Tacoma," said Dr. Shealy, "we have an abundance of medical talent and yet the county is still being underserved. There is no continuity of care, no coordination, and no medical control. The Council has the opportunity to lead the way toward a goal of unified care."

Much of the system plan will be determined by which service will deliver Basic Life Support (BLS) and Advanced Life Support (ALS) services in the County. Should it be private ambulance services or the Tacoma Fire Service?

Dr. Al Allen, Director, Tacoma-Pierce County Health Department, asked that more data be gathered before firm decisions are reached on such a serious issue.

Linda BeMiller, Public Consumer and Member of the EMS Design Task Force, urged the establishment of a central dispatch system through 911. She described her experiences riding with Rescue Unit #1 and the amount of "over-coverage" she witnessed with numerous EMTs and paramedics on the scene of an accident or call.

The City Council voted to review its available options at its October 31 meeting.

PCMS Representation at WSMA

A large PCMS delegation, led by Dr. Bill Ritchie, President, represented the Society as delegates at the recent WSMA Annual Meeting, September 28 - October 1.

They included Drs.: Gordon Klatt, President-Elect; Bill Marsh, Jim Fulcher, Bill Jackson, Past President; Dave Hopkins, Jim Patterson, John Rowlands, David Law, Eileen Toth, Charles L. Anderson, Kenton C. Bodily, Marcel Malden, David Sparling, Edward Pullen, George Tanbara, Richard Vimont, Lester Reid and Mrs. Alice Wilhyde. Representing the Society at the WSMA level were: Ralph Johnson (WSMA Immediate Past President), Richard Hawkins (Vice Speaker), Leonard Alenick (AMA Alternate Delegate), Richard Bowe (Trustee), Robert Scherz (Trustee), and Charles Weatherby (Trustee).

Topics generating a lengthy discussion were PRO/W, Canadian Health Care System, AIDS, Cholesterol, Alcohol Levels, Access to Care and many others.

Studies Show Poor Patients Less Likely to Sue

The notion that poor patients are more likely to sue for medical malpractice is a pernicious myth that makes it more difficult for the poor to obtain medical care, says a report in the Journal of the American Medical Association. Studies now "universally demonstrate what common sense told us all along: Poor people do not account for disproportionate numbers of malpractice suits – in fact, they are less likely to sue than are middle-class or privately insured patients," writes Molly McNully, J.D., of the National Health Law Program, Washington D.C., in JAMA's Questions and Answers section. For example, a 1987 U.S. General Accounting Office report found that Medicaid recipients account for only 5.8 percent of settled claims, for which insurance status was known, even though they constitute about 9 percent of the U.S. population, she reports. McNully described the numerous social, economic, and legal factors that make it extraordinarily difficult for poor people who are victims of malpractice to obtain legal representation and to pursue their right to compensation in court.

Tacoma-Pierce County Health Department Upcoming Public Health Rounds

The Tacoma-Pierce County Health Department is once again sponsoring some exciting topics for upcoming public health rounds, they are: Drug Treatment, AIDS Prevention; Injuries – The Neglected Epidemic; Immunizing Children. Be sure to join your colleagues on November 3 from 8:00 a.m. to 9:00 a.m. at Good Samaritan Hospital Lutheran Home (separate building off the Emergency Room).

Legislative Impact Through Physician Unity (MEDCATs)

Physicians across the country are becoming more organized – leading local drives for legislative action on key health care issues. Physician unity is critical to success. A unified "voice" is necessary if physician interest – and the interests of our patients – are to be protected and enhanced. In Washington state, Medical Community Action Teams are being revitalized and expanded to make sure our views are understood by elected leaders in Olympia. Your local MEDCAT needs you!

MEDCATs is not a new concept. Community Action Teams were created in 1986 with a single goal of passing tort reform legislation. Now, nearly three years later, the program is being expanded. Remaining Community Action Teams are being integrated with the WSMA Key Legislator Contact Program, and the WSMA Auxiliary's legislative volunteers, to form local "forces" that will address all issues effecting access to quality health care in our state. Your local MEDCAT needs you!

MEDCATs will help coordinate local political action strategies on issues of concern to the WSMA and its member physicians. Relationships with local legislators will be improved, and there will be greater opportunities for more physician and auxiliary participation in the governmental relations process. The Teams will conduct candidate interviews during election years and generate grassroots support for legislative action on a variety of health care issues. MEDCATs will also initiate public education programs in their local communities. Your local MEDCAT needs you!

Call the Pierce County Medical Society office today at 572-3667.

Yes, I will join the Medical Community Action Team in my legislative district!

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Legislative District#:_____

Here are the names of other possible team members in my district or county:

_____

_____

I understand I will be contacted about assignment to an individual legislator and any meetings of the team.

Please mail to: Pierce County Medical Society, 705 South 9th, Suite 203, Tacoma, WA 98409

The Impact of Practice Parameters

The medical profession is stepping up its efforts to develop scientifically sound and clinically relevant practice guidelines on the relevant appropriateness of alternate approaches to detect and manage selected health conditions. The AMA and national medical specialty societies recognize that such guidelines, if developed and disseminated by medical societies, will improve the quality of patient care and also, in many cases, reduce costs of care by eliminating outmoded or ineffective procedures.

Historically, national medical specialty societies have developed about 300 practice parameters. Earlier this year, an AMA Office of Quality Assurance survey of national medical specialty societies determined that 24 are now actively involved in practice guideline development and that at least 10 more are planning to undertake such activities. Under proposed federal legislation, the government would provide funding essential to expedite development of practice guidelines.

A notable example of how a practice guideline impacts upon professional decision-making in the course of treatment is afforded by the American College of Cardiology guideline on cardiac pacemakers.

These data clearly demonstrate that practice guidelines, developed by physician organizations, and incorporated into utilization review and peer review activities, can assure appropriate use of medical services and reduce inappropriate use. Similar success should occur in other clinical areas as physician organizations expand their efforts to develop scientifically sound, clinically relevant practice guidelines.

Definitions of Various Forms of Governments*

Communism: You have two cows. The government takes both of them and gives you part of the milk. **Socialism:** You have two cows. The government takes one and gives it to your neighbor. **Fascism:** You have two cows. The government takes both cows and sells you the milk. **Nazism:** You have two cows. The government takes both of them, and shoots you. **Bureaucracy:** You have two cows. The government takes both of them, shoots one, milks the other, then pours the milk down the drain. **Capitalism:** You have two cows. You sell one of them and buy a bull. **Democracy:** Everyone has two cows. A vote is taken and whatever the majority decides to do, you do . . . and that's no bull.

*Reprinted from Dear Abby.

It's Official – Humana Hospital– Tacoma is Now Allenmore!

After more than 60 years serving Tacoma, Allenmore Hospital returns to its roots – as a locally owned and managed community hospital.

On October 1, the 155 bed facility at South 19th and Union streets, most recently a member of the national Humana chain of for-profit hospitals, became an official member of the MultiCare family, which includes Tacoma General Hospital and Mary Bridge Children's Hospital. The former Humana Hospital – Tacoma has officially reclaimed its prior name – Allenmore Hospital – formalizing an acquisition by MultiCare which has been in progress for several months pending final approval of state regulatory agencies.

The hospital was founded in 1928 in downtown Tacoma by Henrietta Button-Goetz. Originally known as Washington Minor Hospital, it became Washington Medical Arts Hospital in 1937. It moved in 1966 to its present location, and was established as a community hospital, administered by a Board of Trustees representing the local medical community. It was called Allenmore Hospital, after the Allenmore Farm – a well-known local historical landmark.

In 1978, the hospital was bought by Humana Inc., of Louisville, Kentucky.

To commemorate the transfer of ownership, management and staff of both MultiCare and Allenmore joined in a symbolic "ribbon tying" and tree planting ceremony on October 5.

Members of the Boards of both MultiCare and Allenmore participated, along with management, staff members, and physicians and their office staffs.

New AMA Publications

The AMA's Office of Socioeconomic Research Information has produced a new publication, Practice Patterns of Orthopedic Surgeons.

It is the second volume in a series of reports on medical practice characteristics and physician supply trends within selected specialty groups.

The publication includes information on hours worked, earnings, and *professional liability insurance* premiums, as well as past and future physician population distributions by demographics such as age, sex, board certification, and country of graduation.

Data are based on trends from the AMA's socioeconomic monitoring system 1982-1988 core surveys, the AMA physician masterfile, and projections from the AMA demographic model of the physician population.

The 56-page publication is $290 for members and $395 for non-members.

The state of adolescent health and strategies for preventing health problems are the topics of the Brief Resource Guide on Adolescent Health, produced by the AMA Department of Adolescent Health and the AMA Auxiliary. A resource list is included.

To order either publication, call (800) 621-8335 or send a check to Book and Pamphlet Fulfillment, OP-427, AMA, P.O. Box 10946, Chicago, IL 60610-9968

Entertainment '90 Books

Once again the Medical Society is offering the South Puget Sound Edition of the 1990 Entertainment book. The book, which sells for $30, features over 400 "50 percent off" and "two-for-one" offers for fine dining, family restaurants, and fast food eateries. Live theatre, movies, sporting attractions, and special events throughout the Northwest are also featured. You can also take advantage of car-rental and airline discounts, attractions and getaways up and down the West Coast. The hotel directory offers hotels throughout the U.S., Canada, and Europe. Through Condo Rentalbank, you can rent condominiums at popular resorts and vacation spots.

To purchase your Entertainment '90 book, please call the Medical Society's MBI office at 572-3709. We will be happy to help you.

PCMS Representation on WSMA Council/Committee

The following members have been nominated to serve or continue serving on the WSMA Council/Committees as listed. The Society owes a debt of gratitude to the members for volunteering their time and expertise for these state-wide committees. The meetings usually take place in Seattle and encompass a full day or evenings time.

Ralph A. Johnson, M.D. ..... *WSMA Past President*

Leonard B. Alenick, M.D. ..... *AMA Alternate Delegate*

Richard S. Hawkins, M.D. ..... *WSMA Vice Speaker*

Richard Bowe, M.D. ..... *WSMA Trustee*

Robert G. Scherz, M.D. ..... *WSMA Trustee*

Charles M. Weatherby, M.D. ..... *WSMA Trustee*

Charles LeR Anderson, M.D. ..... *Adolescent Health Task Force*

Alan D. Tice, M.D. ..... *Aids Task Force*
Terry W. Torgenrud, M.D.

Robert W. Florence, M.D. ..... *Centennial Task Force*
Stanley W. Tueil, M.D.

David S. Hopkins, M.D. ..... *Congressional Liaison Committee*

Richard Hawkins, M.D. ..... *Constitution and ByLaws*
Ralph A. Johnson, M.D.
Stanley Tuell, M.D.

Richard Hawkins, M.D. ..... *Council on Professional*
Joseph Nichols, M.D. *Affairs*

John M. Kanda, M.D. ..... *Grievance Committee*

Richard Bowe, M.D. ..... *Health Access Task Force*
Charles M. Weatherby, M.D.

William G. Marsh, M.D. ..... *Hospital Medical Staff Sect. Governing Council*

Marcel Malden, M.D. ..... *Industrial Insurance and*
Charles M. McGill, M.D. *Rehabilitation Committee*

Richard Hoffmeister, M.D. ..... *Legislative Committee*
Jacqueline Jorgenson, M.D.

Kenton C. Bodily, M.D. ..... *Liability Reform Steering*
Richard Hoffmeister, M.D. *Committee*

Robert G. Scherz, M.D. ..... *Maternal and Infant Health*
Joseph H. Wearn, M.D. *Committee*

Leonard B. Alenick, M.D. ..... *Medical Boards Task Force*
Ralph A. Johnson, M.D.

David M. Brown, M.D. ..... *Medical Education*
John A. Lincoln, M.D.

John Coombs, M.D. ..... *Medical Practice Committee*
Joseph C. Nichols, M.D.

Richard Hawkins, M.D. ..... *Medical Services Committee*

Ralph Johnson, M.D. ..... *Nominating Committee*

David S. Hopkins, M.D. ..... *PACE Program Steering Committee*

David R. Munoz, M.D. ..... *Senior Health Committee*
Charles M. Weatherby, M.D.

Gregory Popich, M.D. ..... *WAMPAC Board of Directors*
Ms. Debbie McAlexander

Charles M. Weatherby, M.D. ..... *Young Physicians Committee*

How Can You Avoid Antitrust Violations?

Are you afraid that you might be prosecuted for an antitrust violation? How can you protect yourself from this threat? Here are some rules of thumb from Edward B. Hirschfeld, J.D., the AMA's Associate General Counsel:

First, don't agree with competing independent doctors on such terms as:

- fee schedules
- quantity or quality of services
- which patients to serve
- location of offices

Second, your biggest risk of antitrust exposure is organized resistance to third-party demand for lower fees. It may seem harmless to get together with colleagues to discuss third party demands informally, but such discussions can easily turn into agreements to take a "united front" against payors. Joint action of this kind involves serious criminal risk.

Third, the only way you can negotiate with payors are individually or through a PPO. Insurers are often more open to negotiation than you might think. This is because most of them want to offer subscribers a good choice of reputable physicians.

The AMA brochure, *Collective Negotiation and Antitrust*, provides more information on antitrust laws as they apply to physicians. This brochure is free to members and $2 for non-members. Send your request to the Physician Negotiation Advisory Office, AMA, 535 N. Dearborn, Chicago, IL 60610. Or call 312-545-5601.

Lakewood Hospital Offers Much

Lakewood Hospital opened its doors to over 3,000 people on September 24. "The open house was an unexpected success," exclaimed Sue Ryan, Marketing Specialist.

The staff of Lakewood Hospital may not have expected 3,000 visitors during their fun-filled open house, but they were not unprepared. Following the morning dedication ceremony with Representative Shirley Winsley and Pierce County Councilman, Chuck Gordon, visitors could peruse the new Emergency Room, Special Care Unit, Short Stay Surgery Unit, Birthing Suites and many other hospital areas. The spacious halls were filled with something for everyone. Mom and Dad could witness a 'mock' surgery or take a mini course in CPR and the kids could play dress up in doctor's clothes or have a 'physical' given to their favorite doll or teddy bear.

If you missed the open house and would like a tour of the new hospital, please call marketing at 588-1711, ext.2180.

Going, Going, GONE!

November 20 is your last chance to reserve your spot for the exciting January 20 Mexican Riviera cruise. Don't be left in the snow and rain while your friends and colleagues are sailing the high seas aboard the Fair Princess. Some cabin classes are already full. Make your reservations today! Call Alice's Wonderland Travel – 572-6271 or the Medical Society – 572-3667, for reservations or information.

McDermott Addresses WSMA

Congressman and physician, James McDermott, addressed the recent meeting of the WSMA House of Delegates, his opening remarks were: "We cherish efficiency and fairness, yet we have a system that is not efficient or fair." He stated that health care in America costs twice as much as national defense and that industry is trying to shift the health care costs to the government.

It was his prediction that the catastrophic health care act will be repealed. "The plight of 37 million uninsured people in this nation is the most glaring deficiency in the system," he stated. A single payor system is being considered in several states with tremendous savings in administrative costs. Congressman McDermott is opposed to expenditure targets. His parting words were, "Physicians are going to be rolled over or they can play a constructive role." He says changes are going to come more rapidly than in the past.

His parting words – "If we don't have a national health plan in 5 years, I will be surprised."

HEALTH REPORT

TIME OF EXAMINATION For athletics, during the 12-month period prior to first participation in interscholastic athletics in middle school or junior high school, and prior to participation in high school. Clearance for continued participation is to be provided on this form prior to each subsequent year of interscholastic athletics. A yearly clearance from the examiner is needed for continued participation.

CHOICE OF EXAMINER It is recommended that each child have a personal physician knowledgeable regarding each aspect of his/her health. Examination may be performed by a licensed physician (M.D. or D.O.), a licensed physician's assistant, or a certificated pediatric or family nurse practitioner working under the direction of a physician whose name is to be stated.

THIS SECTION IS TO BE COMPLETED BY THE PARENT OR GUARDIAN BEFORE EXAMINATION BY THE PHYSICIAN. PLEASE PRINT.

Last Name　First　Middle　Birthdate Month/Day/Year　Sex F or M　Name of School, Camp or Organization

Name of Parent or Guardian　Address　Zip　Home Phone　Work Phone

Usual Physician or Source of Health Care　Phone　Dentist　Phone

CIRCLE PURPOSE(S) OF REPORT *SCHOOL* Preschool, [illegible], Head Start, E.C.E.A.P., Kindergarten, Elementary School, Middle School, Junior High, High School. To enter grade　Sept 19　*INTERSCHOLASTIC ATHLETICS* baseball, basketball, cross country, football, gymnastics, soccer, swimming, tennis, track, volleyball, wrestling　*OTHER* day care, [illegible], park board recreation, boys club, camp, lifesaving, other (specify)

IS THERE ANY ILLNESS OR HANDICAP, or other situation [illegible] (Please explain)

CHILD HAS OR HAD THE FOLLOWING [illegible] Name other doctors important in child's care.

SKIN acne, eczema
VISION glasses, contacts
HEARING aids
NOSE bleeding
MOUTH dental decay, orthodontia
LUNGS asthma, bronchitis
HEART congenital, rheumatic
GASTROINTESTINAL ulcer, colitis, hepatitis
GENITOURINARY kidney or bladder infection
Menstruating (female) Yes ( ) No ( )
Has or had rubeola ( ) rubella ( ) mumps ( ) [illegible]
If child under 2 years give birthweight

ORTHOPEDIC fracture [illegible] congenital hip
NEUROLOGICAL [illegible] cerebral palsy
METABOLIC diabetes
BLOOD anemia, sickle cell disease
ALLERGIES food, [illegible] drugs
other (specify)
HOSPITALIZATION(S) Year/s Reason
OPERATION(S) Year/s Reason
HANDICAP physical, mental, [illegible]
learning, [illegible] hearing, speech, [illegible]
Describe unusual [illegible] health [illegible]

THIS SECTION IS THE RESPONSIBILITY OF THE PHYSICIAN. PARENT(S) SHOULD BE PRESENT FOR EXAMINATION.

IMMUNIZATIONS	None	Doses Received				Day/Month/Year	Immunizations
Diphtheria, Tetanus, Pertussis Any combination of DTP, DT, Td							DTP, DT, Td (circle dose given)
Oral Polio Vaccine (OPV) Injectable Polio Vaccine (IPV)							OPV/IPV (circle dose given)
MMR (Measles, Mumps, Rubella)							MMR
Hemophilus Influenza B Vaccine (HB/HBOC)							Hemophilus

Date of examination　Height　Weight　Blood pressure　Hearing Right　[illegible] Left　Hematocrit　Hemoglobin　Sickle Cell　Urinalysis

Vision Right 20/　Left 20/　Vision corrected Right 20/　Left 20/ glasses, contacts (circle which)　Tuberculosis skin test Date　Type　Result

CIRCLE ABNORMAL AREAS, DISCUSS AT RIGHT

Appearance	Scalp	Throat	Neurological
Development	Head	Chest	Dental
Nutrition	Eyes	Lungs	Genitalia
Acne	Ears	Heart	Extremities
Rashes	Nose	Abdomen	Back [illegible]

ANY CONDITION CIRCLE:
Eczema, allergy, asthma/exercise induced asthma, obesity, lung, heart, orthopedic, other

An additional narrative report is attached or will be forwarded Yes　No

INTERVAL NOTE Identify any occurrences since examination [illegible] in school, athletics, or other activites

REFERRAL(S) (Circle) Eye Ear Dental Orthopedic Other (describe)
Please name other doctors involved in care of child

Parents need help to obtain Yes ( ) No ( )

ASSESSMENTS THAT MAY BE NEEDED IN SCHOOL OR OTHER FACILITY Hearing, Speech, Psychology, Occupational therapy, Physical therapy, Guidance, Learning. If you believe child should be considered for special education, please describe need above

RECOMMENDED PHYSICAL ACTIVITY
Full day care, preschool, school, physical education, sports or camp activity
Swimming
Modified or restricted activity (describe)
Interscholastic athletics. If wrestling, not to go below what weight?　lb

MINIMUM WEIGHT — REQUIRED FOR WRESTLERS ONLY

101	108	115	122	129	135	141	148
158	168	178	188	Unlimited			

A physician's written release is required to resume participation following all illness and/or injury serious enough to require medical care. Give details above.

Date signed　Next recommended date of examination　Physician's Name (Please print)　Signature and Title

Prepared by the Medical Society of Pierce County in cooperation with Tacoma and Pierce County preschools and schools, Tacoma-Pierce County Health Department, Department of Social and Health Services, child care, youth and camping organizations

Revised 9/89

WSMA Sets Agenda for 1990

Cover:
Over 400 delegates from all over Washington attended the WSMA Annual Meeting, September 28 - October 1.

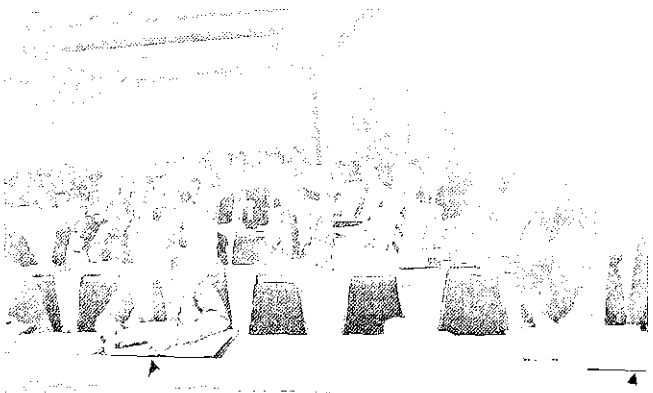
Fluoridation of municipal water supplies, hospital no-smoking policies, and immunizations, were among the highlighted resolutions offered by PCMS members at the WSMA Annual Meeting held at Sea-Tac Red Lion, September 28 - October 1.

PCMS members encouraged WSMA to support the passage of laws, ordinances, and regulations that would require the fluoridation of public water supplies throughout the state. The Society also asked WSMA to encourage and support no-smoking policies in all hospitals, and to seek legislative funding so all children can be immunized and provide support of the Needle Exchange Program.

A resolution to recommend legislation to allow Needle Exchange programs was approved. The resolution for the Screening of Sickle Cell Disease was adopted and WSMA encouraged funding on the Federal State, County, and City levels. WSMA was asked to aid Medical Societies and Medical Bureaus participating in the Basic Health Plan.

The House of Delegates rejected a resolution that "WSMA shall consider it ethical for a physician to make the decision not to perform cosmetic surgery based upon the safety of themselves and their staff and that it shall be considered ethical for a physician to make the decision not to perform purely elective surgery when other suitably effective means of treatment are available." A similar resolution had been introduced to the House in 1988 and rejected.

Considerable floor discussion centered on WSMA physicians in relation to PRO/W. WSMA was asked via resolutions to introduce legislation that would permit revelation to judges and juries of prior experience and financial arrangements of expert witnesses via cross examination. Two other rejected resolutions were a resolution which asked WSMA to propose a state income tax and a resolution which asked WSMA to support a gasoline megatax of $1 or more a gallon to provide revenue, for mass transportation, the upgrading of roads, and other systems of transport. Members of the House of Delegates felt this was out of the purview of WSMA.



Pierce County Delegation at WSMA Annual Meeting.

Representative James McDermott discusses the future of medicine with Dr. Leonard Alenick.

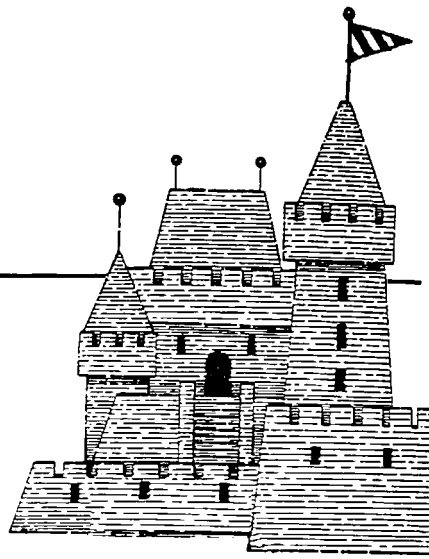
WSMA was also asked to support the lowering of the legal limit of blood alcohol for driving. They resolved to support the lowering of the minimum level of blood alcohol, from 0.1% to 0.04%. In a related issue, WSMA was asked to actively support legislation increasing an excise tax on alcoholic beverages. The revenue that would be raised would be dedicated to helping support victims of alcohol abuse and stepping up preventative education efforts.

WSMA was urged to support/endorse research on the issue of the liability of drug companies for bad

(Continued on page 15)

Partner in Crime

By Louise Shewell, R.N., Largo, FL



As I stand in the doorway of your hospital room, arms full of admission assessment forms, light from the high window striates your face and shines on the metal side rails of your bed. Your face is sunken, all eyes; your chest heaves in spasmodic jerks. Heart disease, dementia, old age. I can't believe you're the same lady who used to cheat my grandmother at cards.

I never understood why you cheated. Gran was so distracted by my failing grandfather, you could've beaten her fair and square. I remember the day the two of your were playing canasta on the back porch while Grandpa slouched in his wheelchair nearby. I was in the yard, squatting near the porch stairs, waiting for Gran to play her hand so I could crawl under the porch and drag out the garden hose to wet down my sandbox, a practice Gran forbade. The time for my move came when I heard her say, rather loudly, "Mabel Avery, I see you fingering that deck." She dabbed at Grandpa's sagging mouth, then tucked the handkerchief into the front of her dress. You snatched off your glasses and flung them onto the cards lying on the table.

"I was just seeing if you were paying attention," you said. "You hover so over that man you can't even keep your mind on a decent game of cards. If George were himself enough to say so, he'd tell you to leave him alone. God help me if I ever get like that. I don't want anyone hovering over me."

Gran didn't say a word, but her ears must've been as sensitive as her eyes. I didn't have the hose halfway across the yard before she caught me. She stretched up from her chair and started hollering.

"Stop fussing at that kid," you said. "She's having fun. God help us when we can't have a little fun anymore!" Coming down the stairs, you picked up the hose and helped me drag it the rest of the way to my sandbox. Without hesitation, you stepped out of your sandals and into the sandbox, saying, "Nothing wrong with a little mischief now and then." I couldn't believe it. Finally, someone to get into trouble with! While I scrambled to gather my bowls and tools, you aimed the hose into the quickly cooling sand. Together we built a magnificent castle.

You were my friend, my partner in crime, and that summer you stood in for my own grandmother, who was too busy with Grandpa to attend to the boredom of a 7-year-old. When Grandpa died, Gran moved to a retirement home, and I lost track of you until your arrival today on the orthopedic unit. I'm a registered nurse, and I see plenty of sick old people, but I never know what they were like before. I never see the sad deterioration that I see in you.

I look at the name of the chart binder twice: Mabel Avery. The right name, the right age, but this body? My Mrs. Avery was round, ruddy, with bright orange hair and nails painted to match. This Mabel Avery is frail as a bird, with only wisps of faded auburn hair and cyanotic nailbeds that match blue, bruise-colored lips.

The ER report says you came from Palms Nursing Home, where you fell out of bed and broke your hip. After checking your vital signs, I start your oxygen and remind myself to get an order for it from your attending physician when I call to ask him about transferring you to the ICU.

Standing by your bed, I can't believe you're the same woman who told my grandmother that infirmity was a "selective process" and that you didn't intend to be one of the chosen. Yet here you are, no livelier than my drooling grandfather, wrapped in a nylon mesh restraining vest to keep you from climbing over the side rails and breaking your other hip. I try to talk, try to share a memory of that summer when you were my partner, but you only glance at me blankly and continue that gurgle breathing that rattles the bed rails. You don't seem to be in pain except when I reposition you. When I try to give you pills, you gag and sputter so much I'm afraid you'll asphyxiate. It scares me. I call your doctor to get your medications ordered IV and IM and suggest a transfer to ICU, reminding him that with nine other patients to care for, I can't possibly monitor you as closely as I'd like. He decides against it, saying that the only thing about you that's truly unstable is your hip. Otherwise you've been like this for months.

(Continued on page 15)

Helen Whitney (WSMA Treasurer) enjoyed dinner conversation with Gayanne Burns, AMA-ERF Chairperson from Tennessee.

President Bill Ritchie and delegate David Sparling enjoy the President's reception at the WSMA Annual Meeting.

WSMA AGENDA
(Continued)

results of vaccines and to design legislation to limit liability resulting in lower vaccine costs. WSMA will be asking the legislature to enable the State Health Department to purchase sufficient vaccines to routinely immunize all children in Washington State and to enable the State Health Department to distribute vaccines to physicians offices and local Health Departments for administration.

The House of Delegates approved a 1990 $20 increase in dues to permit the WSMA to purchase a new computer system that would allow for more efficient control over the membership data base, particularly in relation to legislation.

Dr. Bill Ritchie, President PCMS, led the Pierce County Delegation, which was represented during the voting by a full contingent of delegates. ☐

Don't Forget to Register for:

"Taking Back Control of the Medical Practice"

Wednesday, November 8

Please call:

PCMS Medical-Dental Placement Service 572-3709

PARTNER
(Continued)

He says you can't be left with a painful, broken hip and that he'll schedule surgery, so I call your sister in Buffalo for the surgical consent. She, like the doctor, rejects a DNR status. When I look at you, I wonder why.

As I return from the call to your doctor, the hall is humming with the sounds of voices and machinery. I begin evening care, stopping along the way for meds, toileting, a PCA pump that won't run, a man who needs a catheter, and woman who has pulled out her IV. It's not until I have pushed the dressing cart back to the nursing station that I realize what is missing in the hallway: your breathing.

Frightened, I walk back to your room, but before I enter, I pause in the doorway. The room is beautifully quiet. You have stopped breathing. I know what policy directs me to do, but for a moment, I see myself slowly backing out, opening a chart rack, and pretending not to hear the roaring silence in my ears.

Instinctively my legs force me to your bedside. My heart, however, remains outside the door. I give two breaths, feel for a pulse, and push the Code 5 button over your bed. I pull my finger back, trembling, and remember how you looked holding the hose at the edge of my sandbox, up to your ankles in mud. Large bruises on your arms remind me of how the dirt caked on you in the heat of that afternoon. "Nothing wrong with a little mischief," you said. You were my partner in crime that summer. Now you need a partner, and I have failed you. ☐

*Reprinted from the August 15 issue of JAMA.

SEPTEMBER GENERAL MEMBERSHIP
SEPTEMBER 12, 1989

Senator John Kitzhaber, M.D., President Oregon Senate, discusses his plan with Dr. Dick Bowe and Senator Lorraine Wojahn (27th District).

(Left to right) WSMA President Hal Clure, M.D., Senator John Kitzhaber, M.D. and Dr. Joe Nichols share a laugh at the September General Membership Meeting.

Barbara and Jim Patterson (PCMS Trustee) chat with Dr. Mike Jarvis prior to hearing Dr. Kitzhaber's Presentation.

U.S. Pays High Price To Keep People Alive

By Richard D. Lamm, CA

The ancient Greeks observed the "to know all to ask is to know half." The cost of the inefficient health care system in the United States cannot continue to grow at more than twice the rate of inflation. Heretical questions must be asked.

"What chance is there that she will leave this unit alive?" The group of doctors look annoyed at my question. We were clustered around the bed of a 91-year-old woman in the intensive care unit of a university hospital. She had been in intensive care for two weeks, kept alive by a web of tubes and hoses.

The attending physician swallowed her personal resentment. "Very small, but every once in a while someone survives," she said. "Medicine must do everything possible as long as there is a chance."

The United States has approximately 87,000 intensive-care beds, far more than any other country. An intensive-care bed is the most expensive medical setting possible, usually staffed by one to one-and-a-half nurses per bed, surrounded by hundreds of thousands of dollars' worth of high-technology equipment. They save some people who would have been lost in previous times, but at a very high cost. They are thus symbolic of both our caring and our priorities.

Once people get into the health-care system, U.S. programs will spend fantastic amounts exploring a small chance of survival for them - yet 31 million Americans do not have basic health insurance and 30 percent of the kids in the United States have never seen a dentist.

The country has seemingly unlimited resources for patients in the system but painfully few for citizens outside the system. Health-care spending is reactive and reflexive rather than reflective.

Thirteen percent of U.S. patients, many of them terminal, account for more than 50 percent of the hospital costs, yet Medicaid covers only 40 percent of the people living in poverty. One million American families have one or more members denied health care yearly. Almost 60 percent of Medicare's in-patient expenditure is spent on 12 percent of the recipients, too often for marginal procedures.

In one corner of the hospital, we are squeezing a few more days of pain-racked existence out of people for whom there is clearly no happy outcome, yet 600,000 women gave birth last year with little or no prenatal care.

A hospital alarm goes off and the team rushes to resuscitate a man with prostate cancer. But an alarm has also gone off in the U.S. economy, and is too dangerous to ignore.

The country has among the lowest rates of investment in new plant and equipment in the industrialized world, yet there is a group of the brightest men and women, using expensive Japanese machinery and large amount of limited resources on frail bodies - many of whom, everyone concedes, will never leave this unit. On this day, four of the 12 people in the unit have virtually no chance of leaving the hospital.

In practically every town in the United States, the best building is a hospital (40 percent empty) and the worst a school (usually overcrowded).

The highest-paid professionals are doctors; the lowest-paid are teachers. We are overtreating our sick and under-educating our kids. We spend more than other industrialized nations on health care, both in total dollars and percentage of gross national product devoted to health care, yet we do not keep our citizens as healthy as they do.

The basic dilemma of U.S. medicine is that we have invented more health care than we can afford to pay for, and yet we find it terribly hard to set priorities. We rush to rescue people in intensive-care units today whom just yesterday we abandoned.

We spend too much money on high-technology care for a few and too little on basic health care for the many.

(Continued on page 30)

The Washington Universal Health Access Act of 1990

*Conceptual Outline ***not written in statutory syntax****

Proposed by Representative Dennis Braddock Chair, Committee on Health Care — Washington

Findings and Conclusions

The Legislature finds Washington State has been an innovator in health care.

Over the past three years, the state has pioneered several nationally recognized model programs, including: the **Basic Health Plan** and the **High Risk Health Pool** to provide access to health services for the uninsured; the Omnibus AIDS Act to provide a prevention and treatment framework to address that serious disease; the **Maternity Care Access Act** to provide needed prenatal care to low income women and health care to poor children; **Rural Health Legislation** to meet the health needs of rural communities; the **Health Care Authority**, a single payer administration, to improve the efficiency of health benefit plans for public employees; and **a State Department of Health** to provide greater focus and leadership regarding health matters.

These accomplishments, although significant, are piecemeal attempts to address pervasive problems of access, equity, quality of care, and cost control.

Close to 700,000 Washington State citizens are without access to health services. This number is growing as increased health insurance costs push low wage earners off health insurance rolls, administrative and bureaucratic costs continue to rise, and the multi-tiered complex system breeds additional inequities in access and quality.

Problems of access, quality, and cost also have a detrimental effect on the state's economy. Washington state, and the nation as a whole, cannot gain a competitive edge when health care costs continue to grow at an alarming rate and workers cannot access health services. On a per capita basis, the United States spends 41% more on health services than Canada, 61% more than Sweden, and 131% more than Japan. All of these countries have universal health coverage while this country fails to provide coverage for an estimated 37 million of its citizens. Also, in some areas of health outcomes, e.g. infant mortality, these countries fare better than the United States.

The Legislature concludes that any future reforms must be systemic, encompassing all the major components of health service delivery and finance. It must also result in universal coverage for state residents, insure quality of care, and include effective cost controls.

Intent

It is the intent of the Legislature that by 1995, the Washington Universal Health Access Program (WUHAP) be fully implemented, incorporating the following principles.

1. Comprehensive health service and long term care coverage for all residents of the state.
2. Annual premium participation for all enrollees based on income, except for those of the lowest income levels.
3. Minimal co-payments to be paid at the point of service for all enrollees, with a sliding fee schedule for those enrollees whose income is below 200% of the Federal Poverty Level (FPL).
4. An efficient single administrator, with uniformity of billing, payment, and data collection.
5. A global state health service budget based on a percentage of the gross state product or revenue capacity.
6. Freedom of choice of provider.
7. Funding through employers, individual premiums and payments, and state and federal governments.
8. Development of a state universal coverage program in anticipation of some form of national health insurance.

Developmental Process

The elements of WUHAP will take several years to put in place. Most likely, it will need to be phased in over a multi-year period.

The responsibility for overseeing the development of WUHAP is given to the **Health Care Access and Cost Control Council (HCACCC)** recently created by SB 6052 (Sec 503). Present membership includes the Secretary of Health; the Secretary of Social and Health Services; the Administrator of the Basic Health Plan; the Administrator of the Health Care Authority; the Director of Labor & Industries; and one public member. The statute should be amended to include the Insurance Commissioner, since the development of the WUHAP will require significant modification of the insurance system.

The developmental process will involve the participation of several groups and organizations including the Board of health, through the State Health Report; business, labor, the public at large, and the health provider community.

Administration

The **WUHAP** shall be organized as a single administrative entity, encompassing the following elements:

1. Uniform benefits package;
2. Simplified uniform billing and payment procedures;
3. Complete and timely access to all health data;

4. Complete authority to make operational decisions regarding the program.

The WUHAP may contract with existing health entities to perform financial intermediary or "Administrative Services Only" (ASO) functions, if necessary for the effective and efficient operation of the program.

Services Covered

Covered health services shall include those that are determined to be effective in the following categories.

1. Inpatient hospital
2. Outpatient hospital
3. Physicians services
4. Other licensed health professional services
5. Prescription drugs
6. Health promotion and illness and injury prevention
7. Long term care, including nursing homes and community-based services.

The Secretary of Health, pursuant to her or his authority to evaluate outcomes of health service intervention [SB 6152 (Sec 107 & 9)], shall periodically recommend to the WUHAP health services and medical technologies to be covered. Such determination shall be conducted through the public process.

Service Delivery and Reimbursement

Global State Health Service Budget (GSHSB): This budget will reflect the total amount to be spent on health services in the state. It will be developed on a per capita basis, taking into consideration an established percentage of the gross state product or revenue capacity. Premiums and co-payments will be established based on a fixed portion of the GSHSB.

Health Providers: Health providers will be reimbursed on a fee for service, salaried, or capitation basis set uniformly by the WUHAP.

Hospitals: Hospital budgets will be set on a GSHSB basis for each hospital, using historical data, and projected changes. Retrospective adjustment will be permitted for unforseen circumstances.

Trauma and tertiary care services, where efficiency is sensitive to volume of service, will be designated among hospitals based on geographic distribution and need.

Capital projects would be approved separately.

Funds for graduate medical education will be excluded from hospital budgets and separately approved.

Hospital budgets will include a factor for uncompensated care to provide emergency services to those who are not enrolled.

Drugs and Durable Goods: Prescription drugs, durable medical equipment and supplies, eyeglasses, hearing aids, oxygen, and related services will be provided through a uniform state contracting process.

Long Term Care: The HCACCC shall consider the recommendations of the Long-Term Care Commission (HB 1968) in determining service delivery and reimbursement for LTC consistent with the intent of this act.

After 1995, no insurer, health service contractor, nor health maintenance organization may independently insure, contract, or provide those health services included in the WUHAP benefits package.

Health Profession Recruitment

The secretary of Health shall identify shortages of needed health providers and, with universities, colleges, and vocational technical institutes, shall develop proposals for training, recruitment, and retention.

Health Service Utilization Management

The secretary of Health, with the state's academic health science programs, shall develop training and continuing education programs that incorporate utilization management schemes to improve timeliness and efficiency of health services interventions and cost controls. The results of this effort shall include practice guideline development, on a consensus basis, using available data on efficacy.

Phase-In of Existing Payment Systems

The HCACCC shall develop a time line and method for incorporating the following payment systems into the WUHAP:

- Medicaid and state funded indigent health programs
- Medicare
- CHAMPUS
- State Employee Health Plans
- Common School Employee Health Plans
- Basic Health Plan
- High Risk Health Pool
- Labor and Industries Health Services

(Continued on page 27)

Performance Evaluations: When, How and Why?

by Sharon Bain, PCMS Medical-Dental Placement Coordinator

Annual performance evaluations are important to employee morale. They provide feedback to your staff members, allow managers to express concerns, and they can provide a rational basis for salary review or redefinition of job duties.

While regular evaluations are necessary, they are perhaps the most unwelcome managerial task of all. In order to fairly evaluate an employee, whether positive or negative, it is essential to keep good documentation during the year for preparation. I hope the following suggestions will help you prepare for your staff evaluations:

- To prepare, review the written job description and all documentation made during the past year. (i.e. attendance, attitude, promptness, accuracy, appearance, quality of work).
- Evaluate the performance in each area of job responsibility. Compile a list of behavioral characteristics important to the job and rate the employee in these areas also. You can use a checklist consisting of unsatisfactory, average, good, very good, and excellent if you wish.
- Remind yourself frequently that your job is **NOT TO CRITICIZE** the employee, but **CRITIQUE** the employee's work performance.
- Prepare a written evaluation and set an appointment with your staff member. Conduct the review in a quiet setting without interruptions(both employer and manager, or manager and supervisor may be present if desired).
- Many employers use this time to announce a raise in salary or deny a raise in salary. Many others keep the performance evaluation separate from a salary adjustment. Instead, they state "your evaluation may be used later as a tool to evaluate salary based on achievement of the duties outlined in your job description plus overall attitude and behavior."

If Dealing with an Unsatisfactory Performance, Consider the Following:

- Allow time for the employee to analyze and discuss the deficiencies outlined and also participate in formulating plans for improvement. **DO NOT WAIT UNTIL A LATER TIME.** Formulate the plan for improvement, make your expectations clear, set a definite time for the next review (30, 60, or 90 days).
- Inform the employee what action may be taken if work performance, attitude or behavior does not improve to your expectations during the time agreed upon.
- Listen closely to grievances. Even in a review that is basically negative always try to find a positive remark to open and close the meeting. It is important to instill a desire to improve and follow through.
- Be certain to clarify whether or not the employee has the training, the aptitude and ability to perform the specific job duties. If not, seek more training for this individual or perhaps a different position.

Be sure that you are fair and honest. Disputed terminations are often based upon the following arguments:

1. The standards of the employer were unreasonable.
2. The standards were not made known to the employee.
3. The employee's deficiencies were not brought to his/her attention.
4. The employee was not given the opportunity to correct deficiencies.

By informing an employee that he or she has failed to perform to your standards, you satisfy three important goals:

1. Notifying the employee properly of deficiencies in work performance, behavior or attitude.
2. Provide the employee an opportunity to improve.
3. Establish a record to which you, and if necessary, an arbitrator can refer in case of subsequent dispute.

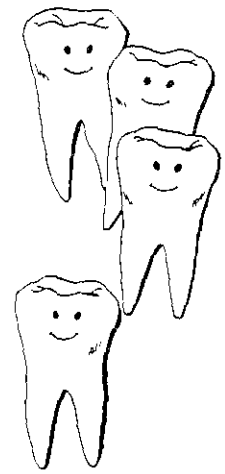
Giving feedback is perhaps the most important aspect of good management. It is through feedback that we encourage employees in the right direction, helping them set priorities and modify expectations resulting in improved job performance. □

Anti-Fluoridationists Demand Member's License!

As you are probably aware, Tacoma began fluoridation of its water supply in July of 1989 after the sucessful efforts of last year's fluoride campaign. In September of 1988, 60% of Tacoma's voters were in favor of drinking fluoridated water. Water fluoridation is the adjusting of fluoride deficient water to the recommended level for optimal dental health. Tacoma's natural average fluoride level is .06 parts per million, and the adjustment brings it to one part fluoride to one million parts of water.

Fluoride proponents gathered the reguired 2,524 signatures to place the issue on the ballot in 1988. This year, fluoride opponents gathered the same number of signatures to repeal ordinance #24321 by a vote this November 7. The Tacoma City Charter has no restrictions regarding how frequently an issue can be voted on. The only requirement is that 10% of the people who voted in the last councilmatic election validate the initiative signing process. The signer must be a resident of the City as well as a registered voter.

The Citizens For Better Dental Health Committee, chaired by Dr. Terry Torgenrud, has worked long and hard for fluoridation in Tacoma and now fear its repeal. The opponents of fluoridation have been very active and are determined to see water fluoridation repealed in Tacoma. They have written numerous letters to Dr. Torgenrud demanding public apologies and public retraction of his support for fluoride. They have even written to the State Licensing Department calling for the revocation of his license to practice medicine. They claim "Dr. Torgenrud has approached the subject of fluoridation of water supplies in a biased manner and attitude. This is why we are worried and concerned about Dr. Torgenrud's future conduct in private practice and his total ability as a physician." They fear that "Dr. Torgenrud will not have the mental capacity to recognize any possible or probably occurring cases of fluoride intoxication within his patients." They go on to demand that if Dr. Torgenrud cannot furnish scientifically conducted control-experiments that repudiate the information of a Dr. Jacob Baldwin Bruce, that he be stripped of his medical license.



In addition, they threaten that they might have to bring Dr. Torgenrud and "at least six other Tacoma proponents, to court to answer to malpractice and to **BRING TO THE COURT THE ABOVE REQUESTED PROOF OF SAFETY AND EFFICACY,** sans bodily harms, in the practice of water fluoridation **IN TACOMA."**

To quote them further, "Dr. Torgenrud was not the only local practicioner [sic] to publish, allegedly, lies, mis-information, and dis-information [sic] to the people in an effort to influence an election by means of fraud and hoaxing."

The opponents have numerous organization names that they use, including Citizens United to Combat Fluoridation run by a Mr. Ted Rowell from Sherwood, Oregon; the Safe Water Coalition of Washington State including a Western Washington chapter called Citizens for Freedom of Choice led by Mr. Wayne Aho and a Mr. Walter Miller, with no agency affiliation, from Cupertino, California. □

Retain Fluoridation for Tacoma.

What is Fluoridation?

Water fluoridation is the adjusting of fluoride deficient water to the recommended level for optimal dental health. **All Water Contains Some Fluoride Naturally.**

Tacoma now has the recommended level of 1 part fluoride to one million parts of water as mandated by Tacoma voters. Tacoma's natural average fluoride level is .06 parts of fluoride to one million parts of water.

Who Supports Fluoridation?

Fluoridation is strongly endorsed by all major medical and dental organizations including:

- American Medical Association
- American Dental Association
- The World Health Organization
- U.S. Environmental Protection Agency
- U.S. Surgeon General

"Fluoridation is the single most important commitment a community can make to the oral health of its children and to future generations."

Surgeon General
U.S. Public Health Service

DID YOU KNOW?

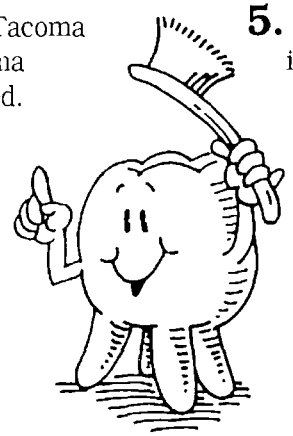
1. Fluoride was chosen by Tacoma voters in 1988 and the Tacoma water supply is now fluoridated.

2. 1.52 million people in Washington State have chosen to drink fluoridated water. Including:

Ft. Lewis	since	1956
Fircrest	since	1958
McChord	since	1961
Seattle	since	1970
Renton	since	1987

3. 62% of the U.S. population on public water systems drink fluoridated water.

4. Pennsylvania just became the tenth state to enact fluoridation state-wide.



5. Water fluoridation is practiced in more than 30 countries covering a population of approximately 250 million people.

6. Fluoride is a naturally occurring constituent of food and water. Fluoride is not a "foreign chemical" in a water supply but a nutrient for the prevention of disease.

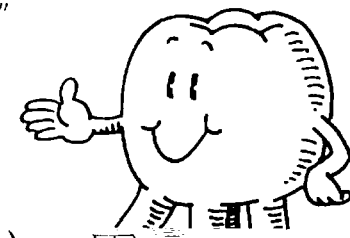
7. Over the last forty years the legality of fluoridation in the U.S. has been thoroughly tested in the court systems and no court of last resort has ever rendered an opinion against fluoridation.

8. By voting **NO** on **PROPOSITION 3** you will allow all of Tacoma's citizens to keep their right to better dental health.

" Shall there be a repeal of Tacoma City Ordinance #24321 which provides for fluoridation of the Tacoma water supply?"

Vote NO

Retain Fluoridation For Tacoma



National and International Organizations that Endorse or Support Water Fluoridation

American Academy of Allergy
American Academy of Pediatrics
American Academy of Pediatric Dentistry
American Association for the Advancement of Science
American Association for Dental Research
American Association of Dental Schools
American Association of Public Health Dentistry
American Cancer Society
American Civil Liberties Union
American College of Dentists
American Council on Science and Health
American Dental Assistants Association
American Dental Association
American Dental Hygienists' Association
American Diabetes Association
American Dietetic Association
American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)
American Heart Association
American Hospital Association
American Institute of Nutrition
American Medical Association
American Nurses' Association
American Osteopathic Association
American Pharmaceutical Association
American Psychiatric Association
American Public Health Association
American School Health Association
American Society for Clinical Nutrition
American Society for Dentistry of Children
American Veterinary Association
American Water Works Association
Association for Academic Health Centers
Association for Public Health Veterinarians
Association of State and Territorial Dental Directors
Association of State and Territorial Health Officers
British Dental Association
British Medical Association
Canadian Association of Accident and Sickness Insurers
Canadian Dental Association
Canadian Medical Association
Canadian Nurses Association
Canadian Public Health Association
Center for Science in the Public Interest
Child Study Association of America
Chiropractic Agencies:
- American Chiropractic Association
- Cleveland Chiropractic College of Los Angeles
- Council on Chiropractic Education
- International Chiropractors Association

Commission on Chronic Illness
Consumer Federation of America
Council of European Committee of Ministers
Department of National Health and Welfare (Canada)
Delta Dental Plans Association
European Organization for Caries Research (ORCA)
Federation of American Societies for Experimental Biology
Federation Dentaire Internationale
Food and Nutrition Board
Great Britain Ministry of Health
Health Insurance Association of America
Health League of Canada
Inter-Association Committee on Health
International Association for Dental Research
Joint Committee on Health Problems in Education
Mayo Clinic
National Academy of Sciences
National Cancer Institute
National Confectioners Association
National Congress of Parents and Teachers (PTA)
National Health Council
National Institute of Dental Research (NIDR)
National Institute of Municipal Law Officers
National Kidney Foundation
National Research Council
New York Academy of Medicine
Royal College of Physicians (London)
Society of Toxicology
Travelers Insurance Company
U.S. Department of Agriculture
U.S. Department of Defense
U.S. Environmental Protection Agency (EPA)
U.S. Junior Chamber of Commerce
U.S. Public Health Service:
- Centers for Disease Control (CDC)
- Food and Drug Administration (FDA)
- Health Resources and Services Association (HRSA)
- Indian Health Service (IHS)
- National Institute of Health (NIH)

World Health Organization (WHO)
- Pan American Health Organization (PAHO) □

Thank You ...Fluoride Contributors

The Tacoma fluoride committee has taken in over $4,000 in contributions to help retain fluoride for Tacoma. **THANK YOU FOR ALL YOUR DONATIONS.** The money has paid for printing leaflets and posters, yard-signs, a mailing to the most frequent 10,000 voters in Tacoma, and other campaign expenses.

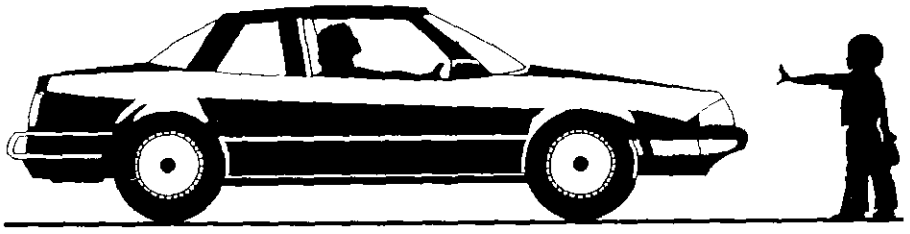
THANKS ALSO TO THE PIERCE COUNTY MEDICAL BUREAU for the printing of 15,000 flyers. The Pierce County Medical Society Auxiliary will be helping with literature distribution and telephone calling. Our goal is to:

KEEP TACOMA SMILING!

Kids and Cars Don't Mix!!

What Physicians Can Do to Promote Pedestrian Safety

The Communities for Child Safety Project is involved in many areas of protection from injury for children. The committee in Pierce County focused on bicycle helmet education for children during 1988 and has just now chosen pedestrian safety as their new focus. The Committee meets monthly at Mary Bridge Children's Health Center and is comprised of representatives from various agencies and organizations. PCMS members, David Pomeroy, Robert Scherz, and Ed Walkley are very active on this Committee. PCMSA member, Alice Wilhyde, participates as well. The following information is provided to you as a result of the work of the Communities for Child Safety Project Committee.



What Physicians Can Do To Promote Pedestrian Safety

- Convince the parents of your patients about the hazards of children in traffic. Explain to them that children cannot be expected to make accurate decisions about traffic. They do not have the necessary developmental skills.

Inform Parents That:

- It's very hard for children to judge when it is safe to cross the street.
- Children have trouble following crossing rules safely every time.
- They also have a narrower field of vision.
- Answer the common question: "When is it safe for my child to cross the street alone?" Children under 6 or 7 should never cross streets alone. Children under age 8 or 9 should not cross arterial streets without help. Emphasize to parents, however, that the developmental skills of children vary widely. Point out that there is often a mismatch between parental expectations of a child's behavior in traffic and the child's actual abilities.
- Speak directly with children about the importance of always looking left-right-left again before entering traffic. Ask the child: "Do you cross the street if you can see any cars coming?" "Do you ever run into the street when playing before stopping and looking for cars?" "Did you look left-right and left again the last time you crossed the street?" "What do you do as soon as you get off the bus?"
- Reward the children who told you they did look left-right-left the last time they crossed the street or those children who successfully complete the pedestrian safety activity worksheets in your office with small prizes, such as stickers.
- Encourage parents to find safe play areas for their child, away from busy streets, sidewalks, and driveways. Ask parents to enforce their rules about where their child is allowed to play.
- Encourage parents to explore their neighborhoods to determine where it is safe for their child to walk, especially to places their child may go alone (friend's house, school, park, etc.) Then teach your child to always follow that route.
- Help parents understand that their own driving and walking habits serve as a role model for their children. Encourage them to always cross the street correctly as pedestrians, and always be respectful of pedestrians when they drive, especially around crosswalks and stop signs.
- Educate your colleagues about the importance of promoting pedestrian safety through a local medical society publication or a presentation.
- Get materials free of charge! promoting child pedestrian safety from Children's Hospital and Medical Center at 526-2201. This information includes activity workbooks for parents and children to work on together at home and informative brochures for parents. You will also receive a poster for your waiting room.
- Support efforts to promote pedestrian safety in your com-

munity. Help initiate a pedestrian safety curriculum in your schools: distribute workbooks through schools, churches, and other local organizations: work for environmental modifications such as "edge striping"; promote better signage around schools and other locations where children are most likely to be in the street; work for a school policy to load and discharge children from school busses on the side of the road where they live, thus precluding them from having to cross the street. Contact Harborview at 223-5884 for additional information on promoting pedestrian safety in your community.

Critical Ages for Intervention:

1-3: Children are often hit by backing vehicles while playing in driveways. Alternative play places are needed, along with supervision.

2-5: Children often walk with parents. Suggest that they can practice safe street crossing together by talking about how to cross the street; holding hands and "modeling" the behavior; and asking your child to look for cars with you.

4-7: Children are increasingly likely to play outside without supervision. They often run into the street while playing near it.

5-8: Children are often required to walk to and from school without adult supervision. They seldom stop at the edge of the street and look both ways before crossing. Walk the safest route to school with your child (often recommended by the school district) and make sure your child follows that route every day.

Resource List

Information is available to assist you in your efforts to conduct a community pedestrian safety program. The following is a list of specific materials that should prove helpful to you.

Pedestrian Safety Curriculum.....$25

This package includes one copy of the school-based curriculum for grades K-3, slides needed for the lessons, and a VHS copy of the videos "Willy Whistle, Be A Safe Street Crosser" and "And Keep On Looking." Contact the Harborview Injury Prevention and Research Center at 206-223-5884.

Parent/Child Activity Workbook

This workbook, entitled "Wary Walker's Home Team," is designed for parents and children in grades K-1. Contact Alison Young of Harborview at 206-223-5884 in order to receive copies of the workbook or an original for reproduction.

Videos (Available from Harborview).....$25

The video "Willy Whistle, Be a Safe Street Crosser" and "And Keep on Looking" are available in VHS format for use in your program. Contact Alison Young of Harborview at 206-223-5884. The funds are used to cover the costs of duplication and mailing of these U.S. Dept. of Transportation films.

Videos (Available from AAA Washington)

Two excellent videos are available from AAA Washington. The first, "Children in Traffic: Why Are They Different" is aimed at parents. The second, "See And Be Seen," is aimed at youngsters. Contact AAA Washington at 206-448-8468 to purchase these films or obtain copies from their lending library. Notify AAA you were referred by Harborview. AAA Washington also has many other materials available promoting child pedestrian safety.

Public Service Announcements (Radio and TV)

Television and radio public service announcements are available from Harborview at 206-223-5884.

Flyers

Flyers are available and may be obtained and reproduced for your program. Add the name of your own organization but please retain the name of the Harborview Injury Prevention and Research Center. Please call Harborview at 206-223-5884.

Physician Package

A package of materials has been prepared to involve physicians in the pedestrian program. The package includes brochures, a poster, one original copy of the parent/child activity workbook for reproduction and sample activity sheets. Physicians can contact Children's Hospital and Medical Center at 206-526-2201 to receive the physician package. Children's is the sponsor of the physician component of the pedestrian program.

Poster

A poster aimed at children is available from the Harborview Injury Prevention and Research Center at 206-223-5884.

(Continued on page 27)

Law and Medicine Symposium to Cover Timely Concerns

Subjects addressing timely concerns of physicians will be discussed at the January 18 Law and Medicine Symposium to be held at St. Joseph Hospital.

The program is tentatively scheduled to discuss the following subjects:

- How to avoid medical malpractice.
- Is anyone safe from peer review? How does it apply in Washington State?
- Treating welfare patients.
- Medical insurance matters.
- Behavioral problems caused by toxic exposure.
- Responsibility and liabilities of physicians on the sidelines.

Organized by F. Ross Burgess, J.D., and Jeffrey Nacht, M.D., the annual symposium is designed and presented for both physicians and lawyers. Speakers are chosen from prominent members of both professions stressing an insightful look at both sides of common professional interactions. The Honorable William Dwyer, Federal District Court Judge will be our keynote speaker.

Sponsors include the Doctor/Lawyer Committee, the Tacoma-Pierce County Bar Association, the Pierce County Medical Society, and the College of Medical Education.

Program brochures are scheduled to be mailed in late November.

ACLS Provider Program Set for December 7 & 8

The semi-annual Advanced Cardiac Life Support Program, sponsored by the College of Medical Education, has been scheduled for December 7 & 8 in Jackson Hall. The course, designed for ACLS providers, is expertly organized to provide hands on opportunities for those needing to freshen up their ACLS skills.

Coordinated by Mark Craddock, M.D., the program is approved for certification and recertification by the American Heart Association. The program also offers 16 hours of Category I credit by both the AMA and AAFP.

Course size is limited and often fills. Reserve your space by calling the College at 627-7137.

C.O.M.E. Program Schedule

DATE(S)	PROGRAM	DIRECTOR(S)
1989		
Fri., Nov. 17	ENT/ Ophthalmology	Michael Dunn, D.O. Craig Rone, M.D. Carl Wulfestieg, M.D.
Thurs., Fri., Dec. 7 & 8	Advanced Cardiac Life Support	Mark Craddock, M.D.
1990		
Thurs., Jan. 18	Law & Medicine Symposium	F. Ross Burgess, J.D. Jeffrey Nacht, M.D.
Thurs., Fri., Feb. 8 & 9	Cancer Review - 1990	Amy Yu, M.D.
Weds., Feb. 28	AIDS Update	Alan Tice, M.D.
Thurs., Fri., Mar. 8 & 9	Tacoma Academy of Internal Medicine Annual Review	David Law, M.D.
Fri., Sat., April 13 & 14	Tacoma Surgical Club	Chris Jordan, M.D.
Fri., April 27	Dermatology	Barbara Fox, M.D. James Komorous, M.D. David Brown, M.D.
Thurs., Fri., May 10, 11	Aggressive Musculoskeletal and Spinal Evaluation, Treatment and Rehabilitation	Edgar Steinitz, M.D.
Mon., Tues., June 25 & 26	Advanced Cardiac Life Support	James Dunn, M.D.

Clip and Save!

ACCESS ACT
(Continued)

Veteran Health Services
Department of Correction
Health Services
All other private coverage

Federal Waivers and Statute Changes

The State of Washington shall seek waivers and federal statutory changes necessary to incorporate Medicaid, Medicare, ERISA, Veteran Health Services, and CHAMPUS into the WUHAP.

Funding
Participation:
Except for persons of the lowest income, all enrollees or their employers will pay premiums. There will be a sliding fee scale for enrollees with income between 100% to 200% of the FPL, with a maximum out-of-pocket limit. For families over 200% of the FPL, premiums will be actuarially set based on family size; this amount will be capped.

A minimal co-payment will be collected at the point of service.

Funding Sources:
Federal: Medicare; Medicaid; CHAMPUS; Veterans Administration.
State General Fund: Existing sources
Employers: Participation in premium and/or WUHAP fees. Possible sliding scale based on company size and gross revenue.
Enrollees: Participation in premium and co-payments

Fund Administration:
Funds shall be deposited into the Washington Universal Health Access Trust Fund. Amounts shall be allocated on a formula basis to the following four accounts:

I. Health Services: health providers, hospitals, drugs, etc.
II. Prevention and Education: wellness, illness and injury prevention, and health promotion.
III. Capital Projects: renovation, construction, and major equipment.
IV. Graduate Medical Education: funding of medical schools, hospitals, and other health professional training. ☐

KIDS/CARS
(Continued)

Trauma is the greatest cause of death in children and young adults. One problem in particular has been neglected – the problem of child pedestrian injuries.

National Statistics Reveal:
- Each year in the U.S., more than 50,000 children and adolescents are injured as pedestrians.
- Of these, 36 percent require hospital admission.
- Of these, 1,800 will die making pedestrian injuries the most common cause of death from trauma for your school-aged children.
- Three-fourths of severe injuries involve the head, injuries which often have lifelong sequelae.
- Pedestrian injuries account for 40 percent of children admitted to the hospital with multiple trauma.
- National estimates of cost for child pedestrian injuries is $2.4 billion annually.

Washington State Statistics Reveal That In 1987:
- According to the Washington State Traffic Safety Commission, a total of 539 pedestrians under the age of 14 were struck by cars.
- In King County, 82 children under the age of 14 were admitted to Harborview Medical Center and Children's Hospital Medical Center for treatment of Pedestrian injuries.
- Of those admitted to Harborview, two-thirds suffered head injury.
- One-Third required Intensive Care Unit care. ☐

Auxiliary News

Auxiliary Meeting Notice

The November PCMS Auxiliary meeting is Friday, November 17, from 10:00 a.m. to 1:00 p.m. at the Fircrest Golf Club, 6520 Regents Blvd., Tacoma.

Invite a friend to join you for brunch and a memorable trip into the past. "Fashion Windows of Yesteryear" by Claudia Apher and Joyce Crowder features vintage clothing from 1860 to the '40's. Wardrobe details include French heels, parasols, ballgowns, bloomers, silks, satins, beaded bags, and feathered bonnets.

Reservations must be made by November 10. Send your check, payable to PCMSA for $7 per person, to Joan Sullivan, 5404 104th St. SW, Tacoma, WA 98499. Your cancelled check is your receipt. Help bring a smile to a child's face this holiday season. We are collecting toys for the children at the YWCA Women's Support Shelter. Please bring an unwrapped toy to the November meeting.

Auxiliary President-Elect Attends AMAA Confluence

I had the privilege of attending the 1989 AMAA Leadership Confluence I in Chicago from September 24 to 26. It was an intense, highly motivating and informative experience.

Confluence is designed with a few purposes in mind – to increase the effectiveness of the auxiliaries and to enlighten auxilians on vital issues within our medical and general communities.

Some of the topics dealt with: Legislation, Effective Programming, Impairment and Well-Being, Parliamentary Procedure, HIV/AIDS Education, and Comprehensive School Health Education. I was especially interested in the sessions dealing with health and education issues related to our youth, (due to our own involvement and implementation of the teen health forum, Choice, Not Chance).

A helpful and fun aspect of Confluence was meeting other auxillans from around the country.

It was truly a rewarding and educational opportunity. Thank you for allowing me to represent PCMSA.

Mary Lou Jones
PCMSA President-Elect

WSMA/WSMA–Auxiliary Annual Meeting

Auxilians from across the state gathered with WSMA delegates at the Sea-Tac Red Lion Inn, September 28-October 1 to celebrate the Association's Centennial, listen to discussion of Committee Hearing Reports, attend Auxiliary workshops and renew friendships.

Gayanne Burns, AMA-ERF Chairman, from Tennessee, was our national auxiliary representative.

Time management workshops, presented by Marsha Manter and Dr. Warren Dean Starr, personally benefited Auxilians.

Alice Wilhyde, PCMSA President, Susie Duffy, Marny Weber, Kris White, Helen Whitney, Sharon Ann Lawson, Luba Clark, Mary Rinker, Cindy Anderson, Gail Alenick, Sara Bowe, Sonya Hawkins, ErrolLynne Marsh, and Trudy Klatt attended workshops and activities during the Annual Meeting.

Following the presentation of county auxiliary presidents to the WSMA House of Delegates, Sharon Ann Lawson highlighted the teen health forum, Choice, Not Chance with slides of the conference and showed video tapes of the TV news coverage.

Holiday Sharing Card

Through the Auxiliary's efforts and the generosity of physicians and their spouses, AMA-ERF received almost 2 million dollars last year to distribute to the nation's medical schools.

Washington ranked 22 in the country. Pierce County contributed over $14,000 through the Holiday Sharing Card. A $27,000 check was sent to the University of Washington School of Medicine from the AMA-ERF monies collected nationwide.

Once again PCMS Auxiliary will produce a Holiday Sharing Card for physicians and spouses. You should have received a letter of explanation from AMA-ERF CoChairmen Gail Alenick and Sandy Shrewsbury inviting you to participate.

Susie Duffy
WSMA AMA-ERF Chairman

State Sells Christmas Geese to Benefit Medical Education

The WSMA Auxiliary offers you a fantastic bargain in unusual sweatshirts. Three different sweatshirts, designed by Fife based, Morning Sun, have been ordered after a surprising twenty-four hour sell-out at WSMA/WSMA Auxiliary Annual Meeting.

The pink rhododendron logo of WSMA Auxiliary President, Barbara Hoffman, decorates the front of either a sea mist green (mint) or fushia sweatshirt with collar. The rhododendron is raised and puffed. The other design is a white Christmas geese pattern, also puffed, on a red sweatshirt trimmed with a white collar.

All three sweatshirts will be available by November 15 in sizes S, M, L, and XL. The shirts cost $25 plus $1 delivery fee or $2.50 mailing fee.

(Continued page 29)

Make checks payable to WSMA Auxiliary. Please write the name of your county on the check to insure that your county will receive credit for AMA-ERF ($11.25 tax deductible per shirt). To order your sweatshirt call PCMSA Chairman Sandy Norris at 952-5523 or 594-1221, or Susie Duffy at 863-4314.

Susie Duffy
WSMAA AMA-ERF Chairman

Please Give Generously

The American Medical Association Education and Research Foundation (AMA-ERF) was established nearly 40 years ago to help support quality medical education. Since 1950, the Foundation has distributed over $45 million to medical schools; guaranteed over $95 million in loans benefitting more than 40 thousand medical students, interns and residents; and supported numerous research projects.

AMA-ERF contributions are now over $2 million annually. Because of the soaring costs of medical education and the cutback in federal funding, the role of AMA-ERF is even more vital.

If you usually donate directly to your Alma Mater, let the Auxiliary do it for you through AMA-ERF. Just send your contribution to me, payable to AMA-ERF, with an indication of the school(s) to which you wish it sent. This way, your donation will be doing double duty.

This year, choose your Holiday card from the catalogs of Francoise or Virginia Lyons Greeting Card Companies. These companies return 40% of your order to AMA-ERF. The catalogs may be perused, and your order taken, during regular hours at the office of Leonard B. Alenick M.D., 5900 100th Street S.W., #33. After hours appointments can be provided or we can bring the catalogs to you. To have your name included on the list of donors, contributions must be received by Nov. 3.

Volunteers are needed to assist selling cards in the hospitals during November, and at the Sharing Card mailing party during the first week of December. Give Gail Alenick (588-6175), Sandy Shrewsbury (1-851-9899) or Colleen Verchio (1-851-7459) a call if you can help.

Gail S. Alenick, Sandy Shrewsbury
PCMSA AMA-ERF CoChairmen

CLASSIFIEDS

Positions Available

LOCUM TENENS - January 1990 board eligible, residency trained FP needed 2-3 days per week for busy clinic on Vashon Island. Local lodging or ferry fare from Tacoma or Seattle provided. Respond to: Vashon Health Center, Michael Kappelman, M.D. or Gary Kock, M.D. 463-3671.

Radiologist – Immediate opening for Board Certified General Diagnostic Radiologist at military hospital near Tacoma. Need US, CT, and mammo plus limited angio and interventional ability. Regular hours fulltime or 6 to 9 months per year, 5 year contract. Call Dr. Bernstein (213) 521-6630.

Physician Opening–Ambulatory care/minor emergency center. Full/part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, M.D. at 5900–100th Street S.W., #31, Tacoma, 98499. Phone (206) 584–3023 or 582–2542.

Fully Equipped Office in Tacoma in a convenient medical building, available: 1) 1 to 2 days per week, 2) to share, or 3) to exchange for day in Puyallup. Contact Dr. Lovy at 756-2182.

Practices Available

Seattle Arthritis Practice and Research Contracts. Busy practice plus $300K drug study contracts, experienced research coordinator, fully equipped offices downtown and West Seattle, excellent financing. Owner moving to fulltime research. Will assist with transition. Contact Sandra Smith, 2815–2nd Avenue, #540, Seattle, 98121, (206) 623-7935.

NORTH PIERCE/SOUTH KING COUNTY –Primary care physician needed for established practice. Financial assistance available. High growth area - young families. For details please call 1-800-535-7698.

General

GIG HARBOR HOMES LISTED BY PEACHY SMALLING

Waterfront Resort – Traditional 4 bedroom, 4 bath home with pool and tennis court on Fox Island. $490,000.

Point Evans Townhouse – 2 bedroom, 2 bath, family room, 2 fireplaces, in mint condition with attached 2 car garage, pool house and security gate. 128,500.

Country Living – Northwest contemporary 3700 square foot home on 1 1/4 acre overlooking pond and pasture. $175,000.

Room for Tennis Court or Pool – Gorgeous new 4200 square foot, 2 story, 4 bedroom home with 3 car garage on landscaped acre. $274,900.

Contact Peachy Smalling at Gig Harbor Realty 383-1175, evenings 1-851-3336.

Advertise in the Classifieds

Prices:
PCMS Newsletter –
75 cents per word.
The Bulletin –
85 cents per word.
10 word minimum.

Deadline:
December *Newsletter* deadline is Nov. 15.
Please call 572-3709 for more information.

Send check to:
Pierce County Medical Society, 705 South 9th, Suite 301
Tacoma,WA 98405

Advertisers Name and Address

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Ad Copy

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U.S. PAYS PRICE
(Continued)

There is a permanently unconscious woman in Washington, D.C., maintained on an artificial life-support system, who became comatose and vegetative in 1953. Millions have been spent keeping her heart beating, in a city where the infant-mortality rate exceeds that of many Third World countries.

Health care in the United States has become a fiscal black hole that can absorb unlimited resources. The country has the finest technological means in the world, but too few are asking, "to what end?" But another alarm sounds in the hospital's intensive care unit, and we must be off on our mission of mercy.

*Mr. Lamm is a former governor of Colorado who now teaches at the San Francisco Medical School of the University of California.

PHYSICIANS

Your
Army Reserve Personnel Counselor,

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PCMS NEWSLETTER

♦ A publication of the Pierce County Medical Society ♦

Volume 4, #8 ♦ December 1989

Prenatal Care in Pierce County

At the PCMS Board of Trustees November meeting, Dr. John Coombs, chairman of the Prenatal Care Committee, reported that,"There are three major trends which affect access to prenatal care.

Pierce County has one of the state's highest rates of adolescent pregnancy. Over 1,300 adolescents deliver in Pierce County each year.

1) a decreasing number of providers, 2) increasing numbers of patients without providers, and 3) increasing proportions of high-risk clients.

Within the last 18 months, there has been a 50% loss of providers willing to provide prenatal services. There are 64 obstetricians in Pierce County; 28 (44%) are providing prenatal care to DSHS patients. Only 4 of the total 64 providers will accept new DSHS clients," reinforced Coombs.

"The family practice physicians reflect a similar trend. Of the 148 family practice physicians, 65 (44%) are actively providing maternity care. Thirty-four (53%) are accepting new Medicaid clients. Twenty-three (23) of those are part of the Tacoma Family Medicine Residency Program. Only eleven (11) of the 65 providing maternity care will accept new Medicaid clients," he added.

In 1988, there were 9,634 deliveries in Pierce County. Of these, 2,260 or 23% were paid for by Medicaid. The number of Medicaid deliveries in Pierce County has been increasing approximately 10% each year while the total number of deliveries remains fairly consistent.

The increased number of high-risk clients has been dramatic. It is now being estimated by the medical community that 1 in 15 babies are born with cocaine in their blood.

(Continued on back)

Dr. Klatt to Assume Presidency

Dr. Gordon Klatt, Colon-Rectal Surgeon, will assume the presidency of PCMS at the Annual Joint Dinner Meeting, Tuesday, December 12.

Dr. Klatt has been an active member of the medical community since joining the Society in 1978.

He has served on the PCMS Board of Trustees (1982-83), on several committees, and currently chairs the Coalition for a Tobacco Free Pierce County.

Dr. Klatt has also served on numerous hospital committees and was president of Tacoma General Medical Staff in 1986.

Dr. Klatt has been a leader in the anti-smoking movement serving as President of both the Pierce County Chapter and the Washington Division of the American Cancer Society. He currently sits on the national Board of Directors of the ACS. Dr. Klatt was instrumental in all non-governmental Pierce County hospitals adopting no smoking policies on November 16.

Gordon and his wife Trudy are the proud parents of twin daughters and a son.

INSIDE *PCMS NEWSLETTER*

Immunization Levels Need to be Increased

"Only 48% of children entering kindergarten this year were adequately vaccinated. Of those immunized at the health department, only 40% had received appropriate immunizations by the time they were two years of age," reported **Dr. Terry Torgenrud, Chairman of the Immunization Committee** and medical advisor to the Tacoma School District.

Vaccine costs have skyrocketed in the last decade. Diphtheria-pertusis-tetanus vaccine was $.10 a dose in 1982 and now costs $8 per dose. Less publicly funded vaccine is available for use in private practices. Physicians can either order sufficient vaccines to administer to patients, with little chance of recovering their costs, or they can refer their patients to public clinics and take the chance that they may not be able to follow through.

PCMS and the Tacoma-PC Health Department collaborated in preparing recommendations to the Board of Health on the deteriorating immunization record of children entering school. The Immunization Committee recommended that vaccines be accessible and affordable for all children in Washington State. Pierce County will work with WSMA to urge legislation to meet those goals for all children in the state.

Other PCMS members serving on the Committee were Drs. Dan Niebrugge and George Tanbara. The Committee has been meeting for the past six months. ♦

PCMS Newsletter is published eight times a year by PCMS Membership Benefits, Inc., for members of the Pierce County Medical Society. The Pierce County Medical Society is a physician member organization dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community.

Advertising and newsletter copy must arrive in the Society office by the 15th day of the month preceding the publication date. Advertisements in this newsletter are paid and not necessarily endorsements of services or products. We welcome and invite your letters, comments, ideas and suggestions.

Editor:
David S. Hopkins

Managing Editor:
Douglas Jackman

Editorial Committee:
David S. Hopkins (Chairman),
Stanley Tuell,
W. Ben Blackett,
Richard Hawkins

Publications Coordinator:
Monique Johnson

Advertising:
Kim Reed
MBI, Pierce County Medical Society,
572-3709

Pierce County Medical Society
705 South 9th St., Suite 203 Tacoma,
WA 98405
(206) 572-3667

1990 Election Underway

Ballots for PCMS 1990 Officers and Trustees have been sent out and must be returned to the Society office by December 7 to be counted.

The Nominating Committee had a difficult time selecting a slate of candidates with the many members who are so qualified to serve. After much discussion, the following members were nominated to be candidates for PCMS Board of Trustees. The candidates are:

President Elect
– William G. Marsh, M.D.

Vice President
– John B. Coombs, M.D.

Secretary-Treasurer
– Joseph H. Wearn, M.D.

Trustees (3)
– Ronald J. Benveniste, M.D.
– M. Estelle Connolly, M.D.
– Stuart D. Freed, M.D.
– K. David McCowen, M.D.
– Alexander K. Mihali, M.D.
– A. Robert Thiessen, M.D.
– Amy T. Yu, M.D.

Officers and Trustees who will continue on to complete their term in office are:

President
– Gordon R. Klatt, M.D.

Past President
– William T. Ritchie, M.D.

Trustees
– David B. Law, M.D.
Anthony S. Lazar, M.D.
William F. Roes, M.D.

Officer and Trustees who will be leaving the Board are:

Past President
– William B. Jackson, M.D.

Vice President
– James K. Fulcher, M.D.

Trustees
– David S. Hopkins, M.D.
– James L. Patterson, M.D.
– John H. Rowlands, M.D.

Dr. Jackson is just completing his third year of a five year commitment that members make when they accept their colleagues' call to serve as President. The commitment is followed by a year as chairman of the Grievance Committee and two additional years as a member of that Committee.

Trustees serve two year terms. Your officers and trustees attend many meetings and make the decisions effecting the actions and direction of the Society. ♦

Fluoride Wins Again...

Thank you Dr. Torgenrud and Fluoride Supporters...

On November 7, 1989 supporters of water fluoridation enjoyed a second victory in Tacoma with the defeat of Proposition 3 by a 58.2% NO vote. Proposition 3 called for the repeal of fluoridation passed in September, 1988 by Tacoma voters. Tacoma's water supply was fluoridated in July of 1989.

Many thanks are owed to numerous individuals and organizations who helped with the campaign. Congratulations are extended to **Dr. Terry Torgenrud**, Chairman, Citizens For Better Dental Health Committee which has worked for four years to fluoridate Tacoma's water. Dr. Torgenrud kept the momentum going in spite of a tenacious anti-fluoridation campaign. The supporters of Proposition 3 distributed literature that claimed fluoride is a poison that "causes more cancer and causes it faster than any other chemical," increases mongolism, destroys water pipes, and many other undocumented claims. Their distribution was via mail, phone calls, and door-to-door solicitation. Dr. Torgenrud withstood weekly (sometimes daily) letters, phone calls, and even a threat of revocation of his medical license.

The Pierce County Medical Society Auxiliary deserves a very big thank you for all their time and effort. Mary Lou Jones, President-Elect of the PCMSA and a member of the Citizen's Committee spent many hours organizing a phone tree. Thousands of voters were reached via the telephone to remind them to vote "NO" to retain fluoride. Thanks to all the Auxiliary members who made phone calls and distributed literature including Mary Lou Jones, Helen Whitney, Bev Graham, Alice Wilhyde, Rubye Ward, Virginia Garred, Alice Yeh, Marilyn Mandeville, Mary Schaeferle, and Kris White.

The successful campaign would not have been possible without the financial contributions of many, many people. Numerous physicians and dentists made contributions as did the Pierce County Dental Society Auxiliary and the Pierce County Medical Society Auxiliary. The Pierce County Medical Bureau contributed the printing of 15,000 brochures which were distributed to the most frequent voters. Campaign contributions totaled over $6,000.

Will Tacoma vote again on fluoride? It is a possibility. To put the issue back to a vote, the anti-fluoridationists would need to gather signatures totaling 10% of the voters that voted in the November election. That would mean 3,302 registered voters in the City of Tacoma would need to sign a new petition to put the issue back to a vote. It is not uncommon for a city to vote on the issue of fluoride several times. Seattle voted five times, being successful on the third try in 1970.

The Pierce County Medical Society has formed a Puyallup Fluoride Committee, chaired by **Dr. William Marsh**. With no initiative process available in Puyallup, the only method of accomplishing water fluoridation for Puyallup is to work directly through the City Council. As a result of the efforts of the Puyallup Committee, fluoride has been added to Puyallup's 1990 budget as priority number eight out of eight water division items. Dr. Marsh testified at the November 20 Council Meeting urging funding for fluoridation and to move fluoride up on this priority list. **Dr. Ovidio Penalver** testified in support of water fluoridation also, suggesting that water fluoridation is a safe way of administering an exact amount rather than by prescription. **Dr. Penalver** reported that he has seen instances of teeth mottling due to overdoses of fluoride via prescription tablets.

Personal Problems of Physicians Committee

For Impaired Physicians Your Colleagues Want to Help

Medical Problems, Drugs, Alcohol, Retirement, Emotional Problems

Committee Members

Patrick Donley, Chair	272-2234
Joseph Kramer	845-9511
John R. McDonough	572-2424
William A. McPhee	474-0751
Ronald C. Johnson	841-4241
Jack P. Liewer	588-1759
Kathleen Sacco	591-6681
Dennis F. Waldron	272-5127
Mrs. Jo Roller	752-6825

WSMA
1-800-552-7236

College of Medical Education

Cancer Review Program Set for February 8 & 9

Cancer Review - 1990, a program designed for primary care physicians, internists, and a few specialists, is set for February 8 and 9 at Jackson Hall.

The two day program will emphasize prevention and early detection of common cancers, including cancers of the breast, lung and colon, and gyn malignancies. The course will also cover the latest evaluation techniques and treatment programs. Updated knowledge of the emotional aspect and long term follow-up of cancer patients will also be covered.

Sponsored by the College of Medical Education, the course is coordinated by Amy Yu, M.D., a local Oncologist/Hematologist. Dr. Yu will bring together a number of local experts as well as a small group of the teaching faculty from the University of Washington. The program is accredited for 12 Category I credits from both AMA and AAFP. Brochures will be mailed on January 1, 1990.

Law & Medicine Registration Underway

The Law and Medicine Symposium, organized by the College of Medical Education and set for January 18, 1990, is accepting registrations. Program brochures were mailed out December 1 to all county physicians and attorneys.

Sponsored by the Doctor/Lawyer Committee of both the Tacoma-Pierce County Bar Association and the Pierce County Medical Society, the annual program brings together leaders from both professions to give participants an insightful view into both sides of common professional interactions.

ACLS Fills

The Advanced Cardiac Life Support Class scheduled for December 7 and 8 has filled. The course is one of two ACLS classes sponsored by the College of Medical Education.

The next College course is scheduled for June 25 and 26, 1990. Those interested may reserve a spot by calling 627-7137.

C.O.M.E. Program Schedule

DATE(S)	PROGRAM	DIRECTOR(S)
1989		
Thurs., Fri., Dec. 7 & 8	Advanced Cardiac Life Support	Mark Craddock, M.D.
1990		
Thurs., Jan. 18	Law & Medicine Symposium	F. Ross Burgess, J.D. Jeffrey Nacht, M.D.
Thurs., Fri., Feb. 8 & 9	Cancer Review - 1990	Amy Yu, M.D.
Weds., Feb. 28	AIDS Update	Alan Tice, M.D.
Thurs., Fri., Mar. 8 & 9	Tacoma Academy of Internal Medicine Annual Review	David Law, M.D.
Fri., Sat., April 13 & 14	Tacoma Surgical Club	Chris Jordan, M.D.
Fri., April 27	Dermatology	Barbara Fox, M.D. James Komorous, M.D. David Brown, M.D.
Thurs., Fri., May 10, 11	Aggressive Musculoskeletal and Spinal Evaluation, Treatment and Rehabilitation	Edgar Steinitz, M.D.
Mon., Tues., June 25 & 26	Advanced Cardiac Life Support	James Dunn, M.D.

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Pierce County Medical Society

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You are cordially invited to join the

Pierce County Medical Society

and

The Pierce County Medical Auxilairy

at their

Annual Joint Dinner Meeting

Place: **Sheraton-Tacoma Hotel Ballroom**
1320 Broadway Plaza

Date: Tuesday, **December 12, 1989**

Time: Cocktails 6:30 p.m. (no host)
Dinner 7:15 p.m.
Program 8:15 p.m.

Entertainment:
CURTIS HIGH STRING QUARTET
CURTIS HIGH SWING CHOIR

Price: $30 per person, $60 per couple
(Price includes gourmet dinner, wine, entertainment, tax, and gratuities)

SPECIAL AUXILARY REQUEST:
Please bring a wrapped gift for a woman at the Tacoma Support Shelter, label gifts with contents.
Suggested items: books or magazines, stationery with stamps, cosmetics, toilet articles.

REGISTRATION

Yes, I(we) have reserved the evening of December 12 to join members of the Pierce County Medical Society and the Pierce County Medical Auxiliary at their Annual Dinner Meeting and Installation of Officers.

Please reserve ____ dinner(s) at $_____ per person (gourmet meal, wine, entertainment, tax, and gratuities included). Enclosed is my check for $_____

Dr._____

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Tobacco Council Sets 1990 Agenda

The Tobacco Addiction Coordinating Council, (TACC) organized in January, 1989, to lobby the Washington State Legislature concerning tobacco issues, is preparing its agenda for the 1990 legislative session. The Pierce County Medical Society is a member of this Council, which consists of 45 organizations throughout the State of Washington representing approximately 450,000 constituents.

The bills, which the Tobacco Addiction Coordinating Council will be lobbying for this session, will include two from the last session of the legislature. The first is House Bill 1836, which provides for no-smoking sections in restaurants seating more than 60 persons. This bill passed the House by a vote of 96 to 2 on March 14, 1989 and was killed in the Senate. House Bill 1941, which provides for no smoking in health care and day care facilities, passed the House 94 to 3. This bill also died in the Senate when it was never brought to a hearing. TACC is going to ask that these two bills be placed on the list to be re-passed by the House at the beginning of the 1990 session. It will then be necessary to lobby them strongly in the Senate. The third bill, House Bill 1940, which would ban the distribution of free samples of tobacco products in the State, never got out of the Rules Committee of the House. Working with key legislators to get the bill reintroduced will be another goal.

A new bill is currently being put together which would make it illegal to sell individual cigarettes in the State of Washington.

Lobbying efforts will focus on these four bills in the short session of the legislature. "We feel that we have an excellent opportunity to get one or two of the above-mentioned bills passed," says Gordon Klatt, M.D., T.A.C.C. member.

"We will be asking members of the Pierce County Medical Society to lobby their Representatives and Senators over the next few months in regard to these very important bills," he added. The status of TACCs lobbying efforts in Olympia will be reported on in subsequent Medical Society **Bulletins**. If you desire further information regarding the Tobacco Addiction Coordinating Council, please feel free to contact Dr. Klatt. ♦

Annual Joint Meeting Promises to be a Festive Event

The **Curtis High School Swing Choir** is scheduled to entertain at the **Annual Joint Dinner Meeting**, Tuesday, December 12, in the Tacoma-Sheraton Ballroom.

The Choir is noted throughout the Puget Sound Region as one of the finest singing groups.

During Social hour and dinner the Curtis High String Quartet will play a mixture of classical and popular melodies.

Social hour will begin at 6:30 p.m. and dinner will be served at 7:15.

To conclude the evening **Dr. Ritchie** will pass the gavel to **Dr. Gordon Klatt**. ♦

— See flyer page 5

AMA President Elect Tupper to Attend Board Retreat

C. John Tupper, MD, a member of the AMA Board of Trustees, will meet with the PCMS Board at its annual Retreat on Saturday, January 6. Dr. Tupper is President Elect of AMA and will assume the presidency in July, 1990.

Dr. Tupper has been asked to speak on *"The State of Medicine as We Enter the 1990's."* He is well qualified to address the topic as Dr. Tupper was first elected to the AMA Board in 1985. As Past President of the California Medical Association and an AMA Delegate for ten years, Dr. Tupper is abreast of the many changes taking place in medicine today.

The Board Retreat provides an opportunity for new Board members to become oriented into the structure of the Society, establish goals and objectives, and become acquainted with on-going programs, the Bylaws, etc.

One of medicine's voices in the Washington State Legislature, Dr. Art Sprenkle, will be following Dr. Tupper's presentation. Representative Sprenkle will talk to Board members and MEDCAT volunteers for the remainder of the afternoon.

Sprenkle's key message will be: "Physicians need to become more involved in the legislative process. Physicians and Auxiliary members need to get to know their legislators." He will tell us how to best accomplish this and how to enjoy the political process at the same time. ♦

Welcome New Members

The Board of Trustees has approved the Credentials Committee recommendation that the following applicants be approved for PCMS Membership.

John D. Howard, M.D.
Forensic Pathology
3629 South D St., Tacoma

Mary K. Lawrence, M.D.
Internal Medicine/Endocrinology
314 South K St., #104, Tacoma

Marilyn E. Pattison, M.D.
Internal Medicine/Nephrology
1624 South I St., #303, Tacoma

Michael B. Smith, M.D.
Ob/Gyn
34509 Ninth Ave. S., #208
Federal Way

James A. Wilson, M.D.
Family Practice
7424 Bridgeport Way S.W., #304,
Tacoma

Maryann Woodruff, M.D.
Pediatrics
1811 South K St., Tacoma ♦

Applicants for Membership

The Pierce County Medical Society welcomes the following physicians who have applied for membership. As outlined in the Bylaws, any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the Society.

Lee E. Payne, M.D.

Emergency Medicine. Born in Edinburg, Scotland, 06/24/57. Medical school, Vanderbilt University, 1983; internship, University of Colorado, 1984; residency, University of Colorado, 1986; graduate training, Memorial Sloan-Kettering, 1987. Washington State License, 1988; board certification, Internal Medicine, 1986. Dr. Payne is applying for Associate Membership through the Madigan Army Medical Center. ♦

Many Thanks...

Many thanks are owed to Pierce County Medical for the support and confidence extended to the DoctorCare Program developed and administered by PCMS. DoctorCare is a voluntary Medicare assignment program designed to improve access to needed medical care for seniors experiencing financial difficulties. Pierce County Medical mailed DoctorCare brochures and applications to 18,000 Medicare supplement subscribers. They expect the response to be substantial.

Pierce County Medical has printed thousands of DoctorCare brochures and applications since August, 1989 in support of this program. DoctorCare has received broad support from the Senior Community including Pierce County Senior Centers, AARP, and various other groups.

Approximately ninety percent of PCMS members have signed up to participate in the DoctorCare program. ♦

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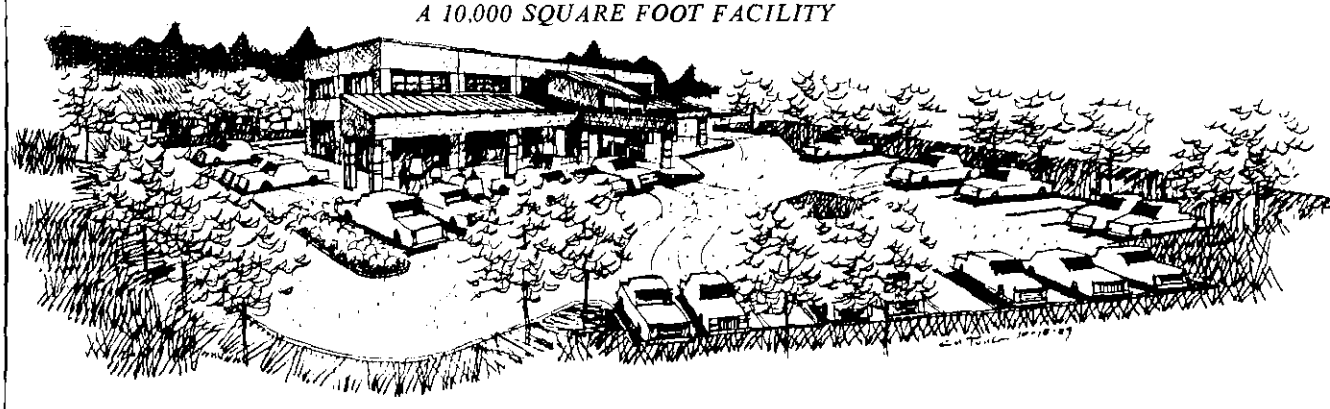

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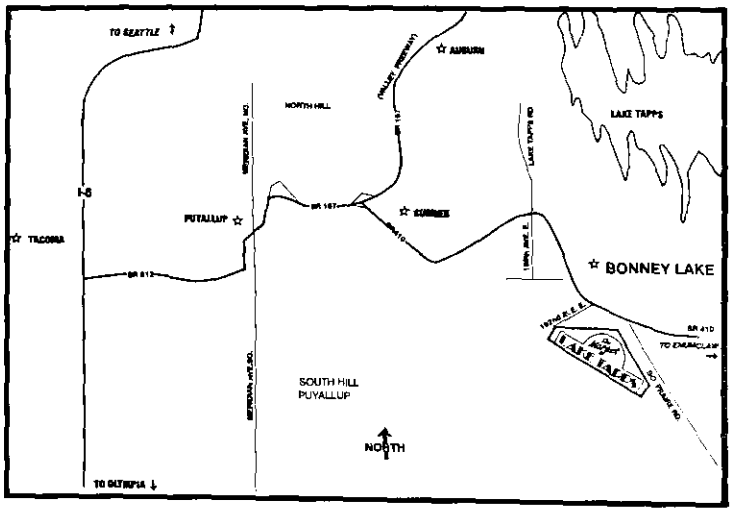

Vicinity Map

CONTACT: *1ST WESTERN PROPERTIES*
JEROME O'LEARY - 472-0404

NEWSBRIEFS

The Coalition For A Tobacco Free Pierce County, chaired by **Dr. Gordon Klatt** met with **Representative Shirley Winsley**, 28th District, at their November meeting. Representative Winsley offered many words of wisdom regarding lobbying the legislature. She suggested contacting your legislators in October or November prior to the legislative session. Inviting your legislators out to coffee or lunch is a very effective way of making your points known. Other suggestions: don't wait until January to make contact, it is too late; feel free to call your legislators at home as they expect calls; and testifying before a committee is necessary, but not nearly as effective as personal contact.

Kudos to St. Joseph Hospital for beginning their new No-Smoking policy by sponsoring a press conference and day-long celebration. Under the leadership of **Dr. Gordon Klatt**, all Pierce County Hospitals agreed to go smoke-free beginning on the Great American Smokeout, November 16, 1989. Dr. Klatt received a round of applause from the WSMA House of Delegates in September after challenging other county medical societies to work toward smoke-free hospitals. Fourteen percent of hospitals in this country have smoking bans.

The Sports Medicine Committee, chaired by **Dr. Stuart Freed** has set their slate of CME programs for 1990. Topics and speakers will include: Knee Injuries - **Dr. Greg Popich**; Foot and Ankle Injuries - **Dr. Jonathan Bacon**; Wrist and Hand Injuries - **Dr. Wade Lilligard**; and the Role of the Team Physician - **Dr. Freed**. Other topics have yet to be set. If you are interested in becoming a team physician, please contact Dr. Freed or PCMS at 572-3667.

Mr. Otho Smith, Executive Director, Washington Chapter AARP and several representatives of the three **Pierce County Chapters of the AARP** attended the November meeting of the **Committee on Aging.** Mr. Smith reviewed the 1989 and 1990 AARP legislative agenda. Members of the AARP meet with the Committee on Aging regularly to discuss various topics of concern.

Kudos

David L. Bemiller, M.D., Ob/Gyn, and member of the Pierce County Medical Society has been elected **President of the Washington State Chapter of Obstetricians and Gynecologists**. Dr. Bemiller has been very active in the organization for many years. On the County level, Dr. Bemiller has served as secretary-treasurer for the Medical Society and on various committees.

James K. Fulcher, M.D., currently Vice-President and Program Chairman for PCMS, will assume the presidency of the **Washington Chapter of American College of Emergency Physicians.** Dr. Fulcher serves as Director of the St. Joseph Hospital Emergency Room and has chaired the Emergency Medical Standards Committee of the Society. He has been a member of the Society since 1970.

Richard A. Hoffmeister, M.D., Orthopaedist, and one who has been interested in the political scene for a longtime has been appointed **Vice Chairman of WSMA's Legislative Committee.**

Joining **Dr. Hoffmeister** on the Committee is **Dr. Jacqueline Jorgensen,** Tacoma Allergist.

Membership on the Legislative Committee requires a considerable commitment. The Committee is responsible for reviewing legislative proposals and bills, as well as recommending to the Board of Trustees and Executive Committee positions and priorities WSMA should take. During the legislative session the Committee will be meeting once and sometimes twice weekly. The Society appreciates **Dr. Hoffmeister and Dr. Jorgensen's** participation.

Interspecialty Council Discusses Current Health Care Issues

PCMS was well represented when the WSMA Interspecialty Council met Saturday, November 18 at the Sea-Tac Red Lion. The following members were in attendance: **Drs. Lenny Alenick, Jim Fulcher, Dick Hoffmeister, Jackie Jorgensen and Bob Scherz.**

Dr. Joe Nichols, Tacoma Orthopaedist addressed the group on the activities of the **Health Care Quality Foundation**, a coalition of Purchasers of Health Care, Hospital Councils and WSMA. He reported that the group is looking at the assessment of quality and utilization. Can severity of illness be measured? Why is there a geographical variation in cost by procedure?

Dr. Nichols stated that the **Foundation** is looking at clinical measurement parameters which must be objective and reproducible.

The Council heard **Senator Larry Vognild (D),** Everett predict that **Rep. Dennis Braddock's Universal Health Access Bill** had a 50% chance of passing the House in the 1990 session, but little chance of passing the Senate. **Sen. Vognild** stated that the Legislature needs direction and assistance from the medical community in addressing the question, **"What is Basic Health?"**

It cannot be overemphasized that physicians must become more involved in the political arena.

CHCDS Needs Ob/Gyn Physicians

Community Health Care Delivery System needs community medical support for approximately 40 women annually who are diagnosed with Class II-Dysplasia pap smears.

The system currently provides colposcopy and cryosurgery to 30 women a year utilizing the services of a volunteer Ob/Gyn physician from Seattle, Dr. William Buckner. Dr. Buckner volunteers one day per month at the Eastside Clinic and sees as many patients as he is able to during that day. Backup is needed for additional patients. Patients have low incomes; most below the poverty line. Special reduced fee payments are needed because most clients have very little cash income available for paying down payments on services.

Please call Diane Yelish, Parent Child Health Coordinator at 627-8067 if you can be of service.

Hosts Needed for Goodwill Games

Members of the Pierce County Medical Community will have an opportunity to indirectly participate in the Goodwill Games scheduled for July 20 - August 5, 1990. It is estimated that 50 Soviet physicians and spouses, as well as physicians from 50 other nations will be attending.

The Washington Academy of Family Physicians and Group Health Cooperative of Puget Sound are among the organizations coordinating housing arrangements for our visitors. They need physician hosts to provide housing for visiting physicians and spouses. This offers you a once in a lifetime opportunity to really get to know a colleague from abroad. Most of them will be able to speak some English.

If you would be interested in hosting a visiting physician and spouse, please call the WAFP at 1-352-8596 or 1-443-7910 or the PCMS at 572-3667.

Medcats in Operation

WSMAs new, expanded **grassroots** program "**MEDCATS**" (Medical Community Action Teams) is getting underway in Pierce County. MEDCATS brings interested physicians and auxilians together to act as liasons to state legislators. There will be a 3-5 person team involved with each senator or representative, rather than just one individual being responsible for making contact with district legislator(s).

Drs. Bill Marsh and Ed Pullen met with 25th District **Representative Randy Tate**(R) on October 25 and **Drs. Mimi Pattison and Jim Fulcher** met with 26th District **Representative Ron Meyers**(D) on October 31. Meetings with all Pierce County legislators are being planned. MEDCAT responsibilities include meeting periodically with all legislators to build rapport and conveying the medical community perspective. It is important that MEDCAT physicians establish a long term relationship with their legislators. MEDCAT participants are urged to attend fundraisers for their legislators and to assist in the election process whenever possible.

Volunteer Physicians Needed

Community Health Care Delivery System of Pierce County provides physician coverage for the homeless in clinics throughout the city. They operate through a Federal Grant that provides general as well as acute episodic medical care to this population. This is supplemented with X-Rays, laboratory, and pharmacy services. Physicians are needed to cover the clinics while recruitment efforts to hire a full-time physician continue.

Clinic Sites:

Monday - Last Chance Shelter 8:30 a.m. - 12:00 or 1:00 to 4:30 p.m.

Wednesday - Salvation Army 1:00 to 4:30 p.m.

Thursday - Last Chance Shelter 8:30 a.m. to 12:00 p.m.

Compensation - $40.00/hour

Any physician interested in helping, please contact Ivan Covas, M.D. or Mr. David Vance at 627-8067.

Be an Effective and Confident Chairman! TCC Course Tells How

Newly-elected medical society officers, staff presidents, committee chairmen, and others who want to know how to preside, how to manage series of motions, how to make motions, and how to effectively participate in meetings—can learn the basics of parliamentary procedure in a course starting on Jan. 22, at Tacoma Community College. The two hour class will be held Monday evenings for eight weeks and will use Robert's Rules of Order as the text.

The course is presented by **Dr. Stan Tuell**, Professional Registered Parliamentarian. Dr. Tuell served as Speaker of the House of Delegates of the WSMA for 17 years and has been teaching the subject at TCC for the past 3 years. Many physicians and auxiliary officers have taken the course, but anyone is eligible to register. Please call T.C.C., 566-5018 for more information and registration details.

EMS Debate Continues

On Tuesday, November 21, the Tacoma City Council heard over two hours of testimony regarding the EMS System and, particularly, ambulance service in Pierce County.

Several representatives from Shepard Ambulance and the Tacoma Fire Department (TFD) addressed the council calling for what they believe is the best system.

Wayne Davis, from Shepard Ambulance, said he is confused. He said they maintain an eight minute response time 95% of the time which is excellent. They require no tax support, pay B&O taxes, employ 44 people and provide 14,000 transports per year.

Brooke Edwards of the TFD reported they have ten units available to meet the transport needs and that Seattle currently has six. "We have many resources but we need to allocate them better", he added.

Robert Wachtel, M.D., representing the Medical Society and the EMS Council, testified that any system needs to adhere to medical standards and these standards need to be a priority regardless of what system is used.

Clark Waffle, M.D., EMS Medical Director, reported that he believes ALS care in Pierce County is excellent and that the Council needs to look carefully at what is currently being provided before making any changes that could reduce the current level of care. He expressed concern about care in rural areas of the county.

The City Council is scheduled to vote on the EMS issue in the very near future.

New Area Physicians . . .

The Pierce County Chapter of Medical Assistants, an affiliate of AAMA, Inc., provides valuable continuing education, monthly programs and sponsored seminars for your medical assistants. Please encourage your personnel to attend the Pierce County Medical Assistant meetings held the second Monday of each month. Contact Kate Babinsky, CMA-C 851-8272 (hm) or 272-7344 (wk) or Doris Stansell at 531-1913 for further information.

In Memory

Dr. Arnold J. Herrmann died on Tuesday, November 28 of cancer. Dr. Herrmann was a member of the Pierce County Medical Society for 43 years. He practiced in the Medical Arts Building for 22 years and in 1968 became Medical Director of Pierce County Medical for fifteen years until his retirement in 1983. After retirement he served as a consultant to DSHS and attended PCMS retired luncheons.

Dr. Herrmann will be missed by the medical community and condolences are extended to his family members and many friends.

Auxiliary News

Holiday Dinner

For the past eight years, auxiliary members have helped brighten the holiday season for battered women at the YWCA Women's Support Shelter.

Please bring a gaily wrapped gift with you to the Annual Medical Society Auxiliary Joint Dinner at the Tacoma Sheraton Hotel on Tuesday, December 12. Please identify the contents of the gift to assist YWCA Staff with the distribution of gifts. Some gift ideas are: stationary, note paper, postcards with stamps, soaps, cologne, slippers, bath powder, hair brush and comb, and cosmetics.

Plan to celebrate the holiday season and the installation of the new Medical Society Officers with us.

Thanks for Joining

Thanks to all of you who so promptly sent your dues after our membership phone-a-thon. We are delighted with the support you have shown for the organization. The following members enjoyed the effort of trying to contact each one of you in October: Nikki Crowley, Susie Duffy, Bev Graham, Mary Lou Jones, Patty Kesling, Sharon Ann Lawson, Ruthie Meier, Rubye Ward, Helen Whitney, and Alice Wilhyde.

In November (after press time), we tried again to reach those we had missed earlier. If you haven't returned your dues statement, now is the time to find them and send them along to dues treasurer Alice Yeh. Don't delay joining the organization that works so hard to support your spouse's chosen profession.

— Helen Whitney

Thanks to Tacoma Voters

Tacoma voters rejected an attempt to discontinue fluoridation of the City water, November 7, 1989.

Citizens for Better Dental Health wishes to express their appreciation to members of PCMSA who distributed fluoride brochures to medical and dental offices and participated in two phone-a-thons, October 24 and 26, for "Vote No on Proposition 3."

The Auxiliary was instrumental again this year in improving the dental health of children in the Tacoma area.

THANK YOU

— Mary Lou Jones

Attention Newcomers

If you have not been greeted by our Newcomers Chairman, Leigh Anne Yuhasz, it means we do not have your home address or telephone number. Please call her at 581-6817 or Helen Whitney at 564-4345 with that information.

AMA-ERF

A sincere thank you to all of you for your generous AMA-ERF donations. A full report of our annual project will be published in the January Newsletter. Meanwhile, enjoy the holidays and the holiday sharing card.

Family Practice
New Medical Clinic Available

Located at 7231 So. Tacoma Way with 3,200 square feet., it is within 2 miles of 7 nursing nomes, 4 miles from Tacoma General Hospital, 3 miles from St. Josephs Hospital, 3 miles from Puget Sound Hospital and 4 miles from Lakewood Hospital. Situated next to Dr. William D. Stairs's dental clinic (where he has successfully practiced since 1985), the clinic is in the center of a 38,000 person population (within a 5 mile radius). The population is comprised of approximately 75 percent with health insurance, 15 percent with medicare insurance, and 10 percent D.S.H.S. Simply stated, there are no physicians near this location which guarantee a sucessful practice. Drop by to see Dr. Bill Stairs or call him at 475-6500 for his opinion and analysis

The cost is very reasonable. Call Charles Woodke at 566-0646 (wk) or 1-549-2100 (hm).

AMA AIDS Guidelines

AMAs 1990 HIV Blood Test Counseling:AMA Physician Guidelines are now available. The Guidelines are free and cover such topics as Serologic Tests for HIV, Indications for Testing, and Posttest Counseling. Please call the Medical Society at 572-3709 to request a copy.

CLASSIFIEDS

Positions Available

RADIOLOGIST - Immediate opening for Board Certified general diagnostic radiologist at hospital near Tacoma. Need US, CT, and Mammo plus limited angio and interventional ability. Regular hours, fulltime or 6 to 9 months per year; 5 year contract. Call Dr. Bernstein (206) 840-9652.

PHYSICIAN OPENING. Ambulatory care/minor emergency center. Full/Part time for FP/IM/EM trained, experienced physician. Located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, M.D., at 5900-100th St. S.W., #31, Tacoma 98499. Phone: (206) 584-3023 or 582-2542.

Equipment

NEW DOCTORS - We can help you set up your office, all medical and office equipment. Call Lynlees 867-5415 for information and a free catalog.

Practices Available

NORTH PIERCE/SOUTH KING COUNTY - Primary Care physician needed for established practice. Financial assistance available. High growth area - young families. For details please call 1-800-535-7698.

General

WATERFRONT ON GRAVELLY LAKE - Private executive 4 bdrm. home with all amenities, $1600 per month. Call MGM Property Management and Investments 627-4810 or 1-851-8189.

WATERFRONT CONDO NEAR NARROWS BRIDGE/Gig Harbor. fully furnished and decorated by professional designer. 2 bdrm., 2 1/2 bath, solarium, family room with wet bar, 2 car garage with extra storage and deck. Swimming pool. Sorry no pets, $1275 per month. Call MGM Property Management and Investments 627-4810 or 1-851-8189.

FREE TO ANYONE WHO CAN USE IT: A car-top hydraulic lift to bring a patient out of a wheel chair and into an auto seat and return to the chair. To see, call Dr. Bud Judd at 588-2686 (hm) or 584-5559 (wk).

EARLY RETIREMENT NECESSITATES SELLING: Waterfront home on Wollochet Bay 128' prime waterfront 3 minutes from Narrows Bridge, 4000 square foot office midway between St. Joseph and Tacoma General: Picker GX300R x-ray machine, table, processor, 28 cassettes, equipment, etc.; all office furnishings and equipment: 1984 Nissan 300ZX, 35,000 miles-pristine: home furnishings also available. 272-5181 (wk), 1-851-7500 (hm).

Advertise in the Classifieds

Prices

PCMS Newsletter – 75 cents per word
The Bulletin – 85 cents per word
10 word minimum on all ads.

Deadline
January *Newsletter* deadline is Dec. 15. Please call 572-3709 for more information.

Send check to:
Pierce County Medical Society, 705 South 9th, Suite 301 Tacoma,WA 98405

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PRENATAL CARE
(Continued)

In some areas across the country, estimates indicate that as many as 3 out of 4 infants are born under the influence of drugs.

Pierce County has one of the state's highest rates of adolescent pregnancy. Over 1,300 adolescents deliver in Pierce County each year.

Several recommendations were made to the Board of Health. Among them were:

- Move the prenatal challenge into a top-priority category for the Health Department to address as a significant health issue
- Establish a system to connect patients and providers by encouraging physicians to join a rotating referral system
- Provide a central point of contact for patients to call for information and assistance in locating a physician
- Proper triaging of patients to providers based on patient need, and
- Continued follow-up of patients and providers to maintain the system

The Prenatal Care Challenge Committee members were appointed by the Pierce County Board of Health. Other PCMS members that served on this committee were: Douglas Gant, M.D., David Be-Miller, M.D., William Roes, M.D, George Tanbara, M.D., and Robert Ferguson, M.D..◆

Pierce County Medical Society
705 South Ninth Street, Suite 203
Tacoma, WA 98405

ADDRESS CORRECTION REQUESTED

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The 1990 Physicians and Surgeons Directory has gone to the printer.

Please expect to be receiving your new directories in early January. If you would like to reserve any additional books, please contact MBI at 572-3709.