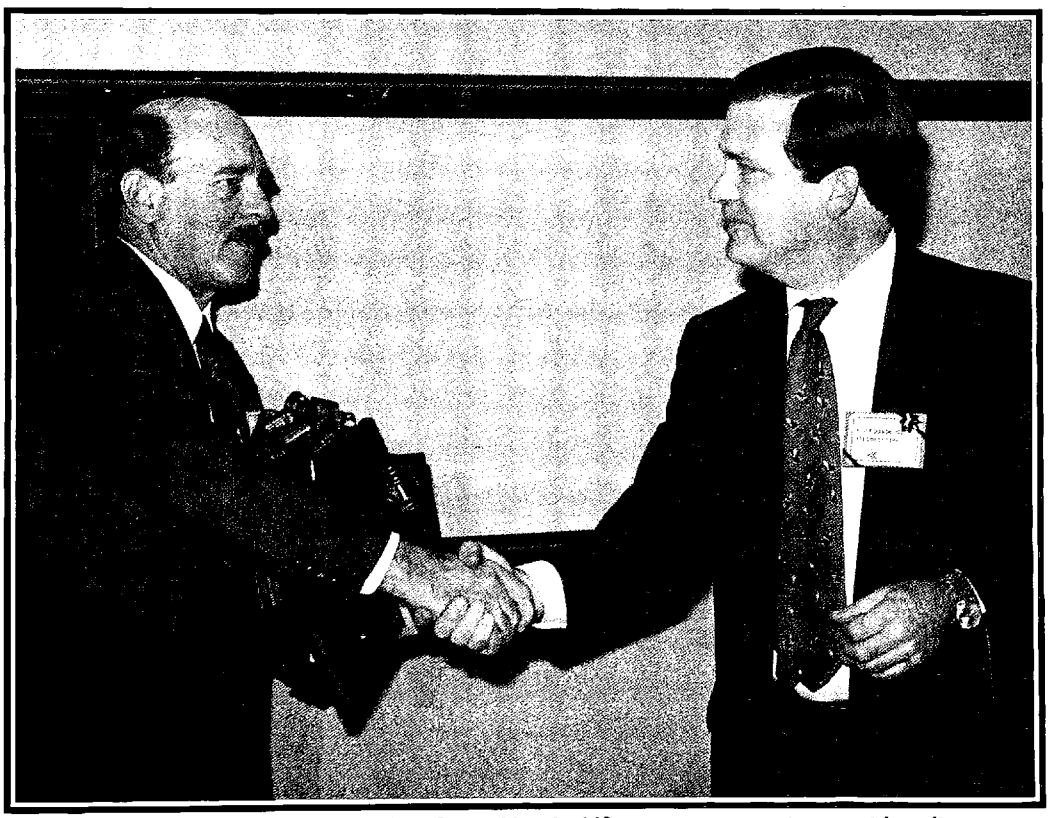
PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
January, 1994

1993 - 1994



Newly-installed 1994 Society President Peter Marsh, MD, presents outgoing president Jim Fulcher, MD, a token of the Society's appreciation for his leadership and dedication in 1993 during the Joint Annual Dinner Meeting. *See story on page four.*

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

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Gavel Passed At Annual Meeting

More than 200 physicians and spouses attended the Joint Annual Dinner Meeting Tuesday night, Dec. 14, at the Tacoma Sheraton.

President **Jim Fulcher, MD,** chaired his final meeting. The program began when he introduced Alliance President Denise Manos. She reported the Alliance had raised $13,500 from their "very successful" holiday sharing card event. The proceeds will be used to support the Neighborhood Clinic, the Lindquist Clinic, the YWCA Support Clinic and CHCDS, she said.

Presidents Fulcher and Manos then introduced their organizations' past presidents in the audience before the featured speaker Charles Plumb captivated the audience with his spell-binding account of spending six years in a North Vietnamese prison camp.

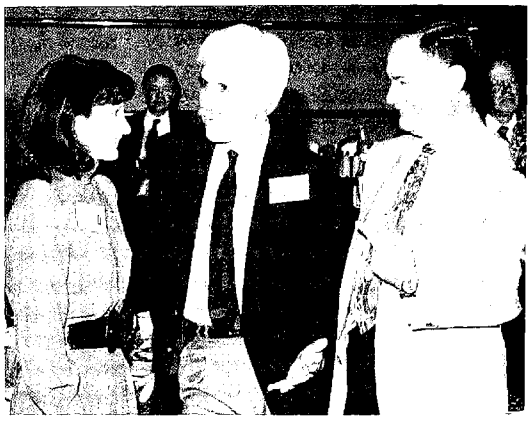
After the speech, **Dr. Fulcher** recognized the outgoing officers and trustees. His final act as president was to introduce his successor **Peter Marsh, MD.**

Doctor Marsh then thanked **Dr. Fulcher**, whom he described as "a team player from whom I learned a lot."

He presented **Dr. Fulcher** with a plaque holding the gavel he used during his term as president and a beautiful Orrefors crystal vase.

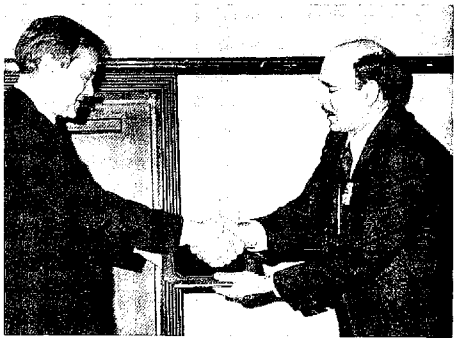
In his brief and final remarks of the evening, **Dr. Marsh** said he looks forward to helping his fellow physicians solve some of the challenges health care reform presents.

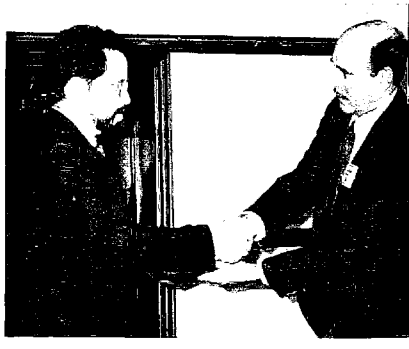
"We will need to work together in 1994," he concluded.



Drs. Mark Jergens and Matthew White joke with Mimi Jergens during the social hour.

President Denise Manos reports on Alliance activiti



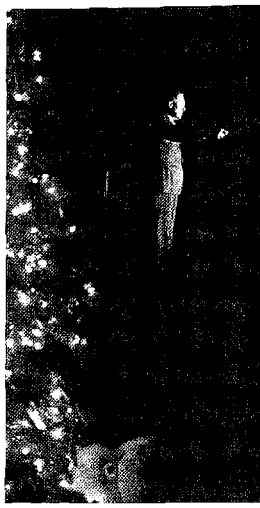


In his last act as president, Dr. Fulcher thanks his fellow officers and trustees. Vice President Dick Baerg and Trustee David Munoz received their plaques.

President Fulcher thanks Dr. Toth for her help to him and the Society as Past-President.

Charles McGill, MD, and his wife Edith with Dr. Jerome and Candy Rao.

Dramatic Speech Inspires Doctors



The bright spotlight encircled Charles Plumb on the Tacoma Sheraton stage. Otherwise the room was dark. Silent.

He took three slow paces - from the left edge of the round light to the right edge. He turned around. He walked the three paces back to the left edge. Then he repeated. Back and forth. Back and forth.

Charles Plumb, the "bullet-proof" F-4 fighter pilot who flew 75 combat missions in Vietnam at 1,400 miles per hour, explained he was in therapy as he paced back and forth. He told the 200 PCMS members and spouses at the Annual Joint Dinner Meeting that he was reliving the 2,103 days he spent in the eight-by-eight North Vietnamese prison cell after he was blown out of the sky. His cell was three paces long by three paces wide.

He asked his audience to smell the stench of his toilet in the corner; to taste the salt of his sweat, his blood and his tears; to know what he learned in six years of adversity.

Plumb said his fight to survive finally taught him what his high school football coach had told him years before: he would be a winner if he thought he was a winner, or he'd be a loser if he thought he was a loser.

Plumb said his fight to survive also taught him what his Annapolis commander had preached: "you can do anything you set your mind to do."

Finally, Plumb learned from a fellow POW that if he blamed others for his adversity, he would give away the power to control his own life.

He had to walk more than 200 miles, three steps at a time, he said, before he realized the prison walls weren't his barriers to freedom. His attitude was. Survival was a game of cerebral gymnastics, he concluded.

From that day forward until he was released, he was an active participant in an underground, coded communication system that connected the prison's 200 POWs. The advice his POW-mentor gave him saved his life, he said.

"There is a lot of similarity between what I faced in prison and what you face as a physician," Plumb said. "With what's going on in health care today, some of you could be thinking, 'They are taking away my prerogatives and giving them to someone who doesn't know anything about medicine. It's not fair. It's not my fault.'"

"My first response to being in prison, too, was that I was a victim. It's not fair that I am here."

They are both examples of prison thinking, he said.

"I now choose not to participate in that bad stuff," Plumb concluded.

"Get outside of yourself and take a risk," he advised. "Be courageous. You can do anything you set your minds to. Doctors can win over today's health care problems."

Charles Plumb received a standing ovation.

His three books and tapes of his talk can be ordered by calling 805-683-1969.

Peter Marsh, MD

It's nothing like a medical mafia, but a Massachusetts connection exists in one corner of Pierce County medicine. **Peter Marsh, MD,** the Society's new president, is in it.

Having completed his infectious diseases fellowship at Tufts-New England Medical Center in Boston, **Dr. Marsh** was only the first of four other Massachusetts-trained infectious diseases specialists **Alan Tice, MD,** lured to Tacoma. **Doctor Tice** walked Tufts' halls a few years before **Dr. Marsh.**

"Alan called me and suggested I come out here.

"I said, 'It's too far.'

"He said, 'How about if I pay your way?'

"I said, 'I'm there!'" **Dr. Marsh** recounted.

...the Society should be a source of information for members during the uncertain times ahead.

Thus began the Massachusetts connection that now boasts five of the county's six infectious disease specialists - all part of the practice called Infections Limited.

Doctor Marsh knew he wanted to call the Northwest home even before he got **Dr. Tice's** phone call. He visited Portland from his Pittsburgh home while in high school. He and 1,000 other would-be actors stormed the city for a convention.

"I thought this was the most beautiful part of the country I'd ever seen," he said. "I thought I'd like to live here some day."

With that memory and **Dr. Tice's** offer, **Peter Marsh** struck out for Tacoma a dozen years ago. **Doctor Tice's** solo practice was overflowing then and he needed deliverance.

Since then, the two have expanded the practice to include a travel clinic, IV therapy, a lab, research department and the national headquarters for a professional IV therapy association they started.

"Al and I work with each other well," said **Dr. Marsh.** "Neither of us is afraid to take risks."

Most of their ideas have worked. One that failed - a research protocol on sinus infections - taught them volunteers won't tolerate needles being poked into their sinuses, even for money.

Doctor Marsh is the first physician in his family. "It was an idea I hatched because of my interest in biology and people," he said.

His father was an engineer and his mother a housewife. One brother became a nurse, the other a research psychologist.

"I love my work," he said. "I don't think I've ever had a boring day in my career, and I never expect to."

It has been a career that has tackled a new scourge nearly every year: Lyme disease. Kawasaki disease. Legionnaires disease. Toxic shock syndrome. And of course, AIDS.

He said the new pathogens that regularly capture the world's attention provide dynamic changes that captivate him. "It's a struggle just keeping up with my own specialty," **Dr. Marsh** said.

Yet he divides his time between work and other interests. He's been a leader in the redevelopment of the Pantages Theater.

"The physicians who receive my yearly fund raising letter know of my involvement," he said. "They have been very generous and we appreciate them."

(continued on next page)

Meet Peter Marsh, MD *(continued)*

He's also on the board of directors of the Pierce County Alliance, an organization teaching life skills and providing rehabilitation to kids troubled with drugs, violence and society's other sores.

He also relishes his time with his two children, Abby, 17, a high school junior, and Kirt, 13, a football player at Curtis Junior High.

Teenagers take time. In the past year, in addition to kayaking, hiking, golfing and playing tennis with them, **Dr. Marsh** has traveled with his teens to Mexico, Australia and Fiji. In Fiji, he sheepishly admits to having gotten sick on local food.

"I was foolish enough to try it," he said.

In Australia, he and his children felt the exhilaration of scuba diving for the first time - and that on the Great Barrier Reef.

"It's incredible," he said. "Just the sense of being released from the surface is wonderful. My kids were just about as scared as I was, but none of us shared that with the others."

Daughter Abby, a two-miler on Curtis High School's cross country track team, pushed her out-of-shape dad into getting fit to run last year's Sound-to-Narrows race for the first time.

"I finished - running up the last hill," he boasted. Did he run the whole way? He grinned sheepishly and didn't elaborate much on his pace out of sight of the finish-line crowds.

His work time will be fragmented even more in the coming year as he takes on the PCMS presidency. It is an opportunity he looks forward to as a way to know people in the medical community better.

He believes the Society should be a source of information for members during the uncertain times ahead.

He's optimistic about the outcome of health care reform. "I think there will always be sick people and a need to care for them," **Dr. Marsh** said. "Our incomes may go down a little, paperwork may increase a little, but the day-to-day interaction with patients won't change, and that's the fun part of this business."

His optimism is also based on a belief that the final structure of medicine emerging from health care reform will be one which must be endorsed by physicians. They'll have a great deal to say about the outcome, he said.

But it will take work. "Being politically active is going to be extremely important," said the doctor/president from politically-rich Massachusetts. "Anyone who doesn't know their legislator had better get to know them. Society members must pull together as a team to resist the pressures that threaten to divide us."

Doctor Mastras Receives Regional Award

Dean Mastras, MD, a Tacoma radiation oncologist, will receive the J.G. Moore Award from the Western Association of Gynecologic Oncologists (WAGO) at an upcoming meeting at Whistler. The award will honor **Dr. Mastras** for a paper he helped write and deliver to the association about the treatment of pelvic and perineal malignancies.

As a resident at the University of Washington, **Dr. Mastras** and seven other researchers investigated the depth of groin lymph nodes and found them to be deeper than conventional text books indicated. As a result, they determined standard radiation therapy for the metastases may be insufficient. Their data may lead to an optimal design of groin node radiotherapy.

The paper was presented to the annual WAGO meeting in May.

Doctor Mastras has been affiliated with Tacoma Radiation Oncology Center since July.

Rep. Flemming Says "Play Politics"

Talking politics at the reception were Drs. Leonard Alenick (l), Robert Whitney, Bob McAlexander, Stan Flemming and Mahmood Sarram.

Medical Society members showed they understand how inter-connected the political and medical worlds are when 45 members and spouses attended a reception for **Rep. Stan Flemming, DO,** Nov. 22.

The reception, organized by 14 members and spouses with help from WAMPAC, the WSMA's political action committee, was held at the home of **Ron Benveniste, MD,** and his wife Karen.

And to underscore how important playing politics is for PCMS members' future, **Doctor Flemming** told his colleagues to stay active. Get others involved. Talk to legislators anytime you can. (See page 10 for a list of Legislators and thier phones.)

"Just because the health care reform act passed last session doesn't mean every decision has been made," said **Dr. Flemming.** "It's not a done deal yet. Many changes are coming. I urge you and every physician to talk to your legislators about medical issues. Most of them do not know your view points. Tell them."

Host Ron Benveniste, MD, (l) stands next to Martha Flemming, with Rep. Flemming and Karen Benveniste on their left

The reception was a successful fundraiser for **Doctor Flemming's** re-election campaign next year. WAMPAC expects he will have many challengers for his 28th District House of Representatives seat, said Meara Nisbet, WAMPAC's assistant director for political affairs. Freshmen representatives are usually vulnerable to substantial challenge, she said.

Nisbet said **Doctor Flemming,** as one of the Legislature's only physicians, filled a vital role during health care reform debates by representing physicians' perspectives. She urged the Medical Society to work to assure his re-election.

Nisbet, with PCMS assistance, organized the reception as part of WAMPAC's new program of encouraging grass roots politics. The reception was the first of many political events she plans to hold in Pierce County to assist PCMS members in their political pursuits.

Local level politics - one doctor talking to one legislator - is more important than ever before because of a new law. Last session the Legislature passed campaign financing reform legislation limiting to $500 the amount political action committees may contribute to candidates. Members can no longer rely on WAMPAC to do the bulk of their political work. Circumstances demand that members participate individually or else organized medicine will lose its clout.

The point was not lost on the 45 members and spouses who participated in the reception. The 14 families who organized the event were:

Len and Gail Alenick
Ron and Karen Benveniste
Ken and Marilyn Bodily
Juan and Mary Cordova
Mark Gildenhar
Richard Hawkins
Dick and Juley Hoffmeister
Maria and Dennis Mack
William Marsh
Debby and Bob McAlexander
John and Lynn Peixotto
Vita and Ray Pliskow
Bill and Marge Ritchie
Bob and Helen Whitney

Influence Your Legislators

The WSMA Legislative Summit is scheduled for Jan. 25 in Olympia. Members are urged to spend the day meeting with legislators so they learn physicians' views on health care and other matters coming before the session. Health care reform is still on the table.

The yearly trek for Washington physicians begins at 9 a.m. with a short overview of issues likely to affect medicine during the 60-day session. After lunch, physicians are urged to meet with their legislators. The Pierce County Medical Society will help you make your appointment with your legislator. The Society will try to schedule groups of physicians to visit with a legislator. Call PCMS to obtain information or help.

Finally, WSMA will host a reception for lawmakers at 5:30 at the Westwater Inn.

Your legislator(s) wants to know your views on medical topics they face. They also value your input on subjects such as crime control, the budget, domestic violence and education.

Last year, nearly 20 members attended the annual event. Governor Lowry addressed their luncheon.

> "I would encourage physicians to call their legislators and go down to see them."
>
> *Marilyn Pattison, MD*

One participant, **Dr. Marilyn Pattison**, said, "I would encourage physicians to call their legislators and go down to see them."

The need to educate legislators became crystal clear to **Dr. Pattison** last year when one legislator confessed he did not know what a primary care physician was.

The legislative summit is free to members.

If ever there was a time to get involved, to know your legislator, now is the time.

See the Legislature in Action

Take your children. Sit in the visitor galleries and watch democracy at work.

The WSMA Legislative Health Clinic needs volunteers to treat solons and their staff if needed during the coming 60-day legislative session. If you volunteer for a 9 a.m. to noon shift, you will be given a beeper and can roam the campus until called. After noon, your time is your own.

So you can tour the capitol grounds, see the Supreme Court, visit with your legislators - all while helping promote organized medicine to those who craft our laws.

You need not be a primary care physician.

The clinic is a 20-year project of WSMA. It provides minor emergency health care during lawmaking sessions.

To volunteer, call Winnie Cline at WSMA's Olympia office, 1-800-562-4546. This year, the clinic will operate from Jan. 10 to March 10.

How to Contact State, National Lawmakers

President Clinton may be reached by writing him at the White House, 1600 Pennsylvania Ave. N.W., Washington, D.C. 20500; his message phone is (202) 456-1111.

Your U.S. senators and representatives, state senators and state representatives may be contacted at the following addresses and telephone numbers;

U.S. Senators

Sen. Slade Gorton (R), United States Senate, Washington, D.C. 20510; local phone 553-0350, Seattle.

Sen. Patty Murray (D), United States Senate, Washington, D.C. 20510; local phone 553-5545, Seattle.

U.S. Representatives

All members of the U.S. House of Representatives may be reached by writing them in care of the House Office Building, Washington, D.C. 20515.

Rep. Norm Dicks (D-6th District); local phone 593-6536, Tacoma.

Rep. Mike Kreidler (D-9th District); local phone 840-5688, Puyallup, and 946-0553, Federal Way.

State Offices

All state legislators and the governor may be reached by writing them in care of Distribution Center, Legislative Building, Olympia 98504.

Telephone number of the Governor's office is 753-6780, Olympia.

The status of legislation can be obtained by calling the **Legislature's toll-free hotline, (800) 562-6000.**

Legislators, by district, and their Olympia phone numbers are:

2nd District

Sen. Marilyn Rasmussen (D), 786-7602

Rep. Tom Campbell (D), 786-7824

Rep. Randy Dorn (D), 786-7912

25th District

Sen. Marcus Gaspard (D), 786-7648

Rep. Randy Tate (R), 786-7968

Rep. Sarah Casada (R), 786-7948

26th District

Sen. Bob Oke (R), 786-7650

Rep. Ron Meyers (D), 786-7964

Rep. Wes Pruitt (D), 786-7802

27th District

Sen Lorraine Wojahn (D), 786-7652

Rep. Ruth Fisher (D), 786-7930

Rep. Art Wang (D), 786-7974

28th District

Sen. Shirley Winsley (R), 786-7654

Rep. Stan Flemming (D), 786-7958

Rep. Gigi Talcott (R), 786-7890

29th District

Sen. Rosa Franklin (D), 786-7656

Rep. Brian Ebersole (D), 786-7999

Rep. Steve Conway (D), 786-7906

30th District

Sen. Peter von Reichbauer (R), 786-7658

Rep. Jean Marie Brough (R), 786-7830

Rep. Tracey Eide (D), 786-7898

Health Care Reform Key Implementation Dates

Cost Controls

Create Health Services Commission ..... July, 1993
Define initial UBP and supplemental benefits ..... Oct., 1994
Set UBP and supplemental maximum premium ..... Oct., 1994
Begin UBP growth rate reductions ..... Dec., 1995

Insurance Reforms and Regulation

Limit pre-existing condition exclusions for disability insurers, HMOs, HCSCs ..... Dec., 1993
Modified community rate CHPs ..... Oct., 1994
Only CHPs can offer UBP ..... March, 1995
All employers must offer UBP through CHPs ..... Jan., 1997

Private Sector Employer and Purchaser Mandates

Employers >500 employees must offer UBP, BHP or HIPC to full-time employees ..... March, 1995
To above dependents ..... Jan., 1996
Medium employers >100 employees must offer UBP, BHP or HIPC to full-time employees ..... Jan., 1996
To above dependents ..... Jan., 1997
All employers must offer UBP, BHP or HIPC to full-time employees ..... Jan., 1997
To above dependents ..... July, 1999

Public Sector Employer and Purchaser Mandates

State, BHP and K-12 must offer UBP in single risk pool ..... March, 1995
State purchasing consolidated under CSPA: BHP, clinics (July, 1993) K-12 (Oct., 1994 earliest, Oct., 1995 latest); public health, MAA, workers' comp., DOC and ferry workers in single risk pool (July, 1997)

Individual Participation

All residents must obtain UBP coverage ..... July, 1999

Expanded Access to State-Subsidized Coverage

Immediate expansion of BHP to 62,000 residents with incomes less than two times the poverty level .. 1993-1995
Immediate expansion of MAA to 89,500 children in families with incomes less than 2 times the poverty level 1993-1995
Expansion of BHP to residents with incomes less than three times poverty level 1995-1997

Key

HSC = Health Services Commission
UBP = Uniform benefits package
HCSC = Health Care Service Contract
CHP = Certified health plan
HIPC = Health insurance purchasers' cooperative
CSPA = Consolidated State Purchasing Agent
MAA = Medical Assistance Administration
BHP = Basic Health Plan

Are Capitated Payments Good for Your Practice?

Suppose this is the month of March and managed Medicaid (Healthy Options) has begun. Or suppose it is even later and Certified Health Plans (CHP) have formed under Washington's health care reform act. You open your mail and find an offer from a health plan that promises you a ton of new patients if you sign their contract. The contract offers you a capitated payment of, say, $13.49 per patient per month.

Drs. Bill Roes and Mark Gildenhar confer on one of many calculations required to determine whether a hypothetical capitation offer would be beneficial to their make-believe practice.

Is that a good deal?

Do you take it?

Do you know?

If you are one of about 50 physicians who took advantage of the Society's two-hour seminar on capitation Thursday evening, Dec. 2, you know exactly how to analyze that $13.49 offer.

If you are not one of the 50, the answer may be a mystery. That's because financial analysis can be tricky - like diagnosing an illness.

Mohammad Saeed, MD, explains his answer to real-life partner Surinderjit Singh, MD.

But Craig Van Valkenburg, vice president of Brim Inc., a Portland medical practice management and consulting firm, solved the mystery. He talked physicians and their office managers through the steps needed to make sound business decisions when capitation offers begin flying fast and furiously. Capitated payments will be the rule, not the exception, under health care reform, he said.

Van Valkenburg used a gigantic overhead screen on which to prominently display his many illustrations. Physicians were given handout materials that duplicated most of his overheads and on which they could take notes for future reference. He spoke clearly, slowly and confidently in the small room, creating an ideal learning environment.

The financial expert said medical insurance plans will undoubtedly pay both physicians and hospitals on a capitated basis under health care reform. Different plans, or HMOs, will have different schemes, however. Some will require physicians to share financial risks with hospitals. Others will separate their payments and risks.

Likewise, some plans will pay primary care physicians only, making them gatekeepers responsible for contracting for their specialty care. Under that scenario, primary care physicians become at risk for specialty care. Other plans will pay specialists separately, either on a capitated or fee-for-service basis.

Van Valkenburg made those observations based on the type of capitated arrangements that already exist in Oregon, California and elsewhere.

Whatever type of capitated offer physicians receive, he said, they will need to know the details - what's included, what's not - in order to make a valid financial analysis.

The key, he said, is to determine whether the practice's cash flow and net income will increase or decrease under capitation.

To make those calculations, Van Valkenburg showed many pages of financial information on his overheads. They dealt

(continued on next page)

Payments *(continued)*

with concepts such as the number of patients, the average number of visits per patient, total patient visits per year, the cost of those visits to the practice and the anticipated capitated payments per year. After making those and other calculations, he got to the bottom line: net income before and after a capitated offer is accepted.

If net income is projected to increase, he said, the sound business decision would be to accept the offer.

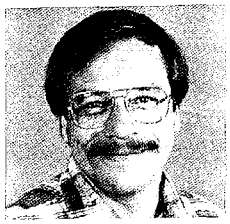
To test his students, Van Valkenburg then gave physicians a case study for them to work through themselves. The assignment was to calculate whether a hypothetical offer of $18.75 per patient per month to a hypothetical practice would increase or decrease its bottom line.

Physicians and managers huddled with those next to them to create several small working groups. After 15-20 minutes, work stopped and the teacher asked for answers. Two of about eight or 10 groups got the right answer. A couple others were close.

The exercise proved that physicians need to prepare themselves for capitation. Those who don't may also get the wrong answers. For them, a real world mistake could mean a financial disaster.

To help other Society members who missed this first session, the capitation seminar will again be offered in early 1994. If you would be interested in attending, please call the Society office and leave your name.

Doctor Penalver's Son Named Rhodes Scholar



Ovidio Penalver, MD

Eduardo Penalver, son of Puyallup pediatrician **Ovidio Penalver, M.D.**, was recently named a Rhodes scholar. The scholarship will enable him to study philosophy and theology at Oxford in England for two years.

"Im proud of him," said **Dr. Penalver.**

About 2,000 American students applied for the scholarship and only 32 received one - four from the eight western states.

The 20-year-old senior at Cornell doesn't know what a "B" looks like, his dad said. Part of his motivation has been to show the world that Latino students can be as good as anyone else. He set a personal example.

"This has added some purpose to his studies," said **Dr. Penalver** who was born in Havana, Cuba.

Beginning as a freshman, Eduardo has been a driving force behind Cornell's Latino students organization. He has been president for four years.

"He's very socially concerned and aware," **Dr. Penalver** said. "He's also very humble. His head is in the right place."

Like President Clinton, Eduardo plans to go to law school after Oxford.

"I think he is politically motivated," his father said.

Capitation Risks Have Rewards

Some California physicians responsible for reducing inpatient admissions are now ready to reap the rewards of their efforts - to share in the money they saved.

The *American Medical News* reports that physicians in some California capitated systems have responded to the challenges extraordinarily well. They have reduced inpatient admissions by 50 percent and more.

While the national average for hospital days per 1,000 commercial medical plan enrollees is 495, one California integrated capitated system reduced that to 180 inpatient days. Another cut it to 155, said *AM News*.

Their efforts have created large savings, but for whom?

Hospitals and insurance carriers were the first to benefit. But now that physicians know how effective they can be, they soon may be allowed to share the rewards.

California is considering a law that would permit physicians to take full risk - and full reward - for inpatient capitation, the Dec. 6 article said.

Under the proposal, physicians could receive 100 percent of the capitated payment and then subcontract for specialty and hospital care. By aggressively managing their patient hospital admits, they could keep the money they save the system.

American Medical NEWS

"It allows doctors to profit 100 percent from lowering patient days," said a health care attorney there.

One group of California physicians already knows the risk-reward relationship first hand. In the mid-1980's, they bought the Pioneer Hospital in Artesia, California. Because they own the institution, the existing law has allowed them to profit from reduced admissions. They have lowered them to 170 patient days per 1,000 enrollees and now keep all the savings.

Applied to a state-wide or region-wide population, the potential rewards are magnetic, the article said.

Need Help Understanding Managed Care?

The AMA offers two resource guides to help you navigate the incoming tide of managed care.

How to Evaluate a Managed Care System Contract is a workbook that provides methodology to help answer questions such as how to determine whether to participate in a managed care system? Or how can you be sure the plan provides you with fair reimbursement and your patient with quality care?

The workbook can be ordered by calling 1-800-621-8335. Refer to order # FP373588DK. It sells for $44.95.

The Business Side of Medical Practice is another AMA handbook designed to give new and experienced physicians an overview of practice management essentials: managing personnel, tax planning, and more.

The handbook can be ordered from the same phone number. Refer to order # FP385488DK. It sells for $39.95.

Non-members add $10 to the cost of each book.

Depression-Era Medical Society Makes Big Strides

A cardboard box in the Society office contains a stack of hardcover books binding historic back issues of the Pierce County Medical Society's *Bulletin.*

The text below is from an editorial in the Vol. II, No. 1 issue printed in January, 1932 - during the heart of the great depression.

With this issue, The Bulletin begins its second year of publication.

It has been enlarged to 16 pages, giving additional space for news and short abstracts and case reports.

The circulation has been increased and The Bulletin is now sent to doctors throughout Southwest Washington, in addition to those in our more immediate vicinity.

It is the hope that The Bulletin may be a medium to bring all the doctors in this section of the state into a closer relationship, and be an aid in strengthening the bonds of friendship as well as in stimulating an active interest in all matters pertaining to medicine, its study and its practice.

To those in neighboring towns not members of the Society, the Pierce County Medical Society extends a cordial invitation to attend its meetings and take part in its discussions, and to take advantage of the opportunities presented at the staff conferences and clinics of the hospital and the sessions of the various medical specialty groups.

As we go into the New Year it is well to look back in retrospect over the year past and view our efforts in the light of experience, to see if they have been worth while.

Most prominent among the events influencing medical progress the past year is, first, the opening of the new Rhodes Medical Arts Building. This has made possible the housing of the medical library in a permanent home, where our books are kept in pleasant, well-appointed surroundings, with an efficient librarian in charge. The erection of this building also gave to the Society a permanent home, with offices and reading rooms and a well-equipped auditorium for meetings, second to none in the country.

"On a solid foundation of past achievements, the medical profession faces the New Year with confidence and with a determination to press forward..."

Early in the year the Physicians and Dentists Business Bureau was started and has day by day increased its usefulness to the members. It is doing excellent work in collecting accounts, and the day and night telephone service has been of great value.

The Pierce County Nurses' Association maintains headquarters with the Bureau, as do also the Public Health League, Tuberculosis Society and Social Hygiene Society. These latter maintain reading rooms which are well supplied with literature and are well patronized by the general public.

Recently, an Arbitration Committee has been appointed to help settle differences which may arise between patient and doctor, when there is a question concerning the proper fee for services or a complaint of neglect or incompetent medical attention.

The Women's Auxiliary of the Pierce County Medical Society has been organized and their work will be of great value in spreading the gospel of good health.

Information on medical subjects and public health is given by talks to the various service clubs and parent-teacher associations, and is being broadcast each Wednesday at 4 p.m. over station KVI.

At no time have the programs of the society been of more interest. The scientific papers have been prepared with care and presented in an instructive manner. Medical economics and kindred subjects have been studied and are under constant investigation.

The work in the various special groups and the conferences and clinics at the hospitals have been well conducted and have been of great value in giving the whole profession the opportunity to increase in knowledge in medicine.

Better than all is a spirit of mutual help and friendliness, a desire of each to do his part to make things better for the whole. On a solid foundation of past achievements, the medical profession faces the New Year with confidence and with a determination to press forward and carry on its work to greater and higher attainments.

More Crack Babies Going Home

The state's Child Protective Services (CPS) has confirmed a trend many physicians have noticed recently - that more and more newly-delivered babies born to drug-abusing mothers are being sent home from the hospital with their mothers rather than being placed in foster care.

Three crack-baby specialists explained their current practices to the Society's Public Health/School Health Committee Wednesday, Dec. 15. Pediatricians **Terry Torgenrud, MD,** the committee's chairman, and **Joe Wearn, MD,** had wondered why babies were being sent home with drug addicts so often. School nurses on the committee spoke out about the trend, too. It rankled them. So they invited CPS and Catholic Community Services (CCS) to their regularly-scheduled monthly meeting.

Together, the three - CPS supervisors Linda Kalinowski and Dawn Netzel and Sean Maloney from CCS - gave many reasons for their approach to crack babies.

First, they said, the law requires them to make every effort to unify mother and baby. More importantly, they said studies have found the children grow up healthier, with better results, if they go home and live with their mothers, even if they are not perfect parents.

"We try not to be punitive but to get people into services they need," said Kalinowski. "It is important that the babies get bonding at home."

She said social services are readily available for the babies and the abusing parents. Case workers negotiate contracts with the mothers. They require moms to utilize those services - get treatment - as a condition of being allowed to keep their babies.

Catholic Community Services operates one of those services. Their Pediatric Interim Care Services (PICS) contracts with the state to provide home-based services for infants exposed in utero to drugs or alcohol and their mothers. They offer drug and alcohol training and referral, peer support groups, monitoring of family home and environment, monitoring of the child's medical care, parenting education and more.

Maloney said PICS provides developmental analyses for the infants. PICS then moves babies into the services they need.

In addition, experience has shown that more developmental harm falls on children who get bounced around from foster home to foster home than to children who stay with their mothers, he said. Babies can stay on his case load for up to 18 months.

The bottom line, he said, is that he has seen a low number of cases return to CPS after they have "graduated" from PICS.

Explaining a finding that surprised nobody, Maloney said once mothers quit abusing drugs and enter into treatment, many underlying emotional problems boil to the surface. More than 75 percent of them were abused as children and many of them were abandoned in some way. Treating those problems helps keep them straight, thus helping the baby, he implied.

Supervisor Netzel added that CPS is becoming more family focused. Case workers (there are 48 of them in the county) prefer sending babies home with mothers who have relatives around them for support.

"The majority of babies in home-based arrangements succeed," Kalinowski said. Besides, there aren't enough foster homes to care for all children born to drug-positive mothers, she said.

Under the preferred home-based care, foster care also becomes an option CPS can use as incentive to force mothers to uphold their contracts, she said. "I can always tell the judge later that the mother wouldn't get the treatment she needed," she said.

One encouraging note the case workers reported to the committee is that the number of drug-positive mothers seems to have declined. Perhaps, they speculated, community advocates are effective.

Flu Hasn't Flown Here Yet; Some Diseases Show Big Increases

Health Department official Karen Mottram reported to the Public Health/School Health Committee that the yearly flu bug has not yet reached its peak in the county. She noted that some southern Idaho school districts have reported 50 percent absentee rates. The virus is working its way into Oregon and may spread to Washington, she said.

In Mottram's statistical report of selected diseases in the county, a few statistics stood out. The number of foodborne/waterborne illnesses this year to date has more than doubled the number from the same period in 1992: 770 vs. 341.

Sexually transmitted diseases in the military population have likewise jumped. Chlamydia, for example, was reported in 294 patients this year compared to 75 last year. Gonorrhea was reported in 216 military patients this year vs. 121 last year.

There were 36 tuberculosis cases reported through November compared to 21 at the same time last year.

Speaker of the House Meets With PCMS leadership

Representative Brian Ebersole (D), 29th Legislative District and Speaker of the House, met with **Dr. Jim Fulcher** (President), **Dr. Peter Marsh** (President-Elect), **Dr. Richard Hawkins** (Past President), and **Dr. Nick Rajacich** in mid-December to discuss issues of mutual concern.

The doctors expressed concern for the future of health care reform in Washington State with the passage of Initiative 601. Mr. Ebersole believed expansion of the Basic Health Plan may become more difficult, but he did feel that funding will be found. Also, he thought there may be legal challenges to the constitutionality of Initiative 601.

Another major issue discussed was the matter of anti-trust regulations limiting the ability of physicians to come together to negotiate with third party payers. The limitation placed on the physicians trying to negotiate with insurers and hospitals was outlined, and the Speaker took note of the suggestions that physicians be given the opportunity to level the playing field in negotiations with insurers.

Societal issues such as domestic violence, the loss of the UPS Law School and crime were also discussed and what could be done in the community.

The speaker thanked the doctors for their support of health care reform and said without them it would not work. He acknowledged the cooperation he and the Legislature have received from the medical community and expressed his appreciation.

Dr. Fulcher noted that the physicians wanted to be "part of the solution to health care reform and not the problem ."

New PCMS Members

Holdner, Karen M., MD
pediatrics
practices at 728 S. 320th St., Federal Way
medical school: SUNY Health Science Center
internship: same
residency: same

Kim, Chong C., MD
internal medicine
solo practice at 128 131st St. So., Tacoma
medical school: Kyung Hee Univ. School of Medicine
internship: Wyckoff Heights Medical Center
residency: same

Larkin, Hugh A., MD
general practice
solo practice at 1306 No. I St., Tacoma
medical school: Univ. of Washington
internship: Swedish Hospital

Martin, Michael J., MD
orthopaedic surgery
practices with Puget Sound Spine Institute, 1515 So. K St., Tacoma
medical school: Wayne State Univ.
internship: Univ. of Medicine & Dentistry of New Jersey
residency: same
fellowship: St. Mary's, San Francisco (spine)

Physicians Apply for Membership

Kodama, Brenda F., MD
dermatology
practices with Drs. Fox and Findlay at 2702 So. 42nd St. #300, Tacoma
medical school: John A. Burns School of Medicine
internship: Wm. Beaumont AMC
residency: Fitzsimons AMC

Stridde, Braden C., MD
plastic surgery
practices at 915 6th Ave. #1, Tacoma
medical school: Northwestern Univ.
internship: Dartmouth-Hitchcock Medical Center
residency: same
fellowship: Univ. of Washington (plastic surgery)

Health Care Reform Has Been Like a Tidalwave

Health policy analyst, writer, lecturer and ethicist Emily Friedman presented the 1993 Edwin C. Yoder honor lecture at St. Joseph Hospital on Friday, Nov. 19. Ms. Friedman is a well-known and highly sought-after speaker on health issues. Her topic was "A Collision of Rights: In an Age of Reform." She noted the following points:

• Health care reform can be compared to a tidalwave. It has been building up since 1965 and now the crest of the wave is hitting shore. She contended that health care reform was put off and could have been addressed in 1977 when a report was issued that 26 million people were uninsured at a time when health care costs were half of what they are today. Health care reform was not sudden, she said, it was inevitable. She said, "You have not seen anything yet. Health care reform will make NAFTA look like a plaything."

• She considers economists the most destructive force in health care, and said none of them have ever treated a patient. Friedman contended that over the last 10 years, the provider community has been more interested in income and reimbursement than in compassion.

• Friedman predicted that the future landscape of medicine will be dominated by managed care paid for by capitation and she was not very optimistic regarding malpractice reform.

• She urged that the number one necessity of reform is to have everyone provided access to care.

• She noted the pressure point of medicine will be managed care and it will become the dominant force with care administered by large groups and salaried physicians. However, she had just returned from visiting Alabama where she said managed care is still a rumor.

• She emphasized that physicians do not have the gift of time today as we see the shift going from solo to group practice. Many physicians, she said, are going to lose their clinical autonomy, but she argued that simply being paid a salary does not necessarily mean the loss of autonomy.

It is going to be absolutely necessary to learn capitation and take on risk.

• She stated that hospital administrators' philosophy over the last decade has been, "If we don't build it, they can't come." Friedman feels that those who argue that the quality of care and referrals from specialists will diminish under managed care believe the argument that what physicians are currently doing under fee-for-service is for the money only. She did forecast that we are going to see overly tight referral patterns. One economist she knows predicted that if utilization is done as in the Kaiser Permanente mode, we will have 200,000 unemployed physicians. If managed care does not work we will be backing into a single payer system because a desperate Congress will have no choice.

• She was of the opinion that medicine has been too tolerant of the bad apples and the profiteers in medicine. Medicine, she said, got too chummy by itself. We have to clean up our own house for the honor of the profession.

• Today we are seeing the highest rate of retirement, suicide and depression in physicians than ever before. She urged physicians to help others in the transition who seem lost in the maze. She also asked that physicians be nice to each other in this period of dramatic change. She urged physicians to decide who you want to party (integrate) with. Do not wait until you are forced to join. You need to be culturally and professionally comfortable with who ever you tie with. It is going to be absolutely necessary to learn capitation and take on risk.

• Friedman closed by saying that she has not seen anything that will be the doom of physicians.

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Law and Medicine Symposium Set for Jan. 20

Registration is underway for the Law & Medicine Symposium offered by the Medical/Legal Liaison Committee. It is scheduled for January 20, 1994.

The symposium presents topics of interest common to both physicians and attorneys. The symposium will be held in rooms 3A & B of St. Joseph Hospital.

The program will offer physicians 6 Category I CME credits for AMA and AAFP.

This year's schedule includes discussion on these subjects:

- Health Care Information Act
- Drug Company Liability to Physicians
- Responsibility in Child Abuse Cases
- Physicians and Antitrust
- Defense Before the Medical Disciplinary Board
- Marital Dissolution and a Practice
- Malpractice Reform
- Medical Expert Testimony

HIV Infections Update Scheduled for February 25

The sixth annual CME program dealing with HIV infections and AIDS is scheduled for February 25.

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

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

This year's conference will likely feature presentations on local HIV developments and an international perspective of the HIV problem.

The program also will feature discussion of the prospects for an HIV vaccine and exploration of the relationship between HIV and malignancies. New treatment options for HIV and prophylaxis for opportunistic infections will also be addressed.

The program brochure will be mailed in mid January. So plan on attending the Sixth Annual HIV Infections Update on February 25.

DATES	PROGRAM	DIRECTOR(S)
1994		
January 20	Law and Medicine Symposium	Gregory C. Abel, JD William T. Ritchie,MD
February 3-5	CME at Mt. Bachelor	Stuart Freed, MD Richard Tobin, MD
February 25	Update on HIV Infections	Alan Tice, MD
March 10 & 11	Internal Medicine Review	Irv Pierce, MD
April 4-8	CME at Hawaii	Mark Craddock, MD Amy Yu, MD
April 15-16	Surgical Update - 1994	Stanley C. Harris, MD Chris Jordan, MD
April 29	GI Conference	Gary Taubman, MD Richard Tobin, MD
May 20	Clinical Guidelines: Quality, Cost Effectiveness...	Les Reid, MD
June 27 & 28	Advanced Cardiac Life Support	James Dunn, MD

Spring Vacation in Hawaii Available, CME and Princeville Hotel Included.

Winter sun, beaches, relaxation, family time, golf, tennis, swimming, AND quality Category I CME are still available in the College's CME at Kauai program scheduled for April 4-8.

Also included are bargain rates at Kauai's lavish Princeville Hotel.

The island's tragedy, Hurricane Iniki, has resulted in bargain rates for course participants. Although both the island and the hotel are virtually restored, the Princeville is offering ocean-view room, normally demanding from $325 to $425 per night, for $145 for physicians and their families. Those interested are particularly urged to secure flight arrangements as spring vacation flight seats often fill.

The College is working with Marilyn at Olympus Travel (565-1213) who has booked some seats at group rates and has access to other special options at the best rates.

A program brochure highlighting the conference particulars was mailed to PCMS physicians. For more information call us at 627-7137.

Join your colleagues and their families during spring vacation in beautiful Kauai, Hawaii, during the College of Medical Education's "resort" conference April 4 to 8, 1994.

Plan Now for CME at Bachelor, Room at the "Inn," Feb. 2-6

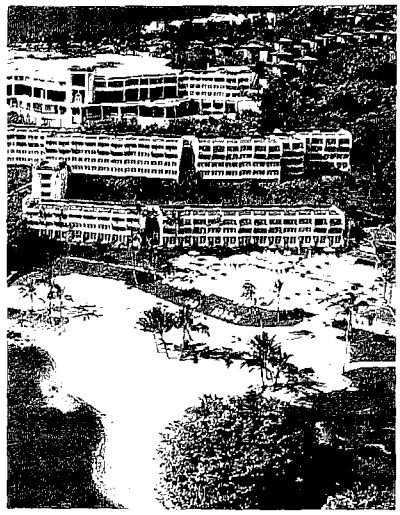
Registration continues for CME at Mt. Bachelor, the multi-disciplinary COME resort conference to be held at the Inn of the Seventh Mountain in Bend, Oregon.

The course, scheduled for February 2-6, 1994, will feature a potpourri of subjects of interest to all practices and family vacationing and winter sports at nearby Mt. Bachelor.

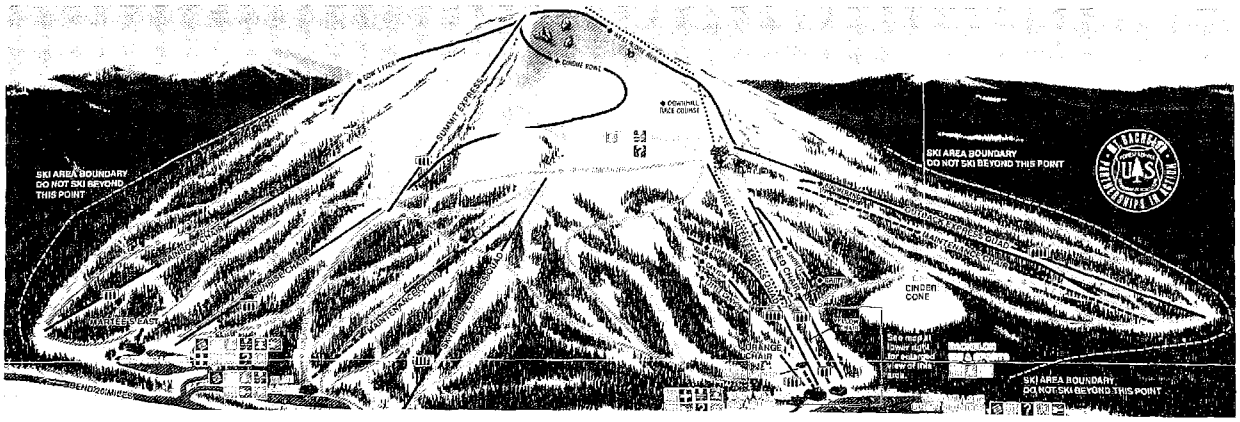
In addition to the delivery of quality continuing medical education, this year's program will again offer two organized ski activities for participating physicians and their families. On Friday, "Ski Touring and Lunch: A Back Country Ski Picnic" will be available.

On Saturday afternoon, the second Annual PCMS Slalom will be staged. More information on both of these events is available to conference registrants.

Those interested in the conference are particularly urged to take advantage of the greatly reduced lodging rates at the Inn on the Seventh Mountain by calling 1-800-452-6810.



Kauai's lavish Princeville Hotel, site for the College's CME program



Map identifying the 54 runs on Mt. Bachelor in Central Oregon. The runs cover just about the entire mountain with plenty of terrain for skiers of all abilities. New express lifts are available this year along the high-speed summit chair.

President's Message

Hello, everyone, and Happy New Year.

It was good to see everyone at the Holiday Joint Dinner. What a wonderful time. A big thanks to Leigh Anne Yuhasz for her work in making it so fun. The table decorations were wonderful and the gourmet basket was grand. Lots of lovely toys and gifts were gathered for the YWCA support shelter and we know how much they mean during the holidays.

It's hard to believe my year is half over. Time sure flies when you're busy and having fun with friends. And I must say I have made some wonderful friends this year. Ones I hope to hold on to for the rest of my life. I appreciate my committees very much. They are one hard working group. I wish Patty Kesling all the best with her year to come.

Our holiday sharing card was put together by Margaret Greydanus. She did a wonderful job! It was very successful this year, raising over $13,500. Thank you Margaret for all you do. And another thanks to Nikki Crowley for the record-breaking mailing party at her home. And to Toni Loomis who has become the ultimate master of the bulk mailing mountain.

Kris White is working hard at putting together resources for the PACE-grant domestic violence flyers. We will be distributing them to doctors' offices soon along with information on second-hand smoke from the tobacco task force. Any help with distribution would be greatly appreciated.

Our next board meeting won't be until Feb. 7. Our next general meeting will be Feb. 18 at Nikki Crowley's home, an update in gynecological practices and also the philanthropic awards will be presented to our five charities.

Hope to see you soon!

Denise Manos
President, 1993-1994

Recycle Your PDR

The 1994 PDRs will soon be here. Please save your 1993 (and 1992) volumes and bring them to the Medical Society office. The old PDRs will be donated to local schools so that the school nurses will have an up-to-date reference on children's medications readily available.

Tentative General Meeting Schedule

January is no meeting.

February 18 - Dr. John Lenihan speaking on current gynecological practices.

March 18 - Hypnotherapy.

April - State convention.

May 20 - Point Defiance Zoo visit

Entertainment Books For Sale

Imagine dining at your favorite restaurant, spending a relaxing weekend at a luxury hotel or resort, attending the theatre or a major league sports event all at two for one, or 50% off.

ENTERTAINMENT, the ultimate local and international discount guide, can let you do just that!

This year's book is packed with hundreds more offers and many establishments that can be found only in the Entertainment book.

For only $35 you'll find that just one or two uses will more than pay for your investment.

Books will be available from Julie Wurst, 858-3857. Make checks payable to PCMSA. Proceeds will benefit Alliance.

Get yours today!

When Nominating Calls, The Answer is "Yes!"

Nominating committee members will soon be meeting to select a slate of officers for the 1994-95 Alliance year.

The members of the nominating committee have been chosen with Karen Dimant as chairperson.

Would you like to be an officer: Feel free to call Karen anytime to mention a position that you would be interested in filling. If a member of the nominating committee calls YOU, remember to just say "YES."

Coming Soon...Our Fourth "Zero" K Marathon! Supporting Our Nation's Medical Schools.

Our Alliance helps support the mission of AMA-ERF, the American Medical Association Education and Research Foundation, to further the research and education in our nation's medical schools.

Last year physicians and their wives nationwide contributed over $2 million to the foundation.

These donations are used by medical schools to support programs and activities, pay for up-to-date equipment and reference materials, fund student research projects & internships, and provide scholarships and loans to students.

With spiraling costs and shrinking sources for funds, the nation's medical schools increasingly depend on private sources to help meet the educational needs of the country's future physicians. AMA-ERF is such a source.

Working together with alliances throughout the U.S. we can make a difference in the quality and scope of programs.

Have You Heard?

If you have news concerning new babies, illnesses or deaths of our Alliance members, please call Rubye Ward, 272-2688.

POSITIONS AVAILABLE

Locum Tenens Coverage and Opportunities in the Greater Seattle/ Tacoma Metropolitan Area: CompHealth, the nation's premier locum tenens organization, now provides daily, weekly, weekend, evening, or monthly coverage for your practice with physicians from the local area. Or we offer you the opportunity to build a flexible practice right in the Seattle/Tacoma area. Call today for more information: 1-800-643-9852.

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

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For Lease: 2100 sq.ft. of professional office space in multispecialty medical center on growing South Hill in Puyallup. Physician owned. Terms negotiable. Call Al Sullivan, 593-6072, or Dr. Rebecca Sullivan, 848-5351.

Professional Office Suite, 1732 sq.ft. near 38th and freeway. Includes X-Ray room. (206) 473-2166.

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Family Practice Part-time. 15-20 hours weekly, flexible hours. (206)779-1085.

Experienced Medical Biller available for short and long term assignments. Lynne (206) 459-9147.

Medical Economics - An Old Subject

The January, 1932, issue of the *PCMS Bulletin* contained an article by H. J. Whitacre, MD, on medical economics. It recapped some interesting facts from a 1929 study of medical facilities in San Joaquin County, California.

The study reported there were 79 physicians in the county. General practitioners' average gross income was $8,766. Partial specialists earned $13,111 and complete specialists $15,929. Their net incomes averaged $5,689, $7,994 and $11,178 respectively.

The average overhead in 1929 was 36 percent.

Doctor Whitacre also reported on a chapter from the publication, "The New Country Doctor." It described some aspects of rural practice of the time. He said new country doctors collected over 90 percent of their accounts and referred less than 10 percent of patients to specialists. His gross annual income is "well in excess of $10,000."

The publication concluded rural doctors could be just as successful and just as content as urban doctors.

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PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
February, 1994

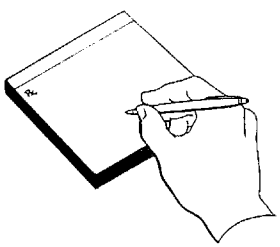
To everyone in the Pierce County Medical Society Alliance:

Thank you so very much for making it possible for the medicine I received from you at the Eastside Clinic. Were it not for your kindness, I might well be debilitated or worse, not even here anymore. I shall always be greatful for your generosity.

May you all have a very Merry Christmas and a wonderful new year, 1994.

Thank you again,

Linda M.



The Alliance donated $12,000 to CHCDS last year to help purchase medications for those in need. This letter arrived before Christmas. For the Alliance, it became.....

PHILANTHROPY'S REWARD

Inside, read the latest about:

The Bulletin is published monthly by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in **The Bulletin** are the 15th of the month preceding publication (i.e. Oct. 15 for Nov. 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

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Local News

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Departments

CHPS AHOY!

by Peter Marsh, MD

On February 5, the WSMA House of Delegates will meet in special session to vote on whether a WSMA-sponsored, statewide, physician-directed CHP will come into being. So what! Would such an organization have any real impact on practicing physicians in Pierce County? Would such an organization merit investment of hundreds or perhaps thousands of dollars per physician in Pierce County? The answer to these questions should be an emphatic YES if physicians in the state are going to have any hope of charting their own course on the choppy seas of health care reform. A few "factoids" (apologies to CNN) may clarify the reasons for this opinion.

"The likely result of the February 5th House of Delegates meeting of the WSMA will be approval of the formation and marketing of a WSMA sponsored CHP

Currently in Washington State, health insurance market share is as follows:

Blue Cross and Blue Shield - 29%
Commercial - 10%
HMOs - 17%
Medicare - 12%
Medicaid - 12%
State employees - 6%
Self-insured - 14%

Most of the patients covered by these plans will be enrolled in someone's CHP by statute in 1995.

Given their large market share, a BC/BS CHP might seem like the likely winner. However, managed care competition during the past 10 years in Washington State has had a significant negative impact on the BC/BS organizations. Between 1985-1991, Blue Cross of Washington and Alaska lost 32% of its total membership to self-insured or managed care organizations. KCMB's reaction to this erosion was the "Selections" program, which attempts to appease large employers by selecting only "cost effective" physicians. The manner in which this program was instituted was so negative that many KCMB physicians felt betrayed. PCMB's equivalent program was thoughtfully introduced but still created much physician unhappiness.

The twin pressures of large employers attempting to limit their employees' access to the delivery system and increasing physician unhappiness is likely to further erode the BC/BS market share, creating a vacuum. The Gilmore Research Group (hired by WSMA) estimates that a WSMA statewide risk bearing entity (CHP) could capture 50% of the BC/BS plan membership.

There are 10 HMOs in Washington State which insure 15% of the population. Group Health is the dominant HMO with 74% of the HMO market. However, no HMO has a state-wide network and no HMO in the state is under physician medical management. A WSMA sponsored CHP could alternatively offer a state-wide plan with utilization decisions made by your colleagues rather than nurses.

What about the PPOs? PPOs in Wash-

(continued on next page)

President's Page *(con't)*

ington State are not regulated and cannot assume financial risk. If a PPO assumes financial risk, it must then be licensed as an HMO in the state. No PPO in Washington State is under physician medical management.

The stipulation in the Washington State Health Care Reform Act requiring CHPs to be risk bearing entities poses a challenging problem for existing HMOs and PPOs. The Gilmore Research Group concludes:

1) New managed care organizations will enter the market and develop as CHPs.

2) Some existing PPOs and HMOs will transition into CHP structures and experience membership growth.

3) 90-95% of all health care financing in the state will be controlled by CHPs.

For those of you still with me, the punch line is that all insurance programs in Washington State will have to retool themselves into a risk-sharing CHP format by mid-1995. If a physician directed CHP is going to emerge, it needs to emerge now! Can physicians run an insurance company? The success of WSPIA should have put that question to rest. What happens if our leaders in Washington, D.C., decide that a single payor system will prevail in our health care future? The WSMA physician network and its CHP could immediately become the negotiating entity to represent all physicians throughout the state.

The likely result of the February 5 House of Delegates meeting of the WSMA will be approval of the formation and marketing of a WSMA-sponsored CHP. Following that, you will be offered a chance to invest your money and your future in the only physician-directed CHP in the state. I invite all of you to join your colleagues in Washington and take charge of health care reform.

WSMA Trustees Approve Forming Health Plan

The Washington State Medical Association Board of Trustees Jan. 8 approved the organization and business plans of a physician-owned and directed Certified Health Plan (CHP) proposed by a special task force headed by **Leonard Alenick, MD.** The approval paves the way for a final Feb. 5 House of Delegates vote on forming the CHP.

The CHP was proposed as WSMA's entry into the new medical environment under the state's health care reform act passed by the Legislature last year. The law requires CHPs to be formed and approved by the Health Services Commission. CHPs will provide health insurance and health care for all Washington citizens by 1999.

The vote, 25 for and 3 against the proposal, followed discussion of several issues: whether the CHP would be an appropriate undertaking for WSMA or would be divisive; the recommended "attending physician" methodology versus the "gatekeeper" and other methodologies; and the decentralization concept embodied in the recommendation.

The plan as drafted would allow the corporation to promote local control, accountability, risk/reward and innovation. It recognizes the uncertainty of the environment now and in the future as health care reform regulations are still being formulated.

The Feb. 5 special House of Delegates session is scheduled for 8:30 a.m. at Bellevue's Meydenbauer Convention Center. Society members with questions or input are urged to call Society Board of Trustee members.

Economic Profiling Said to Facilitate Change

Physician profiling systems aren't perfect yet - they're new and developing - but they are better than having no data. History has shown they enable physicians to improve their cost effectiveness.

These were among the messages delivered to a standing-room-only group of physicians at St. Joseph Hospital's annual meeting of the medical staff Jan. 10. The program on physician profiling featured the medical vice presidents for both Pierce County Medical Bureau and King County Medical Bureau plus Greg Bennett, president of a private profiling company from Bellevue called Health Care Business Services, Inc.

The three presented their companies' views on physician profiling and then answered questions.

Bennett explained his company obtains publicly-available information on hospital discharges and then massages the data into physician profiles, mostly on specialists and high utilizers. He said the dramatic changes physicians have accomplished in their practices over the past year prove that if given data, physicians can improve.

He displayed samples of his data on an overhead projector. Data showed large variations in average length of stay between eastern and western Washington obstetric patients, with western patients staying longer on average than their eastern sisters.

Similarly, his data showed state physicians delivering 75 babies or more each year vary in their charges by about 20% and 25% in their patients' length of stay.

Bennett said he sells his information to hospitals and physicians, and that many organizations may be profiling physicians without their knowledge.

> "80 percent of physicians think they're in the top 25 percentile."

Les Reid, MD, of PCMB said his insurance company began working on profiles in 1988. It compiles data on physician practices from its 140,000 subscribers' files.

In 1991, PCMB profiled primary care physicians and identified 32 outliers or high-cost providers. All but four of the 32 improved their practices by the time the 1993 profile was complete, he said, proving that physicians need only have the data to improve.

Doctor Reid said profiles currently include provider charges paid by PCMB for hospital, office visits, referrals, lab and x-ray. In 1994, PCMB will add severity of illness indicators and will look at under-utilizers as well as over-utilizers.

In 1995, the company will include a patient-outcome factor when computing its physician profiles.

Terry Rogers, MD, of King County Medical Bureau, said profiles help physicians make daily decisions. Besides evaluating performance - needed because 80 percent of physicians think they're in the top 25 percentile, he said - profiles can be used to develop networks and products, for education, in comparing to risk and for performance-based reimbursement systems.

Like the other two speakers, Rogers said today's profiles don't include any measurement of quality, outcomes, illness severity, or patient involvement.

One of his slides showed that as physicians handle more cases of one type per year, they become more efficient, and their resource consumption per case declines. He emphasized that total episode cost is more meaningful than physician charges alone, or hospital charges alone, etc.

To answer a question about whether data was shared with physicians before his insurance plan changed its relationships with physicians, Dr. Rogers, whose KCMB excluded 40 percent of physicians from one plan last year because they were judged to be too costly, asked two questions in return. "How fair was it what you did to us before we rated you?"

(continued on next page)

Profiles *(continued)*

"Would you have changed had you known we were looking?"

Reacting to the presentations, Puyallup pediatrician **Tim Jolley, MD,** said, "I want to change my practice style but I want to have the right data to do that."

He believes the data is too old and too late when it gets to physicians. While PCMB will try to provide yearly physician reports beginning this year or next, **Dr. Jolley** believes quarterly reports are needed. Greg Bennett's current data is two years old, he said.

"I have changed since then and so has everyone else," he said.

Doctor Jolley also has concerns about the lack of use of outcome information and about the narrow shape of the curve from which outliers are picked. There's not much difference between some doctors yet the insurance companies feel like they must eliminate 10 percent of the providers, he said. The result is an even narrower curve in the next rating period.

Doctor James Early, who also heard the presentations, said cost issues are much less important to him than patient welfare.

"I'm more interested in being a patient advocate than being a cost marshall," he said.

Physicians Apply for Membership

Carlon, Michael, MD
pathology
practices with A.K.E. Pathologists at 3582 Pacific Ave., Tacoma
medical school: University of Colorado
internship: Tripler AMC
residency: same

Grubb, Nancy, MD
family medicine
faculty at Tacoma Family Medicine
medical school: Univ. of Texas Medical Branch
internship: Tacoma Family Medicine
residency: same
fellowship: Univ. of Washington (faculty development)

Levine, David, DO
family practice and osteopathic manipulative therapy
practices with Franciscan Family Care
medical school: Michigan State Univ. College of Osteopathic Medicine
internship: Flint Osteopathic Hospital
residency: Michigan State Univ. College of Osteopathic Medicine

Perkins, Philip, DO
psychiatry
practices at Lakewood Professional Counseling Center, 9125 Bridgeport Way SW
medical school: College of Osteopathic Medicine and Surgery
internship: Madigan AMC
residency: Tripler AMC

Spain-Remy, Claire, MD
ob-gyn
resident with Tacoma Family Medicine
medical school: Duke Univ.
internship: Madigan AMC
residency: same

Williams, William, MD
pathology
practices with A.K.E. Pathologists, 3582 Pacific Ave.
medical school: Medical Univ. of South Carolina
internship: Univ. of Oregon Health Sciences Center
residency: Medical Univ. of South Carolina
residency: Tufts New England Medical Center

Healthy Options Debuts Next Month

Healthy Options, the state's new managed Medicaid program, will begin March 1 in Pierce County.

About 50,000 county Medicaid clients, many of whom have previously relied on emergency rooms for their medical care, are required to choose primary care providers under the program. To be chosen, physicians must affiliate with one or more of seven plans the state has certified to provide care to its low-income Healthy Options clients. Those plans are:

Blue Cross/MultiCare Health

Community Health Plan of Washington (CHCDS)

ETHIX Public Service, Inc.

Group Health

Pierce County Medical Bureau

Providence Health Care

Puyallup Tribal Health Authority

Medicaid clients eligible to enroll in Healthy Options are AFDC-R, AFDC-E and GAS clients - mostly low-income mothers and babies.

During the patient open enrollment period, which runs until mid-February, many primary care physicians who don't want to risk losing their existing Medicaid patients are contacting those patients by phone and/or mail to tell them which plan(s) they are affiliated with.

Primary care physicians will be required to provide 24-hour, seven days a week accessibility to Healthy Options patients. For patients who have a hard time breaking their habit of running to the emergency room for routine care, Healthy Options will educate them. Some patients won't know what services a primary care physician can provide.

It follows, then, that one of the plan's purposes is to improve access to primary care. It also is designed to reduce the runaway costs of the program to the state.

Accordingly, the state provides most of the plans a capitated payment for each enrolled patient. Only the Puyallup Tribal Health Authority and CHCDS will not receive capitated payments. Their state contracts designate them as primary care case managers, and they receive monthly case management fees plus fee-for-service reimbursements.

Some counties have already implemented Healthy Options. In Kitsap, Jefferson and Mason Counties, which have enjoyed managed Medicaid for several years, physicians have reduced the costs of caring for their patients and shared in the savings, thus increasing their total reimbursements above what they received in the prior Medicaid system.

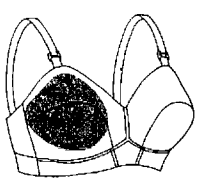
Primary care physicians who have not signed on with any of the seven plans are urged to do so now, according to Beverly Court, Healthy Options' Pierce County program manager. She said specialists should call the plans and ask about their referral policies.

After the open enrollment period, the state will inform the seven plans which clients have chosen them and which physicians the patients have chosen, Court said. Physicians will receive a monthly list of Healthy Options patients for whom they will recieve capitation.

"Our goal is to increase access, so we will do everything we can to meet that goal," said Court.

She warned physicians to look at a patient's Healthy Options card to determine if they are visiting the correct plan and physician during the first few visits after the March 1 start up.

She urged physicians or plans to call her if they have questions. Her phone number is 753-4337.



Healthy Options Benefits Package

The following are services covered for AFDC-R, AFDC-E and GAS patients enrolled in Healthy Options.

CAPITATED SERVICES

Hospital
Inpatient Medical
- Includes all inpatient services unless otherwise specified in the contract.

Outpatient Medical
- Includes all services provided through the emergency department and scheduled outpatient procedures.

Physician/ARNP Services
- Maternity
- Home and office visits including related supplies, injectables, etc.
- Well-child care (Healthy Kids/ EPSDT)
- Consultations
- Immunizations
- Injections
- Other
  - includes all specialty care, e.g. allergy, neurology, plastic surgery, psychiatristry, psychological evaluations, oncology and orthopedics.

Laboratory and radiology
Eye examinations
Other
- Durable medical equipment
  - includes pre-mixed enteral/ parenteral nutrients and related equipment.
- Podiatry
- Home health services
- Hospice
- Ambulance transportation air/ ground emergency and transfers
- Therapies: (specified limits)
  - Speech
  - Occupational
  - Physical
- Audiology
- Kidney dialysis
- Special duty nursing
- Dietitian
- Neurodevelopmental centers
  - limited to evaluation, screening and referral
- Other
  - includes other medical services, e.g. blood banks, licensed midwives, etc.

POPULATION BASED SERVICES

(provided in or out of the plan)

Immunizations
STD and TB screens and follow-ups
Family planning (limited to annual service package)
HIV testing

OPTIONAL SERVICES

(terms and limitations to be negotiated with each contractor)

Prescription drugs
Transplants

NON-CAPITATED UNDER PLAN

(covered under fee-for-service)

Dental services
Chiropractic services (for EPSDT referrals only)
Inpatient mental health (all services related to stay)
Outpatient mental health and substance abuse (counseling and therapy)
Oxygen and therapy services (inhalation and respiratory)
Eyeglasses and fitting services
Maternity support services
Maternity case management services
Hearing aids
ITA services
Depo Provera (as contraceptive)
Hepatitis B vaccine for newborns
Norplant kit, removal and reinsertion
Chemically using pregnant women (CUP) program
Substance abuse services

Members Appointed to State Committees

Three Pierce County Medical Society members have been appointed to newly-formed committees of the Washington State Health Services Commission.

David Munoz, MD, and **Joe Nichols, MD,** were two of the four physicians asked to serve on a 10-person Health Information Committee.

The purpose of the committee is to develop a state-wide health care data gathering system that will supply statistics to meet many diverse needs as efficiently as possible, according to **Dr. Nichols.**

He said the committee will likely pick up on the work begun by a state Health Department committee once that work is finished in the fall. He is also participating on the state Health Department committee which began formulating the data gathering system before the Commission formed its information committee.

The state Health Department information committee has awarded a contract to a consulting company to assess the diverse needs for health data. What data do doctors need to improve their performance? What information do health care consumers need to help them choose their health plans? What do governments need to know?

Once that job is complete - probably this summer - the Department will award another contract to a vendor which will be charged with designing the way in which data will be gathered. When the system is designed toward the end of the year, **Dr. Nichols** thought, the Commission's committee will take over responsibility for its implementation. As a new committee, however, its role is emerging, he added.

John Coombs, MD, is the third PCMS member appointed to a Health Services Commission committee. He will serve on the Quality Improvement Committee which will develop standards for a state health services supplier certification process. There are four physicians on that 11-person committee.

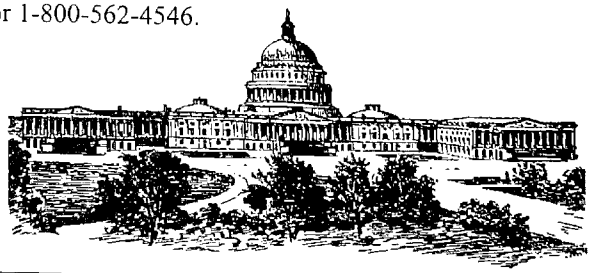
Of seven advisory committees required by the Washington Health Services Act of 1993 to advise the new Commission, the one that will determine the uniform benefits package is the Health Services Effectiveness Committee. That five-member committee was also appointed by the Commission last month. Two Seattle physicians will serve on it.

Volunteers Needed at Legislature's Clinic

Physicians are still needed to staff the WSMA Legislative Health Clinic at the capitol during the 1994 legislative session. The clinic is open weekdays from 9 a.m. to noon between Jan. 10 and March 10.

Physician-volunteers of any specialty will be on call to help legislators or their staff who get sick. While on call, physicians will carry a pager while touring the campus - sitting in on hearings, court sessions, etc.

To schedule your volunteer day, call Winnie Cline at WSMA's Olympia office, 352-4848 or 1-800-562-4546.



PCMS Meets With Senate Majority Leader Gaspard

Bill Marsh, MD

Becky Sullivan, MD

Bob Alston, MD

Several physician constituents of Senator Marc Gaspard (D) 25th District met with him in late December to discuss health care issues. **Dr. Bill Marsh**, chairman of WAMPAC and past president of the Medical Society, along with **Dr. Becky Sullivan** and **Dr. Bob Alston,** PCMS Trustees, had an enjoyable conversation over lunch with Senator Gaspard.

Gaspard said that he did not expect any major opposition in the 1994 session to health care reform legislation adopted last year. He said most groups affected by the legislation are making an effort to work with the system. He agreed that much will depend on the actions of the Health Services Commission that has been appointed by Governor Lowry and their ability to meet the deadlines set forth in the legislation.

Gaspard expressed his appreciation for the support from the physicians and medical community in helping to reshape health care in Washington State. He was very interested in the physician comments about their lack of negotiating ability without encountering anti-trust penalties.

He urged physicians to become involved in the legislative process. Meet with your legislators on a regular basis - help them understand the issues before they are voted on and become law, he said.

Youth Work Volunteers Needed for WSMA Programs

Two WSMA programs working with young students - one with fourth graders, the other with high schoolers - are seeking volunteer physicians.

The Patient Awareness and Community Education Program (PACE) will participate in national "Doctor's Day" March 28 by sending volunteer physicians into fourth grade classrooms to discuss health and wellness. More than 200 state doctors have enjoyed the experience in past years. The program helps showcase physicians' important contributions to their communities.

The high school program, called "Future Doc," matches for one day physicians with students considering a medical career. The student shadows the doctor for a day during the first three weeks of April to help him or her gather information about his or her future in medicine.

To volunteer for either program call WSMA at 1-800-552-0612. Ask for Katie Sims to discuss Doctor's Day and Kari Leitch about Future Doc.

Tap Into Legislative Session

To receive the weekly **Legislative Meeting Schedule**, send a check for $10 made payable to "Washington State Treasurer" along with your name, address and phone number to:

Senate Word Processing
B6 Cherberg Bldg., PO Box 40482
Olympia, WA 98504-0482
(206) 786-7344

Copies of all bills, legislative rosters with members' addresses and phone numbers, and committee rosters are available by mail from:

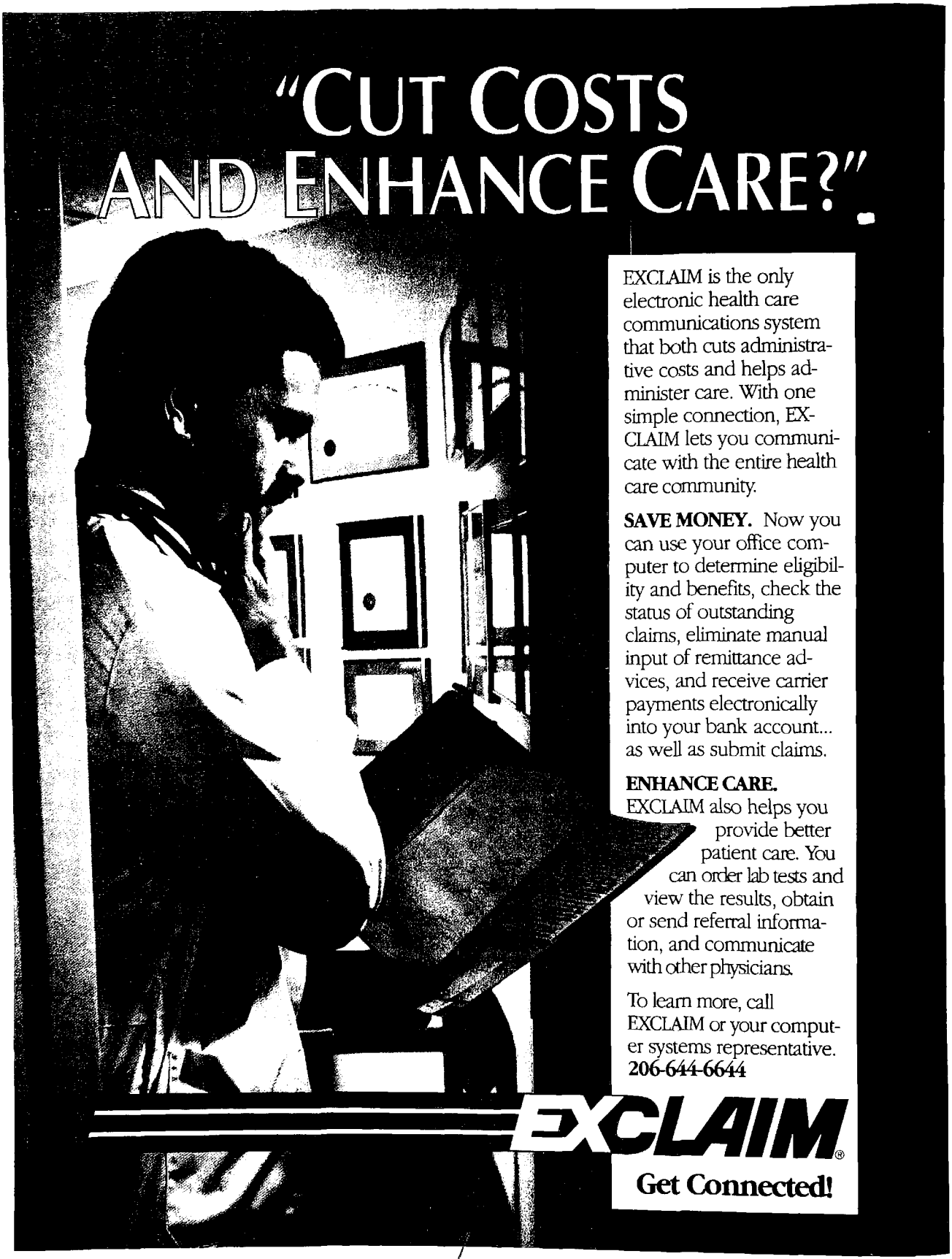
The Legislative Bill Room
Legislative Building
Olympia, WA 98504
(206) 786-7573

Messages can be left for your own legislators by calling the toll-free **Legislative Hotline at: 1-800-562-6000**

Letters to legislators should be addressed as follows:

The Honorable Jane (or John) Doe
State Representative (or Senator)
Legislative Building
Olympia, WA 98504
Dear _____,

"CUT COSTS AND ENHANCE CARE?"



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Medical Examiner's Report Fingers Guns, Domestic Violence

Just prior to the end of 1993, the Pierce County Medical Examiner, **Emmanuel Lacsina, MD,** issued his 1992 annual report. It confirms what most newspaper readers would guess - that guns played a big role in killing people. Sixty-seven percent of the 66 county homicides and 55% of the 89 suicides were attributed to gun shots, he reported.

Ten percent of all deaths the medical examiner's office investigated in 1992 involved firearms.

Surprisingly, however, a preview of 1993 statistics (not in the 1992 report) showed that the total number of homicides fell by seven - to 59. **Doctor Lacsina** believes emergency room physicians, whose skills in saving gun shot victims have increased with practice, can take some of the credit. Nevertheless, nearly the same percentage - 66% - of all 1993 homicide deaths were caused by bullets.

The other reason for fewer homicides in 1993 than in 1992, **Dr. Lacsina** said, is that there were fewer multiple murder/ suicides in domestic violence cases.

More homicides were committed in domestic violence settings in 1992 than in any other setting,

including gang violence: 19 (29%) vs. 10 (15%). Only 12% of homicides were drive-by shootings.

There were 61 traffic deaths in Pierce County in 1992, the report says.

"Alcohol plays a significant role in traffic deaths, whether to drivers, passengers or pedestrians," **Dr. Lacsina** said.

Sixty-nine percent of drivers' bodies the Examiner's office investigated had alcohol in their system and 41% were legally intoxicated, according to the 1992 report.

Doctor Lacsina said the 1993 figures are very similar.

Natural deaths, of course, made up the majority of all deaths investigated by the medical examiner: 621 out of a total 964.

For those 964 cases, **Dr. Lacsina** and his associate examiner, Roberto Ramoso, MD, conducted 478 autopsies - about 1.5 per calendar day. The number has decreased in the last few years.

"More and more there are doctors willing to certify the natural deaths of their patients," **Dr. Lacsina** said. "That helps us a lot."

Without that cooperation from physicians, he would be required to obtain the victim's medical records and determine the cause of death himself.

As if to return the favor, **Dr. Lacsina** said, "As a service to the community, we take extra time to take jurisdiction of hospital deaths."

If he didn't, he said, hospital pathologists would assume jurisdiction. When, or if, a court case developed, an argument could then be made that the hospital pathologist had a conflict of interest as a hospital employee. The medical examiner saves that embarrassment, he said.

Finally, **Dr. Lacsina** said his office continues to be a major source of organ donations.

Refer Batterers To Newly-Certified Treatment

Four county counseling services have met new Washington State standards for providing treatment to perpetrators of domestic violence - batterers. Physicians are urged to refer battering patients to the services and to advise victims of their existence. By doing so, physicians can help both their patients and society as a whole stop the explosion of domestic violence.

The counseling services meeting the new standards are:

- Allenmore Psychological Associates - Paul Nelson, PhD, 1530 S. Union Ave. #16, Tacoma 98405, 752-7320
- Family Counseling - Bill Notrafransisco, 6424 No. 9th St., Tacoma 98406, 565-4484
- RSM & Associates - Edna Stone, PhD, 9124 Gravelly Lake Dr. S.W., Tacoma 98498, 582-8842
- Sunrise Counseling Services, P.O. Box 39453, Tacoma 98439, 584-3447

The new administrative code (WAC 388-60), which became effective last summer, requires counseling services to meet 10 pages of standards before being certified to counsel batterers. To date, only the four services have met the standards, but more are expected to be added to the county list, according to Elaine McNally, director of the Pierce County District Court Probation Department.

McNally said domestic violence offenders now make up the majority of her department's workload. She said most judges these days sentence batterers to undergo domestic violence counseling.

The WAC states its goal is to set up perpetrator treatment programs which increase victims' safety by changing abusive behavior.

Accordingly, counselors must have a minimum of a masters degree, 60 hours of training in treating perpetrators and victims of domestic violence, and at least 250 hours of treatment contact with them. The WAC requires them to receive at least 20 hours of continuing education yearly.

The treatment programs counselors offer must take a number of steps to assure the safety of batterers' victims, according to the new law. The programs must also perform a substance abuse assessment on perpetrators because about 80 percent of them have substance abuse problems, according to McNally. If they are found to abuse substances, batterers must be referred to substance abuse treatment in addition to their treatment for domestic violence.

Perpetrators must engage in at least 26 weekly group treatment sessions during a 12-month program. The curriculum must include sessions on the belief systems which sustain violence against women, techniques for achieving nonabusive conduct, the impact of battering on children and a number of other elements.

To satisfactorily complete treatment, the new law requires a batterer to complete all counseling including substance abuse treatment if required, abstain from abusive conduct for the year, make payments for treatment and comply with other elements of the formal contract he signs for services.

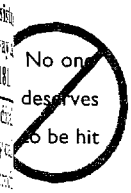
McNally suggested physicians refer victims of domestic violence to the YWCA.

The YWCA, which provides safe shelter and other assistance, is located at 405 Broadway and can be reached at 272-4181.

The Pierce County Medical Society Alliance (formerly called Auxiliary) is preparing a brochure for physicians and their patients listing domestic violence services available in the county. It will list the counseling services and YWCA, among other services. The brochure is expected to be distributed in the next couple months.

Help Available for Domestic Violence Victims, Too

Victims of domestic violence can also receive assistance from agencies. Some of those agencies physicians are urged to share with patients include:



Emergency housing-counseling

YWCA Women's Support Shelter (24 hr.)	383-2593
Family Renewal Shelter (M-F, 9-5)	475-9010
Asian Counseling Services (M-F, 8:30-5)	471-0141
Consejo (Seattle, M-F, 8-5)	1-206-461-4880
Refugee Women's Alliance (for non-English speakers)	1-206-721-0243
Washington State Domestic Violence Hotline (24 hr.)	1-800-562-6025
Victims Compensation (financial aid - violent crimes)	1-800-762-3716
Puget Sound Legal Assistance Foundation (very low income)	572-4343
Human Rights Commission - Women's Rights Div.	591-5161
Advocates for Abused and Battered Lesbians (M-F, 10-6)	1-206-547-8191
Nursing Home Patient Abuse/Neglect	1-800-562-6078
National Child Abuse Hotline (24 hr.)	1-800-422-4453

Some Good News About AIDS

John VanBuskirk, DO, AIDS Committee chair

Alan Tice, MD, past committee chair

If there can be anything good about the AIDS outbreak in Pierce County it is that the medical and allied communities have rallied to provide a good level of care for patients of the disease.

Only three years ago, it wasn't so. The care network was overbooked, said Joan Keltgen-Lo, a physician liaison nurse at the Tacoma-Pierce County Health Department and member of the PCMS AIDS Committee. There were only three main groups taking patients: CHCDS, Tacoma Family Medicine and Infections Limited.

"Now, physicians take most of the AIDS patient referrals and we rely less on TFM and CHCDS," said Keltgen-Lo.

She said about 35 private practice physicians - internists, family practitioners, oncologists/hematologists and infectious disease specialists - are on her confidential referral list. When patients call, she makes one, and only one, referral from the list.

> The AIDS Committee has "...helped improve access to care for HIV patients."

"Doctors have responded well to the need - with gentle persuasion," she said.

"I feel we have helped improve access to care for HIV patients," said committee chair **John VanBuskirk, DO.** "I also feel we must continue to educate physicians regarding prevention, early diagnosis and how to continue caring for those patients."

Alan Tice, MD., the previous chair, continues to serve on the committee.

With Keltgen-Lo's referrals go a number of other assists to physicians. She helps them obtain higher reimbursements than DSHS provides through the HIV Intervention Program (HIP).

Physicians are also relieved of onerous case management duties thanks to a federal Ryan White grant that recently infused $300,000 into Pierce County.

"It's care dollars - for case management, primary care and dental care," said Sharon Wolvin, the Health Department's regional AIDS coordinator.

With the money, various agencies in the county do the time-consuming case management work, leaving physicians free to provide health care.

Reporting

The federal grant, the county's third, increased this cycle because the county is doing a better job reporting AIDS cases. The government awards the grant based solely on the number of cases reported.

Physicians can't take much credit, however. They have been slow to report AIDS cases, said the Health Department's Karen Mottram. But the Department has picked up the slack by providing another service to physicians: reporting.

Mottram will either complete the simple report for physicians or help their staff complete it.

"We lead nurses through the form and they often say, 'Oh, that isn't so bad,'" said Mottram.

The new form, distributed to physicians last May, takes only five minutes to complete. To get the form or assistance, call Mottram at 591-6410.

"Physicians should realize that by reporting their AIDS cases they will increase the care dollars coming to our county," said Mottram.

The Centers For Disease Control estimates there are eight HIV-positive people in the population for every case reported. Since there were 68 cases reported in Pierce County during the first 10 months of 1993 (80 the preceding 12 months), the 8:1 ratio calculates to 544 unreported cases.

(continued on next page)

AIDS *(continued)*

Partner Notification

Physicians can play a large role in helping identify those HIV-positive people. Most of them don't know they're infected because their sex or needle partners haven't told them of their own misfortune. Partner notification, then, becomes a huge problem and one the Health Department is also tackling, said HIV counselor Claudia Schuler.

Schuler will do the dirty work. Her job is to track down and notify people that their partners are HIV-positive. Once she finds them, she'll give them a test on the spot. She finds 30 percent are HIV-positive.

Those who are HIV-negative are often so scared of their brush with fate that they immediately change their lifestyles, said Schuler.

Partner notification is confidential work all around. The AIDS patient often wants to maintain anonymity, and partners often don't want anyone to know of their past. Therefore Schuler is very discrete about her work. "I don't reveal my sources," she said.

"But we need referrals from physicians," she pleaded.

She will meet physicians' AIDS patients in their offices, receive phone calls from the patient, get the information from the physician, or whatever it takes to get names or descriptions of partners.

The important point is that doctors can help stop the disease's spread while helping obtain federal treatment money simply by talking to their AIDS patients about partners.

Schuler's phone number is 591-6060.

The Future

Health Department funding of its physician referral service will cease March 31.

"We'll be working with the Society's AIDS Committee to determine how we can keep the system working for patients and physicians in the future," said physician liaison Joan Keltgen-Lo.

Doctor VanBuskirk plans to refine the committee's goals in the next few months. He would like to talk to physicians interested in participating in the committee or contributing agenda items.

Barriers to HIV Care Debunked

Private physicians' success in providing care to AIDS patients has demonstrated that some of their previous concerns need not have been barriers to care. Those concerns were:

- Fear of HIV exposure
- Fear of loss of other patients
- Fear of the "AIDS Doctor" label
- Fear of being overwhelmed with non-medical problems of HIV/AIDS patients
- Lack of expertise/experience with HIV/AIDS
- Loss of practice income from caring for patients using DSHS coupons
- Discomfort with gays and IV drug users
- Emotionally charged issues of death and dying of young adults - fatal disease, no cure

Medicaid Slashes Approved Drug List

The Washington State Medical Assistance Administration (MAA) has eliminated entire drug product lines of many major drug manufacturers from its list of approved medications. They eliminated the companies because they refused to take a 19% discount off their list prices - 5% more than the current discount.

In a memo sent to all physicians and pharmacists Dec. 24, MAA listed 236 pharmaceutical companies which had accepted the new discount and whose products will be approved for 1994. But according to pharmacist Odell Wallace at Odell's Prescription Pharmacy in the Cedar Building, the companies not on the list are more notable than those on the list.

Excluded from the list of manufacturers whose medications Wallace is allowed to dispense to Medicaid patients are:

Merck
Schering
Allen-Hambury
Marion Merrell Dow
Pfizer-Roerig
Smith Kline Beecham
Geigy
and others

Wallace estimated he will be unable to fill half of the prescriptions Medicaid patients now present to him.

Common drugs like Proventil or Ventolin inhalers, ProcardiaXL, Cardizem CD, and Pepcid aren't available from generic manufacturers who have agreed to the 19 percent discount, he said.

"In my personal opinion, this is a type of blackmail," he said.

Even though MAA has established a phone number he and other pharmacists can call to get special authorization to fill prescriptions specifying unauthorized drugs, he won't call. Neither will any other pharmacist he's talked to. When he calls now - about once every day or two - he gets put on hold or the number is busy.

"There is no way I have the time to make a call for that many prescriptions under the new list," he said.

He said he and other pharmacists he has talked with will just tell patients they can't fill their prescriptions.

To correct the problem, he suggested physicians call their state legislators - lobby for change.

Meanwhile, beginning Feb. 1, many Medicaid patients will be returning to physicians' offices to talk about the prescription they weren't able to get filled, Wallace predicted.

Personal Problems of Physicians Committee

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Medical problems, drugs alcohol, retirement emotional problems

Committee Members

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Chairman
Ronald Johnson..... 841-4241
Mrs. Jo Roller 566-5915
F. Dennis Waldron..... 272-5127

Confidentiality Assured

Pharmacists, not Physicians, Must Implement Medicaid Drug Discount Program

Contrary to a December MAA (Medicaid) memo, physicians are not required to call for authorization when prescribing medications listed in the Medicaid formulary that are manufactured by pharmaceutical companies who have not signed a Supplemental Drug Discount Agreement with the state.

Later this month, MAA is to clarify this point and distribute a correction to Memorandum #93-91, issued Dec. 24. The correction will explain that pharmacists, not physicians, must call an 800 number to obtain authorization for non-discounted products. However, MAA encourages physicians to write prescriptions for products from manufacturers who have signed agreements and to allow generic substitution whenever possible.

The new program is due to become operational on Feb. 1.

Last legislative session, MAA's 1993-95 biennial funding was reduced by $10.6 million based on the implementation of a drug manufacturers' supplemental drug discount program. MAA will achieve these savings by receiving a requested 19% discount on payments made for each pharmaceutical manufacturer's Health Care Financing Administration (HCFA) requested rebate. This new discount program makes no changes to the HCFA Rebate Program and incorporates all HCFA exclusions.

For further information, call the MAA Provider Unit at 1-800-562-6188.

Reprinted from WSMA's Jan 12 *Membership Memo.*

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Internal Medicine Review March 10 & 11

The annual Internal Medicine Review organized by the Tacoma Academy of Internal Medicine is scheduled for March 10 & 11.

The very popular annual program will feature internists and internal medicine sub-specialists speaking on recent advances in internal medicine. The Category I CME program is directed by Irving Pierce, MD and is sponsored by the College of Medical Education. The two-day conference will be held in Jackson Hall.

Hawaii CME Remains Open

Registration for CME at Kauai, the College's resort conference remains open. Join your colleagues and their families this spring in beautiful Kauai for quality continuing medical education and sun, relaxation, golf, and water sports.

For further information call the College at (206) 627-7137.

San Francisco's Lawrence Kaplan to Keynote HIV Infections Update

Lawrence D. Kaplan, MD will keynote the Sixth Annual Update on HIV Infections CME program scheduled for February 25. Dr. Kaplan will speak on HIV and Malignancies.

Dr. Kaplan is an Associate Profession of Clinical Medicine at the University of California at San Francisco and the Lymphoma Director of Clinical Services, AIDS Program/Oncology Division of San Francisco General Hospital.

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

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

Addresses will include:

Local HIV Developments
International Perspective on HIV
New Treatment Options for HIV and Prophylaxis for Opportunistic Infections
Prospects for a HIV Vaccine
HIV and Malignancies
HIV Case Presentations

DATES	PROGRAM	DIRECTOR(S)
1994		
February 3-5	CME at Mt. Bachelor	Stuart Freed, MD Richard Tobin, MD
February 25	Update on HIV Infections	Alan Tice, MD
March 10 & 11	Internal Medicine Review	Irv Pierce, MD
April 4-8	CME at Hawaii	Mark Craddock, MD Amy Yu, MD
April 15-16	Surgical Update - 1994	Stanley C. Harris, MD Chris Jordan, MD
April 29	GI Conference	Gary Taubman, MD Richard Tobin, MD
May 20	Clinical Guidelines: Quality, Cost Effectiveness...	Les Reid, MD
June 27 & 28	Advanced Cardiac Life Support	James Dunn, MD

President's Message

Hello, everyone, and Happy Valentines Day. Time is flying by so fast. So much has happened and a lot more to come around.

This month at the February Board meeting we will be awarding the philanthropic check to the Lindquist Dental and Eye Vision Clinic. Hope everyone can attend for a round of applause to a successful year of fund raising. Other checks will be mailed out to the other selected recipients.

The general meeting will be at Nikki Crowley's home for a lecture on new treatments in gynecology. This should be very educational and best of all, babysitting will be available. Yeah!

Then in March, the general meeting will be an evening "Suds & Spuds" kind of a night at Karen Benveniste's for a lecture on hypnotherapy. Sounds "mesmerizing!"

Anyway, make sure Marilynn Simpson knows you're coming. It will be fun to get together with everyone. Seems like forever since we last met. I miss everyone.

Denise Manos
President 1993-94

Alliance Donations Support Health of Needy

The finance/philanthropic committee, chaired by Lynn Peixotto, will be disbursing the philanthropic funds as approved by the Board. The Holiday Sharing Card raised $14,698 this year. The PCMSA intends that these funds will be used to promote health education and support health related charitable organizations in our community. We also intend to assist those programs which improve the health and quality of life for all people.

The following organizations will receive funding:

1. Teen Health Forum - Choice, Not Chance, is a one-day health education forum for teenagers. They will receive $1,000 for students and faculty to attend from Pierce County schools.

2. Neighborhood Clinic - This free medical clinic for low-income persons will receive $1,000 for medications and new equipment.

3. Lindquist Clinic - This free dental and vision clinic for low-income school-age children referred by their school nurse will receive $6,000 for eye exams and glasses for 72 children.

4. YWCA Support Shelter - will receive $1,500 for medical supplies such as aspirin, cold reliever and thermometers.

5. Community Health Care Delivery System (CHCDS) - These clinics, serving the low-income persons of Pierce County, will receive $4,000 for medications for chronic disease sufferers.

This leaves $1,198 in our accounts so we can publish the Holiday Sharing Card next year and continue our philanthropic efforts to health related charitable organizations of Pierce County.

Tentative General Meeting Schedule

February 18 - Dr. John Lenihan speaking on current gynecological practices.

March 18 - Hypnotherapy.

April - State convention.

May 20 - Point Defiance Zoo visit

When Nominating Calls, The Answer is "Yes!"

Nominating committee members will soon be meeting to select a slate of officers for the 1994-95 Alliance year.

The members of the nominating committee have been chosen with Karen Dimant as chairperson.

Would you like to be an officer? Feel free to call Karen anytime to mention a position that you would be interested in filling. If a member of the nominating committee calls YOU, remember to just say "YES."

Recycle Your PDR

The 1994 PDRs will soon be here. Please save your 1993 (and 1992) volumes and bring them to the Medical Society office. The old PDRs will be donated to local schools so that the school nurses will have readily available an up-to-date reference on children's medications.

A Special Thank You To:

Mary Jackson for her wonderful successful programs this year.

Mimi Jergens for her patience and support in working with National on our membership mailing. And for a lovely mailing party that was extremely well organized.

Kris White for her intense work with the PACE grant and gathering information from other states on the domestic violence project and putting all together for printing and distribution.

Marilynn Simpson (and everyone else) for the good sense of humor about our board "musical rooms" meeting arrangements and comfortable general meetings.

Kathleen Forte for being a good sport about being the secretary.

Lynn Peixotto for literally rewriting the philanthropic position and putting together super recipients for the awards.

Ginnie Miller for her success with the widows organization and a warm newcomers meeting.

Toni Loomis for her efficiency with the mailings.

Judy Chan for caring and sharing with the newcomers.

Joan Sullivan, especially, for keeping me sane and taking a load off my shoulders.

Margaret Graydanus for turning out a very personal and caring holiday sharing card.

Leigh Anne Yuhasz for the lovely, tasteful holiday get together.

Nikki Crowley for listening to me and hosting a much needed "fattening" holiday mailing party.

Helen Whitney and Dot Trucky for chasing me around about AMA-ERF stuff and giving me the illusion that I know what I'm doing.

Karen Dimant and her great past presidents book. Without it, I couldn't have functioned.

To anyone I might have missed who helped me get through the "hump" of my year, I sure do appreciate it. I wasn't sure how I was going to do it, but I see now that it's the people who run the show and I'm just the maintenance personnel.

Denise

Coming Soon...Our Fourth "Zero" K Marathon! Supporting Our Nation's Medical Schools.

Our Alliance helps support the mission of AMA-ERF, the American Medical Association Education and Research Foundation, to further the research and education in our nation's medical schools.

Last year physicians and their wives nationwide contributed over $2 million to the foundation.

These donations are used by medical schools to support programs and activities, pay for up-to-date equipment and reference materials, fund student research projects & internships, and provide scholarships and loans to students.

With spiraling costs and shrinking sources for funds, the nation's medical schools increasingly depend on private sources to help meet the educational needs of the country's future physicians. AMA-ERF is such a source.

Working together with alliances throughout the U.S. we can make a difference in the quality and scope of programs.

Have You Heard?

If you have news concerning new babies, illnesses or deaths of our Alliance members, please call Rubye Ward, 272-2688.

POSITIONS AVAILABLE

Locum Tenens Coverage and Opportunities in the Greater Seattle/Tacoma Metropolitan Area: CompHealth, the nation's premier locum tenens organization, now provides daily, weekly, weekend, evening, or monthly coverage for your practice with physicians from the local area. Or we offer you the opportunity to build a flexible practice right in the Seattle/Tacoma area. Call today for more information: 1-800-643-9852.

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

Physicians Needed. Part-time. Change your routine-spend one weekend a month and two weeks a year as a Medical Officer with the Washington Air National Guard - Your hometown Air Force reserve. Call SMSgt Gary Plendl, Tacoma 581-8233 or 1-800-344-0539.

EQUIPMENT

Used office medical equipment. Flex Sig, antique exam table and cabinet. Oak chairs and more. Call Rick Schoen, MD 549-4147.

OFFICE SPACE

For Lease: 1240, 2200 sq.ft. of professional office space in multispecialty medical center on growing South Hill in Puyallup. Physician owned. Terms negotiable. Call Al Sullivan, 593-6072, or Dr. Rebecca Sullivan, 848-5351.

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Build or Revitalize your practice: Union Avenue Medical-Dental Center, Tacoma. 1200 sq.ft. Class A space available. One block from hospital, freeway, and private school. Excellent exposure and parking. Great referral practice site -- flexible terms. Call 752-6336.

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GENERAL

Sunriver/Mt. Bachelor, Oregon - Lovely, spacious, 3br/2ba custom home. Well furnished with every amenity. Includes use of private swim/racquet club. (206) 588-4876.

1994 Codes Required in Medicare Claims

Medicare claims will soon require the most current versions of CPT and ICD-9 codes. After Jan. 1, the 1994 versions of ICD-9 diagnosis codes should be used for claims occuring this year. A grace period will be available until April 1.

The CPT code for venipuncture, 36415, will not be valid for Medicare claims in 1994. A new code, G0001, should be used to bill for this service.

To order the latest versions of Current Procedural Terminology and the ICD-9 manuals, call the AMA at 1-800-621-8335.

1994 Directory Due This Month

The *1994 Directory of Pierce County Physicians and Surgeons* is now in the last stages of being printed. We expect it to be delivered between the middle and end of February. It then will be distributed to you as soon as possible.

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PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
March, 1994

GRASS ROOTS POLITICS

PCMS Members Meet With Legislators, Governor, In Olympia

see story and photos on page 4

The Bulletin is published monthly by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in **The Bulletin** are the 15th of the month preceding publication (i.e. Oct. 15 for Nov. issue).

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

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Despite Restrictions, Anti-Trust Laws Allow Wiggle Room

Lawyer DrPH Andy Dolan closed his PCMS Law and Medicine Symposium talk about anti-trust law Jan. 20. with an encouraging prognosis for physicians: "I think the vast majority of providers will do just fine under health care reform."

In the beginning of his talk, however, Dolan talked the standing-room-only crowd through a gloomy description of the legal barriers physicians must overcome to be successful under the managed competition.

He began by explaining that the underlying principle of anti-trust law, competition, is an anathema to physicians. He said the idea of fighting each other to their economic deaths repulses collegial physicians who believe competition is bad for their patients.

No matter.

The anti-trust law of the land, the hundred-year-old Sherman Act, clamps restrictions on physicians' ability to cooperate with each other. It prevents them and any economic entity from combining, or conspiring or contracting in a way that restricts free trade, Dolan said.

Translated, that means physicians who don't share profit and loss risks together cannot fix prices or boycott, among other things.

Another provision of the Sherman Act prevents anyone from conspiring or attempting to monopolize commerce. Generally, he said, that means physician groups cannot merge to take over more than 20%-25% of their market.

"The law is no fool," Dolan warned. He cautioned against trying to controvert it.

But, he said, some activities that seem to restrict competition are allowed under the law. IPAs, MSOs, PHOs, and practices without walls are permissible under anti-trust laws if they create a different product for the marketplace. If those who join IPAs and the other organizations are not restricted from joining other groups as well, the non-restrictive groups are judged not to restrain competition, the attorney said.

While Washington State and federal anti-trust laws are virtually the same, Dolan said the new state health care reform law may violate both.

"To me, the law is very regulatory and thus restrictive of trade," he said.

He added there is some doubt that the law will be upheld if challenged.

"It is up in the air," Dolan said.

As it implements the new managed competition model, which Dolan termed an oxymoron, the state will probably decide that "robust competition" will serve the market best, he predicted.

The state will probably decide that robust competition will serve the market best

Getting to his final point, that health care reform will probably be kind to most physicians, Dolan explained that last September, the federal Department of Justice announced it would relax enforcement of anti-trust regulations. It said it would allow physicians to lobby insurance carriers on non-price issues. In addition, the government most likely will choose not to indict physicians who form exclusive joint ventures if they capture 20% or less of their market.

"Now there is some wiggle room," Dolan said.

But to punctuate his point that anti-trust law violations apply to physicians, Dolan distributed an antitrust guide produced by the state's attorney general. In it was a list of recent cases prosecuted by the department. Second on the list was one described as, "Price fixing of physician services in a hospital emergency room."

For copies of the brochure, call the Society at 572-3667. For antitrust information, call the attorney general's office at 1-206-464-7744.

Members Exchange Information With Legislators

Pierce County Medical Society physicians and others from throughout the state knocked on legislators' doors Tuesday, Jan. 25. More than 160 doctors attended the WSMA Legislative Summit in Olympia - 30 county physicians and spouses were among them, double the number attending last year.

Their day began with a half-day workshop of substantive briefings on the issues confronting the 1994 legislative session. The briefings prepared the members for their afternoon meetings with their home-district legislators.

Representative Dellwo (D, Spokane), Chair, House Health Care Committee, said Canada and the nation are watching Washington State as a result of passage of the 1993 Health Services Act.

Senator John Moyer, retired Ob/Gyn from Spokane, told the physician gathering that "you are the engine that will drive health care." He also said, "We know it is not perfect (Health Services Act), but it will change. We need to preserve that patient/physician relationship."

Dr. Moyer talked about the need to shift scope of practice issues out of the Legislature to a defined panel of appointed individuals.

He addressed the issue of violence in our society and said, "Handguns do not belong to kids." With proposed legislation, it appears that there will be some passage of legislation outlawing handguns to minors.

Representative Stan Flemming, DO, (D), University Place, and a member of PCMS, told the physicians at the Summit, "The Legislature will meet four more times before health care reform becomes a reality -- and you have an opportunity to make a difference."

(continued on next page)

Richard Hawkins, MD, greets Speaker of the House Brian Ebersole

PCMS member Stan Flemm DO, briefed WSMA membe on health care issues facin Legislature

Drs. Neal Shonnard, W Arthur and WSMA President-El Peter McGu greet Senat Majority Lea Mark Gaspa in his office.

PCMS Sec.-Treas. Stan Harris, MD, and his wife Marjorie, tal with Senator Winsley and Margaret Stanley, director of th Health Care Authority (l)

Members Visit With Legislators *(continued)*

He also said it would be nice to see more doctors in the legislature and encouraged more physicians to enter active politics.

Governor Lowry and the chair of the newly formed Health Services Commission, Bernadene Dochnahl, spoke at the luncheon. In his address, the governor stated, "Progress (on health care reform) would not have been possible without WSMA stepping in front of the campaign," and he expressed his deep thanks for the organization's support. The governor said we have the finest medical care in the world and we plan on that continuing.

He spoke about his proposed Comprehensive Crime Act that would sentence felons to "punishment that fit the crime." He also said legislation would be passed prohibiting minors from possessing handguns.

Bernadene Dochnahl, Chair of the Health Services Commission, outlined the activities of the commission and how they are approaching the daunting task they have before them. Ms. Dochnahl encouraged the attendees to continue to give the commission input on how they would like to see health care reform progress. It appeared that the attendees liked much of Ms. Dochnahl's comments. She has stated that she is not a regulator and knows the problems of the small business person.

After lunch, **Drs. Leonard Alenick, Nick Rajacich, and Stan Jackson** met with Senator Marilyn Rasmussen of the 2nd District. **Dr. Rajacich and Jackson** also met with Representatives Dorn and Campbell of the 2nd District.

Senator Marc Gaspard and Representatives Randy Tate and Sara Casada hosted **Walt and Marlene Arthur, Nikki Crowley, Neal Shonnard, and Wes Gradin** from the 25th District, along with Dr. Pete McGough, WSMA President Elect.

Drs. Cobb, Shonnard, Yuhasz, and Amy Yu met with Senator Bob Oke and Wes Pruitt from the 26th District.

Representing the 27th District were **Drs. Hawkins, Tanbara, and Wulfestieg** who spent a good deal of time with Representative Art Wong discussing the issues.

A large contingent of physicians and spouses from the 28th District, led by PCMS President **Peter Marsh**, met with Senator Shirley Winsley, Representative **Stan Flemming**, and Representative Gigi Talcott. Other members from the 28th were **Drs. Leonard Alenick, Charles and Cindy Anderson, Ken Bodily, Stan and Marjorie Harris, David Law, Maria Mack, Alan White, Dick Hoffmeister and Charles Weatherby**.

Visiting Speaker of the House Brian Ebersole were **Dr. Hawkins, Dr. Rajacich and Dr. Alenick** accompanied by WSMA President and President Elect Dick Seaman and Peter McGough. They discussed scope of practice issues, WSMA's support for universal access, and sought repeal of the $1 co-pay mandated by the 1993 Legislature for the medical assistance program.

Dr. Estelle Yamaki met with Representatives from the 30th Legislative District and **Dr. Nancy Karr** met with Representatives from the 31st District.

WSMA's position on scope of practice and credentialling issues are that the decisions on these matters should be removed from the Legislature and that the appointed committee should have the authority to make decisions based on statutory guidelines.

President Peter Marsh obviously enjoys a good working relationship with his 28th District Senator, Shirley Winsley

1994 LEADERSHIP RETREAT

Medical leaders from throughout Pierce County gathered Saturday, Jan. 29, to fill their minds with the latest information about health care reform. Pierce County Medical Society officers and trustees attended the yearly retreat sponsored by the Society. So did specialty society and medical staff leaders, CEOs of county hospitals and the CEO of PCMB. The briefings they received were right from the horses' mouths - from state and national health care reform leaders:

Richard Seaman, MD, president of the Washington State Medical Association (WSMA)
George Schneider, MD, physician member of the Washington's new Health Services Commission
William McKee, MD, medical director of Providence Medical Center
Thomas Reardon, MD, AMA trustee from Portland

Besides providing a forum for the invited speakers' formal presentations, the retreat at the Ramada Inn gave local leaders an opportunity to ask questions during a Q & A session, and to talk informally during lunch and breaks.

The stimulating session was designed to ensure that the Society provides an opportunity for Pierce County physicians to remain at the forefront of medical leadership as health care delivery systems change.

Richard Seaman, MD, WSMA president

The retreat's first speaker explained WSMA's achievements during the Legislature's writing of the state health care reform law last year. He also outlined the association's ongoing role as reform unfolds.

Doctor Seaman said WSMA got involved in the state's health care reform debate in 1989 because of problems people had accessing medical care. Member physicians became increasingly involved during the four long and difficult years it took for the Legislature to act.

The result, last year's health care reform act, included some victories for organized medicine, he said. They included universal access, a limited "any willing provider" provision, choice for both physicians and patients, the right for physicians to negotiate fees with big health plans, defeat of a provider tax, macro- rather than micro-management of physicians' daily activities, definition of the health insurance premium cap, and the requirement that future changes in the cap amount be actuarially sound.

The state medical association also lost some of its arguments when the final act was signed by the governor, Dr. Seaman said. The WSMA did not want the act to define the minimum benefits package insurance companies must offer under the premium cap, but they must as the law now stands. In addition, the act did not reform liability laws - a victory for attorneys.

Because the act set up a Health Services Commission to design and implement most of the details of health care reform over a six year period, physicians, through their county and state organizations, have a lot of work yet to do, Dr. Seaman said. He compared it to a 100-mile walk.

Many physicians are already involved - working with the Commission and other state government organizations laying out the system's details. More need to become involved, he said.

Among the issues yet to be decided on which physicians can have influence are the desire to include an RVS option in CHPs, liability reform, fee penalties for patients leaving CHPs early, and how and what health care system data shall be collected.

To ensure physicians remain at the top of the health care system, WSMA has proposed initiating a physician-directed health plan, a CHP, Dr. Seaman said. Who can control costs and quality of care better than doctors, he asked rhetorically? Who can design practice guidelines and perform outcomes audits better?

"We need to take the lead in centralized charting," he said. It can provide "incredible cost savings."

Doctor Seaman concluded by saying the state's health care reform act, together with the change in the political campaign finance law, provided the opportunity for physicians to affect their own futures.

"We want physicians involved," he said.

1994 LEADERSHIP RETREAT

George Schneider, MD, member, Health Services Commission

Doctor Schneider agreed with Dr. Seaman about the need for physicians to become involved in the ongoing design of Washington's health care system. He said it often during his talk, and he said it in many ways.

"There is change, and the key thing this leadership has to do is manage it."

"We're (the commission's) not going to put down a rule for everything you're going to do. We'll set some, but you decide how to carry them out so the state benefits from your ingenuity."

"Do not be panicked. The commission is behind you - trying to catch up. We don't have a plan yet."

"What we're doing is something for the people of the state. Don't fear change. Manage it. Be part of it. **You are looked on by the commission as a critical part of this."**

"The commission needs all the help we can get, and I look to this group for the answers."

Interspersed between his pleas for physician input, the Spokane pathologist outlined the commission's daunting task. By August, it must design a draft of the state's new health care system for public review. No one in the world has done what the commission has a few short months to accomplish, he said.

Among other things, it must define managed care, define the uniform benefits package and its maximum cost.

"We will have a model T and hope the engine runs," he predicted.

He said above all, the commission members are patient advocates.

Accordingly, he said the state attorney general will allow physicians legal latitude in relating to each other if what they do is in the common interest of patients. If not, Dr. Schneider said, the attorney general will act.

Joe Nichols, MD, known as Doctor Value, chats with Dr. Schneider during a break

He said that during hearings, the commission asked people what they wanted in their health care system. They replied that their satisfaction with the system is related to how they are listened to and the amount of paperwork they are exposed to. They wanted the system to be simple, he said.

Doctor Schneider then displayed some overhead transparencies of some draft "simple" systems that were far from simple. The diagrams were so cluttered with boxes and lines and color codes that he referred to each design as a "space station."

While Dr. Schneider said the answers are far from clear, the goals are clear. The commission will attempt to:

1. stabilize total health services costs at the rate of CPI growth
2. enroll people in CHPs of their choice
3. ensure consumers their choice of health care providers
4. allow people to have supplemental benefits if they choose
5. establish a payment system that encourages efficient utilization of resources
6. establish a system that allows consumers to choose plans
7. assure coordinated delivery, purchase and provision of health services among federal, state and local organizations

Part of the reason answers aren't coming easily, he said, is that the commission needs data in order to develop them - data which is now crude.

Therefore, high on the commission's priority list is designing a data gathering system that serves patients, physicians and the government. **Doctors Joe Nichols and David Munoz** are helping with design of that system.

Doctor Schneider said the commission has had lots of advice from people on how to do its job. Of them all, the WSMA plan is one of the most flexible and exciting plans, he said. Then he repeated his theme.

"We want your input - honest, constructive input."

1994 LEADERSHIP RETREAT

William McKee, MD, medical director, Providence Medical Center

Doctor McKee told physicians and other leaders at the retreat about his hospital's response to the advance of health care reform. He was remarkably open and sharing of his hospital's successes and failures.

He said Providence's decision to form a CHP under Washington's health care reform act was a natural progression of care it began providing in 1982. That is when it opened its first clinic in the Rainier Valley. Its goal then, and ever since then, has been to serve the needs of the community, he said. It's a goal he feels strongly about.

"I'm not focused on filling beds but on filling the community's needs," he said. "If that means closing Providence, I will do it. That must be our focus. That is what health care reform has made us pay attention to."

The institution's strategy, he said, has been similar to Burger King's. Providence placed its seven clinics near Group Health clinics. It is presently eyeing three or more additional sites.

Doctor McKee shared some of the hospital's financial information. He said Providence receives a capitated payment of $13 per month for providing primary care physician care to each of its 12,000 AFDC Medicaid patients, and $48 per patient per month for its hospital services. All totaled that equals about $9 million per year.

His potential Medicare market, which he labeled a fantasy, is over $1 billion, he said.

In organizing Providence, Dr. McKee said doctors are given control with shared governance. Trust and collegiality are important.

The biggest issue among his staff is the relations between specialists and primary care physicians. He said he wants all physicians to be involved on a non-exclusive basis. Capitation is the brass ring, he said.

Dr. McKee also showed overhead charts depicting other hospitals' responses to health care reform. Some are forming physician hospital organizations (PHOs), some MSOs (medical services organization), and others IPAs (independent practice associations). His chart appears below.

	CHP	PHO	MSO	IPA	IPA w/o hosp	HIRE MDs	PRAC MGMT	SPECIALTY MDS	CAPITATED
Childrens' Hospital	no	yes/all	no	no	no	yes	yes	PHO	all systems
Swedish	no	no	y/1	no	?	y/5	yes	?	H.O.
Providence	yes	yes	yes	yes	no	y/90+	yes	?	HO/GH/ HealthPlus
Evergreen	?	no	y/21	no	yes	no	yes	IPA/MSO	H.O.
Overlake	?	no	no	yes	no	no	yes	IPA	GH, not HO
Valley	yes	no	P	y/45	yes	y/3	yes	MSO/PHO	HO
Highline	no	yes	no	no	yes	no	yes	PHO	HO/Medicare
Providence (Everett)	yes	yes	no	no	2/50	y/7	yes	CWW/PHO	HO/GH
Harrison	no	yes	no	no	yes	no	no	PHO	HO/HP/ Health Plus
Northwest	no	yes	no	no	no	no	yes	PHO	pending
Virginia Mason/GH	yes	no	no	no	no	yes	yes	EMP	450,000

1994 LEADERSHIP RETREAT

Thomas Reardon, MD, AMA Trustee

The Portland family physician, who said he has flown to Washington, D.C., 60-80 times while helping shape national health care policies, gave his view of the national health care reform scene.

Thomas Reardon, MD

"In 1994, we will see reform in D.C.," he said.

While the move to reform the country's health care system is driven by cost considerations, he said the change process is good for physicians because it presents them an opportunity to increase the quality of their health care delivery.

"Doctors who complain about change will be losers," he said.

People making the changes to our health care system want four things, he said: accountability, predictability, efficiency and cooperation.

"We will be held more accountable than ever before," he said.

That means physicians will need to accept technical assessments of their work, and more practice parameters will be developed. Physicians need to be more responsive to patients, and that means communication, he said. Finally, doctors will have to expect changes in their incomes with capitation; specialists down and primary care up.

Big business wants a predictable system that holds costs steady for a time, Dr. Reardon said. They want to deal with big medical groups, and that means the erosion of solo practices.

For the system to become more efficient, patients must share in the system's cost, he said. Physicians must also respond by combining and sharing expenses. Practice profiling will help educate and improve physicians, said Dr. Reardon.

He also said there are too many physicians in the country, and that specialists will have to retrain to make the system more efficient. Opportunities abound for specialists who retrain in medical management, he said. He predicted there will be few specialists retraining to become primary care physicians.

Congressman Dan Rostenkowski, chair of the House Ways and Means Committee, has told physicians he wants them to cooperate in making over the health care system or the Congress will do it without them, Dr. Reardon said. Although physicians don't have a reputation for being good at sharing, they must, he said. Collegiality and trust are the keys.

Doctor Reardon listed seven changes that will come out of the system's reform:

1. Doctors will take more financial risk
2. Doctors will need to demonstrate quality
3. More patients will be covered by insurance
4. Patients will choose their plans and physicians
5. Price will become a critical factor
6. Graduate medical education will become more regulated
7. Primary care and specialist physicians will need to cooperate more.

In the end, Dr. Reardon said, people will still like their physicians. Doctors will still be well paid (society will accept $100,000-$200,000 incomes for physicians). And doctors will still get satisfaction out of caring for patients.

Dr. Stan Tuell and Dr. William McKee of Providence get acquainted during a coffee break at the Tacoma Ramada Inn

1994 LEADERSHIP RETREAT

Question and answer session

When asked what equity stake there will be for physicians who sell their practices to hospitals and become employees, Dr. McKee agreed there will be none.

"You can choose an equity organization or a non-profit organization - it depends on your values," he said. "We stick to our basic values. Our physician employees think the world is their oyster."

Doctor McKee was also asked what risk hospital-employed physicians bear. He replied, "Our physicians are not at risk."

The smart hospitals will share power with physicians in the future
Thomas Reardon, MD

He said they are paid salaries plus bonuses based on participation in committees and other activities and based on productivity.

Doctor Seaman was asked whether the WSMA CHP will spend the money necessary to develop centralized computer charting. He replied the system is starting as a billing system and will grow into charting from there. He acknowledged it will be expensive -a great deal of the estimated $9 million startup cost will be for data management, he said.

Doctor Schneider jumped into the conversation at this point and warned physicians not to commit to any data system before the commission has decided what data it will require providers to gather. "We will regulate data," he said.

Another questioner asked how physicians, used to making their own decisions, can now become followers. Doctor Reardon confirmed that large multi-specialty groups are the wave of the future and that group members will have to elect group leaders and follow them. He said those leaders will also need the rest of the group to finance them because time consuming group administration will take away from their clinical practice so much.

Two questioners asked whether and what kind of groups physicians should form. Doctor Reardon replied that the kind of groups to be formed in each community will differ. He said large groups are the wave of the future. He predicted there will be a trend to forming multi-specialty groups. In Oregon, he said, primary care physician groups receive the capitated fees and negotiate with specialists for their services. He said in Washington, the lowest-cost CHP will get the most patients. Clinics without walls allow administrative efficiencies that will allow physicians to succeed, he said.

Doctor Seaman said there will be between 100 and 150 CHPs when health care reform first kicks in. Physicians may contract with as many as they want. If they want to gather into groups such as clinics without walls to do so, they can, he said. The WSMA CHP will probably allow physicians to join on a non-exclusive basis.

One questioner wondered what incentives hospital-employed physicians will have to control costs. The answer, one panelist said, is that the hospital will decided how to allocate money it receives from CHPs. He implied physicians' share of hospital revenues could depend on their performance.

Doctor Reardon added that the smart hospitals will share power with physicians in the future - including the power to control costs and allocate resources.

When asked about Providence Hospital's governance, Dr. McKee said physicians and the administration are constantly talking about the topic, and will at a retreat in May. The biggest issue, he said, is how to share capitated payments between primary care physicians and specialists.

Rebecca Sullivan, MD, said Puyallup physicians are forming a PHO with Good Samaritan. Their concern, too, is how to align specialists. Physicians most likely will not become hospital employees there, she said, but she thought governance would be structured to provide both doctors and the hospital incentives to decrease utilization; win-win.

Physicians Apply For PCMS Membership

Hedges, George, MD
pathology
practices with Pathology Associates of Tacoma
medical school: George Washington Univ.
internship: Madigan
residency: same
fellowship: National Naval Medical Center (hematopathology)

Kozakowski, Mark, DO
primary care/internal medicine
practices with Puyallup Tribal Health Authority
medical school: College of Osteopathic Medicine and Surgery
internship: Eisenhower Army Medical Center
residency: same
fellowship: Letterman Army Medical Center (hematology/oncology)

Treseler, Catherine, MD
infectious diseases
practices with Infections Limited, P.S.
medical school: Duke Univ. School of Medicine
internship: same
residency: same
residency: New England Deaconess Hospital
fellowship: Boston Univ. (infectious diseases)

Lakewood Forms Multi-Specialty IPA

Michael Young, MD

While some physicians are still considering their practice options under health care reform and managed Medicaid, one group of PCMS members has plotted its course. They've formed an Independent Practice Association (IPA).

The group of 49 primary care and specialty physicians in Lakewood, whose common thread previously had simply been that they were active St. Clare staff members, now are formally tied together as members of a non-profit, multi-specialty, incorporated IPA. Family practitioner **Michael Young, MD**, was elected president.

The St. Clare physicians began meeting shortly after the Legislature adopted the health care reform act last year and considered several organizational structures. Their initial $100 ante was used at first to explore their organizational options; They flew in speakers to learn what works. But once they decided an IPA structure fit their needs, their seed money was used to incorporate and to hire an executive secretary, Evie Smith, who works out of her home.

"We're a shoestring operation right now," **Dr. Young** confessed.

But that's about to change. The IPA's major accomplishment has been negotiating two managed Medicaid contracts - one with the Good Health Plan (Providence) and the other with Blue Cross (MultiCare) - which began March 1. Thanks to their collective negotiating strength, **Dr. Young** said, the members will benefit both individually and collectively.

They negotiated contracts that will reimburse their primary care physicians approximately $10 per patient per month more than other groups will receive and $4 per patient per month more for their specialists. In addition, the IPA will receive an administrative fee that, if all goes as planned, will build the organization so it can take advantage of future opportunities.

"This is the first opportunity our physicians have had to decide how they want to be compensated," **Dr. Young** said.

Previously, individual physicians often cowed to take-it-or-leave-it offers, he said.

The Lakewood IPA's negotiating success proves there is strength in numbers.

Their business agreements also specify the capitated amounts health plans will pay hospitals. Specialists will receive fee for service.

Lakewood physicians are most happy about the hospital arrangements the IPA negotiated. The contracts allow physicians to use Tacoma General for high-risk ob deliveries and St. Clare and St. Joseph for routine deliveries. Healthy Options (managed Medicaid) patients are mostly young mothers and babies.

"We wanted to keep our patterns of practice as they have been," **Dr. Young** said.

The Lakewood IPA physicians plan to whittle down hospital and emergency room utilizations by at least 20%, **Dr. Young** said. To accomplish their goal, they will try to keep people healthier and to arrange for their patients' most economic care. For physicians whose practice patterns don't contribute to meeting the goal, they plan another tack.

"We believe physicians are educable," **Dr. Young** said.

The IPA's 7-person board consists of four primary care physicians (**Ulrich Birlenbach, MD**, internal medicine;

(continued on next page)

Lakewood *(continued)*

Michael Kelly, MD, family practice; **Matthew White, MD,** family practice; **Michael Young, MD,** family practice) and three specialists (**Keltie Burt, MD,** gyn; **Chung Chan, MD,** surgeon; **Steven Teeny, MD,** orthopaedic surgeon).

The IPA has worked hard - held six well-attended general membership meetings and held weekly board meetings since September - to obtain input from all members, specialists and primary care physicians alike. It has paid off.

"We have the best relations between primary care physicians and specialists of anyone in the county now," said **Dr. Young.** "We have a lot to offer each other. I would recommend that other physician groups realize they have much to gain from cooperating. We need to stand together."

In the future, **Dr. Young** believes the IPA will hire an administrator and bid for Medicare and Champus managed care contracts.

"We will have a unique product in the marketplace," he said. "Physicians are the only ones who can do this. Of course, we're going to have to prove ourselves. This is a new way of practicing medicine."

"Super" IPA Forming

If big is better, what is bigger?

Bigger is what the Puget Sound Physicians' Association (PSPA) is called - something like a super IPA. It began officially Feb. 4 when the group, headed to date by pediatrician Doris Thompson, MD, president of the Auburn IPA, incorporated as a for-profit Washington corporation.

She said the concept of a bigger IPA grew from the frenzy of IPA development going on around the state. When IPAs form, members naturally ask themselves, "Is this big enough to have influence, or should we coalesce with other neighbors?"

Her answer, and the answer of those now part of PSPA, has been to meet with their neighbors about forming a "main organization," as she prefers to call it.

She is targeting South King and Pierce County primary care physicians now, gauging the level of interest by IPAs in Renton, Federal Way, Tacoma, Lakewood and Enumclaw. Potentially there are 100-120 members in those areas.

Later, she said, the group's horizons may expand. They may include other geographic areas. They will also decide what relationships to establish with specialists, hospitals and allied health professionals.

"We have to go along slowly. It's white water area."

PSPA is also in the process of negotiating a Healthy Options contract with MultiCare Medical Center.

The need for the IPA is compelling, Dr. Thompson said.

"It's something we must do to avoid becoming hired help. We have been hired help to insurance companies for the last few years. They told us what the rules were and we are tired of it," she said. "We want a meaningful input into the management of health care."

In building the new organization, Dr. Thompson believes the IPA will be as permissive and decentralized as possible. The central organization will have a say in membership, dues, credentialling, utilization and quality review, she believes. The majority of members favor allowing individual memberships that give members of smaller IPAs the choice to join PSPA, she said.

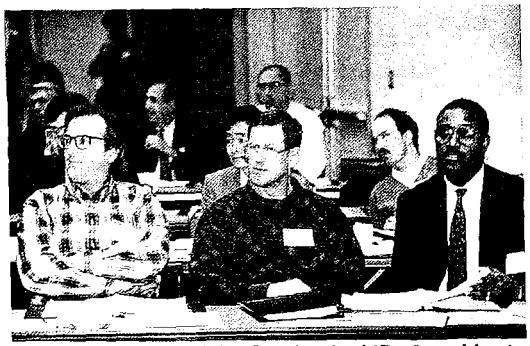
The new organization will hold a general membership meeting March 15 at 7 p.m. at the Executive Inn in Fife. Any interested primary care physician is welcome to attend.

Correction

New member applicant **Claire Spain-Remy, MD,** was incorrectly listed in last month's Bulletin as a resident with Tacoma Family Medicine. Doctor Spain-Remy is actually a TFM faculty member.

WSMA Votes To Form Certified Health Plan (Maybe)

After answering the questions who is best able to recognize waste, who will do the best job defining practice guidelines, who cares about delivery of quality data, who cares about survival, who cares about patient choices, and who cares most about patients, physician representatives of the WSMA voted Saturday, February 5 to form a corporation and adopt a business and organizational plan that would create a new company which could ultimately create a physician-directed Certified Health Plan (CHP). Not hospitals, not business, not insurers, and certainly not government - but physicians are the best choice for development and administration of a CHP, according to Richard Seaman, MD, WSMA President.



WSMA delegates John Rowlands, MD, Stan Harris, MD, and Charles Weatherby, MD, listen to debate about the WSMA CHP at the House of Delegates

And, the House of Delegates agreed with him. The 201 member body overwhelmingly favored the adoption of the resolution which read "RESOLVED, that the Washington State Medical Association House of Delegates direct the formation of the corporation as outlined in the attached Organizational and Business Plan." "This vote underscores our members' determination to set the standard for what constitutes quality, cost-effective care during a time of great change", Seaman said. Pierce County representatives included **Drs. Eileen Toth, Pat Hogan, David Munoz, David Law, Peter Marsh, Jim Fulcher, John Rowlands, Stan Harris, Bill Marsh, Charles Weatherby, Joe Nichols, Dick Hoffmeister, Leonard Alenick, Ulrich Birlenbach, Richard Hawkins, and Sandra Reilley.**

Delegates Sandra Reilley, MD, Peter Marsh, MD, and David Munoz, MD, carefully weighed the testimony for and against the CHP

The meeting lasted four hours with many delegates giving passionate speeches either in favor of or opposing the plan to proceed with development of a WSMA sponsored CHP. **Dr. Bill Marsh,** Puyallup spoke against the plan on behalf of the Washington Academy of Family Physicians (WAFP). He said the WAFP felt the CHP formation would exacerbate the strife between specialists and PCP's, and that WSMA needs to retain representation of medicine. The WAFP dislikes the attending physician model, and fears the CHP will take precedence in legislative issues. He expressed concern for negative impact on local medical societies. Hal Clure, MD, Anacortes, WSMA Past-President and family physician, testified that "for all the reasons WAFP says no to this proposal, I say yes." Most testimony, however, favored formation of the CHP with statements such as "without the CHP, interspecialty strife will destroy WSMA - this will provide an avenue for docs to hang together". "This plan is fluid, it can be changed and adjusted as necessary. This will allow physicians to be in control - risky: you bet, scary: you bet, but we do have the knowledge to to this."

The Washington Health Services Act of 1993 requires all entities providing health insurance coverage to Washington State residents as of July 1, 1995 to be certified by the state insurance commissioner as a CHP. The CHP will pay for care delivered through local groups of physicians and/or clinics, with administrative, marketing, financial and data collection support coming from the CHP corporation. Risk will be shared. Such a system allows for local flexibility, correcting for variations that

(continued on next page)

CHP *(continued)*

occur depending upon where care is delivered, and risk sharing/reward among participating physicians.

The corporation could also choose to enter into a joint venture with an existing CHP, if it is determined that formation of a separate CHP is inappropriate. Regardless which avenue the corporation takes it will work to create an environment that encourages a partnership between physicians and patients and allows physicians, not MBA's to set the standard for health care quality.

The WSMA is comprised of 8,100 physicians statewide and it is not anticipated that everyone would agree to participate in the corporation. But, by establishing a corporation to form a CHP, members will have options they wouldn't have otherwise.

The new corporation will be directed by a 13-member board: 9 physicians, 1 representative each from business, labor and the public, and the WSMA executive director. Physicians who are members of the WSMA and who reside in Washington will be eligible to purchase stock in the corporation. Stockholders will directly elect five of the nine physicians on the board; the WSMA will elect the remaining directors.

Two Pierce County physicians have been named to the new corporation board, **Len Alenick, MD,** ophthalmologist, Lakewood; and **Joe Nichols, MD,** orthopedic surgery, Tacoma. **Dr. Alenick** was elected as vice-chair. The board will function as an interim board until the first meeting of shareholders concurrent with next September's WSMA House of Delegates session.

What Do Patients Really Want?

The following article was taken from the Winter, 1994, issue of Physicians Report, a publication of Physicians Insurance Agency.

According to a recent survey by the Miles Council for Physician-Patient Communication, patients want their doctors to communicate better by:

1. Clearly explaining treatment choices;
2. Asking what the patient thinks is wrong;
3. Asking if the patient has any questions;
4. Making sure the patient has discussed all of his or her concerns;
5. Confirming the patient's understanding of what has been said;
6. Explaining what procedures mean and why they are necessary; and
7. Using language the patient understands.

Physicians' Insurance Risk Management Department offers personal consultations and pertinent literature to help subscribers strengthen communications with patients. For more information, please call 1-800-962-1399.

Managed Care Boon to FP's Allied With Multispecialty Groups

Family practitioners working in multispecialty groups earn more when working within a managed-care environment, according to a recent survey, but not when they affiliate with hospitals.

The latest Physician Compensation and Production Survey, conducted by the Center for Research in Ambulatory Health Care Administration (CRAHCA), queried nearly 23,000 providers in 54 specialties and tracked compensation differences in various practice settings.

While the overall median compensation for a family practitioner in a group rose from $106,000 in 1991 to $112,000 in 1992, there is no significant variance in compensation based on practice environment.

The survey found that family practitioners in single-specialty groups earned about $9,000 less per year than those in multispecialty groups. FP's with more than half of their practices consisting of managed care earned $5,000 more per year than those with no managed-care affiliation. Also, FP's independent of hospital affiliations annually earn $10,000 more than those who are affiliated.

Pediatricians also report $13,000 higher median earnings in multispecialty group practices than in single-specialty groups. In contrast, pediatricians earn $11,000 less in managed-care settings than those practices with no managed-care connection.

The findings for family practitioners are very different from those of most other specialties. In most cases, physicians earn more in single-specialty groups than they do in multispecialty groups. The median compensation for specialists is usually higher for practices without managed care than it is for those with extensive managed care.

While many specialties report higher earnings in independent practice, there are a few exceptions.

The Pierce County Medical Society

announces the

March General Membership Meeting

when: Tuesday, March 8
Social Hour at 6:00 p.m.
Dinner at 6:45 p.m.
Program at 7:45 p.m.

where: Fircrest Golf Club
6520 Regents Bv. W.

"Is There Life After Managed Care?"

or

Can a physician succeed
in a market of 90% managed care ?

featuring
Andrew Adams, MD,
&
John Pietrzak, administrator,
with
Southern California's successful
Mullikin Group

(return before Friday., March 4, to PCMS, 223 Tacoma Ave. So., Tacoma, Wa. 98402)

Please reserve _____ dinner(s) at $18 per person
(tax & tip included)
Enclosed is my check for $_____

signed_____

Medical Marriages Have Unique Pitfalls

During a serious discussion of physicians' marriages at the February general membership meeting, John-Henry Pfifferling, Ph.D., often punctuated his points with well-aimed humor.

For example, in making his point that doctors can be perfectionists and hard to live with, he asked the approximately 75 spouses in the room if anyone they knew filed money in their wallets in numerical order and with all faces looking the same direction.

The question not only drove home his contention, it also had many people looking at their money and laughing sheepishly at their spouses.

Pfifferling, a medical anthropologist, professor and specialist in professional well-being, compared a list of characteristics of healthy families against some of the common pitfalls of medical marriages.

Whereas members of healthy families feel they are listened to, affirm and support one another, trust each other, freely share dinner-time conversations and have a balance of interaction between all members, physician families can often be overly dominated by one person, he said. Physicians sometimes feel and act toward their spouses as though they are the most important family members because of their profession, he said. He called them MDieties.

In truth, he said, "You are ordinary people but sometimes you do extraordinary things. You're fallible human beings."

Doctor Pfifferling cited a couple frequent remarks that indicate an underlying MDiety complex.

"What did you do today?" contains a dehumanizing message. "You wouldn't understand" is an insult, he said.

Instead, he advised physicians and spouses to work at friendships - create win-win situations. He suggested physicians try to provide a place of comfort, understanding, respect and love.

"There is no toxic dose of love," he concluded.

Dr. Pfifferling visits with Claire Spain-Remy, MD, and her husband Claude.

Charles Weatherby, MD, received the Society's second-annual Community Service Award from President Marsh at February's General Membership Meeting.

Physician Reporting Helps Prevent AIDS

Preventing the spread of AIDS requires answering a re-phrased chicken or the egg-type question: What comes first, doing the prevention campaign or identifying who's at risk to get AIDS?

The answer, according to the Tacoma-Pierce County Health Department, is identifying who's at risk. Without knowing who is at risk and targeting them, any prevention effort is like blowing into the wind.

Riley Peters, manager of the Health Department's Communicable Disease Section overseeing HIV education, told the PCMS AIDS Committee Jan. 26 that private physicians treating AIDS patients are a key element in preventing AIDS. They feed information about their AIDS patients into the department's epidemiological data-gathering study that profiles those most likely to contract the disease. With consistent physician reporting, he said, an accurate description of likely AIDS patients can be drawn that will allow a targeted prevention campaign to succeed.

To ease the reporting burden on physicians, Karen Mottram of the Health Department is prepared to help. She will step through the reporting procedure with medical office personnel. Or she will actually do it for them. It's service with a smile designed to make reporting easier for physicians. Her phone number is 591-6410.

Once an accurate profile is constructed and disseminated to physicians, doctors will also play a key role in carrying out a prevention campaign, said committee chair **John VanBuskirk, DO.** He recommended physicians counsel patients who fit the AIDS profile about their risk of contracting the disease. Counseling people at risk should be a routine part of any physician's patient visit, he said.

Again, the Health Department is standing by - this time to help physicians with the counseling. Gail Brandt will provide physicians with written AIDS education materials and/or videos. Her phone number is 591-6579.

Alan Tice, MD, an AIDS Committee member, said patients can be asked to read or view the materials on their own in the office before seeing their physician. He suggested doctors design an efficient patient flow system that accomplishes AIDS testing and counseling in one visit.

Other Health Department AIDS Services

The Health Department conducts walk-in exposure assessments and HIV testing Monday through Friday.

Once patients are diagnosed to be HIV positive, the department will assign a case manager to your patient to help them access social, financial and other health services for which they are eligible.

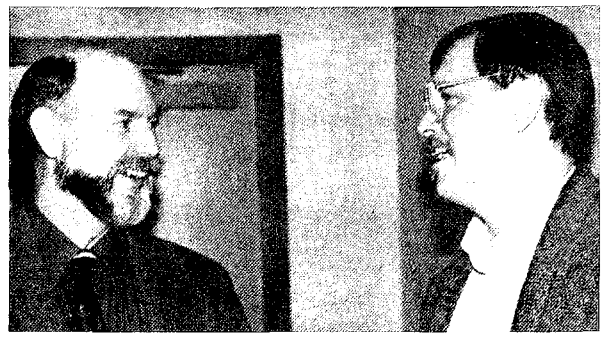
Partner notification is another service the department offers to any HIV-positive patient. Physicians should expect to initiate the referral because AIDS patients are not likely to want to deal with the subject despite its important prevention potential.

Health Department: AIDS Prevention Is Important Role

Addressing the PCMS AIDS Committee Jan. 26, **Federico Cruz-Uribe, MD**, director of the Tacoma-Pierce County Health Department, affirmed the department will continue to place AIDS prevention high on its priority list despite the department's ongoing reorganization.

"The role of the Health Department should be to see we have a good prevention effort," he said.

He has seen the disease run rampant in Florida for lack of an effective prevention program, he said. Since assuming his position last year, he has been impressed with the overall intensity of the county's AIDS program, he said. He vowed it will continue.



Dr. Cruz-Uribe talks with Pat Hogan, DO, at the recent leadership retreat.

The department is in the process of refocusing its efforts to become less costly and more responsive to its mission. The health director said resulting reorganizations have decentralized department operations and combined HIV education with sexually transmitted disease education efforts. He called it service integration.

But the bottom line is the Health Department will continue to identify populations at risk and to help prevent the spread of AIDS.

AMA Leadership Conference

"Physicians crave order, but despise authority."

These were the words of futurist Jeff Goldsmith, Ph.D., President, Health Futures, Inc., the keynote speaker at the American Medical Association National Leadership Conference that **PCMS President Peter Marsh and President-Elect David Law** attended in mid-February in San Francisco.

Goldsmith went on to say that few of the skills needed to function in an organized system were present in the contemporary generation of private practitioners. Like lifelong bachelors contemplating marriage in their 50's, physicians often have little experience with sharing, compromise, and delegation of responsibility, and frankly, he said, many lack the civility needed to function inside a larger organization.

He went on to say that the key feature of the new integrated health care enterprise is not a balance of power, **but the emergence of collegiality as a fundamental organized principle.**

The essence of collegiality is tolerance and a sharing of common professional values. This trust and sharing of values is, in turn, the central pre-condition of the ability to share and successfully manage the economic risk of health costs. Collegiality--not who owns what, how physicians are compensated, or who works for them--is literally what integrates them.

He went on to say, "Embarking on the path of creating an integrated health care organization from a matrix of private practice is a little like driving a truck loaded with nitroglycerin along a bumpy road. Leaders without the political skills to sense the bumps in the road before they hit them will never know what happened. They will be steak tartare." He observed, "The core architecture of any integrated health care organization is a cadre of committed primary care physicians. Eventually, the result of managed care growth will be the shifting of economic power in most medical communities to primary care physicians."

He urged specialists in the medical community be brought to recognize that practice arrangements they would not tolerate for themselves must be created for the primary care physicians who send them business. Absent this tolerance, they will veto any organizational arrangements they perceive as altering the "balance of power" between the hospital and its physicians and block the emergence of an integrated enterprise. Physician leaders must be able to widen the medical community's comfort zone sufficiently to tolerate a variety of organizational arrangements. Trust, not structure, is the indispensable ingredient in an integrated organization. Collegiality will not flower in an armed camp, nor in a physician community where people are constantly wondering what kind of deal the other guy got, he said.

Goldsmith concluded by saying, "One thing becomes clear from studying the small number of integrated health care organizations we have today: in them, the hospital is truly the ancillary service - a capital-hungry, troubled cost center. The hospital is certainly not the nucleus of an integrated health care organization; it is instead a high-maintenance core asset, whose use must be rigorously limited in managed care arrangements. Those who seek to organize integrated health care systems are, unwittingly perhaps, the heralds of a post-hospital era of health care delvery."

Other speakers at the conference included Ira Magaziner, White House Health Planner; Surgeon General Joycelyn Elders; Haynes Johnson, Pulitzer Prize winning columnist for *The Washington Post;* and many other experts in the various fields of health care.

If you would be interested in hearing the audio tapes of the meeting, please call the Society office...

Vern Larson, MD, Retires

Saying, "I figured I'd better quit while I'm ahead," radiologist **Vern Larson, MD**, retired at the end of the year. Although his official retirement date was six months earlier, **Dr. Larson** worked part-time for the remainder of the year.

In that time, he and his wife, Kit, took what he called the "obligatory" Hawaiian vacation, and he got started on possibly the real reason he retired.

"I'll play somewhat more tennis - maybe a lot more tennis," he said.

In February, he and an Arizona partner played in a national doubles tournament in Palm Springs and advanced as far as the semi-finals in the 65 age bracket. With more time to practice now, he figures to equal or surpass that showing in other upcoming events

A long-time tennis buff, **Dr. Larson** was ranked number one in his age bracket in the Pacific Northwest doubles circuit last year. His partner was **George Tanbara, MD.**, probably the main reason for the good ranking, he said.

Doctor Larson practiced diagnostic and therapeutic radiology

in Tacoma for 31 years. In 1962, he joined then-solo practitioner Kenneth Gross and helped build their practice.

"I could say President Hillary made me retire," he joked, "but that's not really true."

Nevertheless, he's relieved he won't be part of the health care rationing trend he sees coming with health care reform. It's not in patients' best interest as currently planned, he said.

Instead, he'll devote his time to tennis, travel and other retirement activities.

"One thing is for sure, I won't be reading the health care reform articles as critically as I used to," he concluded.

He feels fortunate to have been involved in the practice of medicine during what he thinks was a fascinating series of remarkable technical and scientific achievements. He wonders whether the next 31 years will bring continued progress or a downhill slide.

"Are we merely observers of the passing scene or can we as physicians continue to make a difference," he asked philosophically?

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Surgical Update CME April 15 & 16

The very popular dissections, demonstrations and lectures presented annually be the Tacoma Surgical Club are set for April 15 & 16. The programs are held at the University of Puget Sound in Thompson Hall.

On Friday afternoon, local surgeons and guests from the Army Medical Corps perform dissections and demonstrations on cadavers for doctors, nurses, and interested students.

Beginning Saturday morning, several short lectures featuring the latest developments in surgery are presented by local physicians and Army Medical Corps doctors.

Hawaii CME Remains Open

Registration for CME at Kauai, the College's resort conference remains open. Join your colleagues and their families this spring in beautiful Kauai for quality continuing medical education and sun, relaxation, golf, and water sports.

For further information call the College at (206) 627-7137.

Internal Medicine Review - 1994 CME Scheduled for March 10 & 11

The Tacoma Academy of Internal Medicine's annual two day CME program is open for registration. The program offers a variety of timely internal medicine addresses. The review was organized this year by Irv Pierce, MD

The program offers 12 Category I CME credits and is available to both members of the Tacoma Academy and all other area physicians. The program will be presented in Jackson Hall.

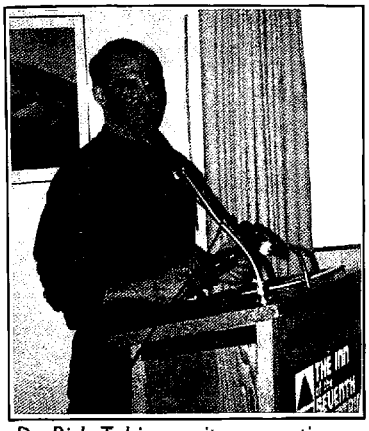
Those who have yet to register or who would like additional information regarding this very popular program may call the College of Medical Education for a program brochure at 627-7137.

This year's program includes the following presentations:

Hypercoagulable States
Diabetes Control and Complications Trial
Pain Management for the Internist
Treatment for Heart Failure in 1994
Advances in the Treatment of Depression
Management of Atrial Fibrillation
Prehopsital Management of Acute Myocardial Infarction
Recent Advances in the Treatment of Gut Motility Disorders
New Concepts in Management of Migraine Headaches
What's New in Antimicrobial Therapy and Infectious Diseases
Update on the Management of Asthma
New Directions in Immunotherapy of Cancer
Vasculitic Syndromes
Cold Hands -- Warm Antibodies

DATES	PROGRAM	DIRECTOR(S)
1994		
March 10 & 11	Internal Medicine Review	Irv Pierce, MD
April 4-8	CME at Hawaii	Mark Craddock, MD Amy Yu, MD
April 15-16	Surgical Update - 1994	Stanley C. Harris, MD
April 29	GI Conference	Gary Taubman, MD Richard Tobin, MD
May 20	Clinical Guidelines: Quality, Cost Effectiveness...	Les Reid, MD
June 27 & 28	Advanced Cardiac Life Support	James Dunn, MD

CME at Mt. Bachelor Termed Huge Success



Dr. Rich Tobin awaits a question during the breast cancer session at the Mt. Bachelor CME

The CME at Mt. Bachelor, the College of Medical Education's winter resort program, was termed a hug success by conference participants. The program brought together a number of Pierce County and other physicians to Central Oregon for family vacations and quality CME. A number of other physicians outside Pierce County also joined the group.

The program featured a potpourri of educational subjects of value to all medical specialties. Conference attendees particularly enjoyed the rare opportunity to have in-depth discussions about clinical situations.

Out of the classroom, conference participants and their families enjoyed snow, great dinners and relaxation.

The College plans to offer an annual ski CME program in the future.

rs. Bill Martin and Richard choen load up with lunch prior to eturning to cross country trails

Susan Wulfestieg and Dr. Ron and Karen Benveniste enjoy the wonderful weather during the very successful back country ski picnic.

Amelia and Hannah Martin (daughters of Dr. Thomas Martin and Deborah Reilly) and Lauren Pomeroy (daughter of Dr. David and Jennifer Pomeroy) pose with their snowman.

Smart, Fox, Zielinski Win Slalom

Rebecca Smart (wife of Dr. Drew Deutch, MD) Hank Zielinski, MD, and Eirc Fox (son of Dr. Barbara and Leslie Fox) were winners of the women's and men's open and 15 and younger divisions respectively in the 2nd Annual PCMS Slalom.

Results were:

Rebecca Smart 34:44
Bobbi Zielinski 34.55
Hank Zielinski 25.70
Leslie Fox 26.16
John Samms 26.86
Dave Pomeroy 28.53
Tony Lazar 31.19
Thomas Irish 34.17
Drew Deutsch 36.70*
Rick Schoen 41.95

* On Telemark Skiis

Eric Fox 26.76
Matt Samms 26.86
Alessandra Zielinski 28.66
Tasia Zielinski 32.13
Peter Zielinski 36.29
Kristopher Samms .. 37.32

WSMA Briefings for Members

"Straight Talk on Health Care Today and Physician Options"

choose one of two 90-minute sessions covering

- Update on changes taking place in the health care marketplace and the 1994 legislative session.
- WSMA's physician and patient choice agenda, services and other programs for WSMA members
- The new physician-directed Certified Health Plan corporation, Washington Physicians Inc., approved by the House of Delegates earlier this month and how you can become a participating physician
- The new CAP Product and other services from Physicians Insurance, your physician owned and directed liability carrier
- Political action agenda for grassroots involvement

to be held at the Tacoma Sheraton Hotel
Ballrooms III & IV
Wednesday, March 23, 6 p.m. - 7:30 p.m.
Thursday, March 24, 7 a.m. - 8:30 a.m.

REGISTRATION

complete and return to WSMA, 2033 Sixth Ave., Seattle, WA 98121 by March 7

Wednesday, March 23 ____ Thursday, March 24 ____

Registrant name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Pre-registration is required. Seminar fee: no cost for WMSA members, MCMA mebers and members of WSMA Alliance. Due to space limitations, attendance is limited to medical doctors, doctors of osteopathy, MGMA members and members of the Alliance. For information, contact Patti Smith, WSMA Seattle office, 206-441-9762 or 1-800-552-0612.

President's Message

Hello, everyone, and Happy Saint Patrick's Day! Time is flying by so fast. So much has happened and a lot mor to come around.

Last month at the February general meeting, we awarded the philanthropic check to the Lindquist Dental and Eye Vision Clinic. Dr. Winters was able to fill in for our program change with a talk on the clinic. Thank you to Nikki Crowley for opening her home to us. Other philanthropic checks were mailed out to the other selected recipients.

In March, the general meeting will be at Karen Benveniste's for a lecture on hypnotherapy. Sounds "mesmerizing!" Hope everyone can attend.

Patty Kesling and I attended the confluence in Chicago at the end of January. What a wonderful, educational experience. Even though Chicago was very chilly, we still managed to get around just fine. We hope to share as much of what we learned as possible in the coming months.

April will be the state conference in La Connor and May will be the Teen Health Forum which I hope anyone and everyone possible can help out with. It's a very worthwhile project. Contact Mona Baghdadi (851-6306) if you can go.

Hope to see you soon.
Denise Manos
President 1993-94

1994-95 Executive Board Chosen

Congratulations to the new Alliance board members and thank you for saying "yes" so willingly and cheerfully.

The positions filled are:

President: ..... Patty Kesling
President-Elect: ..... Joan Sullivan
1st VP-Program: ..... Judy Chan
2nd VP-Membership: ..... Marilyn Simpson
3rd VP-Bylaws/Historian/Parliamentarian: ... Kathleen Forte
4th VP-Arrangements: ..... to be filled
Recording Secretary: ..... Julie Wurst
Corresponding Secretary: ..... Karen Dimant
Treasurer: ..... Toni Loomis
Dues Treasurer: ..... Colleen Vercio

If you are interested in the position of 4th VP-Arrangements, please call Karen Dimant at 265-2516.

General Meeting Schedule

March 18 - Hypnotherapy.
April - State convention.
May 20 - Point Defiance Zoo visit

Confluence 1994

by Patty Kesling, President-Elect

As we sat in the warm and opulent Drake Hotel in Chicago learning from leading national experts about the issues of child abuse in our country, it was almost incongruous to learn that at that moment, in a minus thirty degree snow storm, the Chicago police were raiding a four room apartment. It was home to 19 children, the oldest being 14 and the youngest just one. As the Chicago Tribune reported, "The four-room apartment was littered with filth and crawling with cockroaches, its windows broken and covered with blankets that flapped in the wind."

How does this happen in our modern society? Twenty years ago law enforcement and social service authorities nationwide reported a total of 60,000 suspected child mistreatment cases. Last year there were nearly three million such reports.

Our breakout session on child abuse exposed us to the views of the U.S. Advisory Board on Child Abuse and Neglect. A program entitled "Neighbors Helping Neighbors," a new national strategy for the protection of children, was presented to fellow Alliance members. It was gratifying to see that so many Alliances around the country have become actively involved in their communities to try and make a difference in this national problem

As writer Albert Camus stated so well: "Perhaps we cannot prevent this world from being a world in which children are tortured. But we can reduce the number of tortured children. And if you believers don't help us, who else in the world can help us do this?"

How to contact state, national lawmakers

Legislative Hotline is 1-800-562-6000

President Clinton may be reached by writing to him at the White House, 1600 Pennsylvania Ave. N.W., Washington, D.C. 20500; his message phone is (202) 456-1111.

Your U.S. senators and representatives, state senators and state representatives may be contacted at the following addresses and telephone numbers;

U.S. Senators

Sen. Slade Gorton (R), United States Senate, Washington, D.C. 20510; local phone 553-0350, Seattle.
Sen. Patty Murray (D), United States Senate, Washington, D.C. 20510; local phone 553-5545, Seattle.

U.S. Representatives

All members of the U.S. House of Representatives may be reached by writing to them in care of the House Office Building, Washington, D.C. 20515.
Rep. Norm Dicks (D-6th District); local phone 593-6536, Tacoma.
Rep. Mike Kreidler (D-9th District); local phone 840-5688, Puyallup, and 946-0553, Federal Way.

State Offices

All state legislators and the governor may be reached by writing to them in care of Distribution Center, Legislative Building, Olympia 98504.
Telephone number of the Governor's office is 753-6780, Olympia.
The status of legislation can be obtained by calling the **Legislature's toll-free hotline, (800) 562-6000.**

Legislators, by district, and their Olympia phone numbers are:

2nd District
Sen. Marilyn Rasmussen (D), 786-7602
Rep. Tom Campbell (D), 786-7824
Rep. Randy Dorn (D), 786-7912

25th District
Sen. Marcus Gaspard (D), 786-7648
Rep. Randy Tate (R), 786-796
Rep. Sarah Casada (R) 786-7948

26th District
Sen. Bob Oke (R), 786-7650
Rep. Ron Meyers (D), 786-7964
Rep. Wes Pruitt (D), 786-7802

27th District
Sen Lorraine Wojahn (D), 786-7652
Rep. Ruth Fisher (D), 786-7930
Rep. Art Wang (D), 786-7974

28th District
Sen. Shirley Winsley (R), 786-7654
Rep. Stan Flemming (D), 786-7958
Rep. Gigi Talcott (R), 786-7890

29th District
Sen. Rosa Franklin (D), 786-7656
Rep. Brian Ebersole (D), 786-7999
Rep. Steve Conway (D), 786-7906

30th District
Sen. Ray Schow (R), 786-7658
Rep. Jean Marie Brough (R), 786-7830
Rep. Tracey Eide (D), 786-7898

POSITIONS AVAILABLE

Locum Tenens Coverage and Opportunities in the Greater Seattle/Tacoma Metropolitan Area: CompHealth, the nation's premier locum tenens organization, now provides daily, weekly, weekend, evening, or monthly coverage for your practice with physicians from the local area. Or we offer you the opportunity to build a flexible practice right in the Seattle/Tacoma area. Call today for more information: 1-800-643-9852.

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

Physicians Needed. Part-time. Change your routine-spend one weekend a month and two weeks a year as a Medical Officer with the Washington Air National Guard - Your hometown Air Force reserve. Call SMSgt Gary Plendl, Tacoma 581-8233 or 1-800-344-0539.

OFFICE SPACE

For Lease: 1240, 2200 sq.ft. of professional office space in multispecialty medical center on growing South Hill in Puyallup. Physician owned. Terms negotiable. Call Al Sullivan, 593-6072, or Dr. Rebecca Sullivan, 848-5951.

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GENERAL

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Expert Witness vs. Treating Physician

The recent decision of the Washington Appellate Court, Paiya v. Durham Construction, 60 Wmn. App. 578 (1993), defined an expert witness as a professional who is retained by party to develop facts and opinions in anticipation of litigation. A health care provider who acquires and develops facts and opinions for purposes of treating a patient is not considered an expert witness entitled to an expert witness fee.

The decision has resulted in what seems to be adverse consequences, among them hardships for physicians who have treated patients and who are then called upon to give up their time for deposition, court appearances, etc., for a $25 fee.

Pending a change in the court rules or other actions by the Legislature, it is the opinion of the Medical/Legal Committee that treating physicians should be entitled to a reasonable fee for their medical/legal services. Physicians' fees should be reasonable and based on the earnings available to physicians for extra work or professional services in their offices.

The Committee recommends that a letter be written by the physician's office to the attorney requesting the meeting, deposition, or court appearance stating what your charges are for medical reports, conferences, deposition, trial testimony, etc. Following is a draft letter that could be used as a guide for physicians' offices to the attorney.

Dear Sir/Madam:

Thank you for the advance notice regarding the trial testimony (deposition) scheduled for (date & time).

I wish to inform you that this office has established a fee schedule for depositions, trial testimony, conferences, medical reports, etc., and it is as follows.

Medical Reports $_____ per hour

Conferences $_____ per hour

Depositions $_____ per hour

Trials and Testimony $_____ per hour

If you have any questions regarding the fee schedule, please call. If not, please confirm that we are in agreement with the charges.

Sincerely,

_____ M.D.

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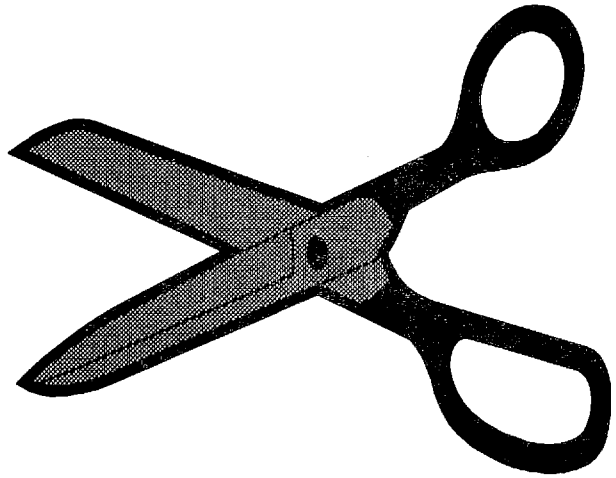
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

April, 1994

Cutting through...

CHANGE



The Bulletin is published monthly by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in **The Bulletin** are the 15th of the month preceding publication (i.e. Oct. 15 for Nov. 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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223 Tacoma Avenue South
Tacoma, WA 98402
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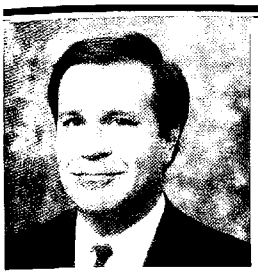
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Local News

News Brief

Departments



Circle The Wagons and Aim Inward?

by Peter Marsh, MD

The medical environment in Pierce County in 1994 is changing at a dizzying speed with realignments at all levels of health care. While some of these changes may result in greater unity among physicians, many of them are divisive and will ultimately weaken our ability to control our own destinies.

On the positive side, IPA's are springing up at a rapid pace with the birth of new organizations on almost a monthly basis. Physicians in Puyallup, Lakewood and Tacoma have joined together in single-specialty or multispecialty groups to talk about new methods of providing high quality, cost-effective care for their patients. An IPA provides a means of discussing economic issues without fear of antitrust statutes. Most national studies seem to indicate that the multispecialty IPA provides the strongest organization with greatest physician control and income. Both the Puyallup MSO and the Lakewood IPA have recognized this and formed such organizations.

For reasons unclear to me, Tacoma physicians have been slower to organize and less willing to form multispecialty groups with the least activity, to my knowledge, in the surgical specialties. Groups are forming, however, in pediatrics, pediatric specialties and medical subspecialties, and I suspect other groups will gel during the remainder of 1994.

Unfortunately, there are divisive events also afoot. The initial one was the "point of service" contract introduced by the medical bureaus in 1993. On the King County program, physicians found themselves excluded from contracts without clear explanation and without appeal. A somewhat gentler Pierce County Medical Bureau approach still labeled good physicians as "1," "2" or "3" based on "cost efficiency" with reimbursement tied to one's ranking. While specialists were ranked with a uniform "2," primary care physicians faced the depressing prospect of further discounting of already discounted fees and possible future exclusion if their profiles did not improve. The net result was anxiety, depression and the fear that some practices might not remain viable.

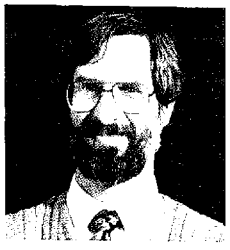
The statement that "private practice is dead" mocks a 200-year tradition of medicine in this country and should not be taken seriously.

Next on the scene were the hospital marketing people with a blueprint for the future showing hospital employment as the safest option. These medical gurus predicted the imminent demise of private practice and expounded the virtues of vertical integration. Unfortunately, physicians were not at the top of this vertical plan but were seemingly cogs in a hospital controlled wheel. The release from business and personal worries were described with a pitch resembling a military recruiting advertisement. I subsequently learned that one physician marketing "expert" had never worked a day in private practice, but presumably he had good information from his friends. He was unimpressed when I explained that some of us actually enjoy running our practices and hiring our own personnel. In any event, the whole concept runs the risk of placing confidence in large organizations overconfidence in one's colleagues in the practicing community.

My own crystal ball for the future is no clearer than any of yours at this point. The Washington State health reform process appears well ahead of federal initiatives, but its final form is yet to be fleshed out. What is clear is that there is no need to lock oneself into any agreement before the final rules are even announced. The statement that "private practice is dead" mocks a 200-year tradition of medicine in this country and should not be taken seriously.

Whatever system we ultimately get cannot operate without the cooperation of physicians. While hospitals, physicians and insurers need to work together to promote quality patient care, we need to relate to each other as equals for this task rather than striving to control one another. In my opinion, the multispecialty IPA provides the best format for the future if physicians hope to have a meaningful seat at the health care reform table. This is an excellent time for us to circle the wagons but I hope we will reject the tendency to aim inward.

Healthy Options Off To Healthy Start



Bill Roes, MD

21,000 patients.

That's how many Medicaid pioneers began taking part March 1 in Pierce County's grandest experiment with managed medical care to date.

Healthy Options, the state's new managed Medicaid program, began in the county March 1. Twenty-one thousand AFDC-eligible patients who had enrolled with one of seven participating health care insurance plans in February began seeing providers of their choice on that kick-off date.

The program, which had been in the planning process for half a year or more, belongs to the state's Department of Social and Health Services. It is their bid to increase access and restrain increasing medical costs by capitating payments to medical plans and, in most cases, to physicians. Enrolled patients are encouraged to utilize primary care physicians as their first-line health care providers. If needed, specialty medical care will be approved and referred by the primary care doctors.

Bev Court, the DSHS manager of Pierce County's entry into the Healthy Options program, also being implemented county-by-county around the state, was very pleased with the enrollment.

"We've had an excellent sign up rate," she said.

About 70% of the 30,000 eligible "clients" enrolled after the initial DSHS mailing. The bulky mail packet explained the new program, listed the seven plans and their participating physicians from which clients could choose, and asked them to make their choices in order to receive a new coupon card.

Eligible clients, only about 65% of all DSHS patients in the county, were mostly low-income mothers and their children in the AFDC program. The health care network has not changed for the remaining 35% of DSHS participants. They are not eligible for Healthy Options and should continue to receive fee-for-service care.

About half of the new Healthy Options enrollees chose Pierce County Medical Bureau's Incentives plan, according to Vice President John Holterman: 10,500 enrollees.

"That's the largest group load we've ever done," he said. "It was quite an event for us."

But while 70% is a high sign up rate, some Medical Society physicians noticed that many of their Healthy Options-eligible patients had not been notified about the new system. **Bill Roes, MD,** chairman of the

(continued next page)

Obstetric Patients' Referrals Can Be Waived

In general, Healthy Options patients must be referred to specialists by their primary care physicians. The rule applies to obstetric patients, too, according to Bev Court of DSHS. But only up to a point. The state wants pregnant women already under an obstetrician's care to stay there.

"We encourage obstetricians and primary care physicians to work things out so patients can continue their relationships with their obstetricians," she said.

If they can't, the state will exempt the patient from Healthy Options so as to delay her enrollment until 60 days after she gives birth, Court said. Then the ob physician is not required to have a referral and the patient is free to continue seeing her obstetrician.

Healthy Options Off To Healthy Start *(continued)*

Society's managed Medicaid committee which helped plan its implementation, said two-thirds of his patients did not receive their mailing from DSHS. Only 80 of his nearly 400 eligible patients had signed up by the middle of March.

"It's starting very slowly," he said.

Bev Court agreed many clients did not get their packets in time to sign up by the first cut-off date, Feb. 18. However a second mailing went out prior to March 1 to correct that problem. It gave eligible Medicaid recipients until March 18 to sign up. If they did, they were added to the roster health plans receive from DSHS and distribute to physicians prior to the first of April. The second mailing also went to another 16,000 patients not eligible at the time of the first mailing.

> Eligible (Healthy Options) clients (are) only about 65% of all DSHS patients in the county....

With the second mailing, the state had attempted to reach all 46,000 clients they originally estimated would be eligible to participate in managed Medicaid.

Those who did not respond to the second mailing were sent a third at the end of March that said if they did not choose a plan and physician, they would be assigned to one on May 1.

Court said some clients are difficult to elicit a response from. For one reason, they move often. In addition, the turnover rate in the AFDC program is about 6% a month.

Those who don't respond and who will be assigned a physician tend to under-utilize medical services, Court said. They are therefore highly sought after by capitated plans and physicians. To be fair, DSHS assigns those patients equally among plans and physicians which are within the patient's zip code and which have capacity to handle additional patients, Court said.

While mailings to eligible patients weren't without problems, DSHS mailings to participating plans seemed to be more successful. Pierce County Medical Bureau received its list of patients who chose PCMB early enough to send to participating physicians prior to the March 1 starting date their list of patients. Physicians should continue to get updated client lists from their plans prior to the first of each month.

Group Health, another participating plan, also reported the enrollment process went smoothly.

Another critical piece of mail, the monthly capitation checks, were sent to the seven plans the first Monday of the month, March 7, just as DSHS had pledged, Court said. The department will continue on that schedule in future months, she said.

She said the flurry of activity should slow down after the initial enrollment period, an expectation repeated by PCMB's Holterman and Bob Moore at Group Health.

In the meantime, should physicians have difficulties that need correcting, they have three places to call, Court said. First, they should call the plans for which they are contracted to provide service. They may also call Court in Olympia at 753-4337, or **David Estroff, MD,** at 552-2935. **Doctor Estroff,** a Tacoma Family Medicine physician, is the lone physician on the community Healthy Options Oversight Committee.

David Estroff, MD

Emergency Rooms Must Examine Healthy Options Patients

Robert Wachtel, MD

Even though one of Healthy Options' goals is to reduce emergency room usage, thereby saving the state and participating plans money, not all patients will cooperate. Their habit of using the ER for primary medical care will be hard to break in some cases.

When those patients present to an ER, the hospital is required to examine them, said **Robert Wachtel, MD**, medical director of the Tacoma General Hospital Emergency Department.

"All patients who show up will receive a medical screening exam," he said. "That's the law."

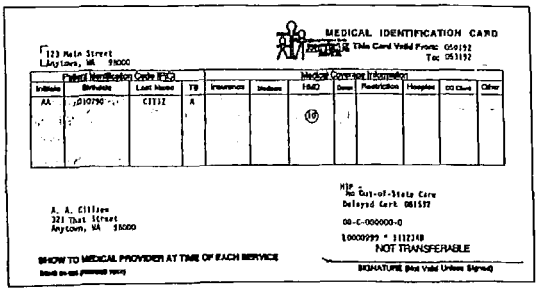
COBRA laws forbid discrimination, and consequently, hospital procedures require universal exams, he said. As a result, there will be a charge that physicians and Healthy Options plans would rather avoid.

To minimize those charges and to cooperate with Healthy Options goals, most area hospitals have agreed to call patients' primary care providers before treating non-emergent diagnoses made in the exam. **Doctor Wachtel** said arrangements then can be made to send patients to primary care providers, if they wish, thus avoiding treatment charges.

However, the best way to avoid ER charges altogether is to educate Healthy Options patients not to utilize ERs for non emergencies, agreed **Dr. Wachtel** and **Bill Roes, MD**. In fact, **Dr. Roes** advised physicians to call new Healthy Options patients into their office for orientations after they first sign up and before they need care. Instruct them when and how to use the ER, he suggested.

Ideally, patients will call their primary care providers for permission to go to an emergency room. When they do, **Dr. Wachtel** and other ER physicians want primary care physicians to call and advise them a patient is coming, and for what treatment, so their ERs can prepare.

Look For Your Plan's Name On Healthy Options Patient ID Card


MEDICAL IDENTIFICATION CARD

SHOW TO MEDICAL PROVIDER AT TIME OF EACH SERVICE

NOT TRANSFERABLE

HMO BLOCK KEY (#10)

ETH = ETHIX
GHC = Group Health
PHCP = Providence Health Plan
PCMB = Pierce County Medical Bureau
BCMC = Blue Cross/MultiCare
PCCM = Primary Care Case Manager

AMA Offers Managed Care Guidance

The AMA is offering four new publications to help physicians steer their way through the country's metamorphosis to managed care.

Doctors Resource Service is more than one publication. It is a subscription to a series of guidebooks, references, newsletters and audiocassettes on practice management that will be sent out every four to six weeks. The cost to AMA members is $40 for each issue.

The Physician and Managed Care is a starting place for developing a clear understanding of managed care. It covers national trends and offers a plan for adapting your practice to manage care. The price to AMA members is $30.

Managed Care Strategies for Physicians is four 32-page booklets that help you assess where your practice stands now and lay out a number of real options for the future. The books are, *Assessing Your Practice in an Age of Reform, Group Practice Options: From Medical Corporations to Clinic Without Walls, The Physician's Role in the Development of Physician Hospital Organizations,* and *Forming Physician Networks.* It costs $20 for members.

Negotiating and Contracting in Managed Care includes legal, financial and other business aspects of managed care in four 36-page booklets: *A Physician's Guide to Managed Care Contracting, Financial Aspects of Managed Care Contracting, Antitrust and Managed Care,* and *Establishing a Physician Organization.* It costs $20 for members.

For more information or to order, call the AMA at 1-800-AMA-1066.

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Memorandum of Understanding

Pierce County Medical Society
Tacoma-Pierce County Bar Association

3/94

Medical/Legal Liaison Committee
Tacoma-Pierce County Bar Association
Pierce County Medical Society
Memorandum of Understanding

This Memorandum of Understanding made and entered into this 14th day of March, 1994, by and between the Medical/Legal Liaison Committee of the Tacoma-Pierce County Bar Association ("legal committee") and the Medical/Legal Liaison Committee of the Pierce County Medical Society ("medical committee").

WITNESSETH

WHEREAS, the legal committee and the medical committee desire to facilitate communications between their respective professions on matters of mutual concern, and
WHEREAS, in furtherance of the foregoing they entered into a Memorandum of Understanding dated July 12, 1979, and
WHEREAS, the parties now desire to update, supplement and supersede the prior Memorandum of Understanding to clarify some of the matters covered by prior memorandum and to increase the scope of understanding between the parties;
NOW THEREFORE, it is hereby agreed as follows:

1. Composition of Committee

The Medical/Legal Liaison Committee is a joint committee of the Pierce County Medical Society and the Tacoma-Pierce County Bar Association. It is to be composed of six physicians and six attorneys appointed by their respective organizations.

2. Duties of Physicians.

2.1 **Physician's Duty to Assist.** All citizens have a legal right to avail themselves of the courts and administrative tribunals and to have representation by attorneys in resolving disputes. In instances where medical information is necessary to the fair resolution of a dispute, the physician should make himself or herself available for the dispute resolution proceedings including, but not limited to, conferences with attorneys, depositions and appearances for court, arbitration and administrative proceedings, this at reasonable times and upon reasonable notice.

2.2 **Physician as Expert Witness.** A physician called as an expert witness in a legal proceeding is an independent witness. While the physician's testimony may be more helpful to one side than to the other, the physician should not become an advocate. The physician should limit his or her participation to stating the truth as he or she sees it.

2.3 **Duties of Physicians Regarding Medical Records**. Medical records are the physician's personal property. However, the patient and other parties have a right to access to those medical records under the terms and conditions set forth in the Uniform Health Care Information Act (RCW 70.02.010 et. seq.). This statute, enacted in 1991, established the law regarding access to medical records by patients and other parties. The physician should be guided by this statute and consult the statute in the event that a question about providing copies of a patient's medical record arises. The physician is entitled to charge a reasonable fee for providing copies of the records, but the fee cannot exceed the amount which is defined as reasonable by RCW 70.02.010. Medical records may not be withheld because of unpaid medical services by the patient.

3. Duties of Attorneys.

3.1 **Notice to Physicians**. Physicians should be given at least 30 days' notice for trial testimony, 15 days' notice for attendance at a deposition, and 7 or more days' notice for office conferences. Every effort should be made to schedule testimony so as to interfere as little as possible with the physician's scheduled time.

3.2 **Compliance with Local Rule.** The attorney should endeavor to comply not only with the letter, but with the spirit of Pierce County Local Rule No. 45, which requires the issuance of a subpoena to a physician in a timely manner. This local rule states as follows:

Where an expert witness will, with reasonable probability, be called as a witness at the trial of any case, the party planning to call such witness shall cause a subpoena to be issued and served upon such witness not later than sixty (60) days prior to the trial date. A continuance may be denied should such a witness be unavailable for trial unless a subpoena has been issued and served within the times above specified. For the purposes of this rule, service of a subpoena may be made by mail.
This rule may be endorsed upon any subpoena issued.

4. Fees

4.1 **Physician to Charge "Reasonable Fee."** A physician should charge a reasonable fee for the time he or she spends as an expert witness. This fee may be calculated upon a time basis or any other basis which results in a reasonable fee.

4.2 **Charges for "Stand-By Time."** Charges may be made for the time the physician has reserved for a legal proceeding which is cancelled prior to occurring. However, no charge shall be made if the reserved time is cancelled on three business days' notice to the physician. Should the physician receive less than three business days' notice and should the physician be able to utilize all or a portion of that reserved time for chargeable medical services, the "stand-by" charges should be reduced in proportion to the amount of time which was utilized for chargeable medical services.

4.3 **Attorney to Inquire as to Charges.** It is the duty of the attorney to initiate a discussion of fees with the physician.

4.4 **Physician to Disclose Charges.** It is the duty of a physician to furnish to an attorney, upon request, the amount of his or her usual and customary charges.

4.5 **Attorney Not to Pay Medical Bills.** It is improper for a physician to require an attorney to pay the medical bills of a patient before the physician will cooperate with an attorney requesting medical information or testimony.

4.6 **Payment of Physicians' Charges.** Reasonable charges may be made by a physician for medical reports, conferences, depositions, trial testimony, etc., arranged for by an attorney for his or her client, are payable by the attorney to the physician within 30 days after the billing. Payment of the physician's charges does not await the final resolution of the case.

4.7 **Payment of Client's Medical bills.** Attorneys should not advise a client to withhold payment of medical bills pending resolution of a lawsuit. The physician's bills are not contingent upon the outcome of litigation and are payable when billed.

4.8 **Resolution of Fee Disputes.** If the physician and attorney fail to reach an agreement as to the appropriate fees for the physician, upon their agreement, the dispute may be resolved by arbitration in accordance with Section 7.1.2

5. Informal Opinions.

Any attorney or physician desiring an informal opinion as to matters of mutual concern between the legal and medical professions may request such an opinion from the chairman of the legal committee, or the chairman of the medical committee, or both. Upon receiving a request for an informal opinion the chairman may either render an informal opinion which normally will be oral in nature, or may elect to treat the request as a request for a formal opinion, in which case he or she will comply with the requirements set forth in Section 6. An informal opinion represents the opinion of the chairman only and does not necessarily represent the opinion of the entire committee.

6. Formal Opinions.

6.1 **Procedure.** In the event an attorney or physician desires a formal opinion agreed to by both the legal and medical committees, the following procedures will be adhered to:

6.1.1 An attorney shall submit an opinion request in writing to the chairman of the legal committee; a physician shall submit an opinion request in writing to the chairman of the medical committee.

6.1.2 The chairman receiving the written request for an opinion shall send the copy of the opinion request, together with any supporting documents, to the chairman of the other committee.

6.1.3 If the requested opinion involves the conduct of another person, that other person shall be furnished with a copy of the opinion request and be invited to respond in writing.

6.1.4 At a joint meeting, the two committees shall then consider the matter and attempt to arrive at an opinion. They may attempt to settle the dispute by informal contact by committee members with the parties involved. If such an informal contact fails, the committees shall prepare a written opinion which shall be signed by the two chairmen.

6.1.5 A copy of the signed opinion shall be sent to the person requesting the opinion, the person, if any, whose conduct is complained about, the president of the Tacoma-Pierce County Bar Association and the president of the Pierce County Medical Society or their designees.

6.2 **No Legal Effect.** A formal opinion shall have no legal effect whatsoever, except that it shall be an expression of the combined views of the legal and medical professions in Pierce County.

7. Arbitration

7.1 **Procedure.** In the event that a formal opinion is requested which involves a complaint by a member of one profession against a member of the other profession the matter may be submitted to binding arbitration so long as all participants consent to arbitration in writing. A request for binding arbitration shall be directed to the chairman of either the legal or the medical committee. Upon receiving a request for binding arbitration the following procedures shall be followed:

7.1.1 All attorneys and physicians involved in the disputed matter shall be contacted and asked to consent to the binding arbitration in writing. If less than all of the affected attorneys or physicians consent to binding arbitration the matter shall be handled as a request for a formal opinion as provided for in the preceding Section 6.

7.1.2 If the consent of all affected attorneys and physicians is received in writing then the chairman of the legal committee or his designee and the chairman of the medical committee or his designee shall constitute two of the three arbitrators. The third arbitrator, who shall be neither an attorney nor a physician, shall be selected by the other two arbitrators. The third arbitrator shall be compensated and such compensation shall be borne equally by the parties to the dispute.

7.2 **Effect of Arbitration Decision.** The decision of the arbitrators shall be final, conclusive and binding upon all parties thereto and may be confirmed by any court having jurisdiction thereof, as provided in Section 7.04.150 of the Revised Code of Washington.

8. Ratification.

This Memorandum of Understanding has been ratified by the governing bodies of both the Tacoma-Pierce County Bar Association and the Pierce County Medical Society.

9. Amendments

This Memorandum may be amended by majority vote of each of the two Liaison Committees, provided such amendments are ratified by majority votes of the governing bodies of both the Tacoma-Pierce County Bar Association and the Pierce County Medical Society.

IN WITNESS WHEREOF, the parties have signed this Memorandum of Understanding on the day and year first above written.

Richard K. Spaulding, MD,
Chairman, Medical/Legal Liaison Committee,
Pierce County Medical Society

Gregory C. Abel, JD,
Chairman, Medical/Legal Liaison Committee,
Tacoma-Pierce County Bar Association

Dr. Hogan Receives State Award

The Tobacco Free Washington coalition recognized **Pat Hogan, DO,** in January for his dedicated work promoting a tobacco free community. The award was given by Tobacco Free Washington president, Julie Thompson, at a statewide meeting.

As president of the Tobacco Free Coalition of Pierce County, **Dr. Hogan** dedicates one day from each of his busy workweeks to tobacco issues. He recently was interviewed for one hour on KLAY radio. His wife, Carolyn, also convinced society would be better off without illnesses caused by tobacco, appeared on KSTW's 10 O'Clock News. Both were helping promote messages in the Jan. 22 issue of JAMA. The entire issue was devoted to tobacco.

Doctor Hogan said, "We're not against the rights of smokers as long as they don't hurt anyone else. We're more pro-health, pro-children, pro-rights of the majority: non-smokers."

People cannot choose not to breathe, he said, but smokers can choose not to smoke.

He and Carolyn recently attended a tobacco-issues meeting in Denver where, among other things, they learned more about "Tar Wars." Tar Wars is the name of a program Carolyn hopes to initiate in county schools to educate fifth grade students about the harmful effects of smoking.

Doctor Hogan is a strong believer that physicians can make a difference in the health of their smoking patients by helping them quit. By following the suggestions in the AMA's *Guidelines for the Diagnosis and Treatment of Nicotine Dependence* recently mailed to all AMA members, he believes doctors can help their patients kick ther dependence and become more healthy.

Dr. Hogan poses with former professional football player Jerry Wilkenson who visited Madigan as Mr. Butts during the Great American Smokeout

If you have not yet received your copy of *Guidelines for the Diagnosis and Treatment of Nicotine Dependence*, call the Society or AMA.

Doctor Hogan will also instruct groups of physicians how to structure their practices to identify smoking patients and treat them to break them of their nicotine dependence. If you are interested, call him at 383-1066.

Smoking Intervention Taught to Physicians, Staffs

The National Cancer Institute has established the Smoking and Control Program to help physicians and their staffs implement a smoking intervention program for their patients.

The program consists of a free, one-hour presentation in your office at your convenience - perhaps during your lunch hour. It is also offered in a three-hour format at an outside location with other physicians and their staffs. They offer a separate pediatrics presentation, and will soon offer one for obstetricians.

The program is designed to take advantage of the ideal position physicians are in to give their patients advice on tobacco cessation. It stresses staff teamwork to make the most efficient use of physicians' time. It utilizes positive client support and reinforcement.

Included with the program is a syllabus for providers and office staff which contains useful references and resources.

To schedule a presentation for your office, fax or write:
Sandra Bauer, RN
Chronic Disease Programs Manager
Community Health Care Delivery System
1702 Tacoma Ave. So.
Tacoma, WA 98402-8067

Her fax number is 383-9730 and her phone number is 627-8067.

Puyallup Physicians Unite Against the Future

What began as something of a defensive reaction to King County Medical's radical new insurance plan in 1992 has now matured into a thoughtful, community-wide effort to meet Puyallup's health care needs in the impending world of managed care.

Puyallup Valley primary care physicians and specialists plan to unite to meet those needs. They will soon enter into a formal partnership with Good Samaritan Hospital by incorporating into a PHO (physician hospital organization). Their goal is for their new organization, called the Puyallup Valley Medical Service Organization (PVMSO), to provide efficient, comprehensive, managed care medicine in the Puyallup/Sumner area.

The PHO's founding members are:

President	Nichol Iverson, MD	internal medicine
Vice President	Rebecca Sullivan, MD	family practice
Sec-Treas	Ronald Morris, MD	family practice
	Wendall Adams, MD	general practice
	Wes Gradin, MD	family practice
	Timothy Jolley, MD	pediatrics
	William Marsh, MD	family practice
	Todd Nelson, MD	diagnostic radiology
	James Symonds, MD	family practice
	Robert Wright, MD	general surgery

In retrospect, King County's plan, which shocked physicians by de-selecting some and paying others variable reimbursements, was only a forerunner of other similar efforts to control medical costs, and indeed, of health care reform itself. But it motivated primary care physicians in the valley to huddle. They discussed alternative responses. They soon realized that, with the passage of the health care reform act, they would need to organize a new form of medical delivery if they were to survive.

After six months of discussions, they decided that forming an IPA was not their answer; IPAs are often too weak, undercapitalized and frequently mature into joint ventures with hospitals anyway, they learned. They considered and rejected other health care delivery models, too. The model they envisioned for themselves included their local hospital, where a great deal of mutual respect dominates physician-administration relationships.

So they invited Good Samaritan Hospital to participate in discussions about how to meet the community's greater health care needs.

"We looked at it with a tremendous sense of loyalty and collegiality," said **Rebecca Sullivan, MD**, vice president of the new PHO. "It's a different environment than in Tacoma."

Discussions moved slowly to ensure everyone was heard. Once they selected the PHO model, writing bylaws became a large but important task to be done correctly rather than quickly. Defining how the PHO will reduce hospital utilization while promoting the efficient use of primary care services has been difficult, especially since everyone involved will assume financial risk.

Implementing any kind of managed care system is difficult in the Puyallup area because there aren't enough primary care physicians; they need 15-18 more to make managed care work, according to **Dr. Sullivan.** That's why Good Samaritan's ER is the second busiest in the state, she said.

So while development work on the PHO has proceeded, **Dr. Sullivan** has been recruiting primary care physicians to the valley since July.

"We've shown the community," she said, sounding like a realtor.

She's attempted to match graduating residents with existing practices. To date she's recruited a couple and has some interest from a third physician.

The PHO will be run by a 10-person board of directors: seven primary care physicians and three specialists.

Good Samaritan will become a non-voting member of the PVMSO board. Its primary role in PVMSO will be to finance and facilitate the development of the organization.

(continued on next page)

Puyallup Physicians Unite Against the Future *(continued)*

Considerable capital will be required to build a computer network among physicians' offices and a central PHO office. Money will also be required to create centralized purchasing, phone-triage nursing, billing, personnel management, payroll and some of the other cost-saving services the PHO plans to offer participating physicians.

The hospital also will participate in the outpatient network which must be expanded to replace expensive ER medical care presently given. The hospital does not relish employing more physicians, however.

The PHO's initial office, to be managed by an executive director, will be housed in Good Samaritan. The PHO's recruiting committee has narrowed a list of more than 100 national applicants for the director's job to two finalists, both MBAs, both from the Southwest.

Initially, the hospital also will house the after-hours clinic the PHO plans to establish.

Forty-four primary care physicians are joining PVMSO - all but one or two in the valley, said **Dr. Iverson.** They will continue practicing in their private offices but will choose one of four levels of service they want the PHO to provide them: 1) contract representation only, 2) contract representation plus some of the cost-saving services mentioned above, 3) complete management of the office, or 4) employee status.

The number of specialists who eventually will join the PHO will depends on what the PHO has to offer, said board member and surgeon **Robert Wright, MD.** The organization will have to put together attractive contracts before physicians will join, he said. Specialists and primary care physicians currently are working out the contracting and reimbursement agreements together. He predicted most specialists in the valley will join if the terms are favorable.

"Overall, relations have been good between primary care doctors and specialists," he said. "We need to solve resource utilization problems together."

Progress on third party payor agreements has not progressed far enough for the PHO to begin any significant marketing effort. As **Dr. Sullivan** put it, "We don't have an organization to sell, yet. We are still organizing. And we have no deadline to meet. It is more important to set up the bylaws and agreements properly than to meet an artificial deadline."

Establishing the mechanism for controlling utilization and costs, and building into their system incentives for physicians and the hospital to operate efficiently, is paramount in their organizational efforts and to their ultimate success, the board feels.

Once they do sign contracts with third party payors, however, they are likely to be capitated systems. A sub-committee of the PHO, comprised equally of specialists and primary care physicians, will then determine physician reimbursement levels.

Creating PVMSO has been exhausting for its founders. Beginning in 1992, physicians have rearranged schedules and sacrificed personal time to attend scores of meetings - up to six a week, **Dr. Sullivan** said.

"At times it's been awful," she said.

"It was about the same difficulty as managing a marriage, and it's still going on," said **Dr. Iverson,** PVMSO president.

He felt his role in the process has been to make sure people focused on the problems at hand, to mediate frictions and stabilize the process. As both a primary care physician (internist) and a specialist (critical care, end-of-life medicine), he possesses a unique perspective for

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Puyallup PHO *(continued)*

the job.

"I was constantly reminding primary care physicians that it is the community that must be the winner out of this process. It's not we vs. them," (primary care vs. specialists) he said.

When the executive director is hired and the articles of incorporation filed, **Dr. Sullivan** expects the organization to take off. Then, except for the PHO committees they will serve on, doctors will get back to providing people in their community the most cost effective health care possible.

But despite the large effort he and other physicians made to organize PVMSO, **Dr. Iverson** isn't convinced it has a rosy future. He believes government meddling with health care will render the PHO impotent.

"I'm a little skeptical," he said. "Whether this (PHO) will make any difference over time is rather dubious. But it makes doctors feel better."

April Membership Meeting Cancelled, Rescheduled

April's General Membership Meeting, now rescheduled for May 10, may give you some new ideas about where you can go and how you can practice medicine in the new health care environment.

Are you resisting the changes coming with health care reform? Do you think you will be eaten up in some large group or hospital practice? Are you concerned about losing your autonomy and your patients?

You're not alone.

Certified Public Accountant Tony Maki from the Moss Adams CPA firm will talk about "Group Practice Issues & Alternatives: Options to Integration" at the May 10 meeting. Maki specializes in medical office management, has written for AM News and presented programs before the Medical Group Management Association.

Some of the topics he will cover include:

- Alternatives to consider
- Various organization structures to utilize - their strengths and weaknesses:
    - MSOs
    - IPAs
    - Clinics Without Walls
- Advantages and disadvantages to hospital affiliations
- Key steps to go through in positioning your practice for the future

To register for the program, see the flier on page 14 of this Bulletin.

Physicians' Health Plan (CHP) Seeks Members

Washington Physicians, Inc., (WPI) the Washington State Medical Association's new certified health plan (CHP), has announced it plans to enter the marketplace no later than July 1, 1995, and is now accepting membership applications.

A one-time, tax-deductible participation fee of $150 will return to applicants a full set of application forms for credentialling purposes. If accepted as participating providers, physicians will receive a provider agreement after it is approved by the state Insurance Commissioner.

Leonard Alenick, MD, vice chair of the WPI Board of Directors, said, "Our mission statement is clear and unequivocal: 'Set the standard of excellence for health care delivery systems in Washington State; Ensure the central role of physicians in this process; Deliver quality, accessible and cost-effective health care services.'"

This participating provider membership will allow physicians to see patients under the WPI auspices. Becoming a WPI stock holder entitled to vote is a separate step, **Dr. Alenick** said.

For more information and the Memorandum of Understanding application form, call the Society at 572-3337.

Physician Applies for PCMS Membership

Hansen, Kenneth, MD
anesthesiology
practies with Allenmore Anesthesia Associates
medical school: George Washington University
internship: U.S. Naval Hospital, Bethesda
residency: Virginia Mason Hospital

Society Faces Change Head-On

Realizing that keeping up with the fast-paced changes sweeping medicine is difficult for busy physicians, the Pierce County Medical Society has scheduled numerous educational meetings for members. Those scheduled for the next two months are:

Date	Meeting	Time	Location
April 12	**No General Membership Meeting - Cancelled**		
April 20	Capitation Rates	6 p.m.	LaQuinta
April 27	Evaluating a Medical Practice	6 p.m.	LaQuinta
May 5	Strategic Planning	6 p.m.	LaQuinta
May 10	Group Practice Issues & Alternatives	6 p.m.	Fircrest
May 18	Performance Evaluations	6 p.m.	LaQuinta
May 20	Clinical Guidelines: Quality & Cost Effectiveness	8 a.m.-4 p.m.	to be determined
June 1	Cash Flow Planning	6 p.m.	LaQuinta
June 9	Affiliations & Mergers	6 p.m.	LaQuinta

For information about these meetings, call the Society at 572-3667.

Mullikin Group Encourages Local Doctors

If you talk about health care reform long enough, and talk about the managed care environment that now seems to be inevitable, you will eventually hear someone refer to the Mullikin Group. The California multi-specialty group's name has become synonymous with success.

Why?

Two members of the group, Andrew Adams, MD, associate medical director, and John Pietrzak, senior regional administrator, spoke to PCMS physicians attending the March 8 General Membership Meeting. They told why.

What is the Mullikin Group?

Doctor Adams said his group consists of about 400 physicians practicing in 40 facilities in the Los Angeles area. The generalist/ specialist split is 243 primary care (pediatricians, obstetricians, family practitioners and internists) and 151 specialists. They own one hospital, to which 25% of its patients are referred, and contract with 15 others. Mullikin also owns 10 IPAs, he said.

The group provides care to over 300,000 patients and has over one million outpatient visits yearly. Eighty-five percent are reimbursed on a capitated schedule.

Mental health, podiatry and chiropractic care are provided on an open access basis, without referral, Dr. Adams said.

How did it get so big?

In 1989, 32% of California's patients were enrolled in HMOs. They were attracted because HMOs were efficient. A state-wide movement to reduce health care costs has increased that HMO enrollment number now to 73 % of patients.

> "We think our equity model is the model physicians should embrace."
> Mullikin's John Pietrzak

In July, 1991, responding to the managed care trend, two physician groups merged to form Mullikin. Since then, it's been almost nonstop merging with other groups.

Physicians wanting to work in private practice yet caught in the cost squeeze tried various group structures before Mullikin's advantages caught their eyes. They tried IPAs and groups without walls, but they didn't compete well. Some physicians tried large employers, like Signa or the Kaiser systems. But they were just employees and not in charge.

Mullikin attracted 400 physicians because it is physician owned, Dr. Adams said. They own part of the group which contracts to provide care for HMOs. They've ridden that groundswell yet are in control, too. A winning combination.

The Mullikin Group takes growth seriously. Mr Pietrzak said the group is considering expanding its operations outside California and into the western states.

How does it work?

"We think our equity model is the model physicians should embrace," Pietrzak told PCMS members at the meeting. It's the key to Mullikin's success.

The Mullikin Group is a for-profit, integrated system, he said. It is run by a 12-physician board of directors (mostly primary care physicians) who meet sparingly to set broad policy. Two parallel structures of management, one of physicians and one of lay managers, run a decentralized system. Decisions are made as close to the patient as possible. 275 of its 400 doctors are owners.

About 64 physicians out of the 400 are medical directors, specialty chairs or utilization review managers. They receive extra compensation for those duties, besides their salary and their share of the profits. All 400 physicians receive yearly written performance reviews - and look forward to them, Dr. Adams said.

Physician managers are involved in strategy and business develop-

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Red Trench Coat Found

If you or someone you know left a red trench coat at the Fircrest Golf Club after the March 8 General Membership Meeting, it may be claimed at the PCMS office.

Mullikin *(continued)*

ment, budgeting and marketing.

"The ultimate success rests in the hands of doctors," Dr. Adams explained.

Their success is in reducing hospital utilization and efficiently managing the savings.

The national average of patient days is 495, Pietrzak said. The national HMO average is 340, but Mullikin's is 170.

"Every day is $1,000 moved from a hospital to doctors," he said.

Mullikin collects (mostly capitated) payments from payers and distributes them to its clinics and hospitals. In taking that risk it earns its rewards.

Throughout its system, the emphasis is on quality care for patients. Doctor Adams said care ignored today will just become more expensive later. He trusts doctors to care for patients. Despite built-in financial disincentives to referral, Mullikin has not seen quality fall, he said.

Physician ownership and the incentives Mullikin provides for hospitals produce the efficiencies that have made the California group successful. Profits have been in the 3%-5% range, he said. Part of the efficiency, however, is owed to its selective marketing effort to targeted patient groups. It only recently started a MediCal pilot program.

How Would Pierce County Stack Up Under Managed Care?

Primary care physicians in the Mullikin Group provide care to an average of about 2,000 patients each, said manager John Pietrzak.

At that rate, would Pierce County have enough primary care physicians to care for county residents if we suddenly reverted to a managed care model tomorrow? We did a little math.

Pierce County had 640,700 residents last year, including military personnel, according to the County Executive's Office.

There are about 256 primary care physician-members of the Medical Society (family practice, general practice, geriatrics, internal medicine, pediatrics). If each cared for 2,000 patients, the 256 primary care doctors would have 512,000 patients, leaving 128,700 county residents without a Medical Society primary care physician (equivalent to 64 doctors).

However, there are about 32 primary care Group Health physicians in the county, plus scores of military doctors and Veterans Administration physicians, few of whom are Society members. A few private practice physicians are also not members. When they all are counted, it seems very likely that Pierce County's primary care physician population is sufficient to make managed care Mullikin-style work tomorrow.

Pietrzak said financially, local physicians should fare well in managed care. The capitated payment figures he's heard discussed among local physicians are higher than Mullikin currently receives, he said.

He advised county physicians interested in following Mullikin's model to begin small with five or 10 physicians in an IPA or group. As the group grows, so will its ability to negotiate with hospitals and other groups. It won't be easy, however.

"You will provide sweat equity in the beginning and get the rewards later," Dr. Adams concluded.

Society Tackles Two Killers

In hopes of improving public health and of dramatically affecting individual lives, the Society and the Alliance have asked members to act. We have distributed, or soon will distribute, fliers for you to give to your patients. They concern two grave social issues: domestic violence and second-hand smoke.

How serious are the issues?

- 25% of all state homicides result from domestic violence
- About 460,000 Americans die each year from tobacco-related causes

The fliers are a start - a way for you to capitalize on your unique, private relationship with the patients who look up to you and listen to you. You can improve their health and society, too, by ensuring the fliers are distributed.

If you have not received your packet, please call the Society at 572-3667.

NO APRIL MEETING

The Pierce County Medical Society

announces the

May General Membership Meeting

when: Tuesday, May 10
Social Hour at 6:00 p.m.
Dinner at 6:45 p.m.
Program at 7:45 p.m.

where: Fircrest Golf Club
6520 Regents Bv. W.

"Group Practice Issues & Alternatives"

NO APRIL MEETING

NO APRIL MEETING

Options to Integration

featuring discussions about

IPAs, MSOs, Clinics Without Walls, Hospital Affiliation

Their advantages, disadvantages, strengths & weaknesses

NO APRIL MEETING

plus how to position your practice for the future

NO APRIL MEETING

by

Tony Maki, CPA

Moss Adams CPAs

(return before Friday., May 6, to PCMS, 223 Tacoma Ave. So., Tacoma, Wa. 98402)

Please reserve _____ dinner(s) at $18 per person
(tax & tip included)
Enclosed is my check for $_____

signed_____

Physicians Help Their Peers Confidentially

There are lots of pressures on physicians these days, said **John McDonough, MD,** chairman of the **PCMS Personal Problems of Physicians Committee**.

Take your regular regimen of managing an office staff while seeing a steady stream of patients 60-hours a week, then add the extra anxiety of not knowing what health care reform will do to your practice. The result is understandably a certain level of unease and frustration, perhaps even depression or despondency. Those feelings can lead to trouble, including substance abuse and impairment, or quality of care complaints, he said. It is very reasonable that physicians can feel overwhelmed these days and want or need some help.

Doctor McDonough's committee of PCMS physicians wants to provide that help.

"We are a caring group of colleagues who can provide expert intervention," he said. "When our committee learns of a problem, we will make confidential contact with the physician."

The committee consists of physicians and one physician's wife, all of whom are able to take your initial call. One member is a psychiatrist. Committee members include:

John McDonough, Chairman 572-5830
Bill Dean 272-4013
Ronald Johnson 841-4241
Mrs. Jo Roller 566-5915
Robert Sands 752-6056
Dennis Waldron 272-5127

Should a problem need extraordinary care beyond the committee's capabilities, **Dr. McDonough** said the committee will seek it out.

In the past few years, the committee has provided assistance to fewer physicians than one would think given the increasing professional pressures, **Dr. McDonough** said. Why? Perhaps it is the natural tendency physicians have to try solving their own problems, or even denying or covering them up, he said.

But he has found that solving a problem lifts a huge load off any physician's shoulders. It's relief.

He urges any physician with a problem, or a friend or spouse of a physician with a problem, to call the committee.

Think of it as a referral.

Group Health Cancels Ads

Group Health initiated what they intended to be a two-month advertising campaign beginning early March. One ad that appeared on busses in Pierce and King Counties was offensive to private practice physicians. It read, "Without the influence of profit, physicians can be true healers."

Medical Society President **Peter Marsh, MD**, telephoned Group Health's Pierce County Medical Director of External Affairs **Don Rogers, MD.** and expressed his concern about the ads. **Dr. Rogers,** a PCMS member, was unaware of the campaign. He discussed the issue with Group Health Administrators in Seattle.

As a result, Group Health removed the ads after being displayed for only two weeks.

1994 Directories Distributed

The Pierce County Medical Society's 1994 Directory of Pierce County Physicians and Surgeons are being distributed.

If you have not ordered your Directory and would like one, please call and an order form will be sent to you.

If the informatin in your listing is incorrect, please phone 572-3666 or fax to 572-2470 the correct information as soon as possible. Corrections will be published in a future issue of the Bulletin.

New PCMS Members

Courtney, Theresa, MD
pediatrics
practices with Cyndra Coffing, MD, at 1901 S. Union Ave.
medical school: Medical College of Georgia
internship: Univ. of North Dakota
residency: Medical College of Georgia

Dietrich, Kenneth, MD
pediatric critical care
practices with Gary Park, MD, at 314 MLK Way
medical school: Louisiana State University
internship: Charity Hospital
residency: Oregon Health Sciences Univ.
fellowship: Univ. of Wisconsin Hospital (pediatric critical care)

Johnson, Richard, MD
orthopaedic surgery
practices at 3611 So. D Street #16
medical school: Creighton Univ.
internship: Minneapolis V.A. Medical Center
residency: same

Kodama, Brenda, MD
dermatology
practices with Drs. Fox and Findlay at 2702 So. 42nd St. SE, Tacoma
medical school: John Burns School of Medicine
internship: William Beaumont AMC
residency: Fitzsimons Army Medical Center

Moore, Jane, MD
sports medicine
practices at Federal Way Sports & Family Medicine
medical education: Univ. of Oklahoma
internship: Baylor College of Medicine
residency: Wesley Medical Center

Park, Gary, MD
pediatric critical care
practices with Kenneth Dietrich, MD, at 314 MLK Way
medical school: Oregon Health Sciences Univ.
internship: same
residency: same
fellowship: Univ. of California & Childrens (pediatric critical care)

Plymate, Lisa, MD
internal medicine
practices with Franciscan Family Care
medical school: Rush Medical College
internship: Michael Reese Hospital
residency: Univ. of New Mexico

Sands, Robert, MD
psychiatry
practices at 3609 So. 19th, Tacoma
medical school: Univ. of Washington
internship: Walter Reed AMC
residency: same
fellowship: Letterman AMC (child psychiatry)

Stridde, Braden, MD
plastic & reconstructive surgery
practices at 915 Sixth Ave., Tacoma
medical school: Northwestern Univ.
internship: Dartmouth-Hitchcock Medical Center
residency: same
fellowship: Univ. of Washington (plastic surgery)

Vaccaro, John, MD
urology
practices with Dr. Richard Ohme at Allenmore Medical Center
medical school: SUNY at Upstate Medical Center
internship: Fitzsimons AMC
residency: same
fellowship: Indiana Univ. (GU. oncology)

Varu, Vanraj, MD
psychiatry
practices at 9601 Steilacoom Blvd. SW, Tacoma
medical school: Veer Surendra Sai Medical College, India
internship: Akron General Medical Center
residency: same

PCMS Helps Pass Bicycle Helmet Ordinance

On Sept. 1, 1994, any person bicycling or riding as a bicycle passenger on any public area in unincorporated Pierce County will be required to wear an approved bicycle helmet. A parent or guardian will be responsible for requiring a child under the age of 16 wear an approved bicycle helmet while bicycling in any public area in unincorporated Pierce County.

Members of the Medical Society played a major role in providing testimony before a county council committee and county council meeting. Pediatricians, **Dr. George Tanbara** and **Dr. Joe Wearn** testified before a Jan. 12 meeting of the council's Criminal Justice and Human Services Committee and spoke eloquently of the children they have seen with injuries that could have been prevented by use of a helmet. **Dr. Gary Park**, medical director of the Mary Bridge Hospital Pediatric Critical Care Unit, told the council meeting Feb. 22 that 145 children had died in Washington during the 1980s as a result of bicycle accidents. He related his experiences in intensive care and urged adoption of the ordinance. Doug Jackman, Executive Director, PCMS, testified on behalf of the Society at both meetings and urged adoption of the ordinance.

The final vote on February 22 was four-to-two with Councilmen Paul Cyr, Gig Harbor representative, and Ken Madsen, Eatonville/Graham representative, voting against the measure. Voting for the ordinances were Dennis Flannigan, Sally Walker, Barbara Skinner, and Bill Stoner, who had introduced the legislation.

The PCMS Board of Trustees voted March 7 to contribute $250 to the Helmets on Wheels Coalition that will provide bicycle helmets at low cost ($10) or no cost to children of low income parents.

Legislative Session Easy On Medicine

The Legislature's priorities for the 1994 session were violence and government reform. In addition, both bodies made a commitment going into the session to make only technical changes to the health care reform act passed last year. The WSMA was active in and/or monitored over 200 pieces of legislation this year.

HB 2676 combined the Medical Disciplinary Board and the Board of Medical examiners into a new entity called the Medical Quality Assurance Commission. The new commission has 19 members, but there is no anticipated change in substantive operations. WSMA was able to defeat a proposal to merge the osteopathic board with the podiatric and naturopathic boards.

The repeal of the $1 co-pay for Medicaid patients remains in the budget sent to the governor for signature. The repeal will take effect when the governor signs the bill (plus time for MAA to react).

SB 6606 was passed and rolls back from 6.5% to 4.5% the B&O tax surcharge passed in the 1993 session. The bill is waiting the governor's signature.

HB 1847, the vision care consumer assistance act, features a requirement that eye care patients be given written prescriptions for ophthalmologic goods so they can fill them where they prefer.

A bill to move scope of practice issues out of the Legislature failed as did virtually all other scope bills. Legislation defining surgery failed in committee as did a bill that would have mandated that chiropractors be considered primary care providers and an entry point into the system.

WSPIA Seeks Nominations to Board of Directors

The Washington State Physicians Insurance Association (WSPIA) is seeking nominees for two board of director positions which will open Nov. 1. The 14-person board, consisting of 10 physicians, manages WSPIA's business affairs. Members must attend five regular board meetings and several committee meetings each year.

Nominees must:

1. Be a physician in active practice in the state
2. Not be a current Subscribers Council member
3. Belong to WSMA
4. Have professional liability insurance only through WSPIA
5. Not be engaged in the insurance industry, and
6. Not be an actively practicing attorney

If you qualify and are interested in serving on the board, send a letter of your qualifications and reasons you want to serve to Dennis Kvidera, M.D., chair of the nominating committee, by May 1. His address is 515 Minor, Suite 110, Seattle, WA 98104.

WSPIA is sponsored by the Washington State Medical Association.

State Adopts No-CPR Interim Guidelines

Terminally ill or permanently unconscious patients may refuse unwanted resuscitation attempts, according the Department of Health's newly adopted No-CPR interim guidelines.

In a medical emergency, a properly executed EMS No-CPR form or bracelet will prevent EMS providers from attempting resuscitation. Prehospital care providers now can honor the rights of patients to have all appropriate care and support while they die a natural, dignified death.

Patients may express their intent to die without lifesaving intervention by signing a health care directive. They may also indicate whether they would like artificially provided nutrition and hydration withdrawn or withheld. In this way they may avoid life support techniques that prolong death.

At this time, No-CPR guidelines apply only to patients with a terminal condition or who are permanently unconscious. The department is working on broadening the guidelines to include non-terminal cases.

Specifying No-CPR involves three steps: 1) with two witnesses, the patient completes the form, 2) the attending physician signs a statement of terminal condition, a directive to EMS personnel, and completes and signs the bracelet insert, 3) the bracelet and original form are placed with the patient.

For a permanently unconscious patient, another person legally designated to represent the patient signs the declaration form, and the signatures of two physicians are required.

A decision to have CPR withheld may be revoked at any time by the patient or the patient's legal representative. No-CPR protocols apply only to persons at least 18 years of age.

The Department of Health is implementing the EMS No-CPR program with EMS medical program directors statewide.

To receive a copy of the 30-page guidelines or the one-page form, call the Society at 572-3667 or the state EMS office at 1-206-705-6716.

Orthopaedic Offices Merge

Two Tacoma orthopaedic practices have merged their clinics to "build strength for the future," according to Tacoma Orthopaedic & Fracture Clinic's administrator Ronald Robinson. His clinic combined March 1 with that of Affiliated Bone & Joint Surgeons to form a new organization called the Orthopaedic Center.

Drs. David Dawson, George Gilman, Thomas Miskovsky, and Nicholas Rajacich (previously Tacoma Orthopaedic & Fracture Clinic) have relocated to the offices of **Drs. John Bargren** and **Robert Kunkle** (formerly Affiliated Bone & Joint Surgeons) in the Tacoma Medical Center, 1112 6th Avenue.

Personal Problems of Physicians Committee

For impaired physicians.
Your colleagues want to help.

Medical problems, drugs
alcohol, retirement
emotional problems

Committee Members

John R. McDonough .. 572-5830
Chairman
Bill Dean 272-4013
Ronald Johnson 841-4241
Mrs. Jo Roller 566-5915
Robert Sands 752-6056
F. Dennis Waldron 272-5127

Confidentiality Assured

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Surgical Update CME April 15 & 16

The very popular dissections, demonstrations and lectures presented annually be the Tacoma Surgical Club are set for April 15 & 16. The programs are held at the University of Puget Sound in Thompson Hall.

On Friday afternoon, local surgeons and guests from the Army Medical Corps perform dissections and demonstrations on cadavers for doctors, nurses, and interested students.

Beginning Saturday morning, several short lectures featuring the latest developments in surgery are presented by local physicians and Army Medical Corps doctors.

Guidelines Program Set May 20

A one-day course is set for May 20 and will update physicians on the clinical guideline information on selected medical scenarios with a focus on quality, cost effectiveness, and practice parameters.

Gastrointestinal CME Program Offers Outstanding Faculty

"Nuts, Bolts and Innovation in Gastrointestinal Disease," a one-day course for primary care physicians, is open for registration. This is the second offering of this popular course.

The course, set for April 29, will feature Tacoma Gut Club members and other speakers focusing on the multi-disciplinary approach used in managing patients with gastrointestinal illness.

This program and last year's were developed by **Drs. Gary Taubman** and **Richard Tobin** and includes expert faculty from around the nation. The conference will be held in the Tacoma Sheraton.

In addition to local speakers this year's program will feature Randall Burt, MD, Professor of Medicine, University of Utah and Chief of Medical Services of the Salt Lake City VA Hospital; Scott Friedman, MD, Associate Professor from UC San Francisco and Director of the Gastrointestinal Clinic for the SF General Hospital; and Gerhard Wittich, MD, Professor and Chief, Abdominal and Internventional Radiology, University of Texas Medical Branch, Galveston Texas.

Seattle expert speakers include Richard Kozart, MD, Chief of Gastroenterology, Virginia Mason Medical Center; Carlos Pellegrini, MD, Professor and Chairman, Department of Surgery, School of Medicine, University of Washington; and Michael Schuffler, MD, Professor of Medicine, University of Washington, Chief of Gastroenterology, Pacific Medical Center, Seattle.

This year's program will include presentations on:

Update on H. Pylori and Peptic Ulcer Disease
Colonic Polyps
Hepatobiliary Manifestations of HIV
Laparoscopic Update
Biliary Tract Diseases
Intestinal Motility Disorders
GI Courses of Chest Pain
Diverticular Disease

DATES	PROGRAM	DIRECTOR(S)
1994		
April 4-8	CME at Hawaii	Mark Craddock, MD Amy Yu, MD
April 15-16	Surgical Update - 1994	Stanley C. Harris, MD
April 29	GI Conference	Gary Taubman, MD Richard Tobin, MD
May 20	Clinical Guidelines: Quality, Cost Effectiveness...	Les Reid, MD
June 27 & 28	Advanced Cardiac Life Support	James Dunn, MD

President's Message

Hello everyone and Happy Easter! Hope all is well with you and yours and that icky sick bug hasn't attacked you too badly.

The Zero K Marathon will be in your mailbox soon. Please take time to be generous for the AMA ERF fund raiser this year. It's for such a good cause and makes that special contribution to the future of medicine.

Patty Kesling will be coming into office in a few months and we are just about ready to get the new stationary printed with our new name of Alliance. Margaret Greydanus has done beautiful art work on the Christmas card and using the picture of the state with a heart over Pierce County was being looked at as our new logo with the line "Physicians spouses dedicated to the health of Pierce County." Please give some feedback and even other ideas if you think of anything. This is a good opportunity to get reorganized and refurbished!

The Teen Health Forum is coming up in May and we need volunteers. We have about 10 now but we could use 40. If you can find time to help out that first week of May, please give Mona Baghdadi a call at 851-6306 and let her know you would like to help. It is such a great cause to be involved with.

In April there will be no general meeting because of the state convention in La Connor. If you are interested in becoming a delegate and representing Pierce County, give Nikki Crowley a call at 922-7233. We would love to see a great representation of Pierce County. Everyone is welcome.

Hope to see you soon!

Denise Manos
President 1993-94

1994-95 Executive Board Elected

Congratulations to the new Alliance board members who were elected at the March 18 General Membership Meeting:

President:	Patty Kesling
President-Elect:	Joan Sullivan
1st VP-Program:	Judy Chan
2nd VP-Membership:	Marilyn Simpson
3rd VP-Bylaws/Historian/Parliamentarian:	Kathleen Forte
4th VP-Arrangements:	Fran Thomas
Recording Secretary:	Julie Wurst
Corresponding Secretary:	Karen Dimant
Treasurer:	Toni Loomis
Dues Treasurer:	Colleen Vercio

General Meeting Schedule

April - State convention.

May 20 - Point Defiance Zoo visit

YWCA Gratefully Acknowledges Contribution

The Alliance received a card from the YWCA that read:

On behalf of the YWCA staff, board of directors and clients, I would like to thank you for your donation of new toys and women's gifts. Your contribution helped make the holiday brighter for our women and children. Thank you for caring.

The card was signed Jan M. Billbe. We sure appreciate that. It was our pleasure to help out. Thanks to everyone who participated in a very worthwhile cause.

Give the Gift that Lasts a Lifetime

Celebrate births with the official WASHINGTON STATE HEIRLOOM BIRTH CERTIFICATE. The certificate is an official document of birth that includes the individual's name, the date and place of birth and the name and birthplace of the parent(s). The certificate is signed by the governor, printed in full color and is a beautiful, permanent record for anyone born or adopted in the State of Washington. Proceeds benefit the Washington Council for Prevention of Child Abuse and Neglect.

For more information: call Karen Benveniste 565-3211.

AIDS Education Resources Available to Physicians

Do you need information for parents on "talking to your children about AIDS?" or a book for the parent of a patient who has just been diagnosed with HIV infection? or how about general HIV/AIDS brochures for your waiting room? Are you planning to schedule a staff training on bloodborne pathogens and want a good video to supplement the discussion?

The Tacoma Pierce County Health Department AIDS Prevention Program can offer you a variety of resources to assist with staff training and patient education. Our educational services are available to you, your staff and patients at little or no cost.

We have patient education material - books, pamphlets, and fact sheets; an extensive video loan library; and ready access to resource/research material on a variety of HIV-related subjects for patients and their families.

Speakers are available for staff trainings, community groups and local businesses.

Case managers will work with your HIV-positive patients. After completing a comprehensive assessment, patients will get help with accessing the social, financial and health services for which they are eligible. Case managers assist with the psychosocial issues so physicians can focus on medical management of patients.

Anonymous HIV testing and substantial exposure assessment are offered Monday through Friday on a walk-in basis at the Health Department. Your office can make patient referrals for partner notification even if the patient was not tested at the Health Department.

For further information or to request any of the services listed in this article, please call 591-6060. This is a public information line, so please encourage your patients to call, too.

Volunteers Needed For Alzheimer's Studies

Outpatient volunteers with a diagnosis of probable Alzheimer's disease are critically needed for a treatment outcome study at the University of Washington Alzheimer's Disease Research Center.

Potential subjects must be in good general health, although some stable medical conditions and some medications are allowed. They also must have a responsible caregiver who lives with them or who has regular daily contact.

Involvement in the study, which evaluates new medications or pharmacologic and behavioral approaches to managing the disease, varies from weekly visits to the Seattle V.A. Medical Center to visits every six weeks.

If you or your patients would like more information about this research, call Murray Raskind, MD, at 206-685-9455 or Beth Hutchings, P.A.-C. at 206-764-2069.

General Surgeons To Convene

The first annual meeting of the American Society of General Surgeons is scheduled for Saturday, April 23, in Washington, DC. The meeting, to be held one day before the spring meeting of the American College of Surgeons, is limited to 200 members or applicants.

For information or registration form, call the Society at 572-3667.

Change of Address

Rama Eachempati, MD, has moved to 104 23rd Ave. So. #B, Puyallup, WA 98372. Please make the change in your 1994 Directory.

POSITIONS AVAILABLE

Locum Tenens Coverage and Opportunities in the Greater Seattle/Tacoma Metropolitan Area: CompHealth, the nation's premier locum tenens organization, now provides daily, weekly, weekend, evening, or monthly coverage for your practice with physicians from the local area. Or we offer you the opportunity to build a flexible practice right in the Seattle/Tacoma area. Call today for more information: 1-800-643-9852.

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

Physicians Needed. Part-time. Change your routine-spend one weekend a month and two weeks a year as a Medical Officer with the Washington Air National Guard - Your hometown Air Force reserve. Call SMSgt Gary Plendl, Tacoma 581-8233 or 1-800-344-0539.

Primary Care Physician - Rainier School, Washington State's largest residential care facilities for the developmentally disabled adults, is seeking a physician. Salary negotiable up to $72K, plus malpractice insurance, medical and dental, life and long term disability insurance, a good retirement plan along with paid sick and vacation leave. Contact Dr. R. Ruvalcaba, Clinical Director, Rainier School, P.O. Box 600, Buclkey, WA 98321 or call (206) 829-3005

EQUIPMENT

I quit! For sale. Reasonable. Desk and front office furniture, Sharp copier, exam tables, colposcope and biopsy instruments, cryo unit, speculums and assorted instruments (hemostats, scissors, etc.) Call 584-7100 or 584-6400.

OFFICE SPACE

For Lease: 1240, 2200 sq.ft. of professional office space in multispecialty medical center on growing South Hill in Puyallup. Physician owned. Terms negotiable. Call Al Sullivan, 593-6072, or Dr. Rebecca Sullivan, 848-5951.

Excellent satellite medical office in Lakewood Professional Village. 740 sq. ft., ample parking, hours and rent negotiable. Call 588-2437.

POSITIONS WANTED

Family Practice Part-time. 15-20 hours weekly, flexible hours. (206)779-1085.

GENERAL

Sunriver/Mt. Bachelor, Oregon - Vacation Rental. Lovely, spacious, 3br/2ba custom home. Well furnished with every amenity. Includes use of private swim/racquet club. (206) 588-4876.

Newspaper Ads Proclaim Unity of Profession

Full-page advertisements headlined "We Agree" appeared in the March 8 editions of the New York Times, Wall Street Journal, Washington Post and USA Today.

The ad featured a unity letter outlining medicine's criteria for effective health system reform endorsed by every state medical society and the District of Columbia, 64 medical specialty societies and the AMA

These physician groups, representing more than 600,000 physicians and medical students, say that any system reform measure adopted by Congress should include:

1. Universal coverage, with financial responsibility shared among employers, individuals and government.

2. Freedom for every American to choose his or her own health plan, physician and other health care providers.

3. More physician involvement in restructuring the system, keeping medical decision-making in the hands of physicians and patients.

4. Protection of the patient-physician relationship from the spreading corporate and government domination of health care.

5. Competition in the marketplace to slow the increased rate of health care spending.

6. Elimination of needless bureaucracy.

7. Professional liability reforms that cap non-economic damages, limit plaintiff attorneys' fees and minimize defensive medicine.

The ad also stressed physicians must have direct involvement in a reformed health system to better serve the interests of their patients.

Pierce County Medical Society
223 Tacoma Avenue So.
Tacoma, WA 98402

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PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
May 1994

Helen Whitney, 1994-1995 WSMA Alliance President

MADAM PRESIDENT

see story on page 4

The Bulletin is published monthly by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in **The Bulletin** are the 15th of the month preceding publication (i.e. Oct. 15 for Nov. 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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(206) 572-3666, Fax 572-2470

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Local News

News Brief

Departments

Journey to the Other Washington

by Peter Marsh, MD

On March 8, I joined WSMA President Dick Seaman and WSMA governmental affairs staffer Len Eddinger on a journey to Washington, D.C. AMA leaders and state medical society leaders from across the U.S. gathered to compare notes on health care reform and lobby legislators on health care issues important in their own states. This was my first experience attempting to lobby federal legislators and it proved to be quite educational.

Our day was scheduled such that we were given a thirty-minute appointment with each legislator to express our views. Our three main topics were:

1. Anti-trust relief for physicians

2. Waivers from ERISA laws in Washington State

3. Malpractice tort reform

In most cases, the majority of the appointment was spent speaking to the legislative aide assigned to health care issues. Toward the end of the appointment, the legislator would come in and review the highlights of the discussion.

The first appointment was with Rep. Mike Kreidler (D). Dick and Len handled this, as I was just arriving on the "red-eye". Rep. Kreidler sits on Waxman's Health and Environment Committee in the thick of the health care reform debate. His aide, Dick Van Wagenen, was well informed and supportive and Rep. Kreidler expressed support for the reform proposal in Washington State. Next stop, as a threesome, was Sen. Patty Murray's office where most of our visit was spent with aide Carole Grunberg. We received a polite reception regarding our views. Toward the end of the meeting Sen. Murray came in for a brief re-cap but one sensed that her knowledge of these issues was somewhat limited.

Dr. Marsh with Jolene Unseld, Dr. Seaman and Congressman Dicks' wife, Suzy.

Our next visit at Jennifer Dunn's office was less rewarding in that she was back in her district and all discussion was with her aide, Herb Terry. He expressed support for anti-trust relief and tort reform, but was more cautious regarding ERISA waivers.

We proceeded to Rep. Al Swift's (D) office and shared our views with aide Kate Hallahan. Rep. Swift came in briefly and gave us a polite reception.

Next stop was Sen. Slade Gorton (R), assisted by aide John Kelly. Sen. Gorton expressed skepticism of employer mandates and caution regarding ERISA waivers. As a former anti-trust lawyer, he was very supportive of anti-trust relief, however, and seemed to recognize a need for more tort reform. He has a reputation for having a keen intellect and this was evident during our discussions.

Our longest and most interesting meeting was with Rep. Jim McDermott (D). He was sympathetic to our views, but clearly wanted to discuss his single payer plan. He sincerely believes his bill is the only plan guaranteeing patients a choice of providers. We agreed with the need for choice of providers, but pointed out the problems associated with micromanaging medical care from Washington, D.C., using problems with our own Medicare patients as examples. One week later, he quoted me in a Congressional hearing, so clearly he is willing to listen.

That evening we attended a reception dinner and I was seated next to Rep. Jolene Unseld. She is a former Peace Corps administrator in Nepal and proved to be delightful company. We swapped "parasites I have known" stories over dinner. She also listened attentively to our concerns. She felt malpractice reform should be dealt with separately from other liability reform, because in her mind the threat of large settlements helps keep large corporations honest.

The following day, Dick and Len went off to visit Maria Cantwell (D)

(continued on page 11)

Helen Whitney Becomes State Alliance President

Amid the color-drenched tulip fields and waterfront ambiance of LaConner, Tacoma's Helen Whitney became the 1994 WSMA Alliance President April 20.

Witnessing Mrs. Whitney's installation at the annual state meeting was the national Alliance president.

Mrs. Whitney said, "I am looking forward to my year as president. In concert with the AMA and the national Alliance, we will be encouraging local Alliance units to conduct programs to combat violence."

The Alliance also plans to inform the public about the values for which it stands. One of those values is that its members care for people and their health. The Teen Health Forum in Ellensburg exemplifies that caring, and it will be chaired again this year by Alice Wilhyde and Sharon Ann Lawson. The Alliance will also provide support for physician spouses struggling to understand and survive health care reform.

Mrs. Whitney's husband is radiologist **Robert Whitney, MD.**

The WSMA Alliance is forming a new committee this year - the Medical Family Support Committee - which will provide support to medical families the same way the Personal Problems of Physicians Committee aids physicians.

Helping Mrs. Whitney with her large job will be several Pierce County women. Nikki Crowley is vice president and long range planning committee chair. Mary Lou Jones will be membership chair, LeAnne Yuhasz will chair the bylaws committee and Chris White will chair the health promotions committee. Assisting on the violence project will be Karen Benveniste.

Mrs. Whitney, Pierce County Alliance president in 1977-1978, attended WSMA board meetings as Alliance president-elect last year. She said, "I've come to appreciate the workings of WSMA. I'm so impressed with the work that WSMA does."

As President, she also will attend WSMA Executive Committee meetings.

In Memoriam
Joseph Kramer, MD

We were shocked and saddened by the untimely death of our friend and colleague Dr. Joseph Kramer on Jan. 28, 1994

Joe was born in Olympia on Sept. 21, 1934, and lived in the area until graduation from St. Martin's College in 1955. So he knew the area well and was full of stories about the old days in Washington.

After graduation from St. Louis University Medical School in 1959, he interned at San Joaquin General Hospital in Stockton, California, and then spent 10 years in the United States Army where he did his radiology residency. Two years at the United States Army Hospital in Igloo, South Dakota, and three years at the Army Hospital at Camp Zama, Japan, supplied him with more interesting stories, with which he entertained us over the years.

Joe was an avid sailor and loved to spend a few weeks every summer sailing through the San Juan Islands with wife Maureen. Among his other hobbies were skeet shooting and duck hunting, and he was an expert with a shotgun.

Joe loved practicing radiology, and had no intention of ever retiring. It was a privilege and pleasure for me to practice with him for almost 20 years, and life can never be quite as good without him. He had the ability to make everyone around him feel at ease with his salt-of-the-earth personality. He was a member of the AMA, WSMA, PCMS, the American College of Radiology, the Washington State Radiological Society and the Northwest Radiological Society.

He is survived by his wife Maureen, daughters Mary, Colleen, Barbara, Ann, Katherine and son Edward.

Michael Mikkelson, MD

WSMA President: "Keep Your Powder Dry"

Washington State Medical Association President Dick Seaman, MD, told Pierce County physicians last month not to be stampeded into making quick decisions about their practices because of health care reform.

Speaking at two WSMA forums in Tacoma, Dr. Seaman said, "Health system reform has not started yet. Currently, managed care organizations are penetrating the market place, but not because of health care reform. That starts July 1, 1995. So keep your powder dry."

He said hospitals now are recruiting physicians in a "feeding frenzy," and that some people are reacting like Chicken Little to the changes reshaping medicine, crying, "The sky is falling."

"Nothing has changed," Seaman emphasized repeatedly. "Don't stampede into joining mega-networks to protect yourself."

Before urging PCMS members not to sign any irrevocable agreements in response to Pollyanna-like sales pitches, he explained where health care reform stands today and how it got there.

It all started for WSMA in 1988 when the House of Delegates passed a measure outlining WSMA's course in debates about reforming state medical delivery systems. Between then and the end of the 1993 legislative session when the state's health care reform act was signed, Seaman said WSMA was very active protecting physicians' interests.

"In essence, we attained most of the (House of Delegates) goals, but not all of them," he said.

When the debates began, a Governor Gardner-appointed commission in 1992 recommended the state adopt a sole payor system. In that scheme the state would collect and redistribute all health care insurance premiums. The recommendation did not square with the House of Delegates' preference and WSMA fended off the proposal.

In the 1991-1993 time frame, a state business group asked WSMA to reduce medical costs for employees by 20%. State physician leaders disagreed with that concept, too, and an impasse with business resulted, Seaman said.

At the same time, WSMA fought with the insurance industry about the confidentiality of its health care data. Insurers claimed it was proprietary and that the way to reduce health care costs was to eliminate some physicians from their panels. An impasse resulted from that issue as well.

In addition, business and insurers combined to propose the state mandate using Medicare RBRVS at the Medicare conversion value for all state health care insurance.

"My businesses would sink at that level," Dr. Seaman said.

WSMA again opposed the idea.

In 1991-1992, Representative Braddock tried many times and in many ways to force a single payor system on the state. But through steady WSMA efforts and some luck, they persuatded Democrats to ask Braddock to stop gathering signatures for his initiative. The Democrats promised him a health care reform bill would come out of the 1993 legislative session instead, said Seaman.

What came out of the session was a health care reform act with one "key" provision, Dr. Seaman said: insurers and physicians and hospitals will all be operating on a level playing field. Insurance carriers will operate under the same rules as CHPs. Insurance companies must be recertified as CHPs. And physicians will be heavily involved in the system.

(continued on next page)

Managed Care Creeps Our Direction

President Seaman told PCMS members attending the WSMA Forum that managed care systems entering Pierce County have nothing to do with the state's health care reform act. Rather, they are a market response to the need to reduce health care costs.

In California, the market is 90% managed care in metropolitan areas, he said.

In Portland, there are three huge health systems dominating the marketplace. There is very little left of private or solo practice there, he said. Doctors either align with one of the three systems or don't work.

"That's the kind of pressure we hope to avoid in this state by having multiple CHPs with which we can all work," Dr. Seaman said. "I think we can do better in this state."

WSMA President: "Keep Your Powder Dry" *(continued)*

Other major provisions of the act coincide with WSMA objectives, too. Insurance rates will be community rated. Pre-existing conditions will no longer exclude people from insurance. And cherry picking will no longer be allowed, he said.

The act specifies CHPs provide a managed care system, which the act defines only as "providers taking risk." Physicians may organize into IPAs, PHOs or a number of other formats to take that risk, he said. The act does not require a gatekeeper system.

Dr. Seaman said it is important that physicians realize that the act provides only a framework to start discussing health care delivery public policy.

"This act only takes the first step in a 100-mile walk," he said. "We have a long way to go."

Leading the journey is the state's Health Care Commission. Created by the act and appointed by the governor, the commission has a "huge task," but is getting the job done, Seaman said.

He voiced positive comments about commission members, including its chair, Bernie Dachnall, its lone physician member and former WSMA president Dr. George Schneider, Pam Mac Ewan, Tom Hilyard and Don Brennan.

Among their daunting tasks is to do something no group ever has been able to do: define a uniform benefit package. The commission will soon be conducting public hearings on the subject and Seaman suggested physicians participate. Chiropractors, acupuncturists, massage therapists and others will be there lobbying to be included in the rules as primary care providers, he said.

In addition, the commission is deciding what kind of health care data it will collect and how. It is working on anti-trust rules, commonality of forms and other crucial parts of the new health system scheduled to be implemented July 1, 1995.

"We have physicians involved at every level," said Dr. Seaman of WSMA's effort to help the commission shape public policy. Many doctors serve on commission committees and are working hard, he said.

Among physicians' interests WSMA is trying to protect is their relationships with patients.

"We must insist on a macro-managed system to keep CHPs out from between you and your patient," Dr. Seaman said.

In addition, physician-volunteers and the WSMA staff are seeking to preserve patient choice, allow for second opinions without a heavy cost penalty, strengthen physicians' ability to negotiate with insurers, and make data available to physicians.

"Data should be used as a carrot, not as a stick," Dr. Seaman said. "The great, great majority of physicians want to be educated. They don't want to be thrown out."

Because the commission has so much work to do in giving birth to the state's restructured health care system, Dr. Seaman urged physicians to stop and look before proceeding with any new affiliation.

Dates To Remember

Washington's health care reform act will be phased in during the next five years. Key dates in that process are:

January, 1995	Commission submits Uniform Benefits Package (UBP), supplemental benefits, and maximum premiums to Legislature
March, 1995	Only Certified Health Plans (CHP) can offer UBP
July 1, 1995	Employers with 500 or more employees must offer the UBP, Basic Health Plan (BHP) or Health Insurance Purchasers' Cooperative (HIPC) health plans to full-time employees
July 1, 1996	above employers must cover employees' dependents
July 1, 1996	Employers with 100 or more employees must provide full-time employees the UBP, BHP or HIPC plan
July 1, 1997	Above employers must cover employees' dependents
July 1, 1997	All employers must cover all full-time employees
July, 1999	Above employers must cover employees' dependents
July, 1999	All residents must obtain UBP coverage

WSMA's Health Plan Offers Unique Opportunity

Change creates opportunities.

And Lakewood ophthalmologist

Leonard Alenick, MD, urged physicians attending the WSMA forums in Tacoma last month to take advantage of the opportunity health care reform presents.

"There will unlikely be another time in the foreseeable future when the health care market will be as fluid as it will become July 1, 1995 and in the next few years thereafter," he said. "If we want to penetrate the market, this will be the time to do it. This is an opportunity we cannot turn down."

Doctor Alenick followed Dr. Seaman at the forum and explained that WSMA formed Washington Physicians, Inc., in February to help Washington physicians become a dominant force in the marketplace.

Just as WSMA's other subsidiary, Physicians' Insurance, started small and emerged as the "800-pound gorilla" in the state's physician liability insurance market, Washington Physicians has the potential to carry its participating physicians to the top of the heap, he said.

Washington Physicians is most likely to form a Certified Health Plan (CHP) open to all WSMA members, **Dr. Alenick** said. However, it will remain flexible enough to respond to any opportunities the Washington State regulators or Washington D.C. creates in the future.

Doctor Alenick said Washington Physicians' mission statement is: 1) to set the standard of excellence for CHPs; 2) to provide a central role for physicians; 3) to deliver quality and cost-effective health care services; and 4) to negotiate with payors on physicians' behalf.

Regarding negotiations, he said, "If you stick together, they can't play one-half of you off against the other half."

> "We intend to stimulate experimentation. It is still possible for solo practice to exist in this system - difficult, but possible."

To underscore his point, **Doctor Alenick** flashed a slide on the screen showing Canadian doctors' experience. Where Quebec physicians chose to negotiate separately with their governmental single payor a few years ago, British Columbia physicians united. Today, the slide showed, BC physicians' fees are more than 50% greater than are Quebec physicians' fees.

Along with physician unity, physician control is a key element of Washington Physicians, Inc., **Dr. Alenick** said. To ensure the organization remains controlled by physicians and avoids slipping into the control of lay persons a la Pierce County Medical Bureau, the corporate charter graces physicians. Five of the 13 members of the board of directors will be elected by stockholding physicians and four will be elected by WSMA. The association also will appoint the four lay members: the corporation's CEO and one lay person each representing labor, business and the public.

Doctor Alenick has been appointed vice chairman of the interim board of directors. Former WSMA President Ed Gray is interim chairman and Renton family physician Steve Arndt is interim secretary-treasurer. The permanent board of directors will be elected by shareholders once stock is sold.

Physicians will own the corporate stock with the exception of WSMA which will own one share to give it voting privileges. To ensure broad physician support yet prevent one physician from gaining control, stockholders will be required to purchase a minimum of five $100 shares and be allowed to purchase a maximum of 100 shares. The prospectus offering stock for sale is currently being reviewed by state regulators, **Dr. Alenick** said.

Physicians also will be in clinical control of the new CHP, **Dr. Alenick** said. The organization will comply with state law by requiring participating physicians to take risk, but its decentralized structure will give those physicians decision making power in their practices.

"The CHP will be able to work

(continued on next page)

WSMA's Health Plan *(continued)*

with you in a more individual way than virtually any other insurance company you have ever experienced," said **Dr. Alenick.**

Diverse physician groups, such as IPAs, will be encouraged to accept as much risk and responsibility as they choose and to be creative in the ways they deliver efficient health care. Those accepting greater responsibility will receive more of the health insurance premiums up front, he said.

"I think experimentation is healthy," said **Dr. Alenick,** "because I don't think anybody knows the most efficient way to deliver health care. We intend to stimulate experimentation. It is still possible for solo practice to exist in this system - difficult but possible."

Consumers will continue to be the ultimate decision makers in the reformed health care market because they will choose their CHPs. However, if we can demonstrate a better way, they may change in time, **Dr. Alenick** said.

Physicians wishing to participate in Washington Physicians' CHP may sign a letter of understanding now, he said. A $150 credentialling fee will allow the credentialling process to begin once the state sets the rules for the process. To receive an application, call the Medical Society at 572-3667.

Physician Applies For Membership

Pearson, Michael, MD
psychiatry, child psychiatry
practices at Western State Hospital
medical school: Univ. of North Dakota
residencies: 2 at State Univ. of New York at Buffalo, one at Univ. of Oregon

In Memoriam
George Alexander Race, MD

He was born in New York, Manhattan, on January 7, 1919. He expired January 30, 1994, 75 years later in Tacoma, spanning a continent and a lifetime of love and service to his family, his friends, his patients, and his community.

George attended Columbia College in New York, and Temple University School of Medicine, graduating in December, 1943, nine months as in intern, nine months as a resident at City Hospital, New York, followed by a few weeks in Carlisle Barracks leading to Fort Lewis in September, 1945. After two years, he was discharged from the army in 1947 as Captain. After a short leave he began six years of general practice in Orting. Next were four years at the Mayo Clinic for specialty training. He then returned to Tacoma, where he practiced internal medicine in our midst until retirement in December, 1987.

George has left his loving wife, Margaret better known as Peggy. Their 50 years together have been richly rewarded by five children: Sheryl, James, Jeffrey, Gregory, and Meagan. There are five grandsons, one granddaughter and one great grandson.

Our colleague had a number of hobbies, which included short story writing, often with a whimsical twist. He was very active with the Northend Athletic Assoc., helping

children in athletics with supervision, examinations, fund-raising, and recruiting others to participate. For 20 years he was team physician on the field for the Stadium High School football team. He put in much time traveling with Peggy throughout the world. Although not a champ, he sometimes bowled along with Peggy, who was outstanding. He enjoyed playing bridge, was a genial host and loved clowns.

George participated in the medical community activities. He was a member of staff at St. Joseph's, Tacoma General, Allenmore, and Puget Sound Hospitals. He was a member of the Tacoma Academy of Internal Medicine as well as the Pierce County and Washington State Medical Societies and the American Medical Association.

I would like to recall to his associates, friends, patients and others that George had carried on for years with a serious physical handicap. He had an acoustic neuroma of the right 8th nerve, which was operated on in 1964. This brought right sided deafness and coincidental right facial palsy. He required additional surgery for his facial distortion, failing support for his right ocular orbit and other difficulties at the surgical site. His last surgery was as late as 1988.

George did not complain. He did what he had to do. He jogged for his health and strength. He served for many years in the Eastside Community Clinic for disadvantaged people. He was very generous to any in need.

George was a faithful member of the Catholic Church. We, here, do miss him. But I feel sure that our Maker will have a good place for him.

Bernard R. Rowen, MD.

Physicians Must Confront Violence

"Violence is a public health problem."

Joycelyn Elders, MD, Surgeon General of the United States, Nov. 1, 1993

"Violence is a public health problem."

Journal of the American Medical Association, June 10, 1992

"More and more physicians are labeling violence a 'preventable disease.'"

WSMA Reports, Feb. 9, 1994

"Data supports violence is a public health problem."

***Federico Cruz-Uribe, MD,** Director, Tacoma-Pierce County Health Department, April 14, 1994*

Consensus is growing across America that violence is a problem physicians can be, should be, and are involved with. Society members attending a community dialogue on violence sponsored by Mary Bridge Children's Hospital April 14 heard the theme repeated frequently. Speakers there quoted authorities and distributed literature that pounded the point home. Nobody disagreed. And everyone suggested that controlling or eliminating handguns would go a long way toward mediating the effects of violence.

Headline speaker David Reynolds, MD, representing the American Academy of Pediatrics in Birmingham, Alabama, began the evening's discussion by quoting the 2nd Amendment to the U.S. Constitution. It reads:

"A well regulated militia, being necessary to the security of a free state, the right of the people to keep and bear arms, shall not be infringed."

His point, and that of the constitution, is that owning a handgun is a right only for members of a well regulated militia defending the security of a free state, not for every citizen or thug on the street. It is an interpretation with which the U.S. Supreme Court has twice agreed, Dr. Reynolds said. He quoted two top court decisions, one in 1939 and the other in 1980, affirming the right of governments to restrict gun ownership except for the militia.

With that foundation, the Birmingham pediatric society issued a proclamation urging handguns be removed from all homes containing children, or alternatively, that those guns be equipped with lock out devices.

Doctor Reynolds helped form a coalition of community organizations that sponsored several gun buy back programs and media public service announcements (PSA) about guns and violence. All were successful. The coalition currently is approaching Michael Jordan, now playing baseball in Birmingham, to do some anti-violence PSAs in the area.

...Owning a handgun is a right only for members of a well regulated militia defending the security of a free state, not for every citizen or thug on the street.

"I wish the passion I have for this was contagious for my fellow physicians," he said.

Next, Roy Farrell, MD, a member of the Seattle mayor's task force on violence and chairman of Washington Physicians Against Violence, told the audience at Mary Bridge, "Without a public health approach to violence, we're not going to make it."

He defined the scientific approach. It must 1) research the causes of violence, 2) identify the populations at risk, 3) identify interventions that reduce the incidence and severity of violence, and 4) learn how to recognize and treat the condition.

"Physicians need to get involved with their patients - educate them and the public," he said.

Doctor Cruz-Uribe agreed. He said the Health Department has formed a task force to map a domestic violence strategy.

"We desperately need medical input on this," he said. "I hope we can get the physicians more involved." *(Interested doctors should call Denese Bohanna at 591-7660.)*

He said his department has found significant levels of violence in families. Violence has rendered up to 50% of children in some school classes unable to learn. Often their older brothers or sisters have already dropped out of school and have landed in jail or become parents prematurely. He wants to get out in front of the curve with the youngsters - to intervene early. To break the cycle of violence.

"It is a tough group, but we need to make the effort," he said.

The solution, however, is a multi-disciplinary one which physicians and his department are just learning. It won't be easy, he said.

Journey to the Other Washington *(continued)*

and Norm Dicks (D) while I went to hear the AMA Program with an all-star cast of legislators. The meeting was opened by AMA leaders proposing an eight-point platform that included:

1. Universal coverage with a standard benefit package
2. Patient choice of providers and insurance plans
3. Strong physicians involvement in government decision making
4. Allowing physician to control clinical decisions
5. Anti-trust relief
6. Competition in the marketplace
7. Less bureaucracy
8. Malpractice tort reform

Following this introduction, presentations were made by most of the representatives and senators with leadership roles in health care reform. Liberal Democrats such as Kennedy and Dingell favored using the Clinton proposal as the starting point. They acknowledged, however, that the Clinton plan was unlikely to pass without significant modification. Republicans such as Gingrich, Chaffee and Hatch expressed their traditional abhorrence of big government and favored a much less regulated system that allowed market forces to operate under some federal guidelines.

All of the speakers felt that some bill was likely to pass this session. All felt that universal coverage was a necessary element of reform. Most of them also acknowledged a need for medical malpractice reform. There was the least consensus when funding of health care reform was discussed. Suggestions ranged from Jim McDermott's plan to use payroll taxes to Republican suggestions for individual mandates.

My overall impression was that the AMA had a clear agenda that was largely acceptable to most of the House and Senate leaders. Clearly the legislators had widely divergent views on many elements of the reform debate which would require a great deal of horse-trading in order to find compromise positions. It was also clear that organized medicine was finally at the table and its voice was heard.

Group Health Cooperative
of Puget Sound

PETER S. BRUMLEVE
Group Vice President of Marketing

521 Wall Street
Seattle, Washington 98121
(206) 448-4138

March 28, 1994

Peter Marsh, MD
President, Pierce County Medical Society
223 Tacoma Avenue South
Tacoma, WA 98402

Dear Dr. Marsh:

As you may know, Group Health Cooperative recently ran an ad which created unexpected controversy. The statement was intended to talk about systems, not individual doctors. But many of those who saw the ad inferred a meaning that impugned the character and motivations of fee-for-service physicians.

I would like to state emphatically that this interpretation was never the intent of the message. And for any offense, I heartily apologize. We have also, as you may be aware by now, removed the ad.

Historically, our advertising strategy has been to emphasize our system's strengths: comprehensive coverage, lack of paperwork, coordinated care, and more. That has not changed. We will continue to tell people what's good about Group Health—clearly, unapologetically, and with an eye to what sets us apart from the current fee-for-service system.

Our industry is undergoing tremendous change—which makes communication of all kinds even more challenging, more likely to be scrutinized.

We all make mistakes. This particular message was simply a communication effort that went awry. Again, I am sorry for any offense we may have caused. Please feel free to share this letter with your colleagues as you see appropriate.

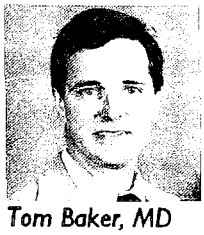
Sincerely,

Peter S. Brumleve

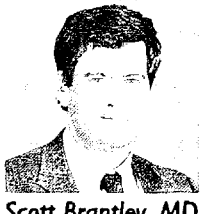
Peter S. Brumleve
Group Vice President of Marketing

Office Won't Waste Health Care Reform Opportunity

Frank Senecal, MD



Tom Baker, MD



Scott Brantley, MD

Jay Klarnet, MD

Like watching people in a waiting room, it is fascinating to observe physicians' reactions to the health care reform evolution.

Some can't take it. They've folded their tents and moved on.

Others wiggle about nervously, complaining about and resisting the inevitable, like patients facing spoonfuls of bitter medicine.

Still others meet the challenge - tough it out, determined to succeed.

Frank Senecal, MD, and his oncology partners **Tom Baker, MD, Scott Brantley, MD,** and **Jay Klarnet, MD**, have toughened their resolve. They have their noses in the books, their eyeballs peeled and their scalpels ready. They're learning about waste and are determined to find and cut it.

Wastebusters.

"We're guessing 25% of our overhead is waste," said **Dr. Senecal.** "If we can minimize that, we'll be better off."

When their peers are turning to IPAs or PHOs for salvation, why are the doctors of Hematology-Oncology Northwest targeting waste?

"Physicians in general have been disinclined to look at themselves as a business," **Dr. Senecal** continued. "But we are being forced by health care reform to provide high quality care cost-effectively. That mandate won't go away - it will be the new way of doing medicine. If we can minimize waste, we can maximize quality. They run in parallel."

Office manager Gail Levant put it succinctly. "He wants to keep the practice going."

So after attending a two-day total quality management (TQM) seminar at St. Joseph Hospital in February, **Dr. Senecal** began trying to apply the lessons of industry to his medical practice. Bill Conway, a former Fortune 500 company CEO turned TQM guru and consultant, had convinced him and St. Joseph managers attending the seminar that they all sacrifice 40% of their bottom lines to waste. He had given them his book, The Quality Secret: The Right Way To Manage, had explained how his mentor, Dr. Edwards Deming, had pioneered TQM, and how successfully it has been applied to Japanese and American businesses.

He had sent them home on a mission. **Doctor Senecal** was enthused.

"It's fun to identify better ways to do things," he said. "You can't help but have some lights go off when you educate yourself. But you have to work at it."

Doctor Senecal and his staff did work at it. He gave copies of the book to his partners and staff, and for six weeks they read and discussed it together. **Doctor Senecal** himself began wearing a beeper that sounded at random times. When it beeped, he immediately stopped to write down whatever he was doing at that moment as a way to search for waste.

But the work was too hard. The 11 staff people and four physicians trying to implement the book's lessons found translating industry's principles to a medical office was confusing. Staffers asked, "What do we do now?" There wasn't a clear answer.

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Doctors Learn Total Quality Management *(continued)*

Doctor Senecal called for help - to St. Joseph's Director of Organizational Development and Total Quality Management, Mari Van Court, R.N. With seven years of TQM work in hospitals behind her, Van Court describes her job at St. Joseph as a internal consultant. With her organization's blessing, Van Court began teaching a seven-week TQM course to all 15 of the Hematology-Oncology Northwest office mates. They meet at 7 a.m. for an hour and one-half weekly.

Games and exercises they played the first three weeks are designed to bring the group together.

"Group-think does work better," Van Court said. "Without a solid groundwork of teamwork, all the TQM tools in the world aren't going to do anything."

Tools, such as statistical process control charts, variation and histograms are what she teaches in weeks four and five. The final two weeks are spent on group problem solving and developing a personal plan.

Said office manager Levant, "Now TQM is easy to understand - a lot easier than reading a book."

After each session with Van Court, the office is a-buzz with discussion and ideas for saving work.

"The staff has a lot of ideas. There are a lot of things we can do," Levant said.

Convincing the staff to honestly identify waste in their own jobs came with a price, however. Total job security.

"We've given them complete amnesty - no one will be fired," said **Dr. Senecal.**

It's worked. Already the bookkeeping office has found that 75% of its time was spent on re-billing. Waste.

Doctor Senecal plans to find ways to eliminate re-billings and enough other waste that his bookkeepers will finally have time to pursue collections and claim denials that will increase revenue and the

(continued on next page)

Total Quality Management *(continued)*

bottom line. Expensive, dreaded overtime may cease to be routine. By eliminating nurses' and (cover your ears) physicians' wasted steps, the office may one day see more patients without additional effort, he believes.

They are all flaws in the office system, which when corrected, will help them survive the challenge of health care reform.

Levant hopes she will get to the point of being able to process time cards in two and one-half hours instead of the five hours it sometimes takes her now.

After just two weeks of Van Court's class, Levant said, "Even though we don't know where all this is going, everyone is looking for time. Time is money. We're going to find the waste even though we already have a pretty slim machine going here."

Apply TQM In Your Office

Mari Van Court, St. Joseph's total quality management expert, is available to help you and your staff apply industry-proven management techniques to your office practice. You may call her at 591-6755 to discuss her fees, the course and its potential in your office.

Members Appointed to National Panel

Mohammad Saeed, MD, and **Surinderjit Singh, MD,** have been reappointed to the Physical Medicine & Rehabilitation Examining Board of the American Board of Electrodiagnostic Medicine. They attended the physician certification meeting last month in Chicago.

Sam Adams, MD, Retires

After caring for patients for 48 years - 43 in Tacoma - **Sam Adams, MD,** has closed his private medical practice.

"I'm the spotted owl here now," he said. "I've been here longer than anyone in our Society. I'm the oldest of the old timers. Time to turn it over to the young fellows."

The general practitioner loved his work.

"This has been an unbelievable place to live and practice. The Society has never been too big or too small. We had the best of both sides of medicine: ideal personal interchange and professional expertise," he said.

He continued, "This has been an interesting span of time to be associated with medicine. We've experienced everything from relatively primitive medicine to the most sophisticated. It's been most enjoyable."

But some of what he's seen transpire is not to medicine's credit, he believes. The influence of politics, for example. He remembers when, as a member of the Pierce County Medical Bureau's board, the objective was to provide medical insurance to low-income county residents - those with yearly incomes less than $10,000. Then, when county judges were paid $12,000 yearly, the Bureau suddenly raised its limit to insure judges.

"There's politics in medicine now and that changes everything," he said.

There is also the influence of money.

"Everything is measured with the dollar today," he said. "That dictates everything.

"I would not practice medicine under certain projected changes I've seen," he said. He would have no part of capitation - even at the rate of $100,000 per patient.

"You get a little depressed at times when you see the changes on the horizon. They applaud physicians who do things now for which we took away Society membership years ago - like advertising," he said.

He doesn't blame the new physicians for what's wrong. He believes they have no point of reference to the way things used to be and should be today. But he feels sorry for his grandkids who will have to live with the care that will be forced on them.

"K-Mart medicine," he called it.

So it's fishing and golf and travel for **Dr. Adams.** His dream is to play golf in Scotland and Ireland. As for the traditional retirement fling in Hawaii? No, he said, first things first. He and his wife haven't been to Forks yet.

He'll also keep his hands in medicine. He will continue to help industrial firms, like Kaiser Aluminum, with medical clinics and monitoring safety and health issues.

"It's something that will keep your mind going," he said.

Dr. Grenley Dies

Philip Grenley, MD, a PCMS member since 1946, died last month.

Dr. Grenley was a retired urologist. He had served as president of the St. Joseph Hospital medical staff and on the board of Pierce County Medical Society and PCMB.

Dr. Grenley is survived by his wife, Dorothy, two sons and two daughters.

Dr. Grenley passed away just prior to going to print with this issue. A memorial will be published in the next issue. The Society extends its sympathy to the family.

Business Community Honors Stan Flemming, DO

Pierce County's business leaders last month celebrated the many ways **Stanley Flemming, DO,**

helps his community when the Tacoma-Pierce County Chamber of Commerce honored him as its Citizen of the Year.

The Chamber presented **Dr. Flemming** with the Howard O. Scott Citizen of the Year Award for the balanced service he gives to the military and civilian communities.

"It was really a surprise - an honor and a privilege," said **Dr. Flemming**.

He earned it.

As a lieutenant colonel in the U.S. Army Reserves, he is chief of the 364th Civil Affairs Brigade, its surgeon, and also commander of the Medical Civil Action Program (Med CAP), an overseas, humanitarian medical mission of the U.S. State Department.

For the first two or three weeks of May, **Dr. Flemming** will lead an 80-person, multi-specialty medical team through the jungles of Thailand. His Med CAP team will go village-to-village dispensing medical care to people who rarely receive professional care. **Doctor Flemming** pioneered the 10-year-old program and has literally risked his life at times to help strangers in unstable Pacific Rim countries.

"Security is always an issue," he said. "But it's a way of reaching out and touching someone's life."

In his civilian life, besides his medical practice at CHCDS, **Dr. Flemming** is a frequent volunteer to church and other activities, and he is a state representative from the 28th District in the House of Representatives.

Through his University Place church, the entire **Flemming** family at least twice a year provides labor and/or material assistance to less fortunate families in the community.

He said, "As a family, we are fortunate to have the opportunities we have and to live where we do. I want my kids to grow up and know there are families who don't have what we have. It's something I think we all need to do - to open our eyes and ask how we can pull our community together. For us, it is a way of meeting someone's need."

> "I would encourage physicians to...initiate a dialogue with their legislators."

As a freshman legislator, **Rep. Flemming** was in the right place at the right time because the state's health care reform legislation was the legislature's top priority issue his first term. With his help, the Legislature crafted reform legislation friendly to medicine in many ways.

Two of those friendly provisions will be in jeopardy next (1995) session, he predicted. He expects the insurance industry to mount attacks to remove the "any willing provider" language from the 1993 bill and to repeal the language requiring insurance companies to negotiate reimbursement rates with groups of physicians. He hopes to stop both attempts.

Also in the next session, the Health Care Commission will recommend a uniform benefits package and a corresponding maximum insurance premium to the Legislature, **Dr. Flemming** said. The Legislature will either approve or reject the recommendations.

He said the next session of the Legislature will also correct language written into the final act that misrepresents the Legislature's intent when the 1992 bill was passed. Legislators then intended to require business to offer employees three health care insurance plans beginning in July, 1995, only one of which plan must contain the uniform benefits package. The act was mistakenly written to require companies to offer employees uniform benefits packages from three separate insurance plans.

To accomplish any of medicine's objectives in the Legislature will require more help from individual physicians, **Dr. Flemming** said. Physicians can't say they are too busy and let someone else do their lobbying work for them any more, he said.

"There has been a dramatic change in the number of physicians who have contacted me and other legislators - a 100% increase," he said. "We're moving in the right direction, but that isn't enough."

Physicians need to be more active talking to legislators, he said.

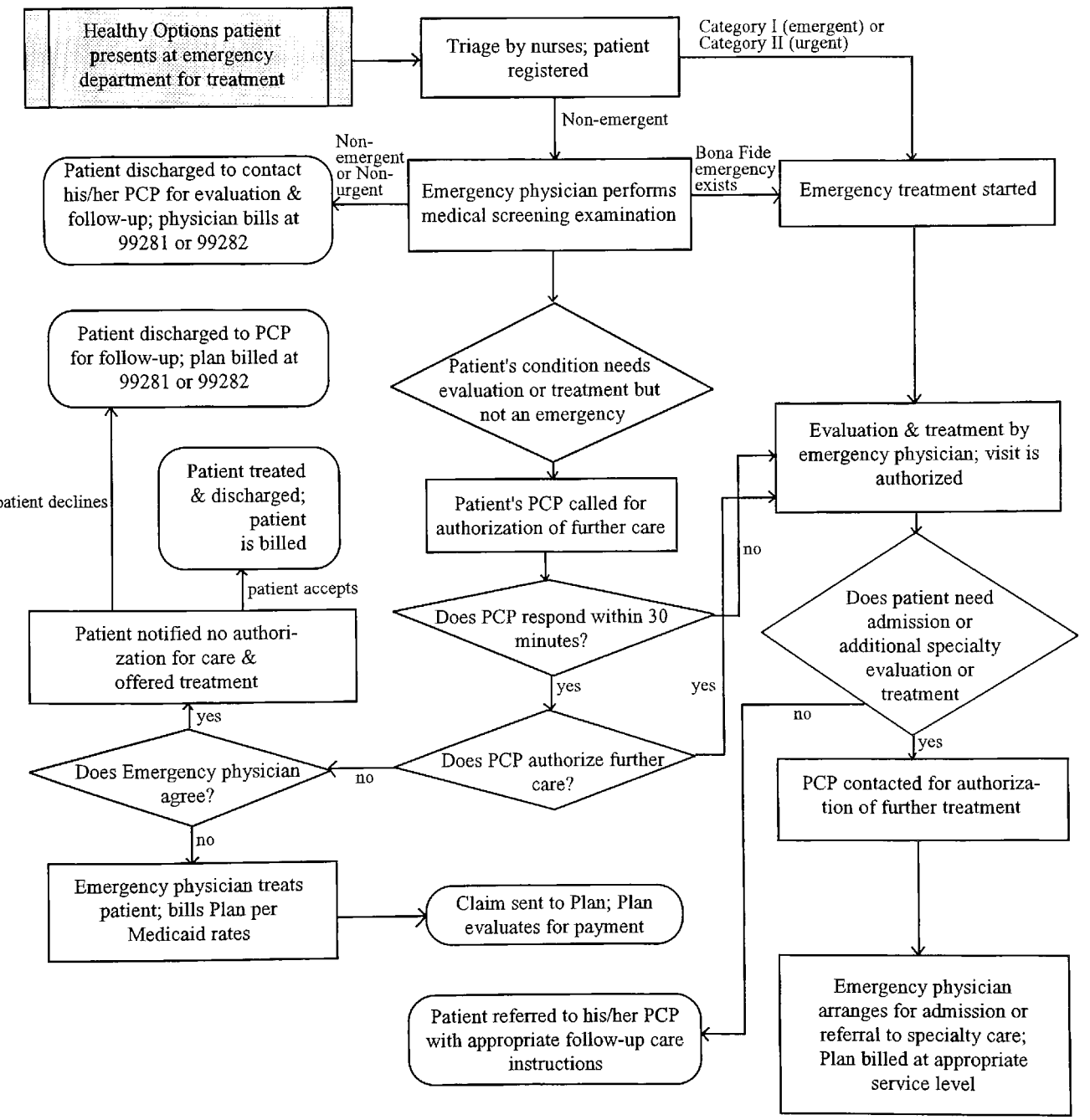
"Politics and medicine are integrated and we can't ignore that," **Rep. Flemming** said.

He offered two specific steps physicians can take to become more informed about bills the Legislature is considering. Watch Wash-Span, live television coverage of the legislative sessions to be broadcast for the first time next year. And physicians can receive copies of bills through their computers next year for the first time.

"I would encourage physicians to take advantage of these and to initiate a dialogue with their legislators," he said.

Healthy Options Emergency Department Protocol

Mark Jergens, MD, and **Robert Wachtel, MD**, in conjunction with other emergency physicians, prepared the algorithm below to create a clear understanding of the roles they, medical plans and patients have under Healthy Options. The algorithm, similar to one developed in King County, subsequently was approved by all the emergency departments and medical plans operating in Pierce County.



The Pierce County Medical Society

announces the

May General Membership Meeting

when: Tuesday, May 10
Social Hour at 6:00 p.m.
Dinner at 6:45 p.m.
Program at 7:45 p.m.

where: Fircrest Golf Club
6520 Regents Bv. W.

"Group Practice Issues & Alternatives"

Options to Integration

featuring discussions about

IPAs, MSOs, Clinics Without Walls, Hospital Affiliation

Their advantages, disadvantages, strengths & weaknesses

plus how to position your practice for the future

by

Tony Maki, CPA

Moss Adams CPAs

(return before Friday., May 6, to PCMS, 223 Tacoma Ave. So., Tacoma, Wa. 98402)

Please reserve _____ dinner(s) at $18 per person
(tax & tip included)
Enclosed is my check for $_____

signed_____

Nursing Home Practice To Become More Rewarding

Perhaps no specialty in medicine is so bogged down in red tape as is geriatrics. A quagmire of well-intentioned governmental policies plus notoriously low Medicaid reimbursement rates make practicing medicine in nursing homes undesirable to all but a few Pierce County physicians. Fifteen, by **Dr. Munoz's** count, care for most of the 5,000 Pierce County nursing home patients.

For those 15, and for nurses and facility administrators, work has few rewards save helping those in need. Most of the county's primary care physicians avoid the misery.

But with a masters degree in public health and a bent for improving systems, **Dr. Munoz** has taken on a Herculean challenge. Under the auspices of the PCMS Committee on Aging and WSMA, and with the help of fellow geriatricians **David Law, MD, Joseph Regimbal, MD, Jim Wilson, MD,** and several nurses, he has begun to reform the practice. Their goal is to simplify nursing home practice and make it more rewarding.

"If physicians provide primary care, there should be no reason they should be unwilling to visit at least one nursing home - that's part of the care process," he said. "I want to entice as many physicians as possible with appropriate reimbursements rather than punitive reimbursements."

Much of what geriatricians do goes uncompensated, he found. By tracking the time Drs. Munoz and Regimbal and their staff spent, they learned that the current government regulations require them to perform 30 minutes of free care per nursing home patient each month. That's 125 hours each month for their practice alone. It extracts 2,500 hours each month - about one work year - from physicians caring for the county's 5,000 nursing home patients. Unacceptable, he thinks.

The Committee on Aging has broken into small work groups to whittle away at the problem. One has proposed giving nursing home nurses more authority within circumscribed protocols to care for patients without waiting for a physician or his/her orders as regulations now require.

"I want to entice as many physicians as possible with appropriate reimbursements rather than punitive reimbursements"

To shift routine care to nurses without reducing quality of care, the work group has assembled protocols for skin care, bowel problems and other common afflictions of the elderly. The skin care protocol, for example, is an eight-page description of desired outcomes for skin wounds and other common skin problems, with other sections on physicians' responsibilities, RN responsibilities and LPN responsibilities.

The work group submitted the skin protocol to the state Board of Nursing for approval. If approved at the Board's April 22 meeting, the protocol will be quickly implemented in county nursing homes and its effectiveness tracked. Additional protocols would follow the same path to streamline patient care and utilize physicians more efficiently.

Another work group has tackled charting, a time consuming process given the narrative a physician must currently write or read. The goal is to implement "charting by exception," as used in some hospitals, to make chart management more efficient. Government surveyors, however, currently review charts to determine action taken and outcomes. So changing the system, no matter how logical, requires sorting through regulations to determine what governmental approvals are required for the new forms.

Another paperwork system that adds desk time while reducing patient care time for physicians and nurses is admissions. Transferring a patient from a hospital to a nursing home currently involves completing another history and physical, advance directive, power of attorney, Medicare paperwork and other steps already taken at the hospital. One work group's goal is to eliminate duplications - to coordinate with hospitals to make use of on-going data sheets. The records should follow the patient. **Doctor Munoz** believes the fewer forms physicians and nurses must complete and sign (admissions now take eight-12 hours to complete by the book), the more time they will have for patient care.

Nursing home patients often have mental health problems. Those patients require more physician and staff attention for many reasons: regulations require more documentation, psychiatric care is involved, anti-psychotic drugs are used, etc . **Doctors Law** and **Wilson** have been working on a work team with nurses to simplify procedures for treating those patients. Administrative time saved will benefit patients and make geriatrics just a little more appealing to other physicians, **Dr.**

(continued on next page)

Nursing Homes

(continued)

Munoz said.

With these and other objectives, the Committee on Aging hopes by the end of the year to demonstrate to community physicians that caring for nursing home patients requires fewer hours per patient.

By engaging regulatory organizations in discussions about outcomes and quality of care, and by implementing protocols, new admissions procedures, charting by exception and other time saving innovations, **David Munoz** hopes geriatrics will become more rewarding for more physicians in 1995.

DR. MARSH MEETS WITH *TRIBUNE* MANAGING EDITOR

During a meeting with *The News Tribune* Editorial Board the issue of reporting on Medical Disciplinary Board charges and malpractice lawsuits was raised. Editor John Komen stated that this was a company policy matter and should be discussed with Jan Brandt, Managing Editor.

Dr. Peter Marsh, President, met with Brandt and her aide Suki Dardarian to discuss the paper's philosophy and policy on reporting activities and charges of the Medical Disciplinary Board. Two articles that appeared in the *Tribune* in December and January were the primary points of discussion. It was acknowledged that the paper has a responsibility to report incidents to the public. However, the editors agreed that one of the headlines was a bit misleading. The use of the word "accuses" by the Medical Disciplinary Board seemed inappropriate for a case under review.

Brandt and Dardarian were sensitive to the possibility of a misleading headline or article being devastating to the reputation and livelihood of a physician. They were very receptive to the concerns of the Society for its members.

Capitation Protection Offered

Physicians Insurance, committed to anticipating and responding to the changing needs of Washington physicians, has developed a new Capitated Financial Assistance Program, known as the CAP Program. This program allows physicians and clinics to buy insurance to reimburse losses resulting from treating patients under capitated contracts.

Physicians Insurance offers programs for primary care only, for primary plus specialty care, for specialty care only, and for all care including hospitalization.

If you have questions, please call the CAP Coordinator in the Underwriting Department at 1-800-962-1399.

Personal Problems of Physicians Committee

For impaired physicians.
Your colleagues want to help.

Medical problems, drugs
alcohol, retirement
emotional problems

Committee Members

John R. McDonough .. 572-5830
Chairman
Bill Dean 272-4013
Ronald Johnson 841-4241
Mrs. Jo Roller 566-5915
Robert Sands 752-6056
F. Dennis Waldron 272-5127

Confidentiality Assured

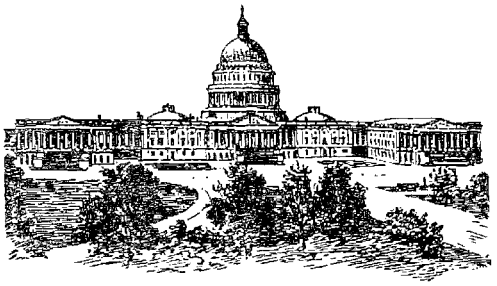
State Association Seeks Committee Members

The Washington State Medical Association (WSMA) has opened several of its committees to new members. Physicians interested in the opportunity to influence state policies on the following committees may call PCMS Executive Director Doug Jackman at 572-3667:

Emergency Medical Services Standards Committee
Industrial Insurance and Rehabilitation Committee
Medical Students/Residents/Young Physicians Committee
Medicare Liaison Committee
Membership Credentialing Committee
Nominating Committee
PACE Program Steering Committee
Rural Health Committee
WAMPAC
Bylaws Committee
Claims Review Panels
Council on Professional Affairs
Finance Committee
Grievance Committee
Hospital Medical Staff Section
Interspecialty Council
Judicial Council
Medicaid Liaison Committee
Medical Boards Task Force
Medical Education

Leaders Meet With Congressman Dicks

While home for the Easter recess, Congressman Norm Dicks met in his Union Station office with PCMS President **Peter Marsh** and President Elect **David Law**. Anti-trust relief, tort reform and assistance with the ERISA waiver were the main topics of discussion with the Congressman.



Drs. Marsh and Law emphasized the inability of physicians to compete on a level playing field in the new health care environment dominated by large insurers, hospitals, and for-profit organizations. They asked Dicks to support the Health Care Antitrust Improvements Act that would be the first step toward balancing the market power of the large insurers and managed care plans with the ability of physicians to advocate for their patients. The legislation would create safe harbors exempting certain activities from the antitrust laws. The Congressman seemed genuinely interested in the issue and promised to look into the matter.

The PCMS representatives noted that neither the Washington Health Services Act or the Clinton proposal have any real tort reform included in the legislation. Dicks was told that physicians desperately need reform, particularly in a managed care environment. Too often, managed care is perceived by the public as withholding care to save dollars. The Congressman thought that the Clinton Plan would include some liability reform.

The success of the Washington Health Services Act depends on Congress granting a waiver on the ERISA law. ERISA sets uniform employer benefit rules for multi-state employers. It prohibits the states from dictating elements of employer- provided health benefits. Dicks recognized that approval was necessary and said he would fight for the waiver. He, too, is anxious to see the Health Services Act go into effect.

Dicks said, "The Clinton Plan will probably be incremental, but there will be some legislation passed and it will have universal coverage."

Officers Discuss Health Care With Newspaper's Editorial Board

Drs. Peter Marsh, David Law and **James Fulcher** discussed all aspects of health care reform in a March 30 meeting with the Editorial Board of *The News Tribune*. Editor John Komen, two editorial writers and Elaine Porterfield, medical affairs reporter, met with the PCMS representatives for over an hour getting the physicians' views on health care as it evolves from the market forces and reform legislation.

What did the doctors think of the mergers and networking of the hospitals? Are physicians retiring early to avoid health care reform? How is the patient going to be impacted by all these mergers and where does the solo practitioner fit into the new environment? These questions and many more were discussed as well as physicians' need for antitrust relief and tort reform.

PCMS leadership meets with the Editorial Board on an annual basis or as needed. It provides an opportunity for both groups to air their opinions and thoughts on issues of concern.

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

ACLS Provider Course Set June 27, 28

The College's very popular ACLS Provider Course is scheduled for June 27 & 28. The brochure which will include registration information, should be available by the middle of May.

The course offers 16 Category I CME credits.

The two-day certification and recertification course, which is offered twice annually for physicians, nurses and paramedics, follows guidelines of the American Health Association. A prerequisite is certification in Basic Life Support and can be demonstrated during the course. ACLS manuals will be provided only to those certifying and advance study is recommended.

The course is held at Jackson Hall and combines lecture and major hands-on practice opportunities. Those seeking additional information can call the College at 627-7137.

COMPLIMENTARY CLINICAL GUIDELINES CME SET MAY 20

Clinical Guidelines-Quality and Cost Effectiveness, a Category I accredited CME course, will be offered on Friday, May 20. The course, coordinated by the College of Medical Education and Pierce County Medical Bureau, will offer information from local experts on a number of commonly encountered clinical conditions. Clinical Guidelines, quality and cost effectiveness will be emphasized. Course objectives are: increase knowledge in diagnosis and treatment of BPH, gain insight into the diagnosis of headaches and TMJ disorders, become more familiar with cardiac chest pain, gain a multi-disciplinary insight into evaluating breast masses, become updated on back pain, become familiar with local guidelines for Caesarean sections, gain additional information on sinusitis, and increase knowlege on diagnosis and treatment of pediatric asthma. The course is accredited for 6.5 hours of Category I CME and AAFP (prescribed) hours.

The course is being offered at no charge to thank Pierce County physicians for their continued support of Pierce County Medical Bureau. The program will be held at the LaQuinta Inn. The conference schedule appears below.

8:00 a.m.	**Registration**	
8:15	Introduction	Les Reid, MD
8:30	Benign Prostatic Hypertrophy	Ron Anderson, MD
9:00	Headaches & TMJ Disorders	Dale Overfield, MD
10:00	**Break**	
10:15	Cardiac Chest Pain	Dennis Koukol, MD
11:15	Breast Masses	Chris Jordan, MD
12:15 p.m.	**Lunch - Hosted by Pierce County Medical Bureau**	
1:00	Back Pain	Stan Bigos, MD
2:00	Caesarean Sections	Sandra Reilley, MD
2:30	**Break**	
2:45	Sinusitis	Don Shrewsbury, MD
3:20	Asthma	David Ricker, MD
4:00	**Adjourn**	

DATES	PROGRAM	DIRECTOR(S)
1994		
May 20	Clinical Guidelines: Quality, Cost Effectiveness...	Les Reid, MD
June 27 & 28	Advanced Cardiac Life Support	James Dunn, MD

CME at Kauai Educational and Family Fun

Robert Ettlinger, MD, answers questions at one of the CME sessions.

CME at Kauai, a College of Medical Education resort program, was termed a huge success by conference participants. The program brought together 64 Pierce County physicians for family vacations and quality CME on the island of Kuaui. A number of other physicians from other parts of the United States also joined the group. The program featured a potpourri of educational subjects of value to all medical specialties. Conference attendees particularly enjoyed the rare opportunity to have in-depth discussions about clinical situations. Out of the classroom, conference participants and their families enjoyed exploring Kauai, water sports and great weather.

The College continues to offer resort CME conferences both in ski locations and in sunny resort areas.

Doris Page, MD, and her husband Cedric chat with Dianna Wachtel at one of the conference receptions

Jim Foss, MD, Ron Benveniste, MD and Jim Rooks, MD discuss the day's activities in Kauai.

Children of participating conference physicians pose for the camera. They include (top left) Kate Craddock, Erica Overfield, Corena Yu and Laura Yu-Blumenthal

Richard Wohns, MD, and son Anthony enjoy hors-d'oeuvres at a conference reception

President's Message

Hello everyone and welcome to the end of my year as president of the county alliance. I can hardly believe how fast time has gone. I've had a great time and learned a lot about our organization and the people who make it. It's been an honor to work with you all. I thank you sincerely.

We received a lovely thank you from Dr. Winters for our donation to the Lindquist Dental and Vision Clinic. It was so kind of him to step in for our lecture program that day. He was so informative and answered our questions well.

The Zero K Marathon is running well. As of the last board meeting there were 23 finishers showing a total of $1,000. Thank you to all the participants.

We also received a letter from Group Health Cooperative. I'm not exactly sure what they were trying to say. I'll leave it to you to read and decide. (*page 11*)

I will be turning over the gavel to Patti Kesling in May at the joint meeting on the 3rd. I hope everyone can attend. (We need to know who will be there for an accurate count at lunch.) I wish Patti all the best with her new year, board and committees. The meeting will be at 9:30 at the Tacoma Country Club. You can R.S.V.P. to me or LeAnne Yuhasz. Make sure to bring your committee report.

On May 4th and 5th will be the Teen Health Forum. This will be an exciting volunteer project. 120 schools will be participating. 100 people from Pierce county will be attending. This is up from last year. Good project!

Then later on in the month of May, we will be meeting at the Zoo for our final program of the year. That will be fun. I think this will be one meeting my kids won't mind my going to. Make sure to bring a lunch or plan on buying lunch there.

The brochure is ready to go on the PACE grant domestic violence project. Please let Kris White know if you can help distribute (851-5552). The brochures are already counted. We just need to stuff envelopes and get them to the offices.

Once again I would like to thank everyone for being there for me. I couldn't have done this year without all the neat people standing behind me and making it all work.

Hope to see you soon!

Denise Manos
President 1993-94

General Meeting Schedule

May 20 - Point Defiance Zoo visit

Dear Members of Alliance

So finally spring has settled in and a promise of summer is in the air! What better time to focus on the new, and make plans to move ahead. This will be the first full year that we will function under our new name - Alliance. As the dictionary defines the word, "Any union, relationship, or connection by kinship, marriage, common interest or the like," it speaks to our goals of creating a bond between us, our spouses, and community at large. Together we can accomplish so much.

I wish a bouquet of thanks to Denise Manos, our outgoing president, and her board for their year of service and smiles. I also would like to thank my incoming board for their willingness to serve next year. I consider you all my "Parachute Packers!" If you attended last December's joint dinner, you will recall Charlie Plumb's dynamic talk, reminding us that we don't get things done all on our own. We all have something special to contribute and I am counting on your support to help "pack my parachute" and make this year a success.

It promises to be a challenging year with questions of health care reforms in the air. We want to be seen as a dynamic force in the community, working together to make a difference. Please join with me with renewed hope and endeavor to make this alliance a productive one for us all.

Thanks,
Patty Kesling

Philanthropic Fund Applications Available

If your service and health-related Pierce County organization would like to be considered by the PCMS Alliance as a recipient for philanthropic funding, you may now obtain an application by writing Terry Scholl, 5751 Reid Rd. N.W., Gig Harbor, WA 98335. Proof of 501(3) IRS rating is required. All applications must be requested directly from Terry. Application deadline is June 15, 1994.

Thank You Donors

Once again the PCMSA Holiday Sharing Card was an example of the dedication to and caring for the people of Pierce County. The PCMSA had the opportunity to distribute $13,500 to local health related organizations.

We would like to gratefully acknowledge the contributions of those who unfortunately missed our earlier recognition. Thank you ...

David and Kathleen Brown
Lloyd and Mimi Elmer
Mel and Penny Henry
Dr. and Mrs. Hay S. Meas
Don and Sandy Shrewsbury

Thanks again for your gifts!

Your Help Needed

In order to make 1994-1995 our best year ever, our Pierce County Alliance membership drive will be off to a running start, beginning this summer. Watch for our mailing this July and please respond early. We hope you will join us; we need you.

"Zero" K Marathon Coming Soon

Watch your mail for information about our 1994 "Zero" K Marathon. Proceeds from this annual Alliance fund raiser benefit AMA-ERF.

POSITIONS AVAILABLE

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

Physicians Needed. Part-time. Change your routine-spend one weekend a month and two weeks a year as a Medical Officer with the Washington Air National Guard - Your hometown Air Force reserve. Call SMSgt Gary Plendl, Tacoma 581-8233 or 1-800-344-0539.

OFFICE SPACE

For Lease: 1240, 2200 sq.ft. of professional office space in multispecialty medical center on growing South Hill in Puyallup. Physician owned. Terms negotiable. Call Al Sullivan, 593-6072, or Dr. Rebecca Sullivan, 848-5951.

Excellent satellite medical office in Lakewood Professional Village. 740 sq. ft., ample parking, hours and rent negotiable. Call 588-2437.

POSITIONS WANTED

Medical/Dental Transcription for all specialties. Exceptional background in medical field. Pick up and delivery. Call Medical Science Writing Services, 925-3276.

GENERAL

Sunriver/Mt. Bachelor, Oregon - Vacation Rental. Lovely, spacious, 3br/2ba custom home. Well furnished with every amenity. Includes use of private swim/racquet club. (206) 588-4876.

Waterfront home for sale or lease. Steilacoom Lake, 4 bedroom, 3 bath, lots of room, Southwest exposure. Enjoy sun and lake after work. $395,000. Call Anita Houk, 383-3035.

Changes to Your 1994 Directory

Attig, Douglas, MD, - office address is 2102 No. Pearl #300, Tacoma 98406. His phone is 759-8331 and his fax number is 759-8013.

Benson, David, MD, - office address is 1901 S. Union # B2011, Tacoma 98405. His phone is 383-3300 and his fax is 383-3394.

Choi, Youl, MD - add suite #201 to the address listed.

Clabots, Joseph MD -office is on MLK Jr. Way, not So. K Street.

Cobb, Mason, MD - same as Dr. Clabots above

Deyo, Glenn, MD - change his day off to Thursday, not Wednesday

Eachempati, Rama, MD - new office address is 104 23rd Ave. SE #B, Puyallup 98372. His new office phone is 770-2740. His physicians' only phone is 770-2461 and his doctor's exchange is 841-8136.

Finnerty, Robert, MD - his physician only phone number is 475-4273.

Jackson, Keri, MD - her office address is 11803 101st Ave. Ct. E. #100, Puyallup, WA 98373. Her office phone is 770-1764.

Kelly, Michael, MD - office address is 5900 100th St. SW #31, Tacoma 98499. His office phone is 584-1982.

Koukol, Dennis, MD - his home address is 13709 113th St. Ct. E., Puyallup, WA 98374. His home phone is 848-7576. Add a third office at 3912 10th St. S.E., #200, Puyallup, WA 98374. That office phone is 848-1171.

Kramer, Joseph, MD - deceased

Malo, Douglas, MD - accepts all patients

Malo, Leslie, MD - her office is on MLK Jr. Way, not So. K St.

Ray, Charles, MD, - home address is 6805 77th St. W., Tacoma 98467.

Reinertson, Thomas, MD - his home address is 1879 58th St. N.E., Tacoma 98422. The phone is 952-7470.

Ritson, Jonathon, MD - his office address is 1802 So. Yakima #206, Tacoma WA 98405.

Roper, Roger, DO - his office address is 3611 So. D St. #5, Tacoma WA 98408.

Senecal, Frank, MD - his home address is 5018 91st Ave. W., Tacoma WA 98467.

Sharma, Ramesh, MD - delete his Tacoma office address.

Stevenson, Patrice, MD - her P.O. Box zip code is 98371.

McBride, Glenn, MD - retired, his address is 6233 N. Park Way, Tacoma WA 98407.

Race, George, MD - (retired section) deceased

Pierce County Medical Society
223 Tacoma Avenue So.
Tacoma, WA 98402

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PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
June, 1994

The Alliance produced this brochure listing services available for domestic violence victims visiting physicians' offices, clinics.

Society Tackles Domestic Violence

see stories on pages 4-8

The Bulletin is published monthly by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in **The Bulletin** are the 15th of the month preceding publication (i.e. Oct. 15 for Nov. issue).

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

Editor: David S. Hopkins MD

Managing Editor: Douglas Jackman

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

Publications Coordinator: Pad Finnigan

Advertising Representative: Tanya Miller

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Make all checks payable to:
MBI
223 Tacoma Avenue South
Tacoma, WA 98402

(206) 572-3666, Fax 572-2470

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Local News

News Briefs

Departments

Opportunity Knocks. Who Will Answer?

by William G. Marsh, M.D.

The opportunity for physicians and spouses to have an affect on the political process will never he more obtainable than during this election year. All 98 members of the Washington State House and half the members of the State Senate are to be elected this November 8. Also, all nine U.S. Congressional representatives and one U.S. Senator are to be chosen at the same time. Never will there be a better opportunity to influence public policy concerning health system reform, small business reform, and social concerns.

Not only are all these campaigns available for our input but campaign contribution limits under Initiative 134 will make this election cycle much more interesting. Initiative 134 limits contributions a PCA (Political Action Committee) or individual can make to each candidate. The limits are $500 for each candidate for legislative office and $1000 for each candidate for statewide office for each election (primary and general). You could give a total of $1000 to an individual candidate for legislative office (that is: $500 per election). These limits will require successful candidates to develop a broader base of support in their districts.

That is where the opportunity comes in! We, the medical profession and spouses, can play a more influential and active role in each candidate's election. We have the opportunity to:

- meet and know each candidate for election in our own district

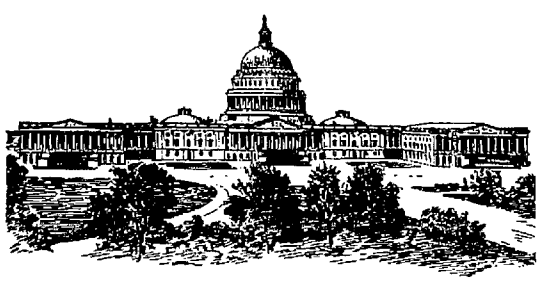
- work on a campaign for the candidate of our choice
- have an important affect on health system reform in our state
- elect "friends" to the legislature in Olympia and Washington, D.C.
- be an active participant in the process of representative government
- network with other physicians and spouses who have similar goals and objectives
- get involved in WAMPAC
- vote
- learn the legislative process
- influence and shape health system reform for Washington and the country

Opportunity knocks! **You** need to answer. Get involved now, use some of the opportunities listed to make a difference in the process of health system change. Know who represents you and make sure they do!! Join the political action bandwagon of the Washington State Medical Association. Become a grassroots campaigner in your local district.

WAMPAC, the political action committee of the Washington State Medical Association, recognizes the unique opportunities listed above and is ready to help. WAMPAC has two staff people dedicated to helping grassroots political efforts by physicians and spouses. The process is easy and simple. Call the WSMA Political Affairs staff at 1-800-552-0612 or (206) 441-9762 and Meara Nisbet or Susan Oxholm will help you volunteer or join WAMPAC. Since health system reform will affect each and every one of you, there is nothing more important than gaining access to the very people who will be making the rules and regulations.

Please, when opportunity knocks, you answer!

Dr. Marsh is chairman of WAMPAC and the Society's Legislative Committee



Alliance Distributes Domestic Violence Resource List

The Pierce County Medical Society Alliance has distributed to physician offices bundles of small brochures listing community resources for victims of domestic violence. The pocket-sized brochures, titled "No One Deserves To Be Hit," are meant to be made available to your patients in exam rooms, waiting rooms and bathrooms.

FACT

Battered women are more than twice as likely to present to physicians with depression, anxiety, family/marital/sexual problems and vague medical complaints than they are with trauma - Wife Abuse in the Medical Setting:An Introduction for Health Personnel

The brochures list names and phone numbers of services available to help both the victims and perpetrators of domestic violence.

Nearly 350,000 copies of the brochure were printed and many have been distributed as a result of a WSMA PACE (Patient Awareness and Community Education) Committee grant awarded to the Alliance. The Alliance chose the domestic violence project because of the country's rising rate of violence and the compelling need to stop it. In addition, the AMA and the national Alliance have encouraged state and local medical associations to rise up against violence.

St. Joseph Hospital generously donated the paper and printing of 250,000 of the brochures.

Volunteers from the Alliance have spent hours packaging and distributing the brochures. Hospitals, Tacoma Public Schools, the Tacoma-Pierce County Health Department and other institutions have taken quantities of the brochures for their constituents as well.

Brochures are available at no charge by calling the Society at 572-3667.

No one deserves to be hit.

Alliance members assemble packets of domestic violence resource lists at the Society office before distributing them to physicians' offices. From left, Nikki Crowley, Helen Whitney, 1994-1995 WSMAA President, Kris White, Mary Cordova (back turned).

Dr. Law Seeks Seat on Domestic Violence Commission

Pierce County Medical Society President-Elect **David Law, MD,** has requested appointment to a new advisory committee intended to give policy-level recommendations about domestic violence to the Pierce County Council. The Pierce County Commission Against Domestic Violence was proposed to the Council May 10 and is expected to be approved in June. Impetus to form a commission to develop and oversee a comprehensive domestic violence plan for Pierce County came from the Domestic Violence Task Force, the first group to plot a community-wide response to the growing problem.

FACT

The Tacoma Police Department reported a 48% increase in the number of domestic violence reports from 1992 to 1993: 3,495 to 5,159.

Doctor Law has a long-standing interest in matters of violence, having grown up in a church with ties to the Quakers, known for their pacifist views.

His interest is not only personal but professional. He said, "I think doctors can be leaders through their first hand contacts with their patients. I'm hoping that this, as a theme, may come out in my tenure as Society president next year."

Doctor Law understands domestic violence is an issue of widespread concern. When he attended the WSMA Legislative Day in Olympia Jan. 26, he noticed a spontaneous enthusiasm in the voices of physicians, spouses and legislators when the discussion turned from health care reform to violence. He thought to himself, "Here is an opportunity for the Medical Society and doctors to make a contribution that could make an impact."

While some of the worry and talk about health care reform can be self consuming, he said, efforts to stem domestic violence can be productive and less stressful.

Admittedly lacking in a strong background on the specifics of domestic violence, **Dr. Law** has been studying the topic. "I have more questions than answers right now," he said.

By the time he becomes Society president, he hopes to be more informed. "I hope to offer doctors some options to help them get involved in the community," he said. "I'm hoping to find ways of expressing our creativity and helping the community combat violence."

Physicians Shy Away From Helping Abuse Victims

An article in the June 17, 1992, issue of JAMA explained results of a study conducted to explore primary care physicians' experiences with domestic violence victims. The objective was to determine the barriers to problem recognition and intervention in the primary care setting.

FACT

The rate of severe spousal violence against women is 3.9% per year - National Crime Survey

The conclusion was that barriers do exist in the minds of physicians that prevent them from comfortably intervening with domestic violence victims.

In the study, Kathleen Sugg, MD, MPH, then a Robert Wood Johnson Clinical Scholar in Seattle, and Thomas Inui, MD, ScM, interviewed 38 primary care physicians. Physicians, in the percentages listed, expressed the following reservations to involving themselves in domestic violence cases.

Don't want to open Pandora's box	26%
Identify too closely with patient	39%
Fear of offending patient	55%
Feel inadequate to intervene effectively	50%
Outcome is in the hands of the patient	42%
Practice time constraints	71%

Doctors Sugg and Inui concluded, "The issues raised in this study need to be addressed for physicians to develop a nonthreatening approach to domestic violence that will no longer raise the specter of Pandora's box."

Domestic Violence Victims in Your Practice

FACTS

DV is the leading cause of injury to women in the US, according to a 1991 report issued by state Office of the Administrator for the Courts.

3-4 million women are battered every year in the US - Int. J. Health Serv

Approximately 20% of adult women in the US - perhaps as many as 15 million women - have been physically abused at least once by a male intimate. - Violence in America, A Public Health Approach

NEWS FLASH

The Society was informed just prior to going to press that it will receive the $2,000 PACE Committee grant allowing it to purchase and distribute to members the "Diagnostic and Treatment Guidelines on Domestic Violence."

More later.

"Because a physician may be the first nonfamily member to whom an abused woman turns for help, he or she has a unique opportunity and responsibility to intervene. ...By recognizing and treating the effects of domestic violence, and by providing referrals for shelter, counseling and advocacy, physicians can help battered women regain control of their lives."

So reads the first page of the **American Medical Association's "Diagnostic and Treatment Guidelines on Domestic Violence."** The 19-page booklet was published last year to help physicians treat one of America's ugliest sores. The Medical Society has applied for a grant to purchase and distribute the Guidelines to members and is waiting for a reply. Meanwhile, the booklet's guidelines are summarized here.

The AMA recommends that physicians make domestic violence screening a standard examination procedure for women patients. However, the patient must be interviewed alone, without her partner, since she will be on guard in his presence.

The booklet recommends physicians begin the exam with a general statement, such as, "Because abuse and violence are so common in women's lives, I've begun to ask about it routinely." Such a statement expresses the physician's concern and opens the way for your patient to freely communicate to you.

Next, the physician should ask specific questions about the patient's experience with domestic violence, such as, "Has your partner ever threatened or abused you or your children?" "Do you ever feel afraid of your partner?" "Are you in a relationship in which you have been physically hurt or threatened by your partner?"

A woman may not admit to being a victim for many reasons. However, just by being asked the questions, a woman's awareness of her situation and the prospect of finding help through her physician can sometimes cause her to open up at her next appointment, the booklet says.

Some physical symptoms are linked to domestic violence, especially when the woman's explanation for them does not seem plausible or when she has delayed seeking medical care. They include:

- Injuries to the head, neck, chest, breasts or abdomen
- Injuries during pregnancy
- Repeated or chronic injuries
- Multiple sites of injury
- Physical problems related to stress
- Gynecologic problems
- Chronic pain, psychogenic pain
- Frequent visits with vague complaints

The booklet also suggests making psychiatric evaluations a routine part of the domestic violence assessment. Check for signs of depression, substance abuse, suicide attempts, feelings of isolation or post-traumatic stress reactions.

Women in abusive relationships frequently act frightened, ashamed, evasive or embarrassed. They also sometimes miss appointments, are not allowed to take their medications, lack independence of movement or communication and fail to use condoms or other contraceptive methods.

Once you recognize one or more signs of abuse, the Guidelines suggest you communicate that fact to your patient and validate for her the importance of her situation. Let her know that her safety is important, and inquire about her safety before she leaves. Does she want access to a woman's shelter? Does she want counseling? Legal help? Referrals to other domestic violence organizations?

"Optimal care for the woman in an abusive relationship also depends on the physician's working knowledge of community resources that can provide safety,

(continued on next page)

Guidelines *(con't)*

advocacy and support," the AMA Guidelines say.

The Pierce County domestic violence resource listing published and distributed to you by the PCMS Alliance is the most comprehensive, easy to use listing available in the county. It fits nicely into the AMA's Treatment Guidelines. Know it and give it to your patients. If you do not yet have the listing, call the Society.

The AMA also recommends that physicians document evidence of abuse in their medical records. Your records can prevent further abuse and be used in legal proceedings. They should include:

- Chief complaint and description of the abusive event and injuries
- Complete medical and social histories
- Results of all lab and other diagnostic procedures
- Color photos and imaging studies of the injuries
- The name of the police officer investigating the event and actions taken.

While the Society is aware of no requirement that physicians report domestic violence to law enforcement officials (child abuse and elder abuse reporting is required), physicians can help their patients understand that they can seek legal intervention and protection if they choose.

Helping a woman eliminate the domestic violence she suffers may be the healthiest thing you can do for your patient.

Surgeon General Urged Physicians to Intervene

In the June 17, 1992, issue of JAMA, then Surgeon General Antonia C. Novello, MD, wrote her opinion about the roles physicians should take with victims of domestic violence. She said:

"...Health care providers must take an active, vigorous role in identifying this serious recurrent public health problem. This is not just a 'minor dispute' between spouses or loved ones. It is a violation of our criminal laws and a callous disregard for human life. If we do not help to break the cycle of abuse, it will reflect itself in the next generation.

"...One essential solution is for physicians to increase their awareness. More than half of the victims of assaults by intimates are seriously injured.

FACT

50% of women at the YWCA battered women's shelter reported physical or sexual abuse against their children too, according to The News Tribune

"...We must recognize not only that abuse is common, but that it escalates in severity within relationships. This means that there are chances for physicians to intervene before domestic violence reaches life-threatening levels. As a profession, we have not produced a sterling record of success in this area. We must overcome our own denial and apathy.

"It is known that if women are asked about violence directly and routinely, in a way that isn't threatening, they will discuss their abuse, particularly if they feel safe and if they feel the health care provider really wants to know. Therefore, we should ask about psychological or physical abuse in the home in order to make referrals to appropriate agencies or to professional counselors.

"We must also work with other health care professionals, community leaders, and government officials to standardize protocols to screen trauma patients in the hospital emergency department. This technique has been found to substantially increase the ability of health care personnel to correctly identify battered women.

"...Finally, physicians must step forward and help establish broad-based community coalitions to enhance awareness of domestic violence. We must assume the leadership role that is incumbent on us as professionals and compassionate citizens of this country.

"As health professionals, we must make every effort to end domestic violence...."

Millions Victimized by Family Members Every Year!

Are you concerned about the effects of family violence and victimization within your community?

Become an advocate within your community for the prevention of family violence.

Violence among family members has reached staggering proportions. Every year more than 2 million cases of child abuse and neglect are reported, between 2 and 4 million women are battered by their spouses, and between 700,000 and 1.1 million of the elderly population are abused.

The American Medical Association has formed a *National Coalition of Physicians Against Family Violence*. Through the *Coalition*, the American Medical Association hopes to involve you in activities that address issues of child abuse, sexual assault, domestic violence, and elder abuse because you have the unique ability to identify the symptoms first-hand. By joining the *National Coalition*, you will be showing your concern about the effects of family violence and victimization, and will become a committed advocate within your community for the prevention of family violence.

Through the *Coalition*, you will:

- be informed about local contacts and referrals
- become aware of local and regional resources
- be provided with information regarding model educational programs
- become aware of treatment guidelines and protocols.
- have access to newsletters, public education materials and other publications
- receive an official membership card and frameable poster alerting your patients of your interest in and concern for this problem.

The only **cost** to you **is your commitment** to help curb this problem. Simply complete the membership application form below and mail to the Department of Mental Health, American Medical Association, 515 North State Street, Chicago, IL 60610.

Yes, include my name in the *Coalition's* membership

Name _____ Professional Degree _____

Address _____

City/State/Zip _____ Telephone # _____

Specialty _____

AMA Auxiliary member ☐ Yes ☐ No

Area of interest within Family Violence: ☐ Child Abuse ☐ Sexual Assault ☐ Domestic Violence ☐ Elder Abuse ☐ Other

American Medical Association
Physicians dedicated to the health of America

Dr. Fulcher Recognized For Compassion, Sensitivity

Pierce County's Sexual Assault Crisis Center honored **James Fulcher, MD,** with its Gold Star Award on April 18 for displaying compassion and sensitivity while working with victims of rape and assault. The Center's executive director, Jackie Baker, described **Dr. Fulcher,** the Society's immediate past president, and a nurse at the St. Joseph Hospital emergency room as "a dream team" because of their dignified treatment of victims undergoing forensic exams in the ER.

State law requires forensic exams of rape and assault victims to be conducted in emergency rooms under strict chain-of-custody procedural rules. Information gathered in the exam often becomes evidence in criminal court proceedings.

The exams take an hour or an hour and one-half to complete. Baker described them as physically and emotionally exhausting for the already-traumatized and vulnerable rape or assault victim. Therefore, the compassion and sensitivity shown toward a victim can be important, Baker said.

"Dealing with victims is hard, we realize. It is how you do your job that's important," she said. "**Doctor Fulcher** is the best you can hope for in a difficult forensic exam. He's extremely good with victims."

Doctor Fulcher was the only physician honored at the first annual Gold Star Award luncheon at the Tacoma Sheraton. Sixteen other people in law enforcement, the prosecuting attorney's office and other professions that deal with victims also were recognized by the Sexual Assault Crisis Center.

The Center operates a 24-hour crisis phone line and provides trained volunteers to accompany victims through the degrading medical and legal procedures following a rape or assault. It developed the Gold Star Awards to thank professionals doing a particularly good job and to encourage others to do the same.

Baker said county emergency rooms perform 400-600 forensic exams yearly, and the 24-hour crisis phone line handles about 3,000 calls each year.

Changes to Your 1994 Directory

Samuel Adams, MD - retired May 1.

Cordell Bahn, MD, - his office is in Suite #310 at 1802 S. Yakima.

Eduardo Cuevas, MD, - change residence address to 6306 89th Ave. W., Tacoma 98467.

Glenn Deyo, MD. - day off is Thursday.

Ralph Johnson, MD, new office address is 9115 Bridgeport Way S.W. #A, Tacoma 98499.

Gilbert Johnston, MD, - add suite #310 at 1802 So. Yakima.

Michael J. Kelly, MD - office phone is 588-0371.

Peter Kesling, MD, home phone # 265-3944.

DeMaurice Moses, MD, new home address is 13521 163rd St. Ct. E., Puyallup, 98374-9657.

Glenn Reynolds, MD, retired Jan. 1.

Donna Takahashi, MD, has closed her practice. Send mail to home address.

Mini-Interns Impressed, Spread The Word

Word about the Society's successful Mini Internship Program is spreading to important government leaders around the state.

State Senator Marilyn Rasmussen is responsible. Participating in the fifth PCMS Mini Internship held April 25 and 26, she took a break from the program to attend a funeral with other legislators. After the service, she told her colleagues she was interning and was scheduled to observe a surgery.

"About 40 or 50 of my legislative colleagues - from Bellevue to Vancouver to Walla Walla - were in awe," she said. "They would love to do a mini-internship."

Senator Rasmussen, herself, was in awe of the opportunity the Society afforded her.

"It was absolutely fantastic," she said of her experience. "I often hear about the other side of medicine from constituents - how the system is broken. And now I get to see this side of it. It was tremendous. In the Legislature, we get to hear other people's solutions to health care, but if it isn't the way you (physicians) want it, it isn't going to work."

Senator Rasmussen was one of five county residents who were scheduled to spend half a day each with four physicians during the two-day mini-internship. Also learning about medicine from a physician's perspective were interns Andrew Munro, district assistant for Representative Norm Dicks; Tanya Miller, a secretary on the Medical Society staff; Kathy Turner, a member of the Puyallup City Council; and Cal Watness, state director of the American Association of Retired People (AARP).

Each intern lavished superlatives upon the program.

"It was amazing," said Tanya Miller. "Totally fascinating."

"I hope you continue the program. It is so valuable," Cal Watness said.

Kathy Turner said, "It was the most incredible experience I've ever been offered. A once in a lifetime experience."

Participants in the Mini-Internship were (l) ***Stanley Jackson, MD,*** *Kathy Turner,* ***Don Russell, DO,*** *Andrew Munro,* ***Peter Marsh, MD,*** *Tanya Miller, Sen. Marilyn Rasmussen, Cal Watness and* ***Maria Mack, MD***

And Andrew Munro said the mini-internship was outstanding. He plans on telling Congressman Dicks about his new appreciation for medicine. He said he doesn't believe any form of socialized medicine will work in our society because, "You need flexibility to get your jobs done."

All five physicians who hosted interns were equally thrilled with the opportunity to share their practices. None of them had ever participated in the mini-internship before.

Stanley Jackson, MD, told everyone at the wrap-up dinner meeting, "I had a great time." He said he appreciated the opportunity to show interns that plastic surgery is not all face lifts and tummy tucks on glamorous models.

Don Russell, DO, also said he enjoyed the opportunity, and he tried to demonstrate that pediatricians practice preventive medicine more than commonly understood.

One of his interns, Kathy Turner, was impressed that he taught his patients about trigger locks for guns, bike helmets and fluoride - some of the same subjects she deals with on the Puyallup City Council.

John Rowlands, MD, said, "I really enjoyed the program. It was an education for me." He said he learned more about the AARP from Cal Watness than he taught Watness about medicine. He was particularly impressed with the chance the mini-internship gave him to view his practice through someone else's eyes.

Peter Marsh, MD, said, "I had a lot of fun too. People had no idea what infectious medicine is about."

Anesthesiologist **Maria Mack, MD,** nearly wore out her guests as she guided interns through long stints on their feet during total hip replacements and other surgeries. She said she appreciated the internship program because today, when everybody is losing touch with the system, it provided her a way to stay involved.

Program Targets Medication Misuse By Seniors

The state's elderly people who take medications will periodically take their pills into their primary care physicians for review if a new WSMA program is successful.

The new program, called Med-Check, is

the brainstorm of **Eileen Toth, MD,** who served part of last year on the WSMA Patient Awareness and Community Education (PACE) Committee. The committee liked her approach to helping senior citizens use their medications properly and adopted her suggestion. As a result, the PACE Committee recently sent to all state primary care WSMA members a packet describing the project and including samples of tools that will make the project successful.

WSMA has also enlisted the American Association of Retired Persons (AARP) to co-sponsor the program.

The central concept behind Med-Check is to advise senior citizens taking medications to gather them all up and take them into their primary care physicians when they go for a visit. Physicians then can review them and discuss them with their patients.

On average, elderly patients take at least three different prescription medications daily in addition to non-prescription medications. In **Dr. Toth's** experience, those patients frequently misuse medications for a number of reasons:

• They get confused about the daily frequency for taking each medication

• They keep old medications and sometimes revert to taking them when they shouldn't

• They stop taking medications before they should (10% of hospital admissions of people over 65 are due to non-compliance with medications)

• They take combinations of medications which produce adverse reactions (17% of hospital admissions of people over 65 are due to adverse medication reactions)

• They are often patients of more than one physician, each of whom may prescribe medications without knowing what other medications the patient takes

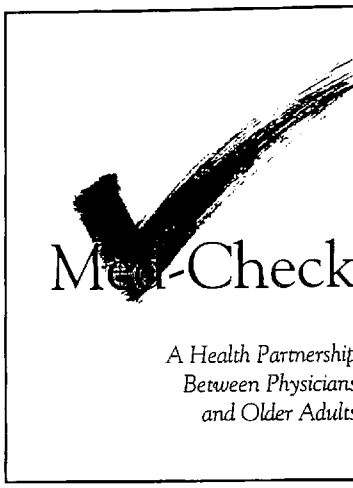
"If I were on four or five medications daily, I would get confused," said **Dr. Toth.** "It gets exceedingly confusing for elderly people. For that reason, it is a good idea for primary care physicians to get their patients to bring their pill bottles in. When you actually see the bottles, it can be quite an eye opener."

Bringing the bottles in for a check up is superior to relying on a patient's verbal description of the pills, **Dr. Toth** said, because different manufacturers' versions of the same formula look different, making descriptions unreliable. In addition, patients often don't know the medication's proper name, she said.

As a tool for helping elderly patients remember to take their pills in for a check up, WSMA is providing members brown paper sacks to give to their patients. The sacks have been printed to say, "Med-Check, Bring Your Medications In For A Check-Up," and are available gratis to WSMA members. **Doctor Toth** has ordered 200 for her internal medicine practice.

Also available are three-inch round paper stickers that say, "Are You Seeing Your Doctor Today? Bring All Your Medications With You."

The AARP is promoting the Med-Check program to its state members in their local chapter meetings and through a state-wide publication.



In Memoriam

Kenneth E. Trnka, MD

February 2, 1950 - April 24, 1994

On Sunday, April 24, 1994, the medical community of Pierce County lost a dedicated physician when Dr. Kenneth Trnka died suddenly in his home. During his time with us, Dr. Trnka touched many lives.

Ken Trnka was born on Feb. 2, 1950, in Loyal, Wisconsin. He graduated from the University of Wisconsin with a B.S. in mechanical engineering and then went on to medical school at the same university. He completed his residency in cardiology in Denver and completed a fellowship in cardiology at Fitzsimmons Army Hospital while serving as a Major in the Army. He joined Cardiac Study Center and moved to Puyallup in 1986. He was a member of the American Medical Association, a Fellow in the American College of Cardiology the American Heart Association, WSMA and PCMS.

Dr. Trnka is survived by wife, Terri; mother, Arleen Trnka of Loyal; brother John Trnka of Rochester, Minnesota; and sisters Kathryn Berkey and Ruth Trnka, both of Wisconsin.

Dr. Trnka was a gifted and dedicated physician who will be missed by all who knew him. He is gone from us but not forgotten.

Needham Ward, MD

Physicians Apply for Membership

Duncan, Stephen, MD
family practice
practices with Group Health
medical school: Indiana Univ.
residency: Union Hospital

Gordon, Michael, MD
anesthesia
practices with Pacific Anesthesia
medical school: Einstein College of Medicine
internship: Beth Israel Hospital
residency: Toledo Hospital
fellowship: U.S. Army

King, Douglas, MD
general surgery
practices with Drs. Wright and Feucht
medical school: Jefferson Medical College
internship: Univ. of Washington
residency: same

Kozakowski, Mark, DO
internal medicine
practices with the Puyallup Tribal Health Authority
medical school: College of Osteopathic Medicine and Surgery, Des Moines, Iowa
internship: Eisenhower Army Medical Center
residency: same
fellowship: Letterman Army Medical Center (hem/onc)

Robinett, Roger, MD
anesthesiology
practices with St. Joseph Hospital Anesthesiologists
medical school: Loma Linda Univ.
internship: Univ. of Washington
residency: same

Tomski, Mark, MD
physical medicine and rehabilitation
practices with Drs. Stevenson, Heath and Winkle
medical school: Medical College of Wisconsin
internship: Mt. Sinai Medical Center
residency: Medical College of Wisconsin Affiliated Hospital
fellowship: Zablocki VA Medical Center

Health System to be Data Driven

Tacoma orthopaedic surgeon **Joe Nichols, MD,** has been working a second job. About two days a month he's making history by helping determine how physicians' performance, and that of the whole state health care system, will be measured and evaluated under health care reform.

"There is nothing like this anywhere," he said of the new data gathering and reporting system he is helping design for the state Health Services Commission. "It is amazingly complex," he said.

As one member of the 12-person Health Information Committee, **Dr. Nichols** serves with **David Munoz, MD,** and two other physicians, Dr. Hal Clure (past WSMA president) and Dr. Harold Goldberg, on the committee. **Doctor Nichols** reported on the committee's progress to the PCMS Board of Trustees May 9.

He said one of the objectives of the physicians on the panel is to protect the interests of all state physicians in the bureaucratic committee system that at times seems pressured by financial and political interests. The four physicians on the committee have waged a concerted campaign to persuade the committee not to simply pile layer after layer of data reporting requirements upon physicians as they design the new computerized reporting system. Such requirements would be burdensome on physicians, they have stressed.

Instead, **Drs. Nichols and Munoz** have emphasized the need to set unburdensome standards of reporting that will yield information all health care system participants need. Those participants include:

- The Health Services Commission
- State and local agencies monitoring public health
- Health Industry Purchasing Cooperatives (HIPCs) managing consumer education and wellness
- Purchasers monitoring the value of health care services
- Health plans delivering care
- Providers
- Consumers choosing plans and providers
- Health researchers

Dr. Nichols said the committee's vision for the Health Information System is to support the internal information needs and external reporting requirements of all health care groups. To fill that tall order, the information system will be:

- Implemented incrementally, guided by cost and feasibility considerations
- Include information about patients' medical histories and services they have received
- Confidential yet accessible
- On line and in real time eventually
- Both decentralized and centralized information repositories
- Based on a state-wide dictio nary defining system data elements

These data elements are the key to the entire system, **Dr. Nichols** said. What goes in determines what comes out. How process and outcome measures are coded, for example, will determine benchmarks, performance measurement standards and state health care system policies, he said.

"Incredibly complex," he repeated.

Doctor Nichols said physicians can assure themselves significant control over the new health care system by helping develop standards against which their performance will be measured. **No one has developed outcome report cards before, yet the committee will try,** he said.

Standards and measures of quality are key to the operation of the whole health care system. That is what physicians know best, he said, and that is where **Dr. Munoz,** WSMA and he are focusing their efforts.

No one is better qualified to lead that effort than **Dr. Nichols.** As chairman for more than a year of WSMA's CARE (Clinical Assessment and Research Evaluation) Committee, **Dr. Nichols** has led WSMA's pioneering work in developing physician-evaluation standards.

"We want to be part of the process of deciding how to measure health care delivery, not just victims of the process," he told the Bulletin in March, 1993.

He told the Board of Trustees last month that he hopes to insert the CARE standards development process into the state system.

"We have a good shot at doing that," he said.

He expects to tap the highest qualified physicians in each specialty to serve on sub-committees developing the standards. Work on them will begin in about six months, he added.

He said his objective is "...to give physicians information to manage care, not to be managed."

Healthy Options At Full Enrollment May 1

The Department of Social and Health Services took the final step in its program to enroll all Pierce County AFDC-eligible Medicaid patients in its managed Medicaid program May 1. It assigned approximately 3,355 households to one of seven health plans participating in its Healthy Options program. They were assigned to plans because they had not responded to three notices giving them the option to enroll voluntarily.

"It behooves everyone at this point to be especially attentive to the approval process."

With the assignments, the initial enrollment process concluded with 38,404 clients enrolled. That number will not remain static; it will change from month to month as people are added to or removed from the state's eligibility list.

The final assignments were made on the basis of information provided by the health plans as to the availability of a provider within a five and/or 10 mile radius of the client's zip code.

The approximate number of clients enrolled in each plan May 1 were:

Blue Cross/MultiCare Health	9,994
Community Health Plan	2,427
ETHIX	3,577
Group Health	2,643
Pierce County Medical	16,751
Providence Health Care	2,312
Puyallup Tribal Authority	700
TOTAL	38,404

At an April 20 meeting of the PCMS Managed Medicaid Committee chaired by **Bill Roes, MD,** physicians expressed a number of frustrations with Healthy Options' startup. Having been initiated March 1, the program has created extra work for hospital emergency room physicians who must first obtain permission from primary care physicians (PCP) to treat their presenting patients and then additional permission to refer to specialists. Specialists must also obtain referrals. Who to call and when to call confuses doctors.

Beverly Court, the state's official overseeing implementation of Healthy Options in Pierce County, explained that all hospital emergency departments and all seven plans have agreed on standard protocols to examine and treat patients in the ER (see page 17 of last month's Bulletin). But each of the seven plans must set its own procedures for ERs to follow obtaining permission from PCPs to refer clients to specialists. Because there can be seven different procedures, depending on the plan, confusion is to be expected, she said.

She added, "It behooves everyone at this point to be especially attentive to the approval process."

Other physicians at the meeting complained that patients present to them who are not enrolled with the plan or plans in which the doctor participates. Checking to ensure which plan and PCP patients are enrolled with takes valuable time.

Court said each patient should have two enrollment cards doctors should check, one from DSHS listing the health plan with which they are signed up, and another from the health plan listing the patient's PCP and plan. If there is a conflict between cards regarding which plan the patient is enrolled in, she said go by the DSHS card. The DSHS card will not list the PCP, she said, but PCPs can look for their own patient's name on the roster sent them by the health plan. Emergency departments should have master lists of all patients assigned to Healthy Option PCPs, Court said.

While the new system has its bugs, Court and the physicians attending the meeting agreed adjusting is getting easier and problems are lessening as time goes by.

PCMS Welcomes New Members

Carlon, Michael, MD
pathology
practices with A.K.E. Pathologists
medical school: Univ. of Colorado
internship: Tripler Army Medical Center
residencies: Tripler AMC
Walter Reed AMC

Grubb, Nancy, MD
family medicine
practices with Tacoma Family Medicine
medical school: Univ. of Texas Medical Branch
internship: Tacoma Family Medicine
residency: same
internship: Univ. of Washington (faculty development)

Hodges, George, MD
pathology
practices with Pathology Associates of Tacoma
medical school: George Washington Univ.
internship: Madigan
residency: same
fellowship: National Naval Medical Center (hematopathology)

Levine, David, DO
family practice
practices with Franciscan Family Care
medical school: Michigan State Univ. College of Osteopathic Medicine
internship: Flint Osteopathic Hospital
residency: Michigan State Univ. College of Osteopathic Medicine

Perkins, Philip, DO
psychiatry
practices with Lakewood Professional Counseling Center
medical school: College of Osteopathic Medicine and Surgery
internship: Madigan
residency: Tripler Army Medical Center

Spain-Remy, Claire, MD
ob-gyn
practices with Tacoma Family Medicine
medical school: Duke Univ.
internship: Madigan
residency: same

Tresler, Catherine, MD
infectious diseases
practices with Infections Limited, P.S.
medical school: Duke Univ.
internship: same
residencies: same
New England Deaconess Hospital

Williams, William, MD
pathology
practices with A.K.E. Pathologists
medical school: Medical Univ. of South Carolina
internship: Univ. of Oregon Health Sciences Center
residencies: Medical Univ. of South Carolina
Tufts New England Medical Center

Wood, Patricia, PA-C
family practice
practices with Drs. Hosford and Schulze
premedical education: Univ. of Washington

WSMA, Newspaper React to Assisted Suicide Court Ruling

The May 6 issue of WSMA's *Membership Memo* reported the following article:

On May 4, 1994, the United States District Court for the Western District of Washington, in a case entitled, Compassion in Dying v. State of Washington, declared unconstitutional a Washington statute that prohibits the assisting of a suicide, but only to the extent that statute barred:

> *assisting a terminally ill, mentally competent adult acting knowingly and voluntarily, without undue influence from third parties, who wishes to commit physician-assisted suicide.*

The court declined to enjoin the enforcement of the statute at this time. However, if this decision stands, it would provide a physician with an affirmative defense against a prosecution for violating the law involved. Presumably, it would also bar the state Department of Health from taking licensure action against a physician who engaged in that activity.

The reasoning of the court was twofold:

1. If pregnant women have the right to terminate the potential life of someone else in order to protect their own right to be free from pregnancy, then that right must include the one at issue here, and

2. If terminally ill patients can hasten their death by withdrawing life support systems, then terminally ill people not on life support systems should be allowed to hasten their deaths with physician-prescribed drugs.

The court held that the first reason resulted in the statute being unconstitutional as an undue burden on a citizen's "liberty" interest and the second reason amounted to a violation of a patient's right to the equal protection of the laws.

The court agreed that the legislature could regulate this area providing it did so to protect its interests in not promoting suicides among "young people and others with a significant natural life span ahead of them" and "protecting people from committing suicide due to undue influence or duress." The court admonished the Legislature to enact a regulatory structure that "does not constitute an undue burden on the exercise of a constitutional right and is reasonably related to a legitimate state interest" such as the two identified earlier.

The state has not yet decided whether to pursue an appeal. If the case is not overturned between now and the next legislative session in January of 1995, the legislature is likely to enter into the area to attempt the line drawing exercise the court has left to it.

Physicians wishing to assist such people commit suicide need to be thinking of two things:

1. First, the unconstitutionality of the statute applies only to "terminally ill, mentally competent adults acting knowingly and voluntarily, without undue influence from third parties, who wish to commit physician-assisted suicide." A physician who assists a patient who turns out to be lacking one of those characteristics might be unprotected by the decision.

2. The status of the case as a defense against a prosecution for assisting with a suicide will turn on the course of appeals and stays, if any, of the court's decision by higher courts. This can change over the course of the case's progress through the federal appellate courts, and competent legal counsel is strongly suggested. Similarly, the status of the case east of the Cascades should be discussed with counsel.

WSMA policy adopted by the association's House of Delegates in 1990 and reaffirmed by delegates in 1991 remains opposed to physician-assisted suicide. The policy remains that the social commitment of the physician is to prolong life and relieve suffering, but not to intentionally cause death.

The News Tribune also reacted to Judge Rothstein's ruling in a May 5 editorial. It blasted Rothstein, accusing her of placing her personal preference ahead of legal considerations, equating mercy killing to natural death and overriding the democratic process. It then urged the state Attorney General to appeal the ruling to the U.S. Supreme Court.

Managed Care Requires Bigger Practices

Physicians attending May's General Membership Meeting heard medical practice consultant Tony Maki, CPA, urge them to combine their practices in order to prosper under managed care.

"Bigger practices are better for economies of scale. If you do nothing, you won't survive," said Maki. Big groups wield more negotiating power with hospitals and medical plans, he said.

Dennis Drouillard, MD, and Dave Wilhyde, MD, were among the members at the May 10 meeting

Managed care is driving physicians together, not governmental health care reform, Maki said. He predicted that within two years, managed care will be the predominant form of medicine in Washington State.

"Once it starts, it happens very fast," he said, pointing to Portland and California as examples.

Maki urged physicians to talk to one another, to hospitals, to existing group practices, HMOs, mutual service corporations and any other group interested in discussing combinations with their practices. Talk is cheap. It won't hurt, he said. It's an important way to become educated about alternative practice arrangements.

The local consultant with the national accounting firm of Moss Adams, CPSs, spent most of the evening at Fircrest Golf Club discussing the alternatives physicians should consider, their strengths and weaknesses. Underlying his discussion was his conviction that physicians need to make the best decision for themselves and for preserving their income; not to feel like pawns.

"You doctors are in control. If you come together in some of these forms, you are in the driver's seat," he said.

Group practice (clinic) without walls

Maki considers them the strongest form of practice combination. They are protected from anti-trust traps. They can be partnerships, which he recommended ahead of corporations because they provide an easier exit. They can be full asset mergers or allow for independent assets. They can be single- or multi-specialty.

Independent Practice Associations

Very popular now, they provide good negotiating power with hospitals and medical plans. They tend to be non-profit but carry the risk of requiring physicians to pay double B&O taxes. They also can run afoul of anti-trust laws. Maki believes most IPAs will transform into full asset mergers in the future ("They're like courting without marriage," he said).

Multi-specialty group practices

They are full asset mergers under one roof. They can be single-specialty. Maki predicted most IPA's will develop into this form. He believes clinics without walls are stronger and will be more prevalent.

Mutual service corporations (or MSO)

They purchase the business side of physicians' practices and provide business services for physicians. Hospitals offer them now, but if the state eliminates its laws regarding the corporate practice of medicine, national corporations would enter the marketplace and physicians could be hurt. The major disadvan-

Dermatologist Lloyd Elmer chatted with ophthalmologist Mark Gildenhar before sitting down to dinner at the Fircrest Golf Club

(continued on next page)

CPA Speaks at Meeting *(continued)*

Tony Maki told members at the General Membership meeting that managed care will dominate health care in Washington in two years.

tage is physicians lose control of their practice.

Hospital affiliations

Hospitals are currently racing physicians to exert market control by purchasing practices, selling selected services to physicians, or forming physician hospital organizations (PHO) or MSOs. Maki said the problem is physicians lose control and hospitals do not know how to manage practices. Swedish Hospital is currently struggling with its PHO for this reason, he said. "Hospitals are not in the driver's seat in my opinion," Maki said. However, they do provide physicians strong capital assistance for growth, can provide a full range of managed care services in "global" contracts, and are experienced, effective recruiters.

Retire

For physicians contemplating retirement within five years, hospital offers to purchase practices and make employees of their physicians can be tempting. There is now very little goodwill in practices.

Finally, Maki advised physicians to take some key steps in their transition to a managed care marketplace.

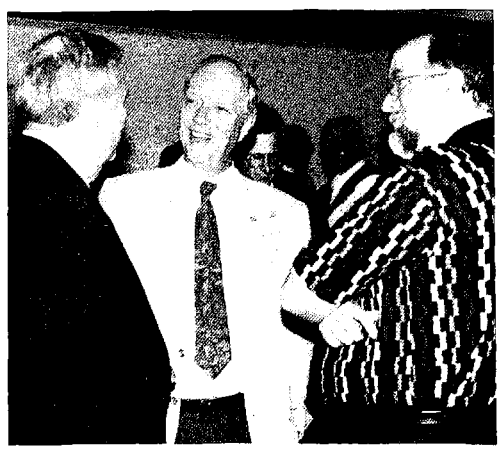
* Talk together and become educated

* Identify the type of affiliation, management, compensation system legal structure and practice best for them.

* Develop a market analysis and strategy

* Utilize attorneys and accountants for their expertise

* Develop a business plan



Lakewood physicians John McGowen and Mike Young enjoy a conversation with a friend.

Question of the Month

The Society would like to know what you think about various, timely topics: Society policies, social issues, medical procedures and other subjects as they come to the fore.

To learn what you think, we will be asking a Question of the Month in the Bulletin and asking you to call or fax your answers in to the Society office. We will tabulate and publish the results in the following Bulletin issue.

The survey will be non-scientific but interesting if you participate. It will also be informative for Society leaders. We don't need or want to know your names as you respond. We just want to know what you think.

Please telephone 572-3667 or fax to 572-2470 your answer to the following question before June 15.

Question:

Do you agree that physician-assisted suicide should be legal? Yes or No

Renewed Neighborhood Clinic Serves Needy

The Neighborhood Health Clinic, which has provided health care to uninsured, low income county residents for 12 years, has a new home. After being forced to abandon its old St. Leo's School building while remodeling construction was in process, the Clinic moved back to newly renovated digs May 1.

The new facility now has hot running water (it didn't before the remodeling project) and comfortably appointed waiting, exam, pharmacy and other work spaces. Since its inception in 1982, the Clinic has been staffed by volunteer physicians and staff. Now there are more opportunities than ever for health care professionals to participate in this satisfying service to the community.

During the construction hiatus, several generous physicians pitched in to ensure the Clinic continued to administer to the needy. **Peter Kesling, MD,** donated his Connemara Building office one night a week. During that time, the Clinic saw close to 1,000 clients. The Clinic recognized **Dr. Kesling's** contribution with a certificate of appreciation May 6.

In addition, many physicians volunteered to see occasional Clinic clients in their offices during the construction project. Taking no fees, these physicians helped keep the Clinic's doors open:

Glenn Deyo
Needham Ward
Robert Martin
Doris Page
Richard Baerg
Gregory Schlepp
Thomas Kimpel

Peter Kesling, MD, receives his "Teamwork" appreciation plaque from nurse Bette Miller (r) who also donates her time at the Neighborhood Clinic. Alliance President Patty Kesling looks on.

Frank Senecal
David Acosta
John VanBuskirk
Robert Finnerty
Richard Ohme
Sid Whaley
Stevens Hammer
John Hill
Donald Shrewsbury
James Wagonfeld
Michael Lyons
Diane Combs
Thomas Brown
Stewart Freed
Kerry Watrin

Neighborhood Clinic *(continued)*

John Hautala
Robert Modarelli
Hsushi Yeh
Michael Jackson

The Clinic, generally open two nights a week under the medical direction of **John VanBuskirk, DO,** is run entirely on donations and grants from local charitable organizations, including the PCMS Alliance, and individuals. Financial contributions are always appreciated.

Physicians volunteer their time at the Clinic when they can. **Kerry Watrin, MD,** has done so for the Clinic's entire 12-year history. Specialists, such as radiologist **Tony Lazar, MD,** and oncologist **Amy Yu, MD,** expand their experience by practicing at the Clinic. Retired physicians who volunteer are covered by state-funded malpractice insurance. Doctors not already mentioned who contribute their time to the Clinic include:
David Acosta
Tony Soboil
Jerry Sullivan
Joli Duralde
Timothy Dahlgren
David Levine
Joan Halley
Cecilia Singh
Greg Causey
Todd Cowdery
Ken Elam
Robert Flack
Ken Graham

The Clinic has need of additional volunteer medical and nursing staff to see occasional patients in their offices and to practice in the Clinic. If you're interested, call Anita Bell, R.N., at 922-0524 or SherryMarie Parvin, E.M.T., at 272-9002.

Paperwork is minimized for physicians practicing at the Clinic. Charting is the only requirement. In addition, there is a camaraderie among the staff that leads physicians to say, "Now, this is practicing medicine."

To celebrate the new facility, the Clinic invites you to an open house at 4 p.m. June 2. Join the festivities and take the opportunity to tour the Clinic. It is located at 1323 South Yakima.

Cancer Newsletter For Primary Care Providers

The American Cancer Society is offering to primary care providers a free, two-page newsletter about cancer. The newsletter is published three times a year, and each issue provides physicians information about one cancer topic.

To obtain a copy, call Marcy at the Washington Division of the ACS at 272-5767.

Managed Care Resources From AMA

Managed Care Strategies for Physicians

This set of four 32-page soft bound booklets is a valuable source for any physicianinterested in managed care. The set includes:

Assessing Your Practice in an Age of Reform. Hands-on-tools for assessing your practice in a medical environment evolving toward managed care.

Group Practice Options: From Medical Corporations to Clinics Without Walls. Information about the various options and models for managed care, and help in assessing which may be right for your practice.

The Physician's Role in the Development of Physicians Hospital Organizations. A step-by-step guide to organizing a Physician Hospital Organization.

Forming Physician Networks. A step-by-step guide to organizing a Physician Integrated Network.

Order #: OP637093LT

AMA Member Price: $19.95

Nonmember Price: $28.00

AMA Phone # 1-800-621-8335

A Physicians' Guide to Selecting and Working with a Managed Care Attorney or Consultant

Managed care poses many complex questions for today's practice of medicine. Many physicians find they need the help of consultants and attorneys when facing these new questions and challenges. This 24-page booklet outlines a step-by-step process for choosing and working most effectively with these professionals. Included are criteria for selecting an attorney or consultant, model fee proposals, interview questions, and suggestions for enhancing your working partnership.

Order #: OP631193LT

AMA Member Price: Free

Nonmember price: $19.95

AMA Telephone # 1-800-621-8335

The Managed Health Care Handbook, 2nd Edition

Edited by Peter R. Kongsvedt, MD, FACP. A good reference for healthcare professionals considering or already involved in managed care. The second edition of this best-seller features actual operational strategies of top programs along with practical insights into every aspect of managed care. Organized for quick and easy use. Hardcover. 450 pages.

Order #: OP943293LT

AMA Member Price: $74.95

Nonmember price: $89.00

AMA Telephone #1-800-621-8335

The Physician's Guide to Managed Care

The trend toward managed care presents a challenge to all physicians. The Physician's Guide to Managed Care is a collection of articles, written primarily by physicians, that offers practical guidance in surviving the transition to managed care. Topics include contracting, negotiating, structuring a bid, MIS, billing and receipts, risk sharing, and more. 300 pages (approx). Hardcover.

Order #: OP951694LT

AMA Member Price: $44.95

Nonmember price: $59.

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Your colleagues want to help.

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emotional problems

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Confidentiality Assured

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Boston ADD Expert Sets July Workshop

Dr. Ned Hallowell, MD, a Boston psychiatrist and expert on Attention Deficit Disorder, is scheduled to speak at a professional workshop on July 22, 1994, at Jackson Hall. Dr. Hallowell, an ADD adult, is co-author of the recently published book "Driven to Distraction: Recognizing and Coping with Attention Deficit Disorders from Childhood through Adulthood."

The professional workshop set for 9 a.m to noon, is sponsored by ADDult Support of Washington, CHADD of Washington and the Learning Disabilities Association of Washington. Tickets for attending may be purchased by writing ASW at P.O. Box 7173, Tacoma WA 98407. The cost is $15 per person.

Dr. Hallowell is also scheduled to speak on Wednesday, July 20, from 7 p.m. to 9 p.m. at Tacoma Community College. Tickets for this presentation may also be purchased through the address above or by paying at the door.

ACLS PROVIDER COURSE WITH NEW GUIDELINES SET JUNE 27-28

The College's very popular Advanced Cardiac Life Support (ACLS) Provider Course is scheduled for June 27-28 at Jackson Hall. This course will feature the American Heart Assocation's New Guidelines identified in the Heart Association's New Manual.

The course will also feature a new format. Shortened to about 1½ days, the approach is virtually all "hands on" with group discussions and case presentations. In line with the Association's philosophy, the new course emphasizes teaching and successful completion.

As before, the ACLS course offer 10.5 hours of both AMA and AAFP credit. The College offers its ACLS course twice annually for physicians, nurses and paramedics.

Registration brochures were mailed out in May. For additional information, call the College at 627-7137. Early registration is encouraged as classes often fill quickly.

The new course format is identified below:

PROGRAM SCHEDULE/MONDAY

8:00am	ACLS Introduction
8:15	Workshops: Static & Dynamic Dysrhythmia With Cardiac Pharmacology
9:45	Break
10:00	Skill Portals (40 min. each) 1) Respiratory Arrest 2) Tachycardia - Stable & Unstable 3) Ventricular Fibrillation - CPR/AED 4) Ventricular Fibrillation - Code 5) PEA/Bradycardia - Asystole/Pacing
Noon	Lunch (no host)
1:00pm	Skill Portals Continued
2:20	Break
2:35	Integrated Session: Myocardial Infarction Cases Studes Panel & Participant Discussion
4:00	Adjourn

PROGRAM SCHEDULE/TUESDAY

8:00am	Dysrhythmia & Pharmacology Review (FOR RENEWAL PARTICIPANTS ONLY)
9:00	Evaluation Portals 1-5 (30 min. each)
11:30	Break
11:45	Post Tests
12:45pm	Post Test Review
1:15	Adjourn

President's Message

The dictionary is the only place where success comes before work. Our PCMS Alliance has energetically begun its work this year and has already reaped success.

The first huge success came in the form of the Teen Health Forum recently held at Central Washington Univ. in Ellensburg. Entitled "CHOICE NOT CHANCE," this valuable quality program was presented on May 5, 1994, by the WSMA, the WSMA Association Alliance and Health Foundation, and the Office of Superintendant of Public Instruction. Numerous volunteers from our Alliance gave generously of their time and energy to help make this well attended function a real success story. We extend a heartfelt thanks to all of them. You will enjoy reading more about this event in the recent TNT article which has been reprinted in this *Bulletin* for your interest.

Another outstanding success for our Alliance was the recent completion of the PACE grant project. As a result of the extensive and diligent work of a few Alliance volunteers, the physicians and other health care providers of Pierce County received a valuable mailing. In the mailed packets were pamphlets on domestic violence and second-hand smoke. It is hoped that this project will improve the quality of life and the health of many patients in our area. We have already received very positive feedback regarding this project, including a thank you letter from the Chief of Social Work Service at Madigan Army Medical Center.

I wish an enjoyable and rewarding Pacific Northwest summer for all of you and your families. I hope your energy stores become filled to the brim so that our Alliance will be able to count on as many of you as possible to help with this coming year's important works that will lead to even more valuable successes.

Patty Kesling

President 1994-95

For Teens, It's Their "Choice, Not Chance"

by Linda Watermeyer

When 450 teenagers got together from around the state last month at the "Choice, Not Chance" health forum, you could hear a pin drop. They attended workshops on gangs and violence, teen pregnancy, binge disorders, and goal setting. Other forum workshops held at the Central Washington University campus included sexual harrassment, AIDS, and getting along with parents. Teenagers packed the auditorum to the brim, and are now taking back to their community all they learned from this day-long meeting. The students, parents, and educators have Sharon Ann Lawson and Alice Wilhyde to thank for it.

Sharon Ann Lawson is a member of the Washington State Medical Association Alliance, and they're not just having tea anymore. The goals of the Alliance are to bring health education to the public in meaningful ways. Lawson, a practical visionary and longtime active member of the Alliance, wanted a project that would benefit teenagers in the community as well as provide meaningful work for Alliance members. Her yearly health forum touches both groups in ways they've never been touched before.

Lawson called upon Alice Wilhyde, another longtime Alliance member, and together they contacted everyone they knew in the medical field who could help. The Teen Health Forum began to take shape six years ago. "I don't know where I got the brashness to go forward, but I did," says Lawson. Without any experience, she wrote grant requests, did fundraising, and "flew by the seat of my pants" the first year. The momentum has since grown exponentially. Last month's free forum marked the sixth "sell-out" crowd for Lawson and Wilhyde.

The "Choice, Not Chance" philosophy recognizes teenagers face tough issues every day. The annual conference is a way for teens to learn about sensitive issues with full knowledge that "the consequences of the decisions they make today affect all of their tomorrows." Teens listened to one keynote speaker and two physician speakers in the morning and attended three of 17 workshops offered in the afternoon.

The teens from around the state who attended weren't necessarily the ones with top grades. Lawson stressed that disseminating information from the forum to the community requires getting the facts to teens who are natural leaders. It's called the ripple effect, and it works. Before arriving to the forum, students took a pre-test on the physicians' talks. After the two addresses, students took post-tests. As in past years, students' knowledge of new subjects are far improved. This is just the beginning of the ripple effect, which

(continued on next page)

Teen Health Forum, "Choice, Not Chance" *(continued)*

continues long after the seminar ends at 3:15pm.

This year's physician speakers were Dr. P.Z. Pearce, a U.S. Olympic Team Physician who spoke on personal fitness, and Dr. James States, a specialist who addressed the issues of binge disorders. Teens were amazed to learn that excessive behaviors can occur not just with food, but with alcohol and activities as well.

Students left the forum with commitments to share the information they learned with their schools. They may write an article for the school newspaper, or commit to make a presentation to other classmates. Due to the overwhelming success of the ripple effect, parents, teachers, and educators heartily endorse and/or volunteer for "Choice, Not Chance." Co-sponsors included the Washington State Medical Association, the Washington State Medical Association Alliance and it's Health Foundation, and the Office of Superintendant of Public Instruction, while 43 other corporations and medical organizations also helped with funding or grant money, including Boeing, US West and SAFECO.

Volunteering is what keeps "Choice, Not Chance" alive and moving forward on its mission to educate teenagers. Many volunteers gathered the day before the forum to help set up, organize snacks, or help with computer inputs while others keep busy planning this huge event year round. Alliance volunteers met in Olympia this week to tabulate workshop and conference feedback forms filled out by attending students. The students' opinions count, and all this effort is to make a good conference even better.

Jaimi Porter, a Puyallup teenager, represented Ferrucci Junior High School at the conference in past years. The workshops she attended were "wide-ranging, hard hitting, sensitive topics." She was pleased to know that physicians with beepers have always been available in case students were overwhelmed by sensitive issues, such as rape, and sexual harrassment. This year she volunteered at "Choice, not Chance."

Mason Middle School has been well represented at past forums. Jason Barbon attended last year's workshop. He enjoyed how the guest speakers talked to teens on their level and got them involved in role-playing. According to Jason, the teenagers and sex workshop, the suicide workshop, and gang workshop were the first to fill up last year. Jason said that although intensely personal, these topics are what he talks about with his friends.

Five more Mason students attended the forum this year and all grew excited when discussing the keynote speaker, Hanoch McCarty, Ed D. He's an author and motivational speaker and talked about his "10 Secrets to Successful Self-Esteem."

According to Mason student Brenna Poole, the stress management workshop was also a hit. "I have baseball, flute, school, homework, friends, and family to manage. Things sort of pile up. Grown ups don't realize that we have pressures too."

Julie Tart endorsed the goal setting workshop. She learned of a study which showed that three people out of 50 wrote down their goals years ago, and those three people are now top salary earners.

Teens are struggling for independence and finally adulthood in an ever-changing society. It's a relief to know that people like Sharon Ann Lawson, Alice Wilhyde and over 40 other volunteers are out there producing the forum where teens can grow and choose their way successfully through these transitions. These teenagers are our future and well worth the investment of time "Choice, Not Chance" gives them.

Alliance Board Change

The 1994-1995 PCMS Alliance Executive Board will include as Treasurer, Susan Wulfestieg, and as Dues Treasurer, Toni Loomis.

Health Advisory Board Formed

All the county's major medical institutions have formed a Community Health Advisory Board (CHAB) to begin upgrading the overall health of county residents. As its initial project, it undertook a thorough analysis of Pierce County's health status and discovered that the county's immunization rate is well below both the state and national target of 90 percent for two-year-old children.

As a result, CHAB members, including St. Joseph Hospital, MultiCare Medical Center, Good Samaritan Hospital, Group Health Cooperative, Pierce County Medical Bureau, Pierce County Medical and Dental Societies, Tacoma-Pierce County Health Department and Madigan Army Medical Center, sponsored a health fair in Parkland May 14 to provide free immunizations where they are needed most. CHAB data indicated children under two in Parkland, Tillicum and Spanaway have an immunization rate of only 32 percent compared to 52 percent for the county as a whole. People in those communities are also generally underserved with health care resources, the CHAB study found.

CHAB saw 139 people at the clinic.

Organizers say they're particularly focusing on the area's at risk children and their families.

For more information about CHAB, call Shari Day Campbell at 863-9248.

AMA Cannot Restrict Physician Advertising

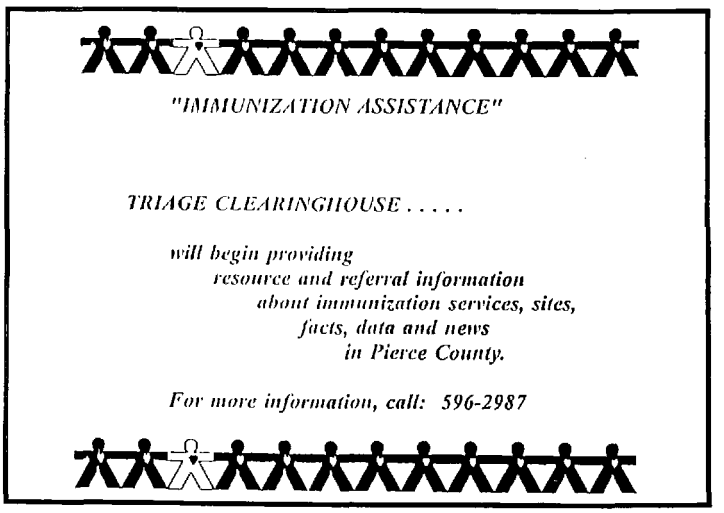
If you have noticed more and more advertising by physicians, you are not alone. The PCMS office has received several calls about the practice from questioning members.

Because health care reform is likely to increase the incidence of advertising, we thought it would be helpful to recap the AMA Council on Ethical and Judicial Affairs' Current Opinion (1992) about advertising. The opinion was shaped to meet Federal Trade Commission requirements that the AMA and other groups not restrict free trade. It reads:

"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 him- or herself as a physician through any commercial publicity or other form of public communication (including any newspaper, magazine, telephone, directory, radio, television, direct mail or other advertising) provided that the communication shall not be misleading because of the omission of necessary material information, 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 communication 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 entire Current Opinion is several paragraphs longer and amplifies on the above two paragraphs which form the opinion's foundation. If you would like the full text, call the Society at 572-3667.



POSITIONS AVAILABLE

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

Physicians Needed. Part-time. Change your routine-spend one weekend a month and two weeks a year as a Medical Officer with the Washington Air National Guard - Your hometown Air Force reserve. Call SMSgt Gary Plendl, Tacoma 581-8233 or 1-800-344-0539.

Pacific Northwest - Group Health Cooperative of Puget Sound, a 370,000 consumer-governed HMO, is currently seeking a board-prepared/board certified occupational medicine physician. We are a multispecialty organization offering financial security, strong collegial relationships and support for high-quality continuing education and research. Position located near Seattle in the Puget Sound area. For further information, call 1-800-543-9323 or write to: 521 Wall Street, Seattle, WA 98121. Equal opportunity employer.

Locum Tenens, BE/BC, needed for Washington. $50/hr. plus professional liability, mileage and accommodation. Could you cover a rural community for two weeks or more? Also full-time positions available. 1-800-926-5773.

Medical Director, 14-21 hours per week. Flexible schedule. Provide direct patient care and supervise mid-level clinicians. Prefer family practice or ob/gyn. Contact Nancy Rutenbeck, (206) 572-4321.

OFFICE SPACE

For Lease: 1240, 2200 sq. ft. of professional office space in multispecialty medical center on growing South Hill in Puyallup. Physician owned. Terms negotiable. Call Al Sullivan, 593-6072, or Dr. Rebecca Sullivan, 848-5351.

Office Space, 1850 sq. ft., 1910 S. Meridian, Puyallup. Contact Gary Gallinger (206) 552-7858 or (206)852-5800.

Professional Office Space, 460 sq. ft. Stadium-Downtown area. Conference room, fax, copier usage. $600/mo. 572-3666 M-F.

POSITIONS WANTED

Medical/Dental Transcription for all specialties. Exceptional background in medical field. Pick up and delivery. Call Medical Science Writing Services, 925-3276.

GENERAL

Sunriver/Mt. Bachelor, Oregon - Vacation Rental. Lovely, spacious, 3br/2ba custom home. Well furnished with every amenity. Includes use of private swim/racquet club. (206) 588-4876.

Stunning Steilacoom Condominium for sale. Magnificent panoramic view of Sound and Olympics. $234,000. 588-4876.

Available Immediately. Class A space in Fife (formerly Tacoma Occupational Medical Offices). 3168 sq. ft. Three private offices, six private medical rooms, x-ray room, examine area with six more stations, large waiting/reception area, large file room, upgraded electrical for medical use. Gross rate: $18 per sq. ft. Please contact Tom Petramalo, Targa Real Estate Services, Inc. at (206) 627-8811.

Tacoma Family Medicine Day CME June 24

Tacoma Family Medicine is planning a CME called "Health Promotion and Disease prevention June 24. It is the 5th annual conference and it will be held in Jackson Hall from 8 a.m. to 4 p.m.

Featured topics include implementing prevention into practice, health care maintenance for the elderly, and controversies surrounding colo-rectal cancer detection, mammography and immunizations.

For further information or to register, please call Continuing Medical Education at 552-1221.

Medical Assistants to Meet

The Pierce County Chapter of Medical Assistants will meet June 13 to hear Alice Cabe from the Eastside Medical Lab speak about basic lab tests.

The 6:30 p.m. meeting will be held at Allenmore Hospital's cafeteria. Assistants are invited to attend and obtain CEU points for recertification.

If you have questions, please call Cindy Wallace evenings at 840-0282.

Pierce County Medical Society
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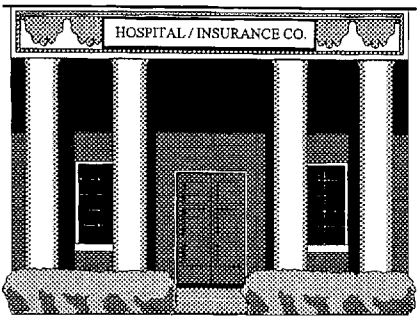
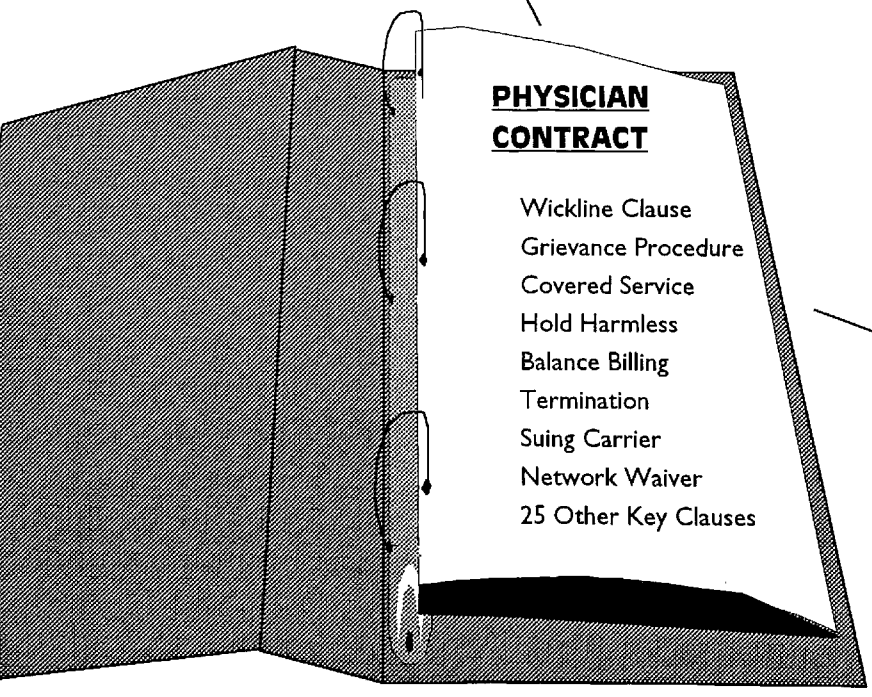
PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
July, 1994



SORTING OUT

CONTRACT MUMBO JUMBO

see pages 5-7



The Bulletin is published monthly by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in **The Bulletin** are the 15th of the month preceding publication (i.e. Oct. 15 for Nov. 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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223 Tacoma Avenue South
Tacoma, WA 98402

(206) 572-3666, Fax 572-2470

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Local News

News Briefs

Departments

The Pierce County Medical Society

announces the

September General Membership Meeting

when: Tuesday, September 13
Social Hour at 6:00 p.m.
Dinner at 6:45 p.m.
Program at 7:45 p.m.

where: Tacoma Sheraton
Hotel (ballroom)
1320 Broadway Plaza

a joint meeting between the

Tacoma-Pierce County Bar Association

and the

Pierce County Medical Society

TORT REFORM:
The Great Debate

Also: Four at-large members will be elected to the Nominating Committee

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(return before Friday., Sept. 9, to PCMS, 223 Tacoma Ave. So., Tacoma, Wa. 98402)

Please reserve _____ dinner(s) at $25 per person
(tax & tip included)
Enclosed is my check for $_____

signed_____

President Marsh: Health Care Reform Will Stall

Dr. Marsh addressing retired physicians about health care reform at the June 6 retired luncheon.

Going public with his thoughts about health care reform, PCMS President **Peter Marsh, MD,** predicted June 9 that reform will happen later rather than sooner.

President Marsh went out on a limb with what he called "Marsh's Picks" while speaking to retired PCMS physicians at the Fircrest Golf Club. He predicted:

- That health care reform will stall at the federal level because a large number of powerful groups, including but not limited to Republicans and Democrats, are at odds over system design.
- That Congress will pass legislation allowing states to try their own health care reform schemes before plunging the nation into one system.
- That Washington State's health care reform implementation date, now set for July, 1995, will be extended, partly because federal bureaucrats will wrangle over whether to extend Washington a waiver from ERISA laws.
- That Washington's new health care system will be up and running before the nation's.
- That health care in Pierce County soon will be dispensed by four or five large groups, including MultiCare, the Franciscans, PCMB, WSMA and Group Health.

Before making his predictions, **Doctor Marsh** explained to the retired physicians how medicine has changed since they were in practice. He said that the cost of traditional fee-for-service medicine began rising at a double-digit rate in the 1990's. As a result, employers demanded cheaper medical insurance policies for their employees. Insurers responded first with primary provider organizations (PPO) that reimbursed physicians on their panels at reduced rates in return for providing doctors more patients. The system didn't work, however, because nearly all the community's physicians participated in the PPO, **Dr. Marsh** said. In addition, PPO's controlled only fees, not volume of services.

Next, **Dr. Marsh** said, insurance companies ratcheted medical costs down one step further with point-of-service contracts. Pierce County Medical Bureau last year ranked all primary care physicians according to the cost of services they provided, and cut reimbursement rates to the most costly providers.

Recently retired radiologist Vern Larson, MD, considers the luncheon buffet selection.

In the most recent attempt to reduce the cost of medicine, market forces have produced capitation systems which provide physicians financial incentives to reduce the cost of care, **Doctor Marsh** said. Under capitated contracts, groups of physicians receive a fixed fee per patient per month,

(continued on next page)

President Marsh's Prediction *(cont.)*

Marcel Malden, MD, Ernst Baur, MD, and Murray Johnson, MD, enjoy their lunch before learning about "Marsh's Picks."

and the groups are at financial risk to manage care or lose money. Capitated reimbursement systems have produced a power struggle within the medical community to determine who controls the money. **Doctor Marsh** said hospitals have begun buying private practices in order to control providers and the money flowing to them. MultiCare has purchased 31 to date, he said, and the Franciscans purchased Western Clinic.

In a word, capitated systems have become "scary" for physicians, **Dr. Marsh** said.

To compete and retain some control, physicians have formed independent practice associations (IPAs) and multi-specialty groups, he said. The multi-specialty Lakewood IPA has successfully bid on a capitated contract from the state and appears to be the best organized at this time, he said.

The Washington State Medical Association has formed its own group, or certified health plan (CHP), in order to recapture control of medical delivery. The CHP will contract with IPAs and other groups to provide care in a state-wide network, **Dr. Marsh** said. The CHP will mean small practitioners, even solo physicians, will continue to have a role in medicine.

Doctor Marsh, who has represented county physicians in visits to legislators in Olympia and Washington, D.C., said there is little support for a national single-payor health care system.

WSMA Will Consider Your Ideas

If you have ideas you would like the WSMA House of Delegates to consider during its annual meeting Sept. 22-24 in Wenatchee, now is the time to submit them. The House will review resolutions submitted in writing before July 15.

Written resolutions should be sent to PCMS.

If you want help drafting a resolution, call Doug Jackman.

WSMA Prepares Contract Evaluation Matrix

The Washington State Medical Association's contract evaluation service has reviewed contracts being offered to physicians by hospitals and insurance plans. It has analyzed 33 standard provisions in 25 contracts against criteria WSMA judged to be favorable to physicians. It then prepared the matrix on the following two pages comparing contract clauses against the WSMA criteria.

An "X" indicates a concern over contract language given the criteria WSMA adopted. WSMA suggests physicians encountering this clause may wish to negotiate more favorable terms for that particular provision. It will furnish free to WSMA members a handbook titled "Evaluating and Negotiating Managed Care Contracts" to help you negotiate. For non-members, there is a $50 charge.

"N/A" means not applicable, or the criterion in question does not apply to the contract.

"?" means no reference, or, the effect of the contract language is unclear.

A blank space means either the presence of a favorable criterion or the absence of an objectionable contract provision.

WSMA has also prepared a glossary of terms defining each of the 33 clauses it reviewed. The PCMS office will furnish copies of the three-page glossary to requesting physicians.

Finally, WSMA warns physicians not to accept this matrix as legal advice. It suggests physicians wanting legal advice contact an attorney experienced in physician business matters.

WSMA Prepares Contract Evaluation Matrix *(continued)*

	Afford able	Blue Cross	Claim Cnty Phys Serv	Ethix	First Chce	Good Hlth Plan PMG	Group Hlth NW Cnslt	Hlth Plus Par Prov	Inte Net Work	King Cnty Par Prov	Multi Care Hlthy Opt	Multi Lake Wood IPA
1. No Prior Authorization		X	?	X	X	X	X	X	X	X	X	X
2. Covered Patient Verification	X		?		X		N/A		X			
3. Covered Service Verification	X		?	X	X		N/A		X		?	
4. Mutual Use of Names	X	X	?	X				X	X	X	X	X
5. All Terms Included			X	X	X	X		X	X	X	X	X
6. Patient Grievance Procedure			?	X							?	
7. Unrestricted Referral	X	X	?	X	X	X		X	X	X	X	
8. No Access To Non-Plan Patient Records										X		
9. Carrier Pays Copying Costs	X	X	X	X	X	X	X			X	?	X
10. Mutual Liability Insurance Requirements	X	X	X	X	X			X			X	X
11. No Wickline	X	X		X		X		X	X	X	X	X
12. Compensation Plan Enclosed		X	X	X	X	X	X	X	X	X		
13. Physician Consent to Comp. Plan Change	X		X	X			X		X	X		?
14. Balance Billing Permitted	X	X	X	X	X	X	X	X	X	X	X	X
15. No Physician Risk for Insolvency		X	X	X	X	X	X	X	X	X	X	X
16. No Electronic Billing Requirement			?							X		
17. Billing Assistance Available	X		?	X	X	X	X	X	X			
18. No Copay Collection Required			?			X	X	X		X		
19. Mutual Turnaround Time			X	X					X	X		
20. No "Most Favored Nation"												
21. Termination For Cause		X	X	X	X	X				X	X	X
22. No Automatic Renewal	X		?	X	X	X	X	X	X	X	X	X
23. No Specific "Privileges" Requirement	X		?	X		X	X	X		X	X	
24. Mutual Hold Harmless	X		?				X	X		X		
25. Oral Promises Honored	X	X	?	X	X	X	X	X	X	X		
26. Mutual Amendment	X	X	X		X					X	X	
27. Mutual Assignment	X	X	?	X	X		X			X	X	X
28. No Waiver of Rights				X						X		
29. Physician May Sue Carrier		X			X	X		X		X	X	X
30. Each Pays Own Attorney Fees	X			X	X	X	X		X			
31. Convenient Forum	X	X						X			?	
32. No Signing Deadline			?		X					X		
33. No Network Waiver	X	N/A	N/A	X	X	N/A	N/A	N/A	X	N/A	N/A	

WSMA Prepares Contract Evaluation Matrix *(continued)*

	Net Work Sub Spec	Pacific Hlth Care	Pacific Hosp	Pierce Cnty Incent PCP	Privt Hlth Care	Prov Hlth Care	Pugt Snd Phys Spec	Qual-Med PCP	Snd Hlth	Thurston Cnty PCP	Thurston Cnty Spec	Wenat Clin Spec Care	Yakma Cnty Part Phy
1. No Prior Authorization		X	X	X	X	X	X	X	X	X	X	X	X
2. Covered Patient Verification		X		X				X			N/A	N/A	
3. Covered Service Verification			X	X				X		X	N/A	N/A	
4. Mutual Use of Names	X	X		?			X	X				X	X
5. All Terms Included	X	X		X	X	X		X	X	X	X		X
6. Patient Grievance Procedure		X		?			X						
7. Unrestricted Referral	X	X	X	X	X	X	X	X	X	X		X	
8. No Access To Non-Plan Patient Records												X	
9. Carrier Pays Copying Costs	X	X	X	?	X	X	X	X		X	X	X	X
10. Mutual Liability Insurance Requirements	X	X		X	X		X	X	X			X	X
11. No Wickline		X			X	X		X	X				X
12. Compensation Plan Enclosed	X		X				X			X	X		
13. Physician Consent to Comp. Plan Change	X			X					X	X			X
14. Balance Billing Permitted	X	X		X	X	X	X	X	X			X	X
15. No Physician Risk for Insolvency	X	X	X	X		X	X	X		X	X	X	X
16. No Electronic Billing Requirement				X									
17. Billing Assistance Available	X	?		X		X		X	X	X		X	X
18. No Copay Collection Required						X							X
19. Mutual Turnaround Time													
20. No "Most Favored Nation"			X							N/A	N/A		
21. Termination For Cause	X	X		X	X	X	X	X	X			X	X
22. No Automatic Renewal	X	?	X	X	X	X	X	X	X	X	X	X	X
23. No Specific "Privileges" Requirement	X	X		X	X	X	X	X	X	X		X	
24. Mutual Hold Harmless	X	?		?	X		X						
25. Oral Promises Honored	X	X	X	X	X	X	X	X	X	X	X	X	X
26. Mutual Amendment	X	X		X			X			X	X	X	
27. Mutual Assignment	X	X	X		X		X	X	X				X
28. No Waiver of Rights													X
29. Physician May Sue Carrier	X	X		X	X	X		X	X			X	X
30. Each Pays Own Attorney Fees				X		X			X			X	X
31. Convenient Forum		?		?					X				
32. No Signing Deadline		?											
33. No Network Waiver		N/A	N/A	N/A	X	N/A		N/A	X	N/A	N/A	N/A	N/A

Patient Confidence is Utmost Concern

The Minutes of the PCMS Interprofessional Committee meeting are reported by Committee Chair ***Dr. John Doelle,*** *Puyallup Family Physicians. The Interprofessional Committee meets on a need-be basis, usually two or three times a year. The committee is composed of physicians, dentists, nurses, pharmacists and podiatrists.*

If you have an issue to be raised with one of the professions, this is the committee to have the dispute aired.

John Doelle, MD

The Interprofessional Committee met May 10. It began with a discussion of the need for professionalism and tact on the part of physicians and pharmacists when discussing prescriptions with patients. In one specific case, a physician had been frustrated when a pharmacist had implied to a patient that a prescription he had written might not be the optimal medication for the condition involved.

Dr. Doelle indicated that both physicians and pharmacists need to use great tact in discussing prescriptions with patients so as not to destroy the patient's confidence in the medication.

Some prescriptions may need to be questioned because of seemingly inappropriate dosage utilization, but **Dr. Doelle** indicated that pharmacists should contact the physician directly to discuss this rather than making any comments to patients.

It was also noted that some medications may be utilized for conditions not routinely treated with the medication, but appropriate for a particular empiric treatment plan. An example might be the use of an anti-depressant for neuritic pain or Tegretol or Dilantin for a peripheral neuritic type of pain problem. There was consensus that all health care professionals, whether physicians, pharmacists, physician extenders, or dentists need to use the greatest of tact in discussing treatment plans and prescriptions with patients, especially where another doctor's prescription is involved.

Mr. Jackman pointed out that one of the more common complaints generated for the Medical Society Grievance Committee were those stemming from patients whose complaint arose from one physician criticizing another physician's line of treatment or diagnostic plan.

Pharmacists indicated that small private pharmacies are coming under increasing economic pressures due to the development of prescription plans by large cooperatives. This leaves independent pharmacists with very little profit margin. Increasing requirements for documentation of advise given by pharmacists puts them in much the same position that physicians find themselves in. Specifically, a lot of documentation appears to be required for each patient contact or, in this case, each prescription filled.

Independent pharmacies are considering ways to market their practices through leaflets and advertising. One example of a very constructive leaflet from an independent pharmacy contained information on weight management, sports fitness, nutrition, and products for preventive care and wellness. Independent pharmacists will increasingly be attempting to market their advantage compared to mail-in or large competitive organizations.

Both physicians and pharmacists continued to express concerns about the trends in medicine towards increasing overhead and decreasing share for physicians, physician extenders and independent pharmacists. Specifically, concern was expressed at the contracting practices of both governmental and independent insurance agencies and the constraints of managed health care. There appeared to be consensus that insurance companies are profiting in the current environment while independent physicians and pharmacists are increasingly coming under constraints.

There was a feeling that managed health care was a two edged sword and much of the disadvantage of managed health care did fall on primary care physicians, many of whom are independent or in small groups unable to negotiate effectively when contracts are offered.

There was consensus that all health care providers needed to emphasize the well-being of their patients and strive to evaluate health care contracts, whether governmental or private, based on the well being of both the patients and fairness to the providers in the health care fields.

Members Appointed to Domestic Violence Commission

David Law, MD

Richard Harvey, MD

Kris White

President-elect **David Law, MD, Richard Harvey, MD,** an emergency physician at St. Joseph Hospital, and Kris White, PCMS Auxiliary president in 1988-1989, have been appointed to the newly authorized Pierce County Commission Against Domestic Violence.

The commission, established by the County Council May 31, has been directed to develop a comprehensive domestic violence plan for the county. The plan is to "...ensure a coordinated community response system to domestic violence which maximizes local resources, reduces duplication of services, and shares resources between the public and private sectors."

Once the plan is written, the commission will recommend it to the County Executive and County Council for implementation. The commission thereafter will assemble yearly to review the plan's progress.

Doctor Law has a personal interest in violence, as reported in last month's Bulletin. **Doctor Harvey** has developed a protocol for dealing with domestic violence at the St. Joseph emergency room. And Kris White has been a significant force behind the Alliance's recent domestic violence initiative.

Society Logo Needs Facelift

Have you ever wondered about the Society's logo? Where did it come from and when? Why is the fish coming out of the doctor's ear? Why is half of the doctor's face shaded?

You're not alone.

The answers to these and other questions are not clear. So the Society is considering replacing its logo - updating it with something more meaningful.

Do you have any ideas? What elements should a new logo include? The caduceus? Our name?

If you have suggestions, please call Executive Director Doug Jackman at 572-3667.

Expert Witness vs. Treating Physician

A recent decision of the Washington Appellate Court, Paiya v. Durham Construction, defined an expert witness as a professional who is retained by party to develop facts and opinions in anticipation of litigation. A health care provider who acquires and develops facts and opinions for purposes of treating a patient is not considered an expert witness entitled to an expert witness fee.

The decision has resulted in what seems to be adverse consequences, among them hardships for physicians who have treated patients and who are then called upon to give up their time for deposition, court appearances, etc, for a $25 fee.

Pending a change in the court rules or other actions by the Legislature, it is the opinion of the Medical/Legal Committee that treating physicians should be entitled to a reasonable fee for their medical/legal services. Physicians' fees should be reasonable and based on the earnings available to physicians for extra work or professional services in their offices.

The committee recommends that a letter be written by the physician's office to the attorney requesting the meeting, deposition, or court appearance, stating what your charges are for medical reports, conferences, deposition, trial testimony, etc.

Following is a draft letter that could be used as a guide for physicians' offices to the attorney.

Dear Sir/Madam:

Thank you for the advance notice regarding the trial testimony (deposition) scheduled for (date and time).

I wish to inform you that this office has established a fee schedule for depositions, trial testimony, conferences, medical reports, etc., and it is a s follows:

Medical Reports ..... $____ per hour

Conferences ..... $____ per hour

Depositions ..... $____ per hour

Trials and Testimony ..... $____ per hour

If you have any questions regarding the fee schedule, please call. If not, please confirm that we are in agreement with the charges.

Sincerely,

_____, *MD (DO)*

Dr. Gil Roller Retires

After practicing general radiology in Tacoma for 24 years, **Gilbert Roller, MD,** retired July 1. Fully retired, that is. For the past five years, **Dr. Roller** has been half in and half out of his practice.

"I've been easing out slowly and gradually," he said. "Politically, I've really cut back for six or seven years."

He called his path a slow treadmill to senior citizen status.

His exodus began almost 10 years ago when he left Tacoma Radiology to become medical director for the Pierce County Medical Bureau for two years. When he returned to Tacoma Radiology, he began working only half time.

While he will miss the friendships he has developed most of all, he said, "We're looking forward to changing gears." He and his wife, Jo, plan to spend more time with family.

Doctor Roller was chairman of the Society's Ethics and Standards of Practice Committee for several years. He was instrumental in developing the Society's ethical guidelines. He also served on the Board of Trustees and represented the Society as a delegate at several WSMA annual meetings.

Doctor Galen Hoover Retires

As a boy, **Galen Hoover, MD,** worked in the Puyallup Valley fields picking berries and getting his hands dirty. They were good ol' days.

"I've always liked to see things grow and harvest them," he said.

Now, after winding down a 40-year career in orthopedic surgery July 1, **Dr. Hoover** plans to return to the soil and the crops.

"I like farming," he said. "I'm just a displaced farmer. I'll probably die riding a tractor or being kicked by a bull."

Doctor Hoover and his wife are retiring to his 1,100-acre ranch near Yakima where he plans to plant some winter wheat, grow hay and maybe raise some cattle. The ranch has been leased to a cattle rancher while medicine kept the hand surgeon specialist in Tacoma. But his practice hasn't stopped him from spending his off-hours at the ranch or from recently planting 100-acres of oats.

He said, "I'll miss medicine. But I'm glad to get out. This is just another phase of my life - another beginning."

While he's seen changes in medicine before, he thinks there is too much change now. It's not all needed, he believes.

Doctor Hoover started Tacoma Orthopaedic Surgeons about 30 years ago. Then, he had one associate. Today, there are seven surgeons.

He may be leaving the office, but he doesn't plan to be idle.

"I love to work. I will always go to work," he said.

When your staff vacations,

Receptionists/Secretaries
Transcriptionists
Bookkeepers/Insurance Clerks
Medical Assistants
LPNs/RNs
Lab Technicians
X-ray technicians
Medical Records Clerks

do you get swamped?

call the

PCMS Placement Service

for

TEMPORARY EMPLOYEES

572-3709

Paperwork Hassle Invades CME

The College of Medical Education gets numerous requests annually to accredit programs. Most all requests, unfortunately must be denied due to the amount of paperwork and documentation required to ensure that the essentials of CME are met.

AMA Category I Continuing Medical Education credit has become exceedingly difficult to obtain. Due to commercial support guidelines becoming required standards, paperwork and documentation requirements have made joint-sponsorship offerings extremely difficult.

The College of Medical Education is accredited by the WSMA Medical Education Committee to provide Category I accredited courses and can also "jointly sponsor" programs with other organizations.

To jointly sponsor a course, the College must be informed and involved before any planning takes place. The College (or sponsor) is responsible for the content, quality and scientific integrity of the CME activity. Identification of CME needs, determination of educational objectives, and selection of content, faculty, educational methods and materials are all the responsibility of the accredited sponsor. Evaluation must be designed and performed by the accredited sponsor as well. Documentation is required to ensure that the speakers and topics are selected without commercial bias. In addition, the sponsor must attend the course to ensure that commercial bias does not exist.

The stringent requirements have made it virtually impossible for the College to offer "joint sponsorships." The College does not have the staff required to ensure the essentials are met. And, the College jeopardizes it's own accrediting status by not following closely the requirements of "joint sponsorship."

Prescribing Guidelines Revised at Madigan

Madigan Army Medical Center has recently updated prescribing guidelines for non-steroidal anti-inflammatory agents, antihypertensive agents, agents for GERD/PUD, and anti-hyperlipidemia agents.

Specifically, changes include: pricing, restricted anti-hypertensive agents, e.g. Cardizem CD, diclofenac as a "third line NSAID" and "stepped therapy for anti-ulcer, dyspepsia, and esophageal reflux therapy" (GERD/PUD)

A copy of the prescribing guidelines along with a list of the medications available at Madigan Army Medical Center can be obtained by contacting the Pierce County Medical Society.

Physicians Apply For Membership

Nooshin Farahmand, MD
neurology - child neurology
practices in Puyallup
medical school: National University of Iran
internship: Saint Luke's Hospital, Cleveland, Ohio
residency: same
fellowship: New York University (pediatric neurology)

Paul Gunderson, MD
general surgery
practices in Enumclaw
medical school: Harvard University
internship: L.A. County - USC Medical Center
residency: Univ. of California

Philip Grenley, MD Memorial

1913-1994

by Leo Annest, MD

I was deeply saddened when I heard of Dr. Grenley's passing. I will miss him. He was a long-time friend.

Phil was a graduate of New York University Medical School and did pioneering research in the field of male infertility. He came to Tacoma a few months after I began general practice in Tacoma in 1946. I became acquainted with him when I referred him an extremely interesting case with a huge right hydronephrosis. I assisted him with the surgery and he performed excellently. I was impressed. That was the beginning of a long-time friendship and professional association in many surgeries.

I always recall how gratified he was after many of the surgeries that he performed successfully in eradicating disease. He was also gratified in the results of his many conservative managements of patients where surgery could be avoided. Patients were most appreciative of the excellent care that he gave them. No patient was turned away and he never rushed through an appointment. He practiced with care and integrity.

Phil so often spoke with pride and love about his family members, their accomplishments and his association with them at home as well as away from home.

Phil spoke up so clearly and with authority about issues that came up in meetings and newspapers, particularly when the medical profession was a target of criticism or freedom of choice of physician or institution by patient was threatened or violated. He was highly respected by patients and physicians.

Phil made great contributions to teachings of nurses and other students during his career. He loved to teach. He was the consulting urologist to the surgeon general at Madigan from 1945-1987.

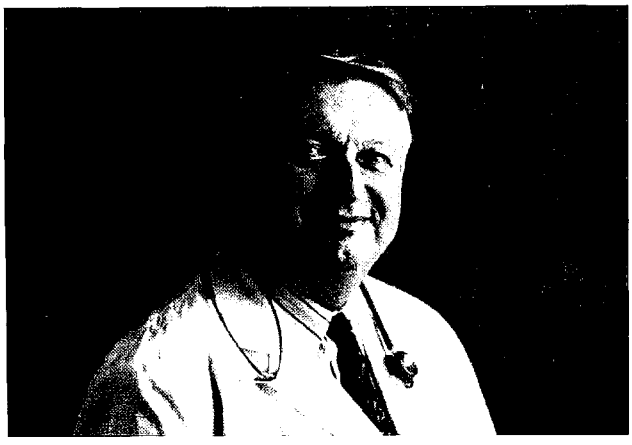
Phil was quite a host at many events. He achieved the honor of highest office in the Shriners. He worked hard and long. I will never forget the final party that he gave as the Pooh-bah of the Shriners. And most importantly, Phil and his wife, Dorothy, hosted beautiful wedding receptions for their children.

Dr. Grenley served as a trustee of the Washington Children's Home Society, Charles Wright Academy, the Washington State Masonic Home, and the Pierce County Medical Bureau, of which he was also president. He was also president of the St. Joseph Hospital medical staff. The Philip Grenley Orthopedic Guild was established in his honor at Mary Bridge Hospital. He was a member of the Lakewood Advisory Commission, the Tacoma Golf and Country Club, the Masonic order and other organizations.

Phil is survived by his wife of 55 years, Dorothy Grenley; his sons Neal and Robert; his daughters Laurie Hallen and Jane Hanes; and seven grandchildren.

To summarize, Phil's life was filled with great achievements - spiritually, with his family and professionally. I feel certain that he is in the presence of our God and is smiling down upon us.

Why Does Richard M. Soderstrom, M.D., Choose The Doctors' Company?



RICHARD M. SODERSTROM, M.D.
President, Reproductive Health Specialists
Risk Management Director, Washington Section, ACOG
Seattle, Washington

Dr. Soderstrom, known nationally for his innovative work in the field of gynecology, has been insured by The Doctors' Company since 1989. And he's particular about his insurance carrier. Here are just 3 of the reasons why he's been with The Doctors' Company for five years:

1

"No other company offered me the voluntary deductibles I can get with The Doctors' Company. That saves me money and gives me more control."

2

"The Doctors' Company is quick to step forward in handling nuisance claims — and level-headed when settlement or trial is necessary."

3

"I trust this company."

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OF WASHINGTON

Direct Service for Washington Doctors from The Doctors' Company

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Burke Museum Honors Dr. Johnson

Retired Tacoma surgeon **Murray Johnson, MD,** has been honored by the University of Washington Burke Museum with a lecture series that will carry his name. The Johnson Lectureship, a series of evolutionary biology lectures by world-renown scholars, will be offered to the public and to students as a credit course next winter quarter. The museum established the series and named it after **Dr. Johnson** to recognize his 10-year contribution to the museum as its volunteer Affiliate Curator of Mammalogy.

Since retiring from his surgical practice 10 years ago, **Dr. Johnson** has given about two days a week to the museum, setting up procedures for the capture and collection of mammal species, selecting which specimens to examine, resolving diagnosis problems and directing a small staff. **Doctor Johnson** and a few other scientists have volunteered their leadership to make up for the University's lack of funding for a full-time mammalogy curator.

During his 10-year tenure as affiliate curator, **Dr. Johnson** has seen the museum's mammal collection increase from about 10,000 specimens to nearly 40,000 today. Among other well-known topics, he, the museum and its scientists have studied the food of the spotted owl and last year's Hanta virus outbreak on New Mexico Indian reservations.

Doctor Johnson's involvement in mammalogy preceded his retirement. He taught the subject at the University of Puget Sound and traveled the world, often with his family, searching for specimens. While he pursued those interests, associates filled in for him in his practice. He has collected mammal species all over Washington State and in foreign countries, including Finland, Russia and Japan.

Doctor Johnson knew little of the Johnson Lectureship except that it was being formed. He said, "It is a great honor for someone like me who is not part of mainstream academia."

While his 80-year-old body has not cooperated with an active schedule lately, **Dr. Johnson** said his involvement with mammalogy at the Burke Museum has been a good way to retire and leave the stress of medical practice behind. With his illness in retreat now, he said he can't wait once again to get back to the museum and to collecting specimens in the high country.

Dr. Rajacich Achieves Goal

Tacoma pediatric orthopaedist **Nicholas Rajacich, MD,** has fulfilled requirements to become a member of the Pediatric Orthopaedic Society of North America (POSNA). In May, he was formally inducted into the society at its annual meeting in Memphis.

"It is the completion of a goal I set when I came to Tacoma in 1990," he said. "This is unique for Tacoma."

Requirements for POSNA membership include completing a fellowship in pediatric orthopaedics and building an orthopaedic practice of at least 70% children.

Doctor Rajacich completed a pediatric orthopedic fellowship at the Hospital For Sick Children in Toronto, Canada, in 1990. He practices with the Orthopaedic Center, a recently merged combination of two Tacoma orthopaedic practices.

He said the benefits of POSNA membership include being able to attend national meetings where technical sessions allow him access to the latest pediatric orthopedic research findings. After attending the Memphis meeting, he has concluded that his practice utilizes state of the art techniques. For example, he said, procedures he uses to manage pain are the same as those discussed at the annual POSNA meeting.

Physicians Help Raise Money for ACS

Physicians from Tacoma Radiation Oncology, Primary Care Northwest and Drs. Clark and McKelvey's office participated once again in the American Cancer Society's City of Destiny Classic. They each fielded teams of a dozen people or more and helped raise money to make the 1994 Classic an all time success.

But for one physician team, the husband and wife team of **Drs. Lawrence and Donna White**, participation in the event was a particularly inspirational demonstration of courage. The Whites participated as a two-person team, dividing up the grueling 24 hours between only the two of them. They ran and walked more than 100 miles and raised more than $5,700 for cancer, results most 12-person teams didn't achieve.

"We did it to celebrate Donna's early diagnosis and successful treatment of breast cancer," said ophthalmologist **Lawrence White, MD.**

His wife, a 42-year-old Group Health mammographer, caught her disease at a very early stage last fall. It responded quickly to treatment. So the couple, who had run on City of Destiny Classic teams in previous years, wanted to do something special.

Their participation was a fitting tribute to every victim of cancer who also must battle courageously.

In all, more than $240,000 was raised by runners and walkers in Stadium Bowl May 13 and 14 to fund cancer research and education.

The Whites and other physicians helped the event exceed its goal by $30,000.

According to Stephanie Christiansen of the American Cancer Society, 81 teams of runners or walkers plodded 8,419 miles around Stadium Bowl in what was billed as "smashingly good weather."

She said that a similar event in Puyallup' Sparks Stadium June 11 and 12 was expected to increase the total raised in Pierce County to over $300,000. The Puyallup event, the third annual, is growing yearly because of the strong sense of community in the valley, she said.

The event was begun in 1984 by Dr. Gordon Klatt and now is the ACS's signature event nationally.

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Common Office Problems CME Set October 14

The very popular Common Office Problems course is scheduled for Friday, October 14, in Rooms 3A and B of St. Joseph Hospital's South Pavilion.

Designed for the Primary Care practitioner, the CME program will feature local and regional experts presenting "Common Office Problems" subjects as selected by course coordinator **Mark Craddock, MD.**

The course is sponsored by the College of Medical Education and is developed in response to PCMS physician input derived from the College interest survey. Category I CME credit is available from both the AMA and AAFP.

For information regarding "Common Office Problems" and other C.O.M.E. courses, please call 627-7137. The College's 1994-1995 course schedule is displayed on this page for your quick review.

C.O.M.E Board Announces 1994-1995 C.M.E. Schedule

The College of Medical Education's Board of Directors announced its CME schedule for 1994-1995 at their spring directors meeting June 10.

The courses are offered in response to local physician interest and likewise are designed and directed by local physicians. All of C.O.M.E. courses offer AMA and AAFP Category I credit.

A course calendar identifying the course title, their dates, a brief description and the course directors will be mailed in early September.

DATES	PROGRAM	DIRECTOR(S)
1994		
October 14	Common Office Problems	Mark Craddock, MD
November 18	Infectious Diseases Update	Alan Tice, MD
December 8 & 9	Advanced Cardiac Life Support	C.O.M.E.
1995		
January 19	Law & Medicine Symposium	Nicholas Rajacich, MD Rita Forster, JD
February 2, 3 & 4	CME @ Whistler	Richard Tobin, MD
February 24	Review of HIV Infections	Alan Tice, MD
March 9 & 10	Internal Medicine Review 1995	Clyde Koontz, MD
March 31	Office Gynecology	John Lenihan, MD
April 29	Cardiology for Primary Care	Marilyn Pattison, MD
May 19 & 20	Surgical Update 1995	James Rooks, MD
June 16	Clinical Guidelines Quality, Cost Effectiveness and...	Les Reid, MD
June 23 & 24	Advanced Cardiac Life Support	C.O.M.E.

CME At Mt. Whistler Probable, Spring Maui Course Possible

The College of Medical Education is investigating moving the traditional winter CME meeting held in a ski resort area to Whistler Resort. Past C.O.M.E. "ski" conferences have been held at Sun Valley, Idaho and Mt. Bachelor in Oregon.

Due to many requests to relocate the winter "resort" CME program, the College and course director, Rick Tobin, MD are looking into lodging options in the Whistler/Blackcomb areas. At this point, the CME "ski" program will likely be held on February 2,3 and 4 no matter what site is selected.

The CME at Hawaii program has typically been offered by the College every other year - most recently on the island of Kauai last April. Because of developing physician interest, the College is examining the possibility of offering the spring vacation CME course in just one year - again in April. The course is very expensive to develop and accordingly requires solid registrations to underwrite the conference budget. The course, if offered next April, would likely be held on the island of Maui.

If you are supportive of the College offering a CME at Hawaii course next April and would likely register, please call the C.O.M.E. at 627-7137 and let us know.

Physician CME Interests Revealed In C.O.M.E. Assessment Survey

The College of Medical Education recently undertook a needs assessment surveying PCMS members on CME interest.

The survey was a part of the College's commitment to responding to member needs and the College's role as an accredited CME provider.

Survey results were gathered in a number of ways to examine physician interest. A combination of approaches revealed physicians were most interested in CME programs dealing with infectious diseases. The College, in conjunction with Infections Limited, P.S., will offer its 4th annual Infectious Diseases Update CME program on November 18 this fall.

Other ranking CME interests as identified by Medical Society members included pulmonology, orthopedics, pediatrics, dermatology, cardiology, neurology and sports medicine. In response to the survey interest, the College's Common Office Problems CME program set for October 14 will offer addresses on many of these subjects. The program has been developed by Mark Craddock, MD.

In addition, the College will offer a cardiology program for the primary care physician next year. Marilyn Pattison, MD will direct the program.

Other categories identified for CME attention included gynecology, otolaryngology, urology, gastroenterology and rheumatology.

Concerning course day preference, physician responses were often driven by days off in their own practices. However, CME on Fridays was clearly the first choice. The worst day for CME was Monday.

Concerning courses on Saturday, although many indicated they would attend a Saturday course, many others responded that they would not attend on that day. Saturday did not rank high as a best day.

Finally, the CME needs assessment compiled a long list of specific topic interest. The lists will be used by program directors as they develop the College's respective programs.

ATTENTION DEFICIT CME OFFERS CATEGORY I

A workshop on "Recognizing and Coping with Attention Deficit Disorder in Childhood and Adulthood" now offers three Category I CME credits from the Washington State Psychiatric Association.

Co-sponsor with the ADDult Support of Washington, the workshop will feature Dr. Edward Hallowell, psychiatrist, co-author of the best-selling, Driven to Distraction, and an ADD adult.

The conference will be held on Friday, July 22, 8:30am to noon at the Multicare Medical Center, 314 S Martin Luther King Jr. Way in Tacoma.

Registration is $15 with an additional fee if educational credits are desired. Send a self-addressed, stamped envelope for more information to ADDult Support of Washington, P.O. Box 7173 Tacoma, WA 98407.

Note: Dr. Hallowell also will give public lectures in Tacoma on the night of July 20 and in Tukwila on the night of July 21, 7-9pm.

The Incomplete Picture of Perinatal Substance Use/ Abuse

How many cocaine exposed infants were born to Pierce County mothers in 1993? How many infants have been exposed to tobacco and/or alcohol as a result of mother's use?

No one knows for sure. There is no comprehensive or reliable source for this information.

In a review of the 10,308 infants born in 1991, the Tacoma-Pierce County Health Department's Office of Community Assessment found almost 20% of the year's birth certificates were missing alcohol and tobacco use data. Complicating this problem further is the fact that Washington State birth certificates do not collect information pertaining to use of other drugs during pregnancy.

Even though the data isn't 100% reliable, our best information shows almost one quarter of new mothers reported smoking during their pregnancies, based on Pierce County's 1991 birth certificate data. Nearly 30% of 18 to 20 year-olds reported smoking during their pregnancies, the highest proportion of any age group. The prenatal tobacco use trend showed fewer women from advancing age groups who reported smoking. Less than 15% of mothers 35 to 39 years-old reported tobacco use during their pregnancies. Among ethnic groups, Caucasians and Native-Americans reported the highest smoking rates. Birth certificate data for women who reported smoking during their pregnancies yielded a significantly higher relative risk for delivering low birth weight infants.

In Pierce County during 1991, alcohol use during pregnancy was reported by less than 3% of women who gave birth. This may reflect a dramatic under-reporting, as a University of Washington study of births in 1987 at a private hospital in King County found 46% of the mothers reported using alcohol during pregnancy (Am J Obstet Gynecol 1991;164;1241). Unlike tobacco use, alcohol use appears to increase with advancing maternal age. African-American and Native-American pregnant women were most likely to report using alcohol.

The Coalition For Drug Free Pregnancies is seeking to identify new sources of information which can help complete the picture of perinatal substance use/abuse in the Pierce County community. This data could then be employed in the development of targeted prevention efforts.

Please phone Diana Fitschen at 591-7202 if you know of any sources of relevant information.

The Coalition is supported by a Center for Substance Abuse Prevention grant and is composed of thirteen Pierce County representatives from clinics, hospitals, social service agencies and schools. The Coalition's goals are to work towards better coordinating services, increasing awareness for prevention, and providing current assessment and research information.

Bloopers Excised From Patient Charts

The following are bloopers from the mouths of St. Joseph Hospital physicians which, thanks to an alert medical transcriptionist, narrowly escaped becoming part of patients' records.

* Pain increases with walking, though he is able to walk almost a square mile.

* ...began to have increased fetal heart racing, especially in baby A, which was then ruptured.

* Currently, the patient is chest-free.

* To her knowledge, she does not smoke.

* The patient is a healthy-appearing woman lying on a ventilator.

* The patient complained of vaginal spatting.

* In the web spaces between his feet...

* Unfortunately, the mesher malfunctioned on the first of these, and about half the graft was unusable, as it turned into linguine.

* ALCOHOL: Beer for breakfast.

* The patient completed the vaginal hysterectomy.

* This is Dr. _____ dictating a burnout on the patient.

* "Car-cinema" (carcinoma)...A drive-in theater?

* Also, she points to the left axillary region, where she saw a surgeon who performed excision of the glands and left axilla.

* The patient complained of generalized weakness, indicating that she has had trouble getting up off the toilet after sitting there for the last three weeks.

* Margaret is a 75-year-old femur.

* Lungs revealed slight decrease in bowel sounds.

* The patient is a 31 year-old black white male. (Is this Star Trek??)

* She also has problems with foot sticking after she swallows it.

* The plan is to do as little as possible to alleviate the pain.

* The patient recently went bankrupt in a beer parlor.

* The examination is carried out in bed.

* The patient will be evaluated and disposed of appropriately. * This 9-month-old child states that for the past three days, he's had a fever of up to 101 degrees. (Smart kid!).

* The alopecia is alert and responsive.

* ALLERGIES: Coumadin. MEDICATIONS: Coumadin, 2.5mg q.d.

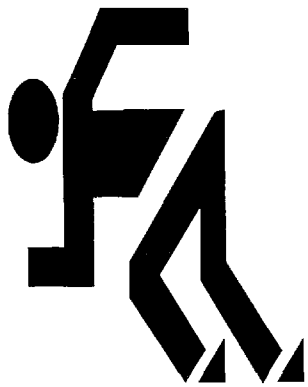
* Since her husband died, their relationship has changed dramatically.

* ...21-year-old male who shot himself in the left buttock with a nail gun 24 hours ago and complains of persistent foreign body sensation.

* She said when she took her foot off it looked intact and not broken off.

Doctors Run Sound-to-Narrows

A number of physicians competed in the 12K Sound-to-Narrows run June 11 through hilly Point Defiance Park. Some did quite well. **John Jiganti**, for example, was the fastest physician with a time of 43:25. Contratulations, John. You placed 49th out of those thousands of runners.



Not far back was **Ron Taylor** with a time of 45:14 and a second place in the 50-54 age group.

In the women's competition, Group Health physician **Donna White** was the fastest runner with a 54:38 time, 50th place in the division. **Therese Stewart**, wife of **John Stewart, MD**, ran the course in 56:05, and **Patty Kulpa** finished in 59:49.

Others who finished the race under the magic one hour mark included: **Kevin Baerg**, 58:39; **Loren Betteridge**, 59:09; **John Hautala**, 57:31; **John Lenihan**, 54:59; **Michael Priebe**, 58:40, **Craig Rone**, 49:43; **James Schopp**, 57:33; and **Lawrence White**, 59:28. Congratulations for whipping those hills.

We scoured the Tribune's list of race finishers to see who else conquered the course. If we missed you or your family in the listing below, please understand; we tried. Other finishers included:

Mardel Andersen, Ron Anderson, Robert and Sally Baird, Glenna Blackett, Leslie Burger, Lauren Colman, Mark Craddock, Shirley Deem, Kenneth Graham, Martin Graham, Marjorie and Stanley Harris, Richard Harvey, Patrick and Patrick Hogan, Judy Ip, Sandra and Thomas Irish, Jim Komorous, Maria Mack, Robert Osborne, Barbara Patterson, Kathleen Samms, Alan Tice, Jennifer Tobin, Marcia Vaccaro, Bruce and Jennifer Wilham, Michael Young, Lois Zoltani, Richard Bowe, Margaret Colman, Stan and Teddy Erwin, Joanne Iverson, Belinda Rone, and Ting Ling Yeh.

We salute all who walked or ran. Way to go!

Change Your Directories

Gilbert Roller, MD
Change status to: retired.

AIDS PATIENTS

in your practice?

(HIV-positive or diagnosed with AIDS)

the Tacoma-Pierce County Health Department will notify your patient's partner(s)

either

(1) send your patients to the AIDS Prevention Program office, or
(2) call your patient's name in to 591-6060 (with approval, of course)

Prevent the Spread of AIDS

Questions? Call Claudia at TPCHD, 591-6060

POSITIONS AVAILABLE

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

Physicians Needed. Part-time. Change your routine-spend one weekend a month and two weeks a year as a Medical Officer with the Washington Air National Guard - Your hometown Air Force reserve. Call SMSgt Gary Plendl, Tacoma 581-8233 or 1-800-344-0539.

Pacific Northwest - Group Health Cooperative of Puget Sound, a 370,000 consumer-governed HMO, is currently seeking a board-prepared/board certified occupational medicine physician. We are a multispecialty organization offering financial security, strong collegial relationships and support for high-quality continuing education and research. Position located near Seattle in the Puget Sound area. For further information, call 1-800-543-9323 or write to: 521 Wall Street, Seattle, WA 98121. Equal opportunity employer.

Locum Tenens, BE/BC, needed for Washington. $50/hr plus professional liability, mileage and accommodation. Could you cover a rural community for two weeks or more? Also full-time positions available. 1-800-926-5773.

Medical Director, 14-21 hours per week. Flexible schedule. Provide direct patient care and supervise mid-level clinicians. Prefer Family Practice or OB/GYN. Contact Nancy Rutenbeck, 206-572-4321.

OFFICE SPACE

For Lease: 1240, 2200 sq. ft. of professional office space in multispecialty medical center on growing South Hill in Puyallup.

Physician owned. Terms negotiable. Call Al Sullivan, 593-6072, or Dr. Rebecca Sullivan, 848-5951.

Furnished medical office space, approximately 900 sq. ft., available at St. Francis Medical Center in Federal Way. Parties interested in assuming current lease (expires April 1996) or subletting should contact Kathy Monroe at Infections Limited P.S. in Tacoma at 627-4123.

Survive Reform! Decrease office expenses through office sharing.

2400 sq. ft., 1 block from TG, good parking. Call David BeMiller or Wayne Curl, 383-2441.

Office space, prime location north of downtown Tacoma. Offices from 180 to 638 sq. ft. available July 1. Parking, kitchen, conf. room, utilities, a/c and janitorial provided. Secretarial, office equipment, other services optional. Price nogo. 223 Tacoma Ave. So, 572-3666.

POSITIONS WANTED

Medical/Dental Transcription for all specialties. Exceptional background in medical field. Pick up and delivery. Call Medical Science Writing Services, 925-3276.

GENERAL

Sunriver/Mt. Bachelor, Oregon - Vacation Rental. Lovely, spacious, 3br/2ba custom home. Well furnished with every amenity. Includes

use of private swim/racquet club. (206) 588-4876.

Stunning Steilacoom Condominium for sale. Magnificent panoramic view of Sound and Olympics. $234,000. 588-4876.

Available immediately. Class A space in Fife (formerly Tacoma Occupational Medical Offices). 3168 sq. ft. Three private offices, six private medical rooms, x-ray room, examine area with six more stations, large waiting/reception area, large file room, upgraded electrical for medical use. Gross rate: $18 per sq. ft. Please contact Tom Petramalo, Targa Real Estate Services, Inc. at (206) 627-8811.

For Sale. Crystal Mountain ski club membership. Rarely available. Fixed, limited number of shares. This cozy home-like cabin in the woods right at Crystal's base is fully furnished. Just add your gear and personal belongings and enjoy the company of other enthusiastic skiers. Perfect weekend getaway spot for the family. $15,000. Call (206) 759-4180.

Regional Accommodating Services Company will electronically process the physicians insurance claims, reducing his claims in suspension. Most electronic claims paid within 14 days directly to the physician. Call 846-3831 now to begin realizing the benefits of electronic claims submission.

For sale by owner: Charming custom home/quiet northshore cul-de-sac/facing downtown/Bay/Mt. Rainier/Olympics. Lap pool/hot tub. Three bedroom. Large master bedroom with gas fireplace. Two full baths with whirlpool tubs/one bath with separate shower. Heatpump with electronic filter. Ideal for singles/small family. By appointment/no agents. 952-3200.

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Outpatient General Medical Care at its best. Full and part time positions available in Tacoma and vicinity.
Very flexible schedule.
Well suited for career redefinition for G.P., F.P., I.M.
Contact: Andy Tsoi, MD
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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

August, 1994

Tacoma Wash. T y. August 24 1888

At a meeting of legally qualified medical practitioners in good professional standing held in the office of Dr J.S. Wintermute in the city of T acoma Washington T erritory on the evening of August 24 1888. There were present Drs. J.S. Wintermute, H.C. Bostwick, H.R. Garver, G.D. Shaven, H.J. W illiams, H.W . Dervey, J.F. Beardsley and F H. Luse.

Dr. Bostwick was called to the chair and Dr. Luce was made Sec. pro tem. Dr Wintermute moved the organization of a Society to be styled The Pierce County Medical Society which should have as its objects the advancement of friendly intercourse among its members for cultivating and advancing medical knowledge for promotion in a general sense the usefulness honor and best interests of the Medical profession in Pierce County. The motion on second of Dr Garver was unanimously carried.

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the passage above is an excerpt from the minutes of the Society's founding meeting

Dr. James S. Wintermute

see President's Page for related story

The Bulletin is published monthly by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in **The Bulletin** are the 15th of the month preceding publication (i.e. Oct. 15 for Nov. 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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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Local News

News Briefs

Departments

Where we've been...Where we're going

In 1888, Dr. James Wintermute invited seven friends to meet and form the Pierce County Medical Society. This small organization represented only a small fraction of the 166 *physicians* registered in Pierce County at that time. I use italics because in 1890, when asked to produce certificates proving their education, only half could supply the required documents. Dr. Wintermute was more respected for his ideas than his leadership, receiving only one vote for president of the new organization.

At the turn of the century, the Society split over the issue of "contract" medicine. Numerous physicians in the county had obtained exclusive contracts to provide care for various groups including city employees, railroad workers and company loggers. The Medical Society passed a resolution labeling this practice unethical and many physicians were dropped from the rolls. Medical Society expulsion was considered a serious blow and some of these contract physicians left the county while others left medicine altogether (one became a logger!). Some of the contract physicians prevailed and prospered outside of the Society. Drs. Yocum and Curran formed the Yocum and Curran Clinic, the forerunner of the Western Clinic. Dr. Albert Bridge became the doctor of the logging industry and built a hospital that would become Doctor's Hospital. Near the end of his, he left a substantial sum to fund a children's hospital, Mary Bridge.

In 1917, the state legislature passed the Industrial Insurance Act providing a means for Medical Society members to jointly fight exclusive contracts by individuals or clinics. At a special meeting of the Society on May 19, 1919, a resolution was passed authorizing the organization of an industrial medical service bureau with power to enter into industrial insurance contracts under the new First Aid Law. The bureau would have full power to make contracts for the Society with employers and employees, and it would permit the injured workmen to choose his physician among the members of the bureau. This was the beginning the Pierce County Industrial Medical Bureau which was the first Medical Society-sponsored prepaid health plan in the nation.

Following WWII Medical Society membership expanded rapidly, no doubt in part due to many physicians serving at Madigan and Fort Lewis during the war and returning to this attractive region when their military service ended.

Over the past 30 years, the focus of the Society has changed from its early root, but its membership has until recently remained solidly oriented toward private practice. The links with the Medical Bureau became increasingly tenuous then were severed altogether. The committees of the Society increasingly focused on community service taking on school health, the aged, AIDS, medical education and many other areas which were unrelated to business, insurance or contracts.

The challenge for the Medical Society in the second half of the 90's will be to continue its emphasis on community service, but broaden its scope such that the new "contract" physicians feel that society membership remains worthwhile. If programs and activities continue to be oriented only towards private practitioners we risk losing a substantial segment of our membership. The Medical Society of the future may provide the only common ground for medical professionals from perhaps compet-

(continued on next page)

President's Page

(continued)

ing organizations to meet and discuss common issues. Programs for meetings should be selected on the basis of broad interest to all groups. Our tort reform debate with the Bar Association scheduled for September is a good example of this. As hospitals and HMO budgets come under increasing pressure it's likely that their in-house continuing medical education efforts will suffer. I believe the Medical Society has a responsibility to assure that a broad range of COME courses remain available in Pierce County. Our social activities have been well attended and should continue to provide a lighter reason for physicians and their spouses to maintain society membership.

This brief historical review suggests that the Pierce County Medical Society has successfully changed to meet the needs of its members over the past century. Whatever their working environment, physicians will need an organization that deals with issues that are unique to our profession. As long as our focus remains directed toward patient care and professionalism, our Society has no need to fear the future.

Medicaid Expands Healthy Options Coverage for Children

Effective July 1, the state Legislature required the Department of Social and Health Services to provide expanded medical assistance to state children. The expansion may help as many as 5,000 Pierce County children by the end of 1995, but it further complicates the alphabet soup of assistance categories that already include 65 levels of assistance to state residents.

Reduced to its essence, the new plan will raise the economic cut-off for Medicaid coverage to 200% of the federal poverty level for most children in the state. In bureaucratic language, however, it isn't that simple. Two groups of children will benefit.

First, children under 19 meeting the new economic criteria and whose parents are not enrolled in the Basic Health Plan (BHP) will become eligible for the "H" Program. They will receive medical care through one of the county's seven medical plans participating in Healthy Options, the new capitated, managed Medicaid program implemented in Pierce County in March. To identify these children when they present, look on their state-issued medical identification card for their Healthy Options identifier.

The second group includes children in families whose parents have purchased state-sponsored insurance with sliding fee premiums through BHP. These children may receive the broader benefit package offered by Medicaid, but to keep the whole family under one health plan and its physicians, a new product called Basic Health Plan Plus will be available to these children Contractual arrangements and care will be administered by BHP, not Healthy Options. This group can be identified by the "P" on the end of the identifier in the HMO column on the client's medical identification card.

Capitated payments made to plans and thus to many physicians will be less than the two groups currently covered by Healthy Options because no maternity or neonate care will be covered for the children on the H program.

Premiums paid to the plans will be the same under Healthy Options and Basic Health Plan Plus.

Voluntary patient sign-up for the expanded coverage has been ongoing since July 1 and will become mandatory in September or October, depending on volume.

Physicians with questions about the new coverage can call DSHS's Provider Inquiry Line at 1-800-562-6188.

Donna Coate is now DSHS's Healthy Options coordinator for Pierce County. She replaces Beverly Court and can be reached at 664-2233.

Healthy Options now covers over 200,000 clients in 21 counties. Clients are in Aid to Families With Dependent Children - Regular (AFDC-R), Aid to Families With Dependent Children - Employable (AFDC-E) or General Assistance - Pregnant (GA-S) categories.

Health Care Reform Terms, Definitions and Dates

CHP-Certified Health Plan
Those entities that will sell the uniform benefits package and supplemental healthbenefits after July 1, 1995.

HIPC-Health Insurance Purchasing Cooperative
Non-profit organizations for the purpose of enrolling individuals in CHP's.

UBP-Uniform Benefit Package
The minimum benefits that every individual in the state is required to purchase from a CHP by July 1, 1995.

BHP-The Washington Basic Health Plan
The state-operated subsidized insurance plan for income-eligible individuals that is now open to employers who wish to enroll their employees on a non-subsidized basis.

Employer Responsibility
Must offer a choice of at least three certified health plans to all qualified employees (employed more than 30 hours per week or 120 hours a month) and dependents. Mandates are phased in:

By July 1, 1995, all employers of 500 or more employees

By July 1, 1996, includes dependents

By July 1, 1996, all employers of 100 or more

By July 1, 1997, includes dependents

By July 1, 1997, all employers

By July 1, 1998, all dependents

Pay no less than 50% of the premium cost of the lowest priced plan in their geographic area. The Commission is also interpreting this to mean that employers may pay no more than 100% of the lowest-priced plan.

(Note: The law directs the governor to seek an exemption from the Employee Retirement Income Security Act (ERISA) in order to require all employers to participate - see section on ERISA.)

Part-time Employees
Employers must pay amount on a pro-rated basis for employees working less than 30 hours per week and their employees' dependents. A voluntary state depository will be established where payments may be collected from employers to the credit of employees. An advisory committee of employers and employees is currently providing input to the state on guidelines for operation of the depository.

Seasonal Workers
During the 1994 legislative session, the governor signed into law a provision to include seasonal workers in the law.

A seasonal employment advisory committee has been appointed to assist the Commission in establishing the following:

The definition of seasonal employee

An analysis of the financial impact of health insurance on seasonal employees and their employers.

Coverage mechanisms, including an hourly rate calculated on the basis of a 120-hour month and payment by employers on the first 30 hours of each week worked by an employee.

Options for Purchasing
Employers may join a health insurance purchasing cooperative that will be required to offer all plans, or they may purchase directly from the certified health plans. In addition, employers may purchase coverage from the state's Basic Health Plan (BHP) on a non-subsidized basis. The BHP will become the uniform benefit package (UBP) in 1995.

Coordination of Coverage
The Commission is required to adopt rules to coordinate coverage including dependent coverage. The law prohibits duplicate coverage. Questions regarding border issues and coverage for residents working in another state or vice-versa, are currently being studied.

(continued on next page)

Health Reform Terms, Definitions and Dates *(continued)*

Registered Employer Plans
Private employers with more than 7,000 active employees in this state may offer the UBP and supplemental benefits to their employees. These employer plans must meet the same requirements of a certified health plan but don't have to be offered to anyone other than their employee and employees' dependents.

Small Business Financial Assistance
All employers in existence on or before July 1, 1997, may apply to the Commission for assistance. Premium assistance may not be received beyond July 1, 2001. The Commission will establish rules for eligibility and preference based on the following criteria:

- fewer than 25 employees new firms
- employers with low average wages
- employers with low profits
- firms in economically distressed areas

The law calls for an assistance program of $150 million. Funding has yet to be appropriated by the Legislature.

No later than January 1, 1997, the Commission shall recommend legislation establishing a program for B&O tax credits for employers with fewer than 500 employees.

Uniform Benefits Package (UBP)
The uniform benefits package is the minimum level of benefits that individuals will be required to purchase by July, 1999.

The Health Services Effectiveness Committee is currently developing the UBP. The law already requires the package be based on the Basic Health Plan package plus reproductive services, well child care and dental for children, chemical dependency, mental health, short term skilled nursing facility and home health and hospice services.

The proposed rule for the UBP and actuarial costs will be available in September for public comment. Working drafts are currently available, but do not include costs yet.

The Commission will submit the final package along with the maximum premuim to the Legislature by Dec. 1, 1994. The Legislature may disapprove the package.

The Commission will establish a point-of-service cost sharing schedule for non-preventive health services based on enrolle household income.

Long-term care services are to be included in the uniform benefits package by July, 1999.

Health Insurance Purchasing Cooperatives (HIPC)
A nonprofit organization for the purpose of enrolling individuals in CHP's. The HIPC may serve as an ombudsman providing information on the different CHP's.

The Commission will designate one cooperative each for four, large geographic regions based on populations serving no less than 150,000 persons.

Supplemental Benefits
The Commission will define supplemental benefit packages which may only be offered by certified health plans. Supplementals will not be subject to the premium cap, but must be guaranteed issue and community-rated.

Certified Health Plans (CHPs)
Any entity that provides health coverage after July 1, 1995, in Washington state must become a CHP and offer only the UBP and supplemental benefits that do not duplicate coverage already in the UBP.

After July 1, 1995, the uniform benefits package will be the minimum benefits package that can be sold by any certified health plan.

At their April 21 meeting, the Commission discussed possible transition plans including the following suggestions:

On July 1, 1995, employers with 500 or more employees must switch to the UBP and meet the employer mandate requirements. Other contracts will switch to the UBP only as they renew between July 1, 1995, and February 1, 1996.

All existing contracts sold by a CHP must switch to the UBP no later than February 1, 1996.
CHP's must accept anyone who wants to enroll in their plan and may charge no more than the community-rated maximum premium set by the Commission.

All licensed provider categories must be given the opportunity to participate in the provider panels. They must pay a 2% premium tax.

Workers' Compensation
The law requires the Commission to submit a plan by January 1, 1996, with a time line for including the medical benefits of the industrial

(continued on next page)

Health Reform Terms, Definitions and Dates *(continued)*

insurance system in the services offered by certified health plans. The plan shall not take effect until a number of conditions are met, including: At least 97% of state residents have access to the UBP, and the majority of an employer's employees agree to participate in the plan.

Employee Retirement Income Security Act (ERISA)

ERISA is a federal law enacted by Congress in 1974 that preempts states from regulating any employee benefit plan.

The law requires an act of Congress to amend ERISA or to provide a specific exemption/waiver from ERISA preemption for Washington State.

The ability of Washington State to implement the employer mandate on any employer, whether self-insured, insured by a third party or uninsured, is open to interpretation. If the state attempts to implement the mandate without an ERISA waiver, a court challenge will probably result.

The state may regulate insurance products, not benefit plans. Self-insured benefit plans are totally exempt from state regulation because they do not buy state-regulated insurance products. They assume the risk and therefore act as their own insurance company.

U.S. Senator Patty Murray (D-Wash) and Congressman Mike Kreidler (D-Wash) have introduced companion bills in the Senate and House (S 1360, HR 2870) that would grant Washington state an exemption from ERISA. While the bills have been on hold pending action on a national health care reform plan, they could be passed at any time.

Key Dates to Watch For...

Jan. 1994

Short term insurance rules adopted. Retroactive to Jan. 1, 1994, individual and group health plans will be portable. The rules limit exclusions for pre-existing conditions for those applying for coverage who

(continued on next page)

Health Reform Terms, Definitions and Dates *(continued)*

had similar insurance in the preceding 90 days. Beginning July 1, 1994, guaranteed renewability will apply to all individuals and group health plans.

July 1, 1994

During an open enrollment period from July 1 to Sept. 30, 1994, health plans may not exclude or deny groups or individuals coverage based on a pre-existing condition. After the enrollment period, plans must still accept applicants but may impose a three-month waiting period before providing benefits for a pre-existing condition.

Dec. 1, 1994

The Commission must submit the uniform benefits package (UBP) and a maximum premium for the package to the Legislature.

July 1, 1995

Only certified health plans (CHP's) will be allowed to sell the UBP in this state. Supplemental benefits will only be available through CHP's on a basis to be determined by the Commission.

July 1, 1995

Employers with more than 500 employees are required to offer a choice of at least three CHP's to employees and must pay 50% of the lowest-priced plan in the region. They are required to include part-time employees on a pro-rated basis. They must include dependents one year later. They may join a health insurance purchasing cooperative in lieu of offering three plans.

July 1, 1996

Same requirements as above for employers with more than 100 employees.

July 1, 1997

Same requirements as above for all employers. Employers with fewer than 100 employees have until 1999 to include dependents.

July 1, 1997

Small business financial assistance program begins. Businesses with fewer than 25 employees who meet certain criteria may apply to the Commission for subsidy. (Money is not yet appropriated.)

July 1, 1999

Individual mandate. All residents in the state will be required to purchase the uniform benefit package from a certified health plan.

July 1999

Long-term care must be included in the UBP.

(continued on next page)

Health Services Commission *(continued)*

Washington Health Services Commission

Bernadene "Bernie" Dochnahl, Chair
Don Brennan
Tom Hilyard
Pam MacEwan
George Schneider, MD
Non-voting member:
Deborah Senn, Insurance Commissioner

P.O. Box 41185
Olympia, WA 98504
(206) 407-0039
fax (206) 407-0069

Commission duties include:

- ensure all residents are enrolled in a certified health plan
- establish and modify uniform benefits package
- establish community-rated maximum premium for benefit package
- establish maximum enrollee financial participation levels based on household income
- develop rules for implementation of individual and employer participation

The Great Debate

Plan to attend the September 13 General Membership Meeting which will feature a first time joint meeting with the Tacoma-Pierce County Bar Association. John Komen, the editor of *The News Tribune,* will moderate a discussion on tort reform. How and why do the trial attorneys continue to fight any move toward tort reform? How can they defend contingency fees? What does the medical community want out of tort reform?

These and many other questions will be addressed and answered when two trial attorneys representing the bar association face off against Ben Blackett, MD, JD and Cliff Webster, JD. Dr. Blackett, a local neurosurgeon and also an attorney, will share the podium with Cliff Webster, an attorney who represents WSMA in Olympia and is Director of the Washington State Liability Reform Task Force.

Plan to attend. It should be an enjoyable and enlightening meeting. It will be at Tacoma-Sheraton Ballroom.

Join WAMPAC

WAMPAC makes contributions to legislative candidates who are friendly toward medicine. In deciding which candidates to support, the WAMPAC Board of Directors looks for evidence of support for WSMA's priority issues, the likelihood that the candidate will win, and indications that the candidate appreciates the complexity of medical issues.

WAMPAC dues are $120 per year. To join, call Dodie Wine at 1-800-552-0612.

JOIN WAMPAC

CEO Named To Head Physicians' New Health Plan

Unified Physicians of Washington has named James A. Peterson as its first president/chief executive officer. The new corporation, founded in February, intends to offer a physician-directed Certified Health Plan (CHP) in Washington state by July 1995.

Peterson formerly served as administrator of the state's Medicaid program, the largest health program in the state government with 620,000 covered individuals and a biennial budget of $3.4 billion.

"Unified Physicians of Washington is very pleased to have an individual with a proven track record as a health administrator come on-board as our first president/CEO," said UPW board chair, Edmund W. Gray, MD. "Jim has a demonstrated ability to operate a complex health insurance program and has developed many public-private partnerships."

Peterson, who was instrumental in initiating and successfully launching the new managed care program for Medicaid beneficiaries, said he looks forward to the challenge of his new position.

"This is a unique opportunity," Peterson said. "Health care system reform is here irrespective of possible federal action, and Washington's physicians are committed to setting the standard of excellence in developing their own health plan. I am very pleased to be a part of UPW."

According to Gray, UPW intends to offer a health plan to the purchasing community and individual consumers that is patient-centered and accountable. "We intend to develop a system that depends on family physicians working in concert with medical specialists and promoting flexibility in plan design," he added.

"Jim's wealth of knowledge and expertise will assist the corporation in working with local groups of physicians throughout the state to provide the uniform benefits package at a reasonable cost," Gray said.

To date, more than 2,300 physicians have joined the new corporation as participating physicians. UPW will provide a CHP under the auspices of the new Washington Health Services Act of 1993. The act requires a uniform benefits package (UBP) to be made available only through CHP's. Over the next four years, an employer mandate will be implemented beginning with large employers in July 1995. Various supplemental packages will also be made available.

The 1995 state Legislature will receive recommendations from the new State Health Services Commission on the contents of the uniform benefits package and the maximum premium which may be charged for the UBP.

Peterson's initial responsibilities will be to assemble a senior professional staff and oversee a stock offering anticipated for later this summer, said Gray, a family physician from Colville.

WSMA Task Force To Review Organizational Structure

The Washington State Medical Association's Board of Trustees approved the establishment of a strategic planning task force at its annual retreat in May. WSMA Vice President George Rice, M.D., a Spokane ob/gyn, is chairing the task force. Its purpose is to evaluate and make recommendations on WSMA's organizational structure, representational basis, policy setting processes, and government structure.

The overall objective of the task force is to make recommendations necessary to ensure that WSMA continues to equally represent and effectively serve the interests of all its member physicians.

The task force will draft a preliminary report of its findings this fall.

Doug Jackman, Executive Director, PCMS, sits on the task force.

If you have any suggestions, please call Jackman at 572-3667.

St. Joseph Medical Center

Elder Care at University Place, Tacoma, Enumclaw

Work Care

St. Francis Hospital

Day Surgery at St. Joseph & Gig Harbor

Family Care

At St. Joseph & Gig Harbor

Midwifery

At St. Joseph & Puyallup

St. Clare Hospital

Franciscan Health System: More Choices. One Solution.

You Know Us Individually. Now Meet The Family.

We're the Franciscan Health System. Our thirteen facilities throughout Pierce and South King Counties are well known in their communities – some since 1891.

Now we're together as a single health care network that offers your family multiple health care choices.

A Good Family To Know.

You probably know us best for our hospitals and their reputation for compassionate, state-of-the-art care.

There's St. Joseph Medical Center, a Tacoma landmark. St. Clare Hospital in Lakewood. And St. Francis Hospital in Federal Way.

Nearly 1000 physicians support our health care services – from our Family Care physicians to independent, primary care physicians and specialists and nurse practitioners.

We are one large, very accomplished family.

We Treat You Like Family.

In the Franciscan Health System, we watch over your family's health in many different ways.

Our Family Care locations offer a wide range of family health services. Our Midwifery Services in Tacoma and Puyallup deliver birthing services by certified nurse midwives.

One Day Surgery Center at Gig Harbor provides minor surgery with same day return home. Our Work Care centers offer occupational health services to business and industry.

And Franciscan Elder Care has services ranging from Alzheimer's care to residential care.

More Choices. One Solution.

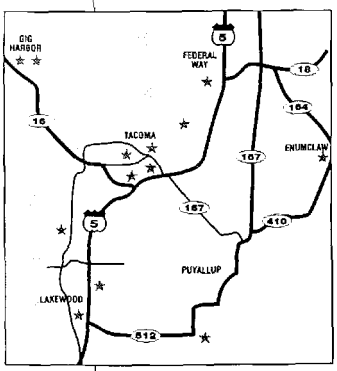
Choosing a health care provider for your family is an important decision.

You should know that while the Franciscan family offers many different choices, we share common values – and a singular point-of-view.

We are all committed to providing you and your family with compassionate, quality, high-value, cost-effective health care.

We believe you deserve nothing less. And we're committed to giving you nothing less.

It's what you'd expect from family.



Franciscan Health System

Suspected Child Abuse May Be Rare Disease Instead

Tacoma neurologist **George Makari, MD,** reported in Pediatrics that an uncommon disease that can be mistaken for child abuse may manifest itself in injuries to children.

Doctor Makari reported seeing two cases of hereditary sensory and autonomic neuropathies (HSAN) in a brother and sister with numerous broken and healing bones, burns and other injuries. Both children, ages 5 and 15, were insensitive to pain, the key characteristic of HSAN, and frequently sustained injuries that indicated the presence of child abuse. The 5-year-old girl was actually removed from her home as a precaution.

However, after **Dr. Makari** examined the children and found they had HSAN, previously called "congenital indifference or insensitivity to pain," the girl was released to her parents.

Doctor Makari's paper, co-authored by two physicians from the Medical College of Georgia, suggests that diagnosing HSAN can prevent unnecessary family intervention for suspected child abuse.

PCMS Supports Puyallup No-smoking Ordinance

With standing room only, the Puyallup City Council at its June 20 meeting voted 4 to 3 in support of an ordinance that would eliminate smoking in all Puyallup restaurants. Testimony from PCMS members who live and practice in Puyallup helped sway the opinions of the council members. They heard testimony from 36 individuals.

The testimony was evenly split with 18 attendees supporting the ordinance and 18 opposing it. Major opposition to the ordinance came from restaurant owners who were fearful that business would drop off dramatically.

Dr. Larry Schwartz, infectious disease specialist and pediatric infectious disease specialist, testified that children have no choice in determining which restaurants they visit or where they sit. He quoted a recent Environmental Protection Agency report that said children exposed to secondhand smoke greatly increase their risk of respiratory disease.

Dr. Ron Goldberg, oncologist, said that it is too bad that such a meeting was necessary. He said that if smokers were more courteous, such an ordinance would not be required. He noted that airlines, despite their no-smoking laws, have not suffered a loss of business. At the request of Mayor Mike Deal, **Dr. Goldberg** explained the various types of cancer and rates of cancer in smokers and non-smokers.

Dr. Pat Hogan, president of the Pierce County Tobacco Free Coalition, said that irrefutable evidence indicates the harmful affects of passive smoke. He emphasized the benefits to Puyallup's image and the enhanced pride Puyallup would have by passing the ordinance. He provided data that the economic impact on the restaurants would be negligible. Experiences in other communities that have passed similar legislation indicates restaurants are not adversely affected, he said.

The ordinance is heard three times by the council before final approval and has survived two hearings. The last hearing is scheduled for August 1 as we go to press with the *Bulletin*.

1994 Directory Updates

Bede, W. Brandt, MD
Change address to: 2201 S 19th St #202, Tacoma, WA 98405-2945

Duras, Steven, MD
Change address to: 11311 Bridgeport Way SW #307, Tacoma, WA 98499-3071

Murphy, Thomas, MD (Retired)
Change address to: 161 Maple Lane NW, Gig Harbor, 98335

Zoltani, J. Greg, MD
Add to Active members: 10507 Gravelly Lake Dr. #1, Tacoma WA 98499, 588-8151

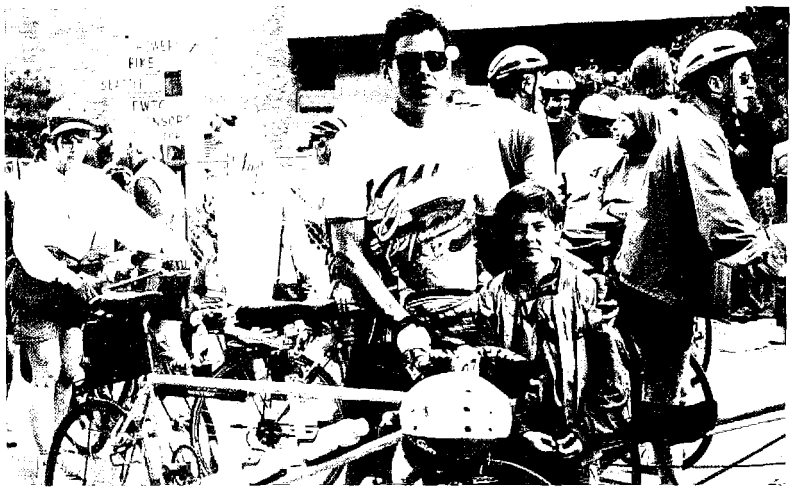
Correction

A PCMS member, otolaryngologist **Dr. James Rooks**, was inadvertently excluded from our reporting of the Sound-To-Narrows run. Our apologies.

Seattle to Portland Bike Ride

Many PCMS members and their families joined 10,000 other cyclists on June 25 and 26 to depart the Seattle Kingdome and pedal to the Portland State University campus, 196 miles south. Denise Schmidt (Rodney Schmidt, M.D.) reported that Saturday broke out to be a beautiful day, bright, sunny, and not too warm, but great weather to ride. Many of the cyclists stayed Saturday night in Centralia, Chehalis, Winlock or Longview. Sunday turned out to be a slightly different day weather wise. It began with a light rain, turning to showers and then a pounding rain. The route of the ride stayed primarily on the back roads and on Highway 30 once riders crossed the Columbia River at Longview into Oregon.

PCMS members making the ride were: **Drs. Glen Aasheim, Robert Baird, Wouter Bosch, Jim Buttorff and son Douglas, Mark and Nancy Grubb, Pat and Carolyn Hogan and son Patrick, Maria Mack and husband Dennis, John McClosky and Chris McClosky, David Munoz and son Quinn, Richard Ory, Bob Osborne and sons Brian and Eric, Denise Schmidt (Rodney), Richard Wohns with daughter Michi and son Nic and Greg Zoltani.** Nic Wohns, age 9, was one of the youngest riders and finishers. He also did the ride last year with his brother and sister.



Dr. Richard Wohns, neurosurgeon, and son Nic (9). They rode to Kelso, 144 miles, the first day of the Seattle-To-Portland bike ride. Great job!!

Greg Zoltani and Denise Schmidt take a break with other riders near Centralia

Legislative Candidates Interviewed By PCMS

The 1995 legislative session will be a very important one for physicians and organized medicine. Many facets of the future of health care will be determined during the session and it is important that legislators be aware of medicine's point of view.

In early July, members of PCMS interviewed 17 candidates from Legislative District 25 (Puyallup), District 26 (Gig Harbor), and District 30 (Federal Way). In the 25th District, **Drs. Bill Marsh, Bob Alston, Rebecca Sullivan and Mrs. Nikki Crowley** interviewed candidates, asking their views on universal access, any willing provider, liability reform, and other issues.

One major concern that the interviewers came away with is the lack of knowledge most candidates have of health care. The candidates were well meaning and anxious to learn, but most admitted that they knew only the very basics of health care and had little to offer with regard to health care reform.

Other questions addressed during the individual sessions with the candidates were views on abortion, domestic violence, anti-smoking legislation and mandating the use of bicycle helmets, among other topics. The interviews provide a great opportunity to present medicine's viewpoint on these critical issues.

The interviewers will make their recommendations to the WAMPAC Board which meets in early August, and WAMPAC will make financial contributions later. Some candidates will receive assistance in the primary and others in the general election.

Interviewers in the 26th Legislative District were **Drs. Mason Cobb, Jim Fulcher, Gary Pingrey and Amy Yu**.

Interviewing eight candidates late into the evening in the 30th Legislative District were **Drs. Jim Davidson, Dave Hopkins, Richard Ory and Estelle Yamaki**.

SafePlace Helps Teens in Crisis

Pierce County teenagers suffering through personal crises have a safe place to turn for free help.

Project SafePlace, part of the Pierce County Alliance, offers five free services to teenagers 12-17-years old contemplating suicide, thinking of running away from their troubled homes, captured by drugs or alcohol or any other personal crisis. The five services are:

1. A 24-hour telephone crisis line where they can get quick, confidential help. The number is 279-8333.

2. Over 300 SafePlace sites scattered throughout Pierce County where they can go for help. There are more than 160 stores, libraries, community centers, businesses, fire stations and other stationary sites displaying the yellow SafePlace sign where trained people are available to help. In addition, 150 Pierce Transit and their drivers are available as mobile SafePlaces to teens asking for help.

3. A corps of volunteers has been trained to respond to teens on the phone or in these SafePlaces.

4. Licensed host homes offer temporary shelter to teens who obtain parental consent or protective custody from a law enforcement officer.

5. Professional counselors are available to help the teens and their families.

Project SafePlace has been growing in Pierce County since 1988. It sometimes receives up to 100 phone calls per month in part because it has carried the message about its services to schools. During the 1992-93 school year, more than 9,000 teens in 50 Pierce County schools heard presentations about Project SafePlace.

For more information, call the Pierce County Alliance at 627-4050.

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Common Office Problems CME Set For Oct. 14

The very popular Common Office Problems CME schedule for Friday, October 14, in rooms 3A & B of St. Joseph Hospital's South Pavilion, has been set.

The following subjects will be addressed:

- Pediatric Infectious Diseases
- H. Pylori Infections
- Management of Diabetes
- Rational Approach to Newborn Problems
- Headache Evaluation & Cost-Effective Neuroimaging
- Practice Skills for Diagnosis and Management of Domestic Violence
- Dysfunctional Uterine Bleeding
- Diseases of the Spine: Evaluation by Primary Care
- Expanded Orthopedic Management for the Primary Care Physician

Blackcomb/Whistler Selected, Discount Rate Equals Bargain

The Blackcomb/Whistler ski area in British Columbia has been selected as the site for the College's annual ski C.M.E. program set for February 2-6, 1995.

The College of Medical Education has selected the Blackcomb Hotels and Resorts condominiums for accommodations because of the very competitive lodging rates (compared to other hotels) and the high quality of the lodging. One and two bedroom condominiums immediately adjacent to the slopes and chairs/gondolas will be available at approximately $98 and $158 U.S. dollars respectively (at today's rate). Hotel rooms will be approximately $72 U.S. dollars.

The C.M.E. at Whistler brochure, including registration and lodging material, will be available in early September. **Richard Tobin, MD** is the conference director.

DATES	PROGRAM	DIRECTOR(S)
1994		
October 14	Common Office Problems	Mark Craddock, MD
November 18	Infectious Diseases Update	Alan Tice, MD
December 8 & 9	Advanced Cardiac Life Support	C.O.M.E.
1995		
January 19	Law & Medicine Symposium	Nicholas Rajacich, MD Rita Forster, JD
February 2, 3 & 4	CME @ Whistler	Richard Tobin, MD
February 24	Review of HIV Infections	Alan Tice, MD
March 9 & 10	Internal Medicine Review 1995	Clyde Koontz, MD
March 31	Office Gynecology	John Lenihan, MD
April 28	Cardiology for Primary Care	Marilyn Pattison, MD
May 19 & 20	Surgical Update 1995	James Rooks, MD
June 16	Clinical Guidelines Quality, Cost Effectiveness and...	Les Reid, MD
June 23 & 24	Advanced Cardiac Life Support	C.O.M.E.

Dear Members of Alliance,

Hopefully this summer vacation time has left you with fond memories of good times with family and friends, and not too many poison oak rashes, mosquito bites and ants at your picnics!

It is hard to believe that our business year is soon to begin. Our Board has already met and tried to plan an interesting line up of meetings for our members. Speaking of members, don't be surprised if someone contacts you soon asking for your dues. Marilyn Simpson has worked all summer planning our membership drive... Thanks Marilyn!

This is an exciting time for me as a Medical Alliance member. The health system reform proposals that have been introduced, the pressing public health concerns such as family violence and adolescent health, the continuing need for funds for medical students and schools...all make our involvement more important than ever. As a member, you can be part of a team that can help realize that the vital legislative, health and fund-raising programs are implemented.

See you in the fall!

Patty Kesling
PCMSA President
94-95

AMA-ERF Fund Raiser

Last year, the AMA Alliance members raised more than $2 million for the American Medical Association Education and Research Fund (AMA-ERf) by selling Sally Foster Gift Wrap & Entertainment Books. Over $3,600 was raised right here in Pierce County. Let's get this year off to a great start.

50% of your Sally Foster Gift Wrap purchase and 20% of each Entertainment Book goes to AMA-ERF.

Wrap up some great packages of savings! And contribute to future medical education and research.

For gift wrap samples and order forms, and for Entertainment Books, contact Colleen Vercio at 851-7459.

Fraud Tipsters Offered Slice Of Settlements

The notice below appeared in local papers in late June:

Wanted: Informers willing to blow the whistle on health care fraud in Washington state.

Benefits: The potential to earn big money from the settlements recovered by the government.

To get started: Dial the MedFraud Task Force at 1-800-773-SCAM. Investigators are waiting.

U.S. attorneys Kate Pflaumer of Seattle and James Connelly of Spokane announced the U.S. Justice Department's crackdown on health-care fraud.

The crackdown will include a phone line for potential whistle-blowers who stand to make money if their information leads to a settlement. Whistle-blowers who sue under the False Claims Act receive up to 30 percent of the amount recovered by the government.

The government estimates $10 billion a year is being lost to fraud within the health care industry.

L & I Ban on Office Smoking At Risk

A state advisory committee is threatening to obstruct a state ban on work place smoking and physicians are asked to help protect the ban by writing to their local newspapers and elected officials.

With involvement from the tobacco industry, the Joint Administrative Rules Review Committee recently voted to rescind the Department of Labor and Industries' ban on office smoking which was to take effect state-wide September 1. Although the Committee's vote is advisory only, lawmakers may be watching public reaction to this issue, gauging local interest prior to the 1995 legislative session.

Write your legislator (addresses in 1994 Physicians Directory, pages 13-14). If you need talking points, tips for organized letters, etc., facts on secondhand smoke, please call the Society office.

Patient Protection Act Elements

In May, the American Medical Association launched the "Patient Protection Act," a legislative initiative designed to protect patients and physicians from the sometimes arbitrary decisions made by large insurance companies and managed care plans. The AMA has been fighting to win support for its principles from members of the House and Senate. The fundamental tenets of the Act are simple: patients and their physicians ***control*** *the care they get - not insurance companies; patients have a* ***choice*** *of physicians and health plan; no* ***physician can be kicked-out*** *of a plan for giving patients needed care; patients have* ***information*** *about what their plan covers, co-payments, and prior approval requirements.*

The bill has been introduced in the House by a bipartisan group of representatives. In the Senate, Senator Paul Wellstone (D/MN) introduced the bill.

In a health care marketplace increasingly dominated by large managed care organizations and corporate entities, safeguards are needed to help physicians protect patients' interests.

The American Medical Association (AMA) thinks patients and their physicians ought to be in control of the care they get--not insurance companies.

And being in control means having information from your health plan to make personal and family choices about care and coverage--choices that help assure quality medical care.

AMA's Campaign on Patient Choice & Physician Voice would do just that by giving patients everything they need to make fully-informed decisions about the purchase of their health insurance plan.

First, patients would be entitled to the following from any managed care health plan:

- A list of covered services--what the plan pays for;
- A list of exclusions--what they would have to pay for themselves;
- Directions on whom to call before a physician can treat them;
- Information about how other patients feel about the health plan.
- Disclosure of financial incentives for

(continued on next page)

Patient Protection Act Elements *(continued)*

healthcare providersto withhold or limit medical services and restrict referrals to specialists.

- In addition, all patients would have three options of plans - an HMO or PPO; a traditional insurance plan (with copays and deductibles); and a benefit payment schedule--the exact dollar amount the plan would pay for any medical service, with the patient and physician then able to decide on the payment amount between themselves.
- And for patients who choose an HMO plan, or any other plan that restricts accesss to physicians, a point-of-service option must be available for purchase - meaning, patients would be entitled to see any physician outside the plan.

Then, to keep the plans honest and allow physicians to give patients the care the need:

The managed care plans must allow physicians a voice for their patients in medical policy-making;

And, no physician can be kicked out of a plan for giving patients needed care.

Finally, to keep the big insurance companies from stacking the deck against practicing physicians, further safeguards would be put in place:

Practicing physicians would have an essential role in developing criteria and other measures to ensure quality patient care;

And the managed care plan would have to disclose to physicians just who is reviewing their work.

Send your Members of Congress a Western Union Message

In addition to writing a personal letter or meeting with your Senators and Representative, AMA Members, American Medical Association Alliance members and patients can contact their Senators and Representatives quickly by sending a **West-**

(continued on page 23)

Personal Problems of Physicians Committee

For impaired physicians.
Your colleagues want to help.

Medical problems, drugs alcohol, retirement emotional problems

Committee Members

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

Confidentiality Assured

The Pierce County Medical Society

announces the

September General Membership Meeting

when: Tuesday, September 13
Social Hour at 6:00 p.m.
Dinner at 6:45 p.m.
Program at 7:45 p.m.

where: Tacoma Sheraton
Hotel (ballroom)
1320 Broadway Plaza

a joint meeting between the

Tacoma-Pierce County Bar Association

and the

Pierce County Medical Society

TORT REFORM: The Great Debate

Moderated by: **John Komen, Editor; *The News Tribune***

Also: Four at-large members will be elected to the Nominating Committee

---

(return before Friday., Sept. 9, to PCMS, 223 Tacoma Ave. So., Tacoma, Wa. 98402)

Please reserve _____ dinner(s) at $25 per person
(tax & tip included)
Enclosed is my check for $_____

signed_____

POSITIONS AVAILABLE

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

Physicians Needed. Part-time. Change your routine-spend one weekend a month and two weeks a year as a Medical Officer with the Washington Air National Guard - Your hometown Air Force reserve. Call SMSgt Gary Plendl, Tacoma 581-8233 or 1-800-344-0539.

Medical Director, 14-21 hours per week. Flexible schedule. Provide direct patient care and supervise mid-level clinicians. Prefer Family Practice or OB/GYN. Contact Nancy Rutenbeck, 206-572-4321.

OFFICE SPACE

For Lease: 1240, 2200 sq. ft. of professional office space in multispecialty medical center on growing South Hill in Puyallup. Physician owned. Terms negotiable. Call Al Sullivan, 593-6072, or Dr. Rebecca Sullivan, 848-5951.

Furnished medical office space, approximately 900 sq. ft., available at St. Francis Medical Center in Federal Way. Parties interested in assuming current lease (expires April 1996) or subletting should contact Kathy Monroe at Infections Limited P.S. in Tacoma at 627-4123.

Survive Reform! Decrease office expenses through office sharing. 2400 sq. ft., 1 block from TG, good parking. Call David BeMiller or Wayne Curl, 383-2441.

For sale: 2,000 sq. ft. medical office building between Puyallup and Sumner. 848-3000.

Medical clinic property for sale! .44 acre zoned "hospital overlay" Puyallup, 1 block from Good Samaritan. Call Steve Offenbecher, 840-5574. Crescent Commercial.

Professional office space, 460 sq. ft. Stadium-downtown area. Conference room, fax, copier usage. $600/mo. 572-3666 M-F.

POSITIONS WANTED

Medical transcription and writing. Exceptional background in medical field. Medical Science Writing Service. 925-3276.

GENERAL

Sunriver/Mt. Bachelor, Oregon - Vacation Rental. Lovely, spacious, 3br/2ba custom home. Well furnished with every amenity. Includes use of private swim/racquet club. (206) 588-4876.

Stunning Steilacoom Condominium for sale. Magnificent panoramic view of Sound and Olympics. $234,000. 588-4876.

Available immediately. Class A space in Fife (formerly Tacoma Occupational Medical Offices). 3168 sq. ft. Three private offices, six private medical rooms, x-ray room, examine area with six more stations, large waiting/reception area, large file room, upgraded electrical for medical use. Gross rate: $18 per sq. ft. Please contact Tom Petramalo, Targa Real Estate Services, Inc. at (206) 627-8811.

Regional Accommodating Services Company will electronically process the physicians insurance claims, reducing his claims in suspension. Most electronic claims paid within 14 days directly to the physicians. Call 846-3831 now to begin realizing the benefits of electronic claims submission.

For sale by owner: Charming custom home/quiet northshore cul-de-sac/facing downtown/Bay/Mt. Rainier/Olympics. Lap pool/hot tub. Three bedroom. Large master bedroom with gas fireplace. Two full baths with whirlpool tubs/one bath with separate shower. Heatpump with electronic filter. Ideal for singles/small family. By appointments/no agents. 952-3200.

Medical office space for rent. Residential. Lake Tapps. Approximately 1000 sq. ft. Good area. Existing medical office attached. Call Jim Clifford, 1-800-436-0194.

Patient Protection Act *(continued)*

ern Union Message to each of them. **Call 1-800-354-9292.** The operator will read you the text of the message, and assure the correct Members of Congress are contacted based on your home address and zip code. Your cost to send both Senators and your Representative a message is $8.25 and can be included in your telephone bill or charged to MasterCard or Visa.

As always, a personal letter or phone call is best. But if pressed for time, sending your Senators and Representative a Western Union Message is an effective, easy way to deliver a message in support of the Patient Protection Act.

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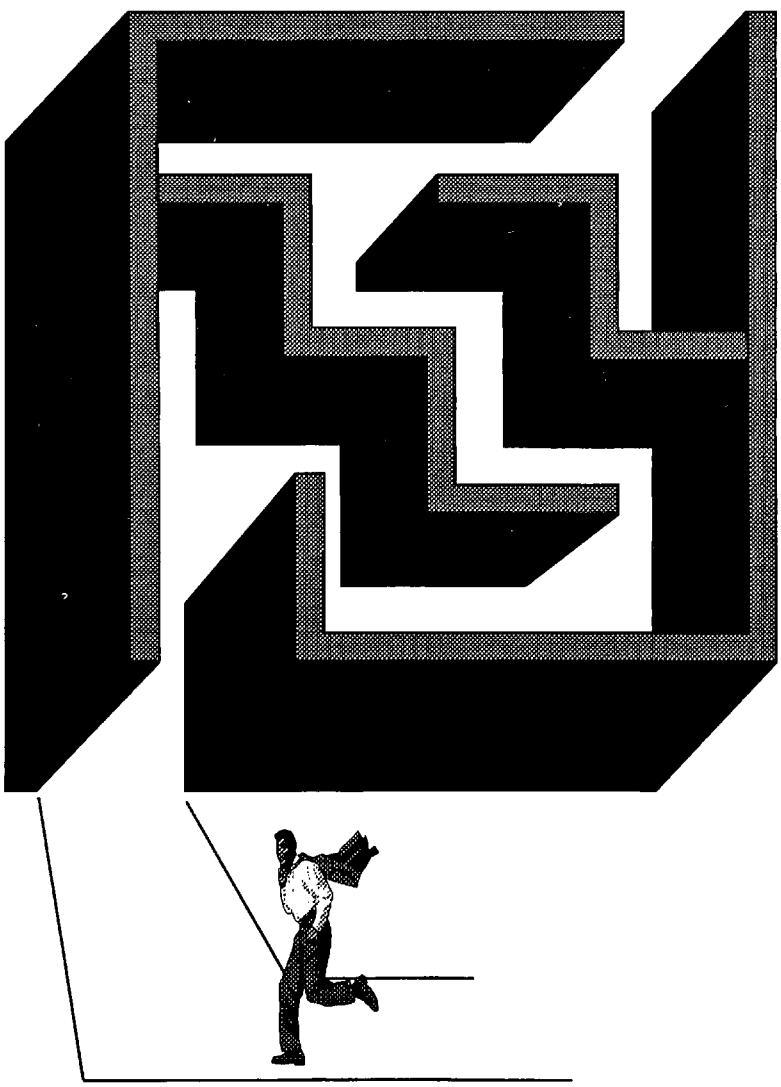
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

September, 1994

THE FUTURE



NEGOTIATING PIERCE COUNTY'S CHANGING HEALTH CARE SCENE

see story pages 4-10

Puyallup Passes Restaurant Smoking Ban

In a 4 to 3 vote, the Puyallup City Council voted Aug.1 to ban smoking in all local restaurants. The ban becomes effective Jan. 1. Puyallup becomes the first city in the state to institute a complete ban of smoking in all restaurants.

Dr. Jack Kornberg, a Puyallup surgeon, testified in support of the ban, relating how his son, suffering from asthma, had to work in a restaurant that offered no protection to the workers. He asked the council members to have the courage to pass the ban. Three other PCMS members, **Drs. Larry Schwartz, Ron Goldberg and Patrick Hogan,** had testified in support of the ban at two previous meetings of the council.

Implementation of the ban was originally planned five days after approval and publication by the council, but council member Don Malloy asked for an amendment to make implementation effective Jan. 1, 1995, to provide a period of time for the businesses to made adjustments and for the establishment of an advisory committee to assist them. Council member Malloy related he had called several cities that had implemented similar bans, and he learned restaurants did not fail because of it. He also did a mailing to 300 constituents in his ward who indicated by a 66% vote that they wanted the ordinance passed.

King County Executive Gary Locke is proposing a similar ban for all King County Restaurants.

The Bulletin is published monthly by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in **The Bulletin** are the 15th of the month preceding publication (i.e. Oct. 15 for Nov. 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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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Local News

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The New Face of Pierce County Health Care

by Pad Finnigan

Pierce County doctors, beware.

What's going on around you - the uprooting of traditional medical care systems - is just the beginning. You'd better buckle in for the ride of your life or else you could be left behind.

So warns Jim Kronenberg, associate executive director of the Oregon Medical Association. He's speaking from experience. Oregon's health care scene has changed faster than Washington's, and Washington, despite its much-trumpeted health care reform legislation, can learn from the direction Oregon has taken.

"I don't give Washington three or four years. It (change) will happen more quickly."

Oregon Medical Association executive

"Forewarned is forearmed," Kronenberg advised Pierce County physicians. "Study the lessons of your colleagues in the next state."

To emphasize his point, he cited a national health care consultant who recently said that on a scale of 1-10, Oregon/Portland rates a seven and all other states, including Washington, are somewhere between one and five in the amount of health care reform change they have experienced. The only exception is Minneapolis which rates a 10, the consultant said.

"We've seen a tremendous move to managed care," Kronenberg said. "If doctors aren't paying attention to that, they do so at great risk to their ability to survive."

Outside of the Medicare population, 70% of people in four counties around Portland are covered by managed care, he said. Three or four years ago, the number was about 30%.

"I don't give Washington three or four years," he said. "It will happen more quickly."

To provide managed care, Oregon medical practices are affiliating or grouping, Kronenberg said. The form of affiliation varies. Some groups merge, others form clinics without walls or IPAs. Some are single specialty, others multi-specialty. No one type of entity prevails.

Despite physicians' dissatisfaction at having to take reimbursement cuts, assume financial risks and lose some autonomy, managed care has forced doctors to affiliate. And quickly.

In Medford, for example, Kronenberg said one year ago there were 300 physicians in the usual array of solo or small group practices. Today, one group has 60 physicians, there are four IPAs and hospitals are buying practices.

The July 15 issue of *The Scribe,* Multnomah County Medical Society's weekly newspaper, reported that Portland's three largest medical groups, which last year affiliated to form the Coordinated Health Care Network, have contracted together to provide health care under the Oregon Health Plan and the Liberty Health Plan. The practices affiliated to become an alternative to hospital and insurance-based health care systems, believing that physician-controlled health care systems provide better control over patient care, the article says.

"It's an exciting time," said Kronenberg. "Solo practices are becoming very, very rare. They begin to affiliate and the phenomenon feeds on itself. I can't fathom that this won't happen elsewhere."

(continued on next page)

The New Face of Pierce County Health Care

PIERCE COUNTY PLAYERS

While Oregon is further down the road to change, some managed care has already touched Pierce County. Some groups have affiliated. Hospitals and insurance companies are making their plans. So who is doing what in Pierce County?

Lakewood IPA

Since discussing the Lakewood IPA in the March, 1994, issue of the Pierce County Medical Society Bulletin, President **Mike Young, MD,** said his organization has matured. He said the 55 members are now providing managed, capitated care under the IPA's Healthy Options contract and are negotiating a Medicare capitated contract.

He is a strong supporter of capitated contracts because they encourage physicians to become more efficient. They provide financial incentives, and if the Lakewood IPA is successful in wringing out waste, as he thinks it will be, Dr. Young wants the money they save to be used to balance the income disparity between primary care physicians and specialists.

> "There is a lot of waste in the system throughout."
> *Mike Young, MD*

The IPA has worked to become more efficient by fighting hard to obtain information about its Healthy Options patients. Getting the information hasn't been easy, but in one case their heads-up persistence saved the IPA $15,000. It seems that the insurer had paid $18,000 for a $3,300 procedure.

"There is a lot of waste in the system throughout," Dr. Young said.

Besides concentrating on managing its patients and its risk, the IPA is pursuing two advances: networking and financing.

The IPA has been discussing a multi-specialty network with three other groups totaling 125-150 physicians. Their goal is to create a joint venture of some sort in the next three months to provide capitated, managed care. He envisions the network will be non-exclusive for participating physicians and that it eventually will become an equity group which physicians own and manage.

Financing the network is critical because capital available to physicians is limited, Dr. Young said. The IPA has talked to hospitals, insurance companies and venture capital groups to obtain money for the organization it foresees. When it obtains financing, spending the money won't be difficult. First on the priority list is hiring a professional staff. Then the IPA will invest in a computerized information system for tracking, utilization management and billing. Finally, money is needed to attract additional primary care providers, the controlling factor in the group's future success, Dr. Young believes. Competition for them is intense, with hospitals buying practices.

"We need primary care providers in our organization," he said. "If we don't create a viable entity and entice them to participate, we may hit up against the numbers."

(continued on next page)

The New Face of Pierce County Health Care

Tacoma Family Practice IPA

The county's eldest independent practice association (IPA) counts about 50 members in its incorporated organization said **James Blankenship, MD**, its president.

Best known for operating the after-hours clinic at Tacoma General Hospital, the IPA has a strong financial and experiential base from which to propose handling managed care contracts to employers, insurance companies or others. But so far it has only been exploring such a move, Dr. Blankenship said. With ongoing representation from pediatricians and internists, the IPA has concentrated on educating members about their options in health care reform. In the fall, for example, it will sponsor an educational session on practice management. In other sessions, members have sought legal opinions on insurance company provider contracts and explored how to negotiate tricky antitrust laws.

But with some members already part of physician hospital organizations (PHO), which contract to provide managed care, the members are not unanimous in their support for pursuing other managed care contracts.

"It presently appears we will not do that because of the heterogeneous nature of our group," said Dr. Blankenship. Of the IPA's PHO members, he said, "Their interest is not in pursuing contracts with different plans."

MultiCare Health Care Systems

To date, MultiCare has purchased the practices of 27 primary care physicians (half family practitioners, half internists) at 15 sites, said Chuck Hoffman, administrator of Allenmore Hospital. It is talking with others, as well. To provide practice management for the physicians who have chosen to work at MPN, MultiCare Health Systems has set up a new division called the MultiCare Physicians Network (MPN) and hired a director, Katherine Morgason,

Hoffman said the PHO organization is guided by a board of doctors and administrators, with the majority of members being physicians. **Henry Retailliau, MD**, is chairman. Organizationally, MPN is on the same level as MultiCare Medical Center and like MMC, reports to the health care system board.

Besides purchasing practices, MultiCare plans to contract with other physicians to form a complete integrated network. "Some physicians don't want an employed relationship, and that's fine," said Hoffman. MultiCare's Vice President of Medical Affairs, **Richard Stubbs, MD,** is talking with any interested physician group and has already formed affiliations, as in the case of the Lakewood IPA's Healthy Options affiliation with MultiCare, Hoffman said.

Doctor Stubbs said MultiCare is trying to get big enough to provide cradle-to-grave health services throughout Western Washington and the entire state. To do so, it must create positive relationships with physicians. "We want to design an administrative structure to encourage and reward doctors for their input. We are talking to doctors about how they want that structured." The integrated model he envisions must give physicians complete autonomy in patient care and a strong voice in administration, he said. By contrast, he rejects the group model in which a company dictates to its physicians.

Toward its goal of providing integrated services to employers and payers throughout the state, MultiCare is meeting weekly with the Alliance - Good Samaritan, Stevens, Swedish and MMC. In addition it is pursuing a full merger with Swedish because "it makes financial sense," said Dr. Stubbs. It also is talking with insurance companies to design products which will serve all of Western Washington.

(continued on next page)

The New Face of Pierce County Health Care

Puyallup PHO

Nichol Iverson, MD, recently resigned as president of the Puyallup PHO after an exhausting couple of years working to get the organization that couples community physicians and Good Samaritan Hospital off the ground.

"It took so much emotional energy," he said.

But after meeting twice a week for 18 months or so, he achieved his objective: agreement on a set of founding bylaws. The document's cornerstone, one difficult to sell to participating specialists, is that control of the organization lies in the votes of primary care providers who form a majority on the board of directors. The selling point that convinced specialists to agree to primary care physician control was that managed care, the wave of the future, is, by definition, directed by primary care physicians.

Rebecca Sullivan, MD, is the PHO's first board chair.

On May 1, the organization, called Puyallup Valley Health Care (PVH), hired Julie Taylor as executive director. With more than 10 years of managed care experience in Southern California, Ms. Taylor's expertise blends with Dr. Sullivan's practice management and recruiting skills to form a good team, she said.

PVH sent contracts to 45 primary care providers and 40 have joined PVH. The week of August 8, it sent out about 100 contracts to specialists.

40 of 45 primary care physicians in the valley have joined Puyallup Valley Health Care.

PVH also has purchased and now manages three valley practices. It is looking for other sites on which to build or manage practices and will offer employment to new primary care physicians it recruits.

"We want to work as an equal partner with doctors, and we can offer a wide variety of flexibility," Ms. Taylor said.

The organization participates in the Washington Health Care Alliance with MultiCare, Swedish, Evergreen and Stevens hospitals. Through that organization, it contracted Aug. 1 to provide managed care with Health Plus, the Blue Cross organization.

One committee of PVH is working on how to divide global capitated reimbursements between specialists and primary care providers. Other committees are writing clinical pathways, an area in which Dr. Iverson believes Good Samaritan is leading other hospitals. Physicians also are studying how to provide members information systems, billing services, personnel services and governmental regulation compliance services. All of these services will phase in over the next two or three years, Ms. Taylor believes.

"I've never worked anywhere where doctors work so closely with the hospital. It is a very nice working relationship," she said.

(continued on next page)

The New Face of Pierce County Health Care

"It is advantageous to get as large as possible."

Tom Herron, MD

Franciscan Health Systems

Like MultiCare, the Franciscan organization is creating an integrated health system that appeals to as many physicians and payers as possible.

"It is advantageous to get as large as possible," said **Tom Herron, MD**, medical director of Franciscan Family Care (FFC). "We hope to make ourselves indispensable to any employer or payer."

To satisfy physicians wishing to become employees, Franciscan Family Care (FFC) has purchased six practices with 16 physicians in the last six months. Added to the 20 physicians already employed in April of 1993, the clinics now employ 36 physicians, 34 of which are primary care.

To get even bigger, FFC is negotiating a merger with the Sisters of Providence clinics which employ 110 physicians in 17 sites from Monroe to Seattle. Scheduled to unite Jan. 1, 1995, the organizations plan to provide managed care and capitated services. The organizational details are still being worked out.

Physicians wishing a looser affiliation with the Franciscan organization are working out the details of a PHO. Barbara Levy, MD, a solo gynecologist in Federal Way, and wife of PCMS member **Gilbert Johnston, MD**, is co-chair of the steering committee of physicians and administrators who have met for the last year. She said the purpose of the PHO is to form an integrated health care delivery system in which doctors have control. The Franciscans have agreed to form an organization 50% owned by physicians, 50% by the Franciscans, but in which physicians have a 70% board majority, she said.

The PHO's goal is to be ready to offer physicians contracts in the fall. It will also form non-exclusive affiliations with other groups of physicians - IPAs, for example. Then it will contract to provide managed, capitated care. According to Dr. Herron, current thinking allows that the PHO may share contracts with FFC and visa versa, or they may each negotiate separate managed care contracts.

According to **Greg Popich, MD**, St. Joseph Hospital medical staff president, the Franciscan system is committed to reducing costs. It has eliminated many administrative people and has moved its regional management team into the hospital to oversee its three campuses.

(continued on next page)

The New Face of Pierce County Health Care

Pierce County Medical Bureau

The largest health care payer in Pierce County, PCMB has felt the pressure to market managed care insurance products. "It's gotten to the boiling point and it's boiled," said Senior Vice President for External Affairs John Holterman. "It's time."

Incentives is the name of PCMB's non-capitated managed care insurance plan that reimburses physicians variable amounts based on their cost effectiveness. Their second managed care plan is the capitated Healthy Options plan.

After introducing Incentives, PCMB heard complaints from physicians about reimbursements. "You haven't looked at the severity of illness," some said. Consequently a team studied quality monitoring systems, and in June the PCMB board approved implementing a quality assurance plan that will analyze 15-20 quality indicators from claims data. Physicians were involved in the purchase of the computer system that powers the system and remain involved on a quality committee.

"It is a major step forward for PCMB," said Holterman. "We will use it to evaluate doctors, but we are not sure if we will use it to select doctors."

Selection of doctors is another subject PCMB has studied. It has asked consumers how much choice of physicians they want in the health insurance plans they purchase. Responses have indicated that consumers are suspicious of panels that include every physician in town, Holterman said. Therefore, PCMB feels it must show consumers it monitors physician quality. As a result, some of its insurance products in the future will limit the number of participating physicians, he said. "We haven't set our strategy yet," he said, however.

Holterman does know that PCMB's future products will include capitation. "Overnight there has been tremendous change - a physician interest in capitation," he said.

He sees PCMB's primary emphasis as working with physicians to meet their needs. "We'll talk to anyone at this point. We believe there can be multiple relationships without compromising everyone's need to succeed."

The Bureau is also talking with King County Medical Bureau about affiliation. "We see a need to be a regional player to spread the risk. Size is important," Holterman said.

(continued on next page)

The New Face of Pierce County Health Care

THE FUTURE

Like Jim Kronenberg of the Oregon Medical Association, Holterman believes managed care and capitation will grow. "It will grow faster than most people think," he said. He predicted there will be fewer and bigger health plans than currently exist. The environment for everyone will be more regulated, however. Health care financing and delivery will be integrated, he predicted.

One thing for sure, "PCMB will be a CHP (certified health plan). Clearly."

On the other hand, **Dr. Blankenship** of the Tacoma Family Practice predicted things will move more slowly. "It would be a mistake for doctors to go rapidly and make big changes," he said. He believes state and federal health care reform legislation will be slow to develop. He agrees managed care will become more prevalent, thus giving primary care physicians more of a role.

Dr. Iverson in Puyallup also believes managed competition will arrive slower than most people think it will. He thinks his PHO will ally with other organizations, possibly even Group Health.

> "Those who are flexible will be the winners. Those with their heads in the sand will be the losers."
>
> *Barbara Levy, MD*

His PHO executive director, Julie Taylor, however, said, "I think affiliations of doctors, doctors with hospitals, and hospitals with hospitals, will continue to move rapidly regardless of what happens with national health care reform. It is an irreversible trend." Capitation will grow very quickly, she said.

Mike Young, MD, of the Lakewood IPA, predicted 50% or more of the market place will be managed care in the next five years.

Several physician-leaders said the future is a puzzle. "I have no clue," said gynecologist Barbara Levy, MD. She doesn't know whether state or federal funding will be available for all the proposed reforms. "I suspect in the long run there will be big winners and big losers. Those who are flexible will be the winners. Those with their heads in the sand will be the losers," she said.

MultiCare's **Richard Stubbs, MD**, said of the future, "I don't know. There are many scenarios." His worst fear, however, is that strong buyers will offer physicians large financial inducements and then dictate medical care to them. "We don't want that," he said. "We want strong, long-term relationships with doctors."

Office Space

WANTED: Tenants for available space in the Pierce County Medical Society building. Prefer health care related business or association.

223 Tacoma Avenue South
Tacoma, WA 98402

458 square feet: two offices (202 square feet and 256 square feet) private entrance, main level, faces Tacoma Avenue.

638 square feet: three rooms - large reception room 311 square feet, private office 108 square feet, and meeting room 210 square feet. Lower level of building, entrance from alley or street via front of building.

Professional location, north of downtown. Building lease includes utilities, use of kitchen and conference room, janitorial service and parking spaces.

Secretarial services, office equipment, other business necessities available if needed.

Please call 572-3666 for more information.

Doctor Dean Publishes Text on Managing a Medical Businesses

So you think you know how to manage your medical practice.

Would you wager a six-figure bet on it?

Bill Dean, MD, did.

Doctor Dean has spent four years and a small fortune writing down what he has learned in 15 years of managing his business. He has published a medical business management course on audio cassette and computer disks that he is marketing across the country to new physicians and those with little business experience. Called "The Business of Medicine - How to Successfully Manage Your Practice," the course is designed to help physicians succeed in their new businesses. And they need help since nothing in their medical training prepares them to become business managers.

Nothing in medical training prepares doctors to become business managers.

Dr. Dean said, "I went through a lot of growing pains starting a medical business in terms of financial losses and from inexperience. I wanted to disseminate this information and get physicians up on the learning curve." One word sums up his motivation: empathy.

Not only is the course helpful to green physicians, it can help more experienced doctors trying to compensate for the smaller margins managed care and health care reform are producing.

Doctor Dean hired a Los Angeles editor and cassette production company to put his course on audio tape. He chose the medium because it allows physicians to hear sections repeatedly, thus increasing memory retention. Doctors can also listen to them in their cars, busy as they are. There are 12 audio cassettes in the course.

He supplements the audio presentation with more than 70 computer files (DOS WordPerfect 5.1) to allow physicians to print out materials they can use in their daily practice: policy manuals, employee tracking forms, investment tracking files, job descriptions and others. The bibliography is especially helpful, he said. It lists medical management newsletters and a long list of reading resources.

Some of the sections of the course teach:

- tools for establishing a medical busi ness
- systems for managing the office and employees
- how to increase dollar value to your medical business
- methods to enhance patient relationships
- business interactions and negotiation skills
- medica business promotion with honesty and integrity
- safe and secure financial management protocol

Doctor Dean is marketing the course himself and with the help of a friend using nationwide direct mail. The AMA is interested in including it in its catalog.

For more information or to order the course ($239, ask for code B-1), call or write William Dean, MD, 314 ML King Jr. Way, #103, Tacoma WA 98405, 985-7770.

BYLAWS AMENDMENTS.....

The following amendments to PCMS Bylaws will be voted upon at the October 11 General Membership Meeting, 7:45 p.m., Tuesday, Fircrest Golf Club.

PROPOSED BYLAWS AMENDMENTS....

(underlining indicates addition and ~~strikethrough indicates removal~~)

#1 Chapter III, Section 1, A, a, iv., Membership Qualifications

iv. maintain membership in the Washington State Medical Association ~~or the Washington Osteopathic Medical Association~~;

#2 Chapter VII, Section 1 Board of Trustees Composition

The Board of Trustees shall consist of the officers of the Society and the President of the Pierce County Medical ~~Auxiliary~~ Alliance, **who shall be an ex-officio member.**

RATIONALE:

AMENDMENT #1

In 1990, the Society received requests from the Washington Osteopathic Medical Association (WOMA) and a few osteopathic physician members to amend the Society's Bylaws so osteopathic physicians no longer had to join the Washington State Medical Association (WSMA). WOMA indicated that there were a number of osteopathic physicians in the county who wanted to join the Society, but did not want to pay dues to both WSMA and WOMA.

The Bylaws were therefore amended to accommodate osteopathic physicians in Pierce County and in several other county medical societies. PCMS currently has 27 osteopathic physician members and 5 have elected not to belong to WSMA.

The issue was raised that WSMA Bylaws require that for a county society to be "unified", it must mandate membership in WSMA. The issue was debated in the 1992 and 1993 WSMA House of Delegates. A special task force concluded that "unification of county medical societies with the WSMA is appropriate, desirable and strengthens organized medicine in Washington State." The Medical Society has always supported a strong unified organization and desired to remain unified with WSMA. Unified counties are also reimbursed twice that received by de-unified counties for collection of WSMA dues and retention of second year members. As a unified county PCMS will receive approximately $2500 more than if it were to remain a de-unified county.

Amendment #2

The medical *auxiliary* has formally changed its name at the national, state and countylevels to Alliance.

Your Board of Trustees recommends the approval of the above amendments.

Member Speaks Up About Proposed Bylaw Change

Dear PCMS Board of Trustees;

I wish to voice my disapproval of once again demanding membership to WSMA to be a member of PCMS. I joined in good faith after receiving a letter asking why I hadn't joined PCMS even though the By laws had been changed. I decided to join because I thought it was important for all physicians to join together during health care reform. I have become very active in PCMS and have attended all meetings, and sent the $150.00 participating fee for our new CHP in March.

It is very important I retain my membership with WOMA, as I use Osteopathic Manipulation, (omt) in my family practice. WOMA is very active with advising insurance companies and Labor & Industries on omt coding and appropriateness. This is a service I feel WSMA would be unable to provide. Also, to continue to practice, WOMA provides the necessary Osteopathic C.M.E.

I understand that WSMA has brought a great deal of pressure on PCMS to require all members to pay WSMA dues. But I don't feel I should be penalized just because I am an Osteopathic physician.

To tell the truth, I cannot really afford to pay the extra dues. I already belong to AOA, WOMA, ACOFP, Tacoma IPA, American Professional Association and PCMS. I have also donated several times yearly for political action. My overhead has steadily increased, despite trimming the practice, and extending my hours, which are now 8 a.m. to 9 p.m. Monday through Friday. My reimbursements have steadily declined. I am sure most of you have had the same experience. How would you feel if all of the sudden you were told that to maintain your membership in PCMS, after you got involved, that you would now be required to pay full WOMA dues. I am sure you wouldn't be happy, even though WOMA could use the money. WSMA states that PCMS is de-unified. I feel that we are unified; we are all physicians working hard to maintain quality medical care at a reduced cost, stay in business and not get sued during health care reform.

I have been in contact with WOMA and they assure me that they have tried to negotiate with WSMA to no avail. They are considering legal action for anti-trust. I am against this because I feel this is a time when we need to join together, not to divide ourselves. I intend to stay with PCMS, even if I am forced to pay twice the dues of my fellow members. If the pressure is so great from WSMA that the board and membership of PCMS can't tolerate it, perhaps some form of concession can be given. Such as WSMA lowering the dues to active members of WOMA; or PCMS using some of that $2,500.00 to help us pay these extra dues. Have you considered that the yearly dues of the osteopaths are greater than the kick backs from WSMA?

Thank you in advance for consideration of my position.

Sincerely,
Kenneth C.J. Scherbarth II, D.O.

Taking a Stand on Domestic Violence

by Richard A. Harvey, M.D., FACEP

Some 2,700 years ago, Homer said, "Therefore don't be gentle to your wife." Sadly, his advice has long been the cultural norm in much of the world.

In the United States in the past few decades, we have accepted and even been amused by the antics of a man threatening his wife. Remember Jackie Gleason as the cranky bus driver in *The Honeymooners* balling up his fist in Alice's face and growling, "One of these days?"

The perverse result of "father knows best" is male dominance and control. That tradition is no longer appropriate for the health and safety of women in America. Add anger, frustration and general acceptance of violence, and we get the massive public health issue of domestic abuse.

This problem cannot and will not be solved by the legal system and social services alone. It will require educating young people and a huge and persistent advertising campaign much like the one that has begun to make drunk driving culturally unacceptable.

I have become convinced that physicians have a vital role to play in this effort. To be effective, however, we need to start talking about this sensitive subject with our patients.

The grim statistics

* In the last five years, 20,000 women have been killed by their partners. They account for 50 percent of all female murder victims.

* Between two million and four million women are battered each year.

* In Pierce County, where I practice, death as a result of domestic violence doubled in 1993!

Despite the prevalence of domestic violence and its recent "discovery" by the press, physicians often miss or avoid its diagnosis.

According to a recent article in *JAMA*, medical personnel correctly diagnose only 1 in 35 battered women.

As a busy emergency department physician, I've seen bruises and abrasions on women that require no treatment. However, when I take the time to ask how they happened, I have sometimes been told horrifying stories of being punched, slapped, thrown against walls and even raped.

What physicians need to do

It takes time and patience to approach the subject of abuse. And it's frustrating to have a patient who is unwilling to leave the batterer or to involve legal authorities.

Nonetheless, we physicians need to redefine our roles in the cause of violence prevention. This is part of our responsibility as guardians of health in contemporary society.

First, as part of our "new" job description, we must learn how to recognize victims of domestic violence. We must, in a non-judgmental way, become comfortable asking questions about potential physical and psychological abuse as part of every routine screening exam. Doing so is as important as asking about vaccination status. It is as important as recognizing signs of child abuse which, of course, is often associated with domestic violence. Most women won't report abuse, but by asking the question, we are expressing our concern and willingness to listen.

A physician could make a supportive opening statement such as, "Because abuse and violence are so common in women's lives, I am now asking my patients about it as part of my medical routine." *The message to our patients is that abuse is not normal or acceptable.* Our concerns will reinforce a woman's capacity to seek help when she feels ready. This alone has therapeutic value. (Conversely, we must confront our male patients who make light of their dominance.)

Ultimately, that message - repeated over and over to millions of women - will gradually help to move society in a less brutal direction. It will likely take years before the statistics begin to change, but as physicians, we can be part of the solution.

Stark II Referral Rules Go Into Effect January 1

On Jan. 1, 1995, the provisions of the 1993 OMNIBUS Budget Reconciliation Act relating to physician self-referrals, commonly known as Stark II, go into effect. If you serve Medicare or Medicaid patients and have any remuneration arrangements that involve referrals, personal or ancillary services, you should have your lawyer review them to make sure you are in compliance with the new law.

Medicare participation

If you are a participating Medicare provider, you should ask your Medicare patients if they have Medigap insurance coverage.

If you provide the Medigap policy and identification number, the patient's date of birth and sex, and the patient's signature, Medicare will file the claim with the Medigap insurance company, eliminating the need for your office to file the supplementary claim.

Consult your Medicare representative to take advantage of this service.

Dates to remember

September 15: Third-quarter estimated tax payments for calendar year corporations are due.

September 15: Individuals making 1994 estimated income tax payments are required to pay the third installment by this date.

September 15: Calendar year corporations and S-corporations that obtained an automatic extension of time to file their 1993 income tax returns must file their return by this date.

Tobacco Training Offered

"How to Help Your Patients Stop Using Tobacco", a National Cancer Institute Training Workshop, will be held in Fife on Thursday, September 29. The program is for physicians, physician assistants, nurses, nurse practitioners, pharmacists, dentists and hygienists as well as interested community health care advocates.

The course will train providers to know why it is important to include tobacco use intervention services in clinical practice, to understand how to help patients move through the stages of change, and how to provide follow through care for patients quitting tobacco. Faculty includes physicians from Madigan Army Medical Center with special guest speaker Robert Jaffe, MD, from Washington DOC (Doctors Oughta Care).

The program is being held at the Best Western Executive Inn from 8:00 a.m. to 4:30 p.m. Registration prior to Sept. 12 is $25, $50 at the door. For more information you may call Judy Schmidtke at 593-2297.

Why do patients chang physicians?

Patient satisfaction surveys ove the past 15 years indicate that the nonmedical complaints most likel to cause patients to change physicians or consider suing after a medical complication occurs include:

(1) Having to wait too long to get an appointment, or being kept waiting too long beyond a scheduled appointment time to see the physician;

(2) Encountering rude or insens tive staff who have poor telephone etiquette, can't or won't answer questions, or don't make patients feel welcome;

(3) Not getting a timely respon to questions, or not having phone calls returned within a reasonable time;

(4) Not having enough time wi the physician, or sensing from his her demeanor or body language th the doctor is anxious to get to the next patient;

(5) Perceiving that the doctor and staff are indifferent to the patient's problems, don't appear t be listening, don't respect patient privacy, or are inattentive to med cal complaints;

(6) Misunderstandings about and billing policies; and

(7) Displeasure with on-call physicians or with the office's answering service.

Dr. John Merrick Calls it a Day

Dr. John Merrick, Puyallup general practitioner, formally retired the end of June.

Dr. Merrick has an interesting background in that he did his pre-med at Harvard and graduated from the University of Pennsylvania School of Medicine in 1956. He did a two-year stint with the Health Service and then a four-year residency at Mountain View General Hospital in Tacoma (Puget Sound Hospital) under the guidance of **Dr. Charles Larson**, nationally known pathologist and father of pediatrician **Larry Larson**.

Following his residency, **Dr. Merrick** was unable to find anything locally in pathology and the only real available position was in Ohio. He and his wife liked the Northwest and had no interest in relocating to Ohio. He had enjoyed his general practice residency at the Puget Sound group and joined **Drs. Tom Skrinar and Clete Stevens** for a period of time and later moved to Puyallup to open his solo practice.

Dr. Merrick said he has enjoyed seeing the growth of the medical community in the Puyallup valley. They used to send problem patients to Virginia Mason. Now, virtually all specialty care is available in the valley and at Good Samaritan Hospital.

Two factors were instrumental in his retiring when he did, and that was the overhead expenses were getting worse and the need to go to electronic billing, which he recognizes as a value, but was unprepared to add staff to do it. The other turning point was the adoption by the Washington State Legislature of the CLIA regulations. He was unable to continue with his lab and decided to call it a day.

With health care reform, **Dr. Merrick** sees no future for solo practitioners. Although most of his patients do not like group practices, he feels this is the wave of future health care. He supports the concept of universal coverage, but has to ask how is it going to be paid for.

Dr. Merrick first started practicing in Pierce County in 1961 as an ER physician at St. Joseph Hospital.

Meeting Will Help You Prepare for Managed Care

Plan to attend the October 11 General Membership Meeting at the Fircrest Golf Club and hear what physicians are doing in the more mature managed care markets such as Portland and Medford, Ore, Santa Rosa, Calif and others.

Craig Van Valkenburg, vice president of BRIM, Inc. of Portland, will tell us about the activities of physicians, insurers, and hospitals in markets where managed care has a strong foothold. How are physicians positioning themselves with hospitals and insurers? Are the IPA's and PHO's successful? How are specialists organizing in these markets?

As you well know, the Puget Sound health care arena is in a state of flux. Here is an opportunity to hear what is happening at the office level in areas further along the managed care trail than we are. It is important that you are aware of what is happening and what can happen in this area as we move to a managed care system.

Mark your calendar!

Subscribers Council Column

by Sanford Levy, M.D., Chair

As the owners of Physicians Insurance, many insured physicians - known as "subscribers" - are particularly interested in the financial and operational integrity of our company. The Subscribers Council acts as the overseer of the finances and operations of the Exchange on behalf of the subscribers.

During this turbulent period of rapid change in the organization of the health care system, Physicians Insurance welcomes input from subscribers. In addition to their oversight role, Subscribers Council members can serve as useful communication links between insured physicians and the insurance professionals involved with the day-to-day operations of the company.

If you would like to speak with your representative on the council, please call Physicians Insurance at (206) 343-7300 or 1-800-962-1399, and ask for Carol Pickett in the Subscribers Council office. Ms. Pickett will arrange for the appropriate council member to return your call.

Subscribers Council members are:

Robert M. Ferguson, M.D.	Tacoma
David S. Hopkins, M.D.	Federal Way
John R. Huddlestone, M.D.	Tacoma
Scott F. Kronlund, M.D.	Puyallup

Have You Added a FAX to Your Office?

The Medical Society is utilizing its broadcast faxing capabilities more and more. We are sending out announcements, committee meeting notices, membership surveys, etc., and it is enabling the office to have a quick turn-around time for a great deal of information.

Have you been receiving faxes from the Society office? If not, please give us a call at 572-3667 and give us your fax number. The facsimile machine has become a great asset to improve communications.

Block Inappropriate Calls

It has been brought to the Medical Society's attention that some patients are able to access the physician's only phone number by calling the telephone information line. If this is occurring in your office, you can call the telephone company and they will put a block on accessing these numbers.

The Pierce County Medical Society

announces the

September General Membership Meeting

when: Tuesday, September 13
Social Hour at 6:00 p.m.
Dinner at 6:45 p.m.
Program at 7:45 p.m.

where: Tacoma Sheraton
Hotel (ballroom)
1320 Broadway Plaza

a joint meeting between the

Tacoma-Pierce County Bar Association

and the

Pierce County Medical Society

TORT REFORM:
The Great Debate

Moderated by: **John Komen; *The News Tribune***

Participants: **W. Ben Blackett, MD, JD** **Dan Hannula, JD**
Cliff Webster, JD **Larry Shannon, JD**

Also: Four at-large members will be elected to the Nominating Committee

---

(return before Friday., Sept. 9, to PCMS, 223 Tacoma Ave. So., Tacoma, Wa. 98402)

Please reserve _____ dinner(s) at $25 per person
(tax & tip included)
Enclosed is my check for $_____

signed_____

In Memoriam

John Doelle, MD

April 23, 1943 - August 10, 1994

Dr. John Doelle died of sudden cardiac death associated with hypertrophic cardiomyopathy on August 10, 1994. He had been a member of PCMS since 1978 and had been a strong supporter of the medical community since establishing his practice with Sumner Family Physicians. He served on and chaired many committees at Good Samaritan Hospital and was on the Board of Trustees of Pierce County Medical Bureau for six years as well as its President in 1986-87. He particularly enjoyed the meetings of the Tacoma Academy of Internal Medicine and the fellowship with Pierce County physicians and friends from his service in the U.S. Army.

He is survived by his wife of 23 years, Linda; son, John; daughter, Laura; his mother, Ruth Wiley of Harvard, Illinois and brother Bryan Doelle of Detroit, Michigan.

Judy and I met the Doelle's 23 years ago when we were all at Madigan Army Medical Center. John was my resident, I was an intern. John taught me much of what it takes to be a doctor and became my role model for how to be a physician. His understanding, caring and compassion for his patients is well known and appreciated by all. John's commitment to his patients and his practice was exemplified in a mission statement that he developed for his clinic: "We are here to serve the patient. It is a privilege to be able to do so."

John was a unique person, gifted with intellect, wit and devotion to

his family, church, and profession. John and I spent many hours discussing patients, medicine and life in general. We also spent countless hours together on many committees, both at hospital and church. He never backed away from a difficult problem. At times, he would help us put difficult problems into perspective with a quote from Goethe in German, then translate it for us: "Against stupidity, the Gods themselves struggle in vain."

John was particularly fun to talk to because he had the largest vocabulary of anyone we have ever met, and he used it exceedingly well. John could talk intelligently about so many things - history, theology, music, medicine. Speak-

(continued on page 25)

How do you spell relief?

TEMPORARY HELP

Provided by Pierce County Medical Society
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Coverage for vacation, sick, or peak work loads

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We pay employees' salary and all payroll taxes

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Call Dixi Gerkman, 572-3709

PCMS Placement Coordinator

COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Whistler CME Details Coming in September

The CME at Whistler brochure, including registration and lodging material, will be available in early September.

The Blackcomb/Whistler ski area in British Columbia has been selected as the site for the College's annual ski CME program set for February 1-5, 1995.

The College of Medical Education has selected the Blackcomb Hotels and Resorts condominiums for accommodations because of the very competitive lodging rates (compared to other sites) and the high quality of the lodging.

Guidelines CME Date Changed to June 9

The CME program entitled "Clinical Guidelines: Quality, Cost Effectiveness and ..." has been rescheduled to June 9, 1995. The program, coordinated by Les Reed, MD, and co-sponsored with the Pierce County Medical Bureau, had been set previously for a week later - on June 16.

Common Office Problems CME Scheduled for October 14

The popular Common Office Problems CME has been scheduled Friday, October 14, in rooms 3A & B of St. Joseph Hospital's South Pavilion.

The following subjects will be addressed:

Pediatric Infectious Diseases
H. Pylori Infections
Management of Diabetes
Rational Approach to Newborn Problems
Headache Evaluations & Cost Effective Neuroimaging
Practice Skills for Diagnosis and Management of Domestic Violence
Dysfunctional Uterine Bleeding
Diseases of the Spine: Evaluation by Primary Care
Expanded Orthopedic Management for Primary Care

DATES	PROGRAM	DIRECTOR(S)
1994		
October 14	Common Office Problems	Mark Craddock, MD
November 18	Infectious Diseases Update	Alan Tice, MD
December 8 & 9	Advanced Cardiac Life Support	C.O.M.E.
1995		
January 19	Law & Medicine Symposium	Nicholas Rajacich, MD Rita Forster, JD
February 2, 3 & 4	CME @ Whistler	Richard Tobin, MD
February 24	Review of HIV Infections	Alan Tice, MD
March 9 & 10	Internal Medicine Review 1995	Clyde Koontz, MD
March 31	Office Gynecology	John Lenihan, MD
April 28	Cardiology for Primary Care	Marilyn Pattison, MD
May 19 & 20	Surgical Update 1995	James Rooks, MD
June 9	Clinical Guidelines: Quality, Cost Effectiveness and...	Les Reid, MD
June 23 & 24	Advanced Cardiac Life Support	C.O.M.E.

General Membership Meetings Scheduled for PCMSA 94-95

September 16, Newcomers held in the home of Toni Loomis with baby-sitting provided. Program by Rose Society, with slides of local grafting projects. Lunch.

October 21, Tai Chi, demonstration held in the parish center of St. Pat's church. Interactive, wear casual clothes. Baby-sitting provided. Lunch.

November 18, Backstage tour of TAG. Mid production of Shakespeare's Comedy of Errors. Lunch on the town.

December 13, Joint Holiday dinner with PCMS at the Sheraton.

January, No meeting

February 10, Fireside Story League at the home of Kathleen Forte. Baby-sitting provided. Lunch.

March 17, Date a Doc night at the home of Judy Chan. Pot luck hors d'oeuvres, and dessert.

April 23-26, WSMAA Convention in Spokane.

May 19, Japanese flower arrangements. Hands-on St. Pat's parish hall. Baby-sitting provided. Lunch.

Dear Past, Present or Future Members of PCMSA

THIS IS YOUR OPPORTUNITY TO JOIN US!

Happiness is like jam; you can't spread even a little without getting some on yourself! I have found over the years that belonging to PCMSA has been a rewarding, fun and challenging experience for me. I am offering that opportunity to you... I'm trying to spread it around! We are all busy people, raising families, working and volunteering. Being a member of the Alliance helps us realize our goals of creating a bond between us, our spouses and community at large.

If there was a market for after-thoughts, most of us would be rich! Please don't make your renewal an afterthought! Respond today by completing the bottom of this letter and sending us your dues. We want you to be a part of a vital organization. We are dedicated to the promotion of health education. We encourage participation of volunteers in activities that meet the health needs within our community. We support health related charitable endeavors, and assist in those programs of the PCMS that improve the health and quality of life for all people.

Sincerely,

Patty Kesling, PCMSA President 94-95
3720 Horsehead Bay Dr NW
Gig Harbor, WA 98335
(206) 265-3944

PIERCE COUNTY MEDICAL SOCIETY ALLIANCE...DUES STATEMENT

Please check one: _____Regular ($75) _____Widow, Retired ($56)

_____Newcomer ($55) _____Student/Resident ($25)

NAME_____

ADDRESS_____

TELEPHONE_____ _____Participating member _____Supporting

Mail to Marilynn Simpson 7412 Ford Dr NW Gig Harbor, WA 98335

Did you know?

The AMA Alliance joined the AMA Campaign Against Family Violence in 1991 to initiate grassroots efforts to combat this continuing problem. Last year alone, 300 initiatives were developed in 34 states to make people aware of family violence and to support victims. Programs included developing forums to train health professionals to recognize and treat victims, halfway houses and shelters for women and children who are abused, funds and supplies for existing shelters and safe houses, and televised phone-a-thons to answer people's questions about the problem.

Did you know?

The medical Alliance is the source for information for physician's spouses on the issues facing medicine. It is also the vehicle to send a unified message to state and federal legislators. Proposals for health system reform have been covered extensively in AMA Alliance publications, and the president, president-elect and legislative Affairs Committee chairman are representing members at forums on the Administration's proposal so that information can be shared. Meanwhile, phone banks in 28 states are activated at the request of the AMA to urge physicians, spouses and families in key congressional districts to contact their legislators. Other contact systems in 27 states enable members to respond quickly to both state and federal issues. Mini-internship programs in 24 states are giving legislators and community leaders a "walk in my shoes" look at medical practice, while voter registration projects in 28 states make sure the medical community's voice is heard at the polls.

Did you know?

Teen suicide and pregnancy, childhood immunizations and education to give kids a healthy start on life were among issues addressed in 1,100 programs last year to help children and youth. Workshops, forums, school-based education programs, brochures, videos, resource cards, and booklets were among the ways Alliance members tackled such issues as family violence, substance abuse, and teen sexuality.

Did you know?

AMA Alliance members raised $2.5 million for the AMA Education and Research Foundation last year, the fourth year in a row contributions have broken the $2 million mark. Since 1953, AMA Alliance programs have raised $53 million for the Foundation, which provides unrestricted grants to medical schools, as well as funds for assisting medical students.

Be a member, get connected, be a part of something big!

AMA Publishes Guide for Providing Culturally Competent Care

The American Medical Association (AMA) has published Culturally Competent Health Care for Adolescents: A Guide for Primary Care Providers. This book describes a framework for understanding and developing cultural competence, which is the sensitivity, cultural knowledge, skills, and actions that enable physicians to work effectively with patients who are from cultures different than their own.

The book addresses the following topics: how culture influences adolescent health care, the cultural influences on adolescent development; the importance of physician's self-assessment regarding cultural background and the specific steps to take to understand and

work effectively with adolescent patients and their families. Portraits of major U.S. racial/ethnic groups are also included.

To order copies of Culturally Competent Health Care for Adolescents: A Guide for Primary Care Providers, call the AMA Order Department toll free at 800 621-8335 with Order #OP017894. The price for AMA members is $7.50 per copy, and for non members, $11.50 per copy.

Dr. John Doelle Dies *(continued)*

ing of music, John enjoyed both classical and popular music, rarely missing an opportunity to attend concerts or discuss the Bruckner symphonies. John had studied piano for many years; music was his avocation.

In addition to his visits to his roots in Michigan, John often travelled to Duke University where he enjoyed visiting his old professors. I think his only regret was that Duke did not have a football team on the same caliber as the basketball team. He was equally proud of his ties to Michigan - he would obtain tickets for football from the Michigan alumni association, and in the midst of 70,000 Huskies would be cheering, "Go Blue!!."

John loved a sense of order and discipline in his life; I don't think I ever saw him at the hospital without his tie knotted and his coat buttoned. He organized his day so he could come home at noon, work out, and read his Bible. John was active in church life and was president of the congregation at both Mt. View Lutheran and Pilgrim Lutheran Church in Puyallup. He lived his life as an expression of his faith. He recently attended a conference in Monterey exploring the meaning of life. When we asked him what conclusion had been reached, John replied, "The meaning of life is to live in such a way that would be pleasing to God, so that when one came to the end of life, one could truthfully say, 'I have fought the good fight.'"

When we look back on John's life, we see a thread of integrity which ran through everything he said and did. Though his death was premature, and we all feel a deep sense of loss, we believe that he was ready to meet the God that he had served so faithfully. We believe that he has been one of those who can say, " I fought the good fight." We cherish his memory. We will miss him.

Vern and Judy Nessan

The Pierce County Medical Society

announces the

October General Membership Meeting

when: Tuesday, October 11
Social Hour at 6:00 p.m.
Dinner at 6:45 p.m.
Program at 7:45 p.m.

where: Fircrest Golf Club
6520 Regents Blvd W
Fircrest

"Winds of Change"

Preparing for Managed Care

Learning from Oregon and California experiences...

Portland, Medford & Santa Rosa

featuring

Craig Van Valkenburg
Vice President, BRIM Company

(return before Friday, October 7, to PCMS, 223 Tacoma Ave. So., Tacoma, WA 98402)

Please reserve _____ dinner(s) at $19 per person
(tax & tip included)
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signed_____

POSITIONS AVAILABLE

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

Physicians Needed. Part-time. Change your routine-spend one weekend a month and two weeks a year as a Medical Officer with the Washington Air National Guard - Your hometown Air Force reserve. Call SMSgt Gary Plendl, Tacoma 581-8233 or 1-800-344-0539.

EQUIPMENT

For Sale. New W/A flexible sigmoidoscope FX-100 with disinfection tray, $3995. Call 927-1555.

OFFICE SPACE

For Lease: 1240, 2200 sq. ft. of professional office space in multispecialty medical center on growing South Hill in Puyallup. Physician owned. Terms negotiable. Call Al Sullivan, 593-6072, or Dr. Rebecca Sullivan, 848-5951.

For sale: 2,000 sq. ft. medical office building between Puyallup and Sumner. 848-3000.

Professional office space, 460 sq. ft. Stadium-downtown area. Conference room, fax, copier usage. $600/mo. 572-3666 M-F.

POSITIONS WANTED

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GENERAL

Available immediately. Class A space in Fife (formerly Tacoma Occupational Medical Offices). 3168 sq. ft. Three private offices, six private medical rooms, x-ray room, examine area with six more stations, large waiting/reception area, large file room, upgraded electrical for medical use. Gross rate: $18 per sq. ft. Please contact Tom Petramalo, Targa Real Estate Services, Inc. at (206) 627-8811.

Regional Accommodating Services Company will electronically process the physicians insurance claims, reducing his claims in suspension. Most electronic claims paid within 14 days directly to the physicians. Call 846-3831 now to begin realizing the benefits of electronic claims submission.

1994 Directory Updates

Bales, David, MD	
Add physician only line:	502-5966
Bell, Corinne, DO	
Add physician only line:	502-5966
Berry, Brian, MD	
Add physician only line:	502-5966
Brand, William, MD	
Add physician only line:	502-5966
Brooks, Mark, MD	
Add physician only line:	502-5966
Cargol, Lawrence, MD	
Deceased	August, 1994
Doelle, John, MD	
Deceased	August, 1994
Durkin, L. Stanley, MD	
Deceased	July 15, 1994
Froelich, Theresa, DO	
Add physician only line:	502-5966
Gillespie, James, MD	
Add physician only line:	502-5966
Graham, Arthur, MD	
Change status to:	Retired
Hallas, Gregory, MD	
Add physician only line:	502-5966
Litvin, Lewis, MD (Retired)	
Change address to:	1565 NW Hill St Bend, OR 97701-1904
Merrick, John, MD	
Change status to	Retired
Plymate, Lisa, MD	
Add physician only line:	502-5966
Shuster, Patricia, MD	
Add physician only line:	502-5966
Sieck, Sandra, MD	
Add physician only line:	502-5966
Smoots, John, MD	
Add physician only line:	502-5966
Starr, Kirk, MD	
Add physician only line:	502-5966
Stevenson, Patrice, MD	
Add fax #:	770-5985
Tutihasi, Mimi, MD	
Add physician only line:	502-5966
Wearn, Joseph, MD	
Add physician only line:	502-5966
Williams, Sharon, DO	
Add physician only line:	502-5966
Zoltani, J. Greg, MD	
Correct phone number to:	581-8151

Pierce County Medical Society
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Tacoma, WA 98402

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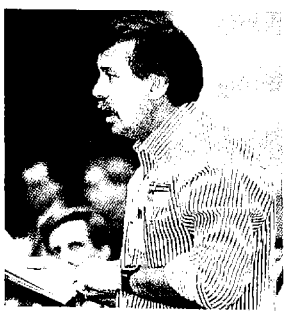
PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
November, 1994

WSMA HOUSE OF DELEGATES

page 10
for details

Part of the Pierce County delegation to the Sept. 22-24 WSMA Annual Meeting in Wenatchee include (l to r) Drs. Peter Marsh, Dick Bowe, Carl Wulfestieg, David Munoz, Pat Hogan, Eileen Toth, Amy Yu, George Tanbara, Vita Pliskow, John Rowlands, Dick Hoffmeister, Charles Weatherby and Ulrich Birlenbach



The Bulletin is published monthly by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in **The Bulletin** are the 15th of the month preceding publication (i.e. Oct. 15 for Nov. 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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Tacoma, WA 98402

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Local News

News Briefs

Departments

Some Final Thoughts

1994 has been a year of sweeping changes in the Pierce County medical community. Over a short period of time we have evolved from a region of solo or small group practices to a county where many primary care physicians and some specialists have either affiliated or become outright employees of large corporate medical organizations. This has been a market-driven phenomenon as no government comprehensive health care changes have occurred and may not occur in the near future.

Not to be outdone in the change category, hospitals in Pierce County have decided that bigger is better (not always a valid assumption) and have opted to merge or affiliate with organizations outside the community in a big way. The Multicare/ Swedish merger plus their acquisition of the Cigna HMO puts this organization in a position to control a large segment of the health care marketplace in Western Washington. Swedish is rumored to have capital reserves in excess of $60 million dollars, which should enable these non-profit hospitals to continue buying private practices up and down the Sound.

The Franciscans have also been on the move with further consolidation of St. Francis, St. Joseph and St. Clair into more of a single functional entity. Large scale layoffs at the middle management

and nursing levels have presumably reduced their overhead, and an affiliation with the Sisters of Providence allows them, like Multicare, to become a significant force in our area of the state. Their absorption of Western Clinic plus an aggressive recruitment campaign to bring in new physicians has broadened their reach in all areas of the county.

At the insurance level, Pierce County Medical Bureau has also decided that bigger is better (although their own financial success to date appears superior to the "bigger" KCMB) and developed strategic relationships with KCMB and insurance organizations in Oregon and Idaho. No doubt they are concerned that if hospital consortiums become large enough, they may decide to provide their own insurance functions leaving the bureaus with an evaporating market. One wonders if PCMB and KCMB realize that their ill-timed "point of service" products and "ranking" of physicians doubtlessly played a role in convincing their own primary care members that hospital employment looked like a safer haven than continued reliance on the bureaus.

Now that I've irritated everyone (I try to be evenhanded) I would again like to point out that all of the above has happened without any government-run health care reform in this state or in this nation. Those of you who worry about a government takeover of medicine need to realize that a corporate takeover isn't necessarily a better option, and while the former is a potential worry, the latter is taking place in front of our faces (listen up AAPS!). This moderate independent is finding the liberal democrats in Pierce County to be one of the few groups listening to what a medical specialist thinks about health reform. Mergers and affiliations grow ever larger in this state, and when the big boys from out of state inevitably move in, government may be the only entity able to regulate the marketplace and ensure that physicians have a strong voice in maintaining quality health care.

No health system can function without the acquiescence and cooperation of physicians. Physicians can control their own destiny, but only if they are cohesive and smart. Strong support of the WSMA CHP would make a great start.

Winds of Change - Preparing for Managed Care

"I thought this man was incredible! He knew more about what was going on than anyone else I've heard talk. He presented a very balanced view of the subject and though I was fatigued hearing about managed care, I'm delighted I had the opportunity to hear Mr. VanValkenburg," wrote one member who attended the Oct. 11 general membership meeting.

Craig VanValkenburg, vice president of the BRIM Company, was the speaker who presented for more than an hour on managed care activities, including strengths and weaknesses of each potential choice that confronts physicians. He has traveled the country researching managed care activities, and from his perspective he sees three models emerging that will put physicians back in control of their own destiny.

New PCMS members attending the October General Membership meeting were: L-R psychiatrist Tim Larson and his wife Tamarin and Dr. David Bales, internist with Franciscan Family Care.

He titled his talk "Physician Practice Management - The Physician Strikes Back."

He noted that with all the changes taking place, everybody is going after physicians because they are the ones who truly control the dollars that flow through the system. The hospitals control 40% of the costs and their motivation is to bring in physicians at 19% so they can control 59%. Mr. VanValkenburg stressed that:

- physicians are at the center of what is happening in the health care systems
- physicians have the ability to control the mechanisms that are out there for the delivery of care
- physicians have already been identified as the ones who can administer and make decisions regarding delivery of care
- this is the perfect opportunity for physicians to be in charge

Historically, the '70s saw specialists and hospitals as the dominant players. Employers paid the premiums to insurance companies who typically paid some form of fee-for-service reimbursement to the physician and the hospitals. Patients had a choice of going to primary care or specialist for any need. In the '80s and early '90s, this changed dramatically with the HMOs and PPOs coming out on top. PPOs became very active and signed up for discounts with hospitals, sought employers, then went to physicians for discounts. The California market saw lots of integration movement. The future will continue to see the growth of primary care and multi-specialty group practices. Physicians will become organized and structured in such a fashion that they can contract directly with any health plan, and in some cases, contract directly with employers and take charge of managing those resources that the payers are putting physicians at risk to do. This is becoming more common, particularly with large groups.

Other trends:

#1) Growth in HMO enrollment - grew 19% in 1994 compared to 9% in 1993. HMO's have gobbled up the Medicare and Medicaid market. Penetration rates vary: the west coast is 31.6%, New England is 25.6% and the north central is 30.5%. In Oregon there has been significant penetration by the HMO's. Lots of acquisitions taking place in the HMO market and many mergers taking place. Average premiums have been declining as HMO's are low-balling premiums to garner the market. In the next couple years, this will continue to happen. Operating margin averages were 6.4% in 1991, 6.9% in 1992 and 8.3% in 1993.

#2) Formation of physician group practices. In 1993, 34% of physicians were in a group. It has been estimated that by the year 2000, 75% of physicians will be in a

(continued on next page)

Winds of Change - Preparing for Managed Care *(cont.)*

group. The number of groups and size of groups are going up exponentially.

Benefits of group development include freeing up time to practice, negotiating leverage in managed care, access to capital, economies of scale particularly in malpractice premiums, and call coverage. It is expected that this trend will continue.

#3) Demand for primary care. Even some specialists are going back for training to do primary care.

What does all this information mean in terms of the physician marketplace? VanValkenburg outlined three emerging organizations that he has studied and feels are worthy of discussion with physician audiences. He said that whatever physicians are doing now, it is unlikely that they will be doing the same in the future because the marketplace will continue to change for a variety of reasons.

Model 1: Hospital-driven PHO

Model 2: Staff/group-driven HMO

Model 3: Investor-owned MSO

Hospital Ownership:

Strengths: access to capital (deep pockets), access to inpatient facility, and physicians already linked.

Weaknesses: high debt, bond underwriters are looking at this - debt has to be repaid. Their non-profit status is being scrutinized. Shrinking utilization, shrinking reimbursement and need to capitalize for debt creates cash flow problems. Access to inpatient facilities are in jeopardy as length of stays have decreased significantly, utilization rates have dropped and more services are provided on an outpatient basis. Hospitals are expected to be losers. Hospitals have limited or no experience with managed care, working with capitation, and/or managing physician practices. Most services can be provided less expensively than via a hospital.

HMO Ownership:

Strengths: access to capital (have lots of cash), existing enrollments, experience contracting with hospitals, outpatient facilities and laboratories. They know the numbers in the physician's business better than the physician. They are tracking utilization, costs, etc. When they come to the table they are very knowledgeable about statistics.

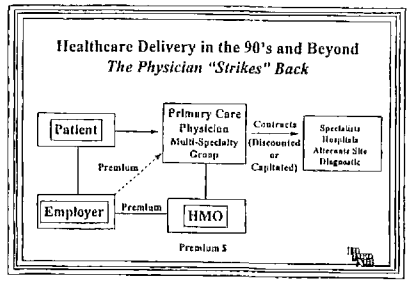
Don Russell (l), Puyallup pediatrician, talks to Dr. Doug Gant, Puyallup ob/gyn, and his wife Colleen

Weaknesses: Physicians have had an adversarial relationship with these groups, and aligning with one HMO is risky. And most HMO's are in the insurance business and not in the delivery of care business.

Investor Ownership:

Strengths: Interest is looking out for the physician. These are big businesses created by buying and merging a multitude of practices. Use of specialists and hospitals can be negotiated/capitated. Physician independence is an important aspect.

Weaknesses: Lack of capital. Limited contacts with employer groups or benefit consultants, but this is changing. They are developing capital and contracts and bypassing third party administrators.



There are at least three strategies that these firms are using. They are: 1) acquiring physician practices, particularly multi-specialty groups, and directing them to contract with health plans; 2) building or acquiring primary care groups for the expressed purpose of contracting with health

(continued on next page)

Winds of Change - Preparing for Managed Care *(cont.)*

plans; and 3) acquiring practices to build integrated delivery systems.

National 1993 statistics show a breakdown of organizations to be 47% group or staff model HMO, 50% in professional corporation or partnership environment, 2% in the PHO market and 2% in the investor-owned market. The predicted shift in the next six years shows 55%, 25%, 5% respectively with 2%-15% of the balance moving to the investor groups.

Who are the folks in the market place? These companies are Coastal Group (CGRP), PhyCore (PHYC), and Pacific Physicians Services (PPSI).

Drs. Bob Ettlinger, Steve Teeny, Bob Early and Jim Blankenship enjoying pre-dinner conversation

The CGRP started out as an ER contract company and they are buying ER physician practices. Coastal has gotten into anesthesia, radiology and have been working on licensing themselves as an HMO in Florida. They have acquired two companies in Maryland to give them access to 300 physicians. They have also purchased practices in Florida. The CEO is a physician who has a broad vision. They just signed a $200 million line of credit for explicit purposes of expanding the organization through acquisitions, mergers, development, etc. Pacific Physician Services, based in Southern California, has been expanding into Nevada and Arizona and recently merged with physicians in North Carolina. It is now getting into specialty services. They have been very, very successful with capitation. They have purchased hospitals. Their challenge is expanding into the marketplace. This group manages 45 outpatient facilities and is responsible for 300,000 lives.

PhyCore is the largest physician management practice company with 1200 physicians. Their strategy is to buy specialty practices. They have the challenge of managing from fee-for-service to capitation. They have 20 multi-specialty practices in 12 states. They are expanding into managed IPA's. Other organizations include CareMark (CK), InPhyNet (MMI), RotechMed (ROTC), Mullikin Group, First Physician Management, Health Springs, Primary Health as well as others. Specialty organizations include Salick Health, Texas Oncology, Aetna, Cigna, etc. Van Valenburg noted that Blue Cross/Blue Shield will be worth watching because once they get a for-profit status, they can get into the acquisition business.

What is the business challenge for physicians? For solo or small practices transitioning to cooperatives and partnerships, it now leads to institutionalized medicine. Companies are growing rapidly and creating leverage. They are going into capital markets and exchanging stock. For the purchase price of a medical practice, they are bringing physicians on not only as a salaried physician but as an equity partner, allowing them to participate in the growth of the organization. The challenge is to be informed about what is happening and to be aware of all options.

VanValkenburg highlighted that there will be lots of activity in the next six to seven years as the transition from fee-for-service to managed care takes place. He noted that the investor-owned companies have caught on to the fact that contracting for numbers of lives creates value and equity in the organization. This is part of their strategy because as they take responsibility for risk of managing patients, they create value. He suggested that physicians become knowledgeable about these companies because they will be in the marketplace recruiting physicians to do business with them.

Unified Physicians of Washington (CHP) Makes Pitch to PCMS Doctors

Jim Peterson, newly appointed President/ CEO of Unified Physicians of Washington, and **Dr. Lenny Alenick**, Tacoma ophthalmologist and a UPW Board member, met in mid-September with about 90-100 PCMS physicians interested in more information regarding Unified Physicians of Washington, the newly created CHP of WSMA.

Dr. Bill Matheson, Vice President of Medical Affairs for the new CHP, was also introduced. Dr. Matheson has 18 years of experience in medical management. Dr. Matheson is a graduate of the University of Washington School of Medicine and is board certified in obstetrics and gynecology.

Mr. Peterson noted that the mission of the UPW is to "set the standard of excellence for delivery systems in the state of Washington; to insure the central role of physicians in this process; and, to deliver quality, accessible, and cost-effective health care services."

Peterson reported that over 2,600 physicians had enrolled as participating physicians, well over half of the goal of 4,000 by July, 1995. Peterson, formerly chief of the state's Medicaid program with 620,000 covered individuals in a biennial budget of $3.4 billion, has a proven record as a health administrator.

The UPW has three immediate goals: 1) to obtain necessary short-term funding; 2) to get a strong start on signing up participating physicians; and 3) build a strong management team.

UPW will offer a decentralized partnership. Services will be provided through CARE (Community-based, Assured quality, Responsive, Effective) groups.

CARE groups may be participating physicians in a variety of delivery units; clinics, independent practice associations (IPAs), physician hospital organizations (PHOs), or individual physicians working directly with UPW. IPAs, PHOs, clinics, and other arrangements are not competitors to the UPW state-wide CHP; the CHP will support them. UPW does not require an exclusive agreement with the delivery units. UPW will ultimately sell services to employers across the state and through regional health insurance purchasing cooperatives (HIPCS).

The UPW CHP will, with physician input, set the standards. Participating physicians will be expected to abide by those standards and meet reporting requirements, Peterson said.

If UPW is to become fully operational, and if physicians are to participate in the new marketplace in a way that changes the current insurance company-driven equation, a successful stock offering is essential. In late August, the company received state approval of its offering prospectus which has been distributed to all members of the WSMA.

The company intends to use the proceeds raised in this offering to defray initial start-up expenditures. If we expect to compete and excel, we need to raise sufficient capital in order to develop data systems to track quality and outcomes, as well as resource use and cost.

Those attending the meeting had many questions for Peterson. He noted that the deadline to be an initial investor will end Nov. 23.

Dues Increase For Next Year

The Medical Society has been impacted by health care reform measures and as a result, its level of revenue from non-dues income dropped during the past year. In light of this, the Board of Trustees at its September meeting approved a $30 a year increase in PCMS dues. Annual dues will go from $210 to $240.

This is the first dues increase since 1984 when dues were increased to $285. In 1991, dues were decreased $75 when the Society elected to discontinue financial support for the medical library. The $75 was the amount of support provided by each member.

Non-dues income dropped considerably during 1993-94 due to a lack of sales of the pocket directory, reduction of permanent personnel placements in our placement service, and loss of two tenants in the building who moved or discontinued business.

A copy of the 1995 PCMS Budget is available to any member. If you would like a copy, please call the office and one will be sent to you.

Nominations Committee Selects Board Candidates For 1995

The Nominations Committee met September 27 and nominated the following members for 1995 PCMS officers.

President Elect

John Rowlands, MD, (pulmonologist);

Vice President

Stanley Harris, MD, (general surgeon)

Sec.-Treas.

James M. Wilson,Jr., MD, (internist)

Trustee

Keith Demirjan, MD, (family practice)

Trustee

Joseph Nichols, MD, (orthopedic surgeon)

Trustee

Ronald Taylor, MD, (general surgeon)

Remaining on the Board will be President **David Law**, internist; Past President **Peter Marsh**, infectious diseases; **Robert Alston,** MD, family practice; **Ulrich Birlenbach**, MD, internist; **Sandra Reilley,** MD, Ob/Gyn and Patty Kesling, Alliance President.

All of the candidates have been active in Medical Society and medical community issues.

Election ballots will be mailed to members at the end of November. The new officers will be installed at the December 13 Annual Meeting.

Additional nominations for any office may be submitted by petition to the Medical Society office by November 15. The petition must state the nominee's name and the office for which he/she is being nominated. It must be accompanied by the nominee's written statement of consent to serve if elected and bear the signatures of at least 20 active or senior members of the Society.

Some may ask, "Why only one candidate for each office?" *Robert's Rules of Order* states, "It is usually not sound to require the Nominating 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."

In addition, it has been the Society's experience that many fine candidates, after being defeated the first time in an election, refuse to submit themselves to a second election. Serving as an officer is an honor and privilege the Society wishes to encourage.

Start The Holiday Season With A Laugh

The program for the 1994 Annual Joint Dinner meeting has been finalized. **Stu Silverstein, MD** will be the featured performer. Dr. Silverstein is well-known throughout the western states for his tremendous sense of humor. A pediatrician, who practices in San Francisco, Dr. Silverstein has appeared before many medical groups.

Plan to attend this always festive occasion on Tuesday evening, December 13, Tacoma-Sheraton Hotel. A Tacoma Symphony Youth Quintet will play holiday favorites during social hour and dinner. Dr. Silverstein will keep you in stitches and the 1995 officers and trustees will be introduced. Mark your calendar and start the year off with a smile, a big one.

First UPW Directors Elected

The WSMA Board of Trustees recently elected four directors to the United Physicians of Washington (UPW) Board of Directors. They are Drs. Edmund Gray of Colville, **Leonard Alenick** of Lakewood, Steven Arendt of Renton and **Joe Nichols** of Tacoma. They served on the UPW interim board.

UPW shareholders will elect five directors at the first UPW shareholders meeting. A meeting date will be set after UPW "breaks escrow" which is set at $3 million. Votes may be cast in person or by proxy.

Dr. Colen Named to State Board

Retired allergist **Dr. John Colen** was elected to the Board of Senior Physicians of the State of Washington. This board works with senior groups including the AARP in matters concerning medicine and medical issues. **Dr. Colen** will serve as membership chair for the board.

WSMA House of Delegates Discusses Many Issues

The city of Wenatchee hosted many Pierce County delegates to the 1994 WSMA House of Delegates Annual Meeting, September 22-24. Pierce County had a full complement of delegates representing its views on many matters coming before the House.

Tacoma family physician and WSMA Speaker of the House Dr. Richard Hawkins (l) congratulates incoming WSMA President Dr. Peter McGough, a West Seattle family physician

Dr. M. Roy Schwarz, Vice President, AMA, keynote speaker, made several observations that some HMO's are hiring RN's and specialists and bypassing family physicians. HMO enrollment is increasing slowly. He noted factors regarding the liability pitfalls of managed care, being 1) someone other than physicians control patient care, 2) control is exercised on a broader scale than the physician/patient relationship, and 3) purpose of control is often not the improvement of the quality of medical care. Dr. Schwarz said the standard of patient care is the physicians' responsibility not the Plan's.

He went on to say that the duties of the physician is how much did the physician do for the patient, did the physician pursue all available appeals, did the physician recommend care to patients even if it is not covered, and did the physician undertake care without compensation. Schwarz emphasized the point that it is necessary to make strong documentation to protect yourself in liability protection under managed care. Being the patient advocate and writing letters to the Plan must be in the patient's chart.

He stated physicians need to be aware that they are liable regardless of plan control over course of care.

Schwarz noted that managed care has a negative impact on malpractice claims incidents. He noted that the irritated patients are more likely to sue if they think a medical decision was made for financial reasons. The best defense available to the physician is physician clinical judgment. Dr. Schwarz forecast under managed care fewer and less expensive tests being administered and later tests and later referrals made to specialists. He urged the House of Delegates to develop strong patient rapport. Patients who like their physicians are less likely to sue. He went on to say never underestimate the role of the office staff. Again, he said, do not focus on or reduce medical decisions based on economics.

The best protection against problems of managed care is documentation. It is a wise investment in time, he stated, and he recommended that the physician tell his/her story, documented by charts, to his carrier before any claim is made. Documentation is the best single piece of evidence at trial. The doctor should be the patient advocate and write a letter to the plan indicating advice regarding care and your willingness to provide it.

Helen Whitney, President of the WSMA Alliance, presents the Alliance report to the House of Delegates

The House of Delegates and Reference Committees thoroughly discussed the issue of physician assisted suicide. This is probably one of the most complicated and divisive issues that has faced the Association in its recent history. A recent article in the *New England Journal of Medicine* quoted a survey of Washington State physicians indicating the profession's split on the issue. After much discussion, it was resolved that WSMA will continue to advise its membership that physician assisted suicide currently is illegal and asked that WSMA develop a white paper that defines uniform nomenclature

(continued on next page)

Timeline Phases of Terminal Care

Progressive Changes in Physical and Psychosocial Conditions

Six-Month Hospice Plan of Care

All too often, referrals are made to Hospice at the very end of a terminal illness and the Hospice Team is unable to address all of the needs of the terminally ill and their families. In fact, the number one response from patients and families in a recent survey was "why didn't we know about Hospice sooner?"

The following timeline illustrates progressive changes which commonly occur in the physical and psychosocial conditions of the patient over a 6-month period. It also describes how each member of the Hospice Team intervenes to provide comfort and support during the terminal phase and beyond death for family and loved ones. The earlier the Hospice Team intervenes, the more satisfaction is expressed by patients and families–time allows closure and resolution of many issues.

The timeline can assist physicians and other referring professionals in assessing and identifying patients' needs earlier so that patients and families have access to the full array of Hospice services.

HOSPICE

A Special Kind of Caring

TIMELINE PHASES OF TERMINA

PROGRESSIVE CHANGES

PROGRESSIVE CHANGES IN PHYSICAL AND PSYCHOSOCIAL CONDITION VARIES WITH EACH PATIENT	Generally patient is ambulatory, coherent, some side effects from curative measures/meds, initial stages of grief, anger, denial	Some weight loss, weakness, symptoms manifested, showing signs of stress, growing acceptance of terminal state, fear, depression	Continuing weight loss, decreasing appetite, physical manifestations, symptoms more pronounced. Grief work, planning, resolving

HOSPICE TEAM	MONTH 6	MONTH 5	HOSPICE P MONTH 4
MEDICAL DIRECTOR (in collaboration with Attending Physician)	Initial examination of patient, certification for hospice care, develop plan of care, orders	Monitor/assess plan of care, ICC meeting, orders, evaluate symptoms, manage pain	Monitor/assess plan of care, ICC meeting, orders, evaluate symptoms, manage pain
RN CASE MANAGER	Assessment for hospice conference w/family, confer w/physician, develop plan of care, order medications, order DME, train/instruct primary caregivers	Follow plan of care and direct team members. Provide direct care, report observations, establish rapport with patient and family	Monitor ongoing implementation of approved plan of care. Increased need for symptom management, pain control. Evaluate psychosocial needs of family/patient with other team members
HOME HEALTH AIDES	Start personal care program, instruct primary caregiver	Establish supportive, loving, trusting relationship, provide personal care services as per plan of care	Assist w/personal care needs and identify and report special needs to Case Manager
SOCIAL SERVICES	Assess patient/family psychosocial/bereavement needs to develop plan of care. Establish trusting relationships with patient/family	Monitor and implement approved plan of care–determine need for referral to other community resources. Identify dysfunctional patient/family problems, make recommendations	Continued monitoring of plan of care–ongoing assessment of patient/family abilities to cope with terminal diagnosis and its impact on daily living
CHAPLAIN	Spiritual assessment, confer with other team members for development of plan of care	Implement plan of care conference with patient/family who desire spiritual support. Assess other needs requiring psychosocial intervention	Implement plan of care as appropriate, contact spiritual support person of denomination of patient/family choice
VOLUNTEERS	Conference w/hospice team for direction, learn interest of patient, initial visitations	Establish supportive trusting relationship via ongoing visits & contact	Assist with letter writing, telephoning, reading, music, provide emotional support to patient and family–respite for family

Note: All care is coordinated and integrated with staff of skilled nursing facility if patient becomes resident of a skilled nursing facility anytime during this period.

CARE

N THE TERMINAL PHASE

Physical deterioration apparent, symptomatology and pain increase, beginning of withdrawal, acceptance of terminal disease	Progressive physical deterioration, symptoms increase, pain management primary, may be bedridden, increasing withdrawal, resolution and closure	End stage–pronounced withdrawal, requires total care, intensive management of symptoms and pain, no appetite	**HOSPICE CARES**

AN OF CARE

MONTH 3	MONTH 2	FINAL MONTH	AFTER DEATH
Reassessment for new benefit period, monitor/assess plan of care, ICC meeting, orders, evaluate symptoms, manage pain	Monitor/assess plan of care, ICC meeting, orders, evaluate symptoms, manage pain	Monitor/assess plan of care, ICC meeting, increased need for medication changes to manage symptoms and control pain, support family	May have further communication with family
Monitor ongoing implementation of approved plan of care. Increasing need for order changes to manage symptoms and control pain. Continued coordination-patient, family, team	Monitor more closely, increase visits as needed, implementation of approved plan of care. Daily review of symptom management, pain control. Family support increased, coordination of psychosocial plan of care	Daily monitoring of end-stage process, side effects of meds, symptoms manifested and pain management. Coordinate preparation for death with other team members, increasing support to both patient and family	Call and/or visit family, assess special bereavement needs, may attend funeral, complete discharge charting
Continue assistance w/ personal care needs and identify special needs to Case Manager	Provide bathing, dressing, and other personal care needs as necessary. Provide comfort measures–report needs to Case Manager	Increase contact with patient and family for direct care, assure all personal care needs are met and provide comfort measures	May attend funeral
Evaluate patient/family coping abilities & assess appropriateness of respite care, need for referral to other community resources	Continued monitoring of approved plan of care, assess patient/family for signs of dysfunctional grieving and provide appropriate intervention. Facilitate support systems	Continued monitoring of approved plan of care–assist patient/family in resolution and closure–ensure final arrangements. Facilitate support systems	Call and/or visit family. May attend funeral. Begin bereavement follow-up, identify dysfunctional grieving and initiate appropriate intervention
Implement plan of care. Encourage family to continue observance and rituals that provide meaning and support to them	Implement plan of care. Provide spiritual support as appropriate to patient/family wishes, assist with final arrangements as requested	Implement plan of care. Provide support to patient/family and hospice staff in preparing for separation	May visit family, instruct family regarding bereavement groups and memorial service, provide grief/bereavement support
Arrange for personal preferences of patient–food, visitation, special interests, respite for family	Provide respite periods for family, assist with visitation & personal needs	Provide respite periods for family, provide patient with emotional support	Provide bereavement support to family/significant others, maintain regular contact for up to 12 months

WHY HOSPICE?

• *Hospice offers help and support to the patient and family on a 24-hour-a-day, seven-days-a-week basis. Patients routinely receive periodic in-home services of a nurse, home health aide, psychosocial professional, and other members of the hospice interdisciplinary team.*

• *Hospice treats the person, not the disease. Hospice professionals and volunteers address the medical, social, psychological, and spiritual needs of the patient and family.*

• *Hospice considers the entire family, not just the patient, the "unit of care." Patients and families are included in the decision-making process, and bereavement counseling is provided to the family following the death of their loved one.*

• *Hospice offers palliative, rather than curative treatment. Sophisticated methods of pain and symptom control enable the patient to live as fully and comfortably as possible.*

• *Hospice emphasizes quality, rather than length of life. Hospice neither hastens nor postpones death: it affirms life and regards dying as a normal process.*

• *Hospice is a covered benefit under Medicare, Medicaid, and most private insurance plans.*

For further information regarding Hospice Care in your area contact:

Associated Health Services
Hospice & Palliative Care
(206) 552-1825
1-800-762-7766

National Hospice Organization
1901 N. Moore Street, Suite 901
Arlington, VA 22209

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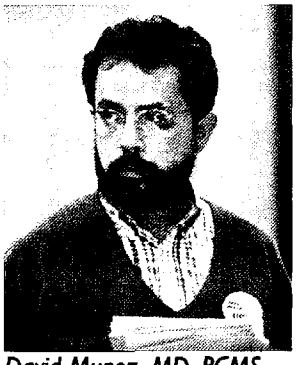
WSMA House of Delegates Discusses Many Issues *(cont.)*

and discusses the legal, ethical, and social arguments associated with end-of-life issues, including physician assisted suicide and euthanasia.

Several resolutions introduced by the Pierce County delegation were adopted.

One resolution on physician-hospital relations resolved that, "closed medical staff policies be prohibited within any hospital facility in Washington State; assuming the provider meets that hospital's medical staff requirements."



David Munoz, MD, PCMS delegate, waits for the microphone to speak on one of several resolutions he introduced to the House of Delegates

Dr. David Munoz submitted several resolutions that were adopted or slightly amended asking that WSMA explore the acquisition and maintenance of a regional data base system and that WSMA establish a clearinghouse to receive output of clinical parameters and clinical pathways.

The House also looked at alternatives to health reform in the event that an ERISA waiver is not granted by Congress. State laws that mandate employer coverage or mandate a specific benefits package, etc., can only be implemented with a Congressional waiver. Another component of the law that relies a great deal on an ERISA waiver is the mandate for community rating. Without the waiver, the self-insured programs remain outside of that requirement, lessening the pool of covered lives in the state. Alternative financing mechanisms available without an ERISA waiver are, 1) an individual mandate of broadly based tax support for the poor, 2) a single payer mechanism, 3) the medical savings account concept with broadly based tax support for the poor, or 4) a sole payer/sponsor mechanism. The House debated the pros and cons of the various options. The medical savings account appeared to receive a good deal of support.

The Pierce County delegation submitted a resolution asking WSMA to seek through legislative channels the repeal of the *Paiya V. Durham* construction decision to the Washington State Legislature and explore the feasibility of appealing the decision to the Washington State Supreme Court. **Dr. Peter Marsh,** President, PCMS, argued for the action as the decision defines an "expert witness" as a professional who is retained by a party to develop facts and opinions in anticipation of litigation. The treating physician is not considered an expert witness and is not entitled to expert witness fees. The PCMS Medical/Legal Liaison Committee has had several cases where attorneys have paid the treating physician $25 for their time. The resolution was adopted overwhelmingly.

An amendment to WSMA Bylaws was adopted that states, "there shall be a delegate representing the Washington State Medical Association Alliance seated in the House of Delegates." One resolution submitted by the WSMA Executive Committee recommended that WSMA study the feasibility of establishing a membership category for advance registered nurse practitioners who are employed by a member physician and who are exercising their prescriptive authority and include in the study the feasibility of establishing a special section for the ARNPs in the House of Delegates. The resolution was referred back to the Executive committee.

Dr. Bob Sands addresses reference Committee A o physician assisted suicide issues

The House also adopted a resolution that would ask that a Bylaw amendment be considered at the 1995 Annual Meeting that would allow osteopathic physician members in a unified county to belong to WSMA or WOMA. This is currently the status of PCMS Bylaws and the Society is not considered a unified component society at this time by WSMA. This particular resolution also asks WSMA to explore the feasibility of establishing a method by which osteopathic physicians could be members of both WSMA and WOMA with one dues payment.

Let Us Introduce You Again, To An Old Friend.

With passage of the Washington Health Care Services Act of 1993, you are beginning to feel the effects of health care reform in Washington State. However, you will be pleased to know that there are changes resulting from health care reform that will benefit you.

One of these benefits is the expansion of the physicians and surgeons coverage program of a Washington-based insurance company, one of this state's most experienced professional liability carriers, — **Washington Casualty Company.**

With a 17 year heritage of serving Washington health care providers, this provider-owned company has a track record of providing solid protection, experienced risk managment guidance, and flexible programs to meet the needs of your practice as opposed to "one size fits all".

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Impeccable Financial Security - Rated B++ (Very Good) by A.M. Best Company Independent Insurance Industry Analyst

What Every Doctor Needs to Know Before Selling Your Practice to a Hospital

Overwhelmed by administrative hassles and facing decreasing profits and increasing overhead, many physicians today find the prospect of a regular salary and a less strenous workload very appealing.

Many practitioners believe that collaborating with hospitals to form a physician-hospital organization will help them gain leverage in managed care contracting.

But managed care demands that physicians assure the plan that they can effectively provide medical services to the enrollees. Small practices often lack automated systems to measure these treatment patterns and outcomes.

How can a physician negotiate with a managed care plan to his and her best advantage?

As a physician, you have many options. If a hospital values your practice, you have leverage.

Once you forfeit direct access to patients, you reduce your leverage in future salary renegotiations and limit your ability to start a new practice apart from the hospital.

If you decide to sell your practice, the employment contract with the hospital is critical.

Physician employment contracts usually include a term (typically five years), compensation and benefits (including incentives and bonuses), restrictives convenants and a termination clause.

Do not agree to a contract that permits termination without cause. Carefully review all termination conditions.

Scrutinize restrictive convenants that can limit your ability to start a new practice when the contract ends. Do not sign until you have checked with your legal counsel.

At closing, physicians receive cash for accounts receivable and fair market value of practice assets-obtained from an independent practice appraisal.

Trickier areas include the practices's intangibles, such as goodwill. For a physician with a well-established practice, goodwill can be a significant part of the equity, exceeding the hard asset value.

Health and Human Services sees payment for goodwill as forbidden payment for referrals. Any hospital purchase of a practice including a goodwill payment will be seen as a potential violation of Medicare and Medicaid fraud and abuse anti-kickback rules.

Physicians and hospitals must ensure the practice purchase is a distinct, isolated transaction separate from the value of the employment relationship.

Some hospitals will look at the last year's gross receipts as an acceptable value for the goodwill.

Tax-exempt hospitals have bigger problems when buying physician practices. The IRS examines hospital acquisition of physician practices for "private inurement." This means the IRS forbids hospitals to spend tax-exempt funds to benefit a private individual or group.

At its worst, if the IRS finds the price paid for the practice exceeds its market value - "private inurement" - the hospital can lose its tax-exempt status.

Some hospitals try to use private inurement to get physicians to discount compensation by a percentage over five years, claiming the IRS requires the hospital to recoup the practice purchase price.

WRONG: There is no IRS code requiring recapture.

Legal ambiguities in selling physicians' need to have independent legal and business counsel.

Negotiation and Contracting in Managed Care, a set of four books, provides practical information on legal, financial and business issues in managed care.

The books include: *Negotiating a Managed Care Contract, How to Evaluate the Financial Implications of a Managed Care Contract, The Anti-trust Aspects of Negotiating Managed Care Contracts and Forming Physicians' Networks and Establishing a Physician Organization.*

The price is $19.95.OP637193AW

Managed Care Strategies for Physicians is a set of four booklets including *Forming Physicians' Networks, The Physician's Role in the Development of Physician Hospital Organizations, Assessing Your Practice in an Age of Reform and Group Practice Options: From Medical Corporations to Clinics Without Walls.*

The price is $19.95.OP637093AW

To order, call the AMA Customer Service (800) 621-8335.

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Puget Sound Area, WA: You know how you want to set up your practice. We can help you do it. Dynamic physician-hospital organization seeks BC/BE Family Practitioners, Pediatricians and General Internists. Willingness to provide obstetrical care a plus for FPs. Flexible financial packages and practice positions available from independent to group settings, practice management to full employment. Convenience, quality 225-bed hospital and excellent location in fast-growing, primary care underserved, family community. Close to Seattle with year-round recreational opportunities. Contact Steve Saxe, Vice President, Good Samaritan Hospital, 407-14th Avenue SE, Puyallup, WA 98371, (206) 848-6661, ext. 1899, or Rebecca Sullivan, MD, (206) 848-5951.

The Impact of Managed Care on Specialty Practices *(cont.)*

In a recent survey of PCMS membership, one of the major concerns expressed was, "How is managed care going to impact the specialist?" The following article addresses that issue very well. It appeared in the September/October, 1994, MGMA Journal. It was written by Cynthia S. Rowe, Administrator, Oregon Eye Care, Oregon City, Ore.

The key concept in managed care is the coordination of a patient's care by a primary care physician (PCP). The PCP provides for the patient's basic health care needs and triages the patient to the appropriate specialty provider when necessary. Specialists have enjoyed lucrative, high status positions among health care providers for several decades. Managed care is putting the control of resources into the hands of primary care providers and is significantly changing the organizational chart of health care in the United States.

Payers are shifting the risk for the cost of care to the providers of care. Responsibility for the cost of care often begins when payers withhold a portion of the fee-for-service reimbursement and distribute the surplus at the end of the year - if the cost of care falls within budget. In many areas full capitation is replacing the fee-for-service system, with providers paid on a per member per month basis. The primary care physician, acting as the gatekeeper, often at risk for the cost of care, controls access to specialty care.

Assumption of risk and the anticipation of health care reform have initiated a frenzied consolidation within the health care industry that is occurring at all levels, from insurers and HMOs, to hospitals, primary care and specialty practices. With size comes negotiating clout. These "mega-organizations" are creating systems that care for large groups of patients in broad geographic areas. Small organizations will find it difficult to efficiently and cost-effectively provide the full spectrum of services required in managed care contracts. The assumption of risk requires complex administrative systems to manage contracts, capital reserves and capacity to contract for care of large groups of subscribers. Specialty practices typically are small groups or solo practices.

Lack of control and clout have created a climate of unprecedented fear and paranoia within specialty practices. Without major re-engineering of their practices many specialty physicians face grim futures.

The current ratio of specialists to primary care physicians in the United States is approximately 4 to 1

Is the Paranoia Justified?

There are several factors that substantiate a specialty practice's fear of being particularly vulnerable.

Overabundance of specialists

Within staff model health maintenance organizations (HMOs), the primary care physician/ specialist ratio is much higher than in the fee-for-service sector. The current ratio of specialists to primary care physicians in the United States is approximately 4 to 1. It is expected to shrink to 2 to 1 or 1 to 1. In a recent study by the American Academy of Orthopedic Surgeons, it was determined that in order to reach the typical staff model HMO requirement of five orthopedists per 100,000 people,

(continued on next page)

The Impact of Managed Care on Specialty Practices *(cont.)*

orthopedic residency training programs could close for 22 years. This overabundance is found in most specialties.

Declining reimbursement

Under the resource-based relative value scale (RBRVS), specialty practices that are procedurally oriented are suffering dramatic reductions in reimbursements from Medicare, Medicaid and the many other payers who have adopted RBRVS. Participation in managed care contracts most often means withholds and discounted fee-for-service contracts, gatekeeper systems and decreased utilization of specialty services. In areas of high managed care penetration, specialty practices are experiencing significant decreases in income.

Provider profiling

There are enormous variations in practice patterns among physicians resulting in significant differences in the cost and quality of care. Physicians' practice patterns are being carefully studied by health plans. These analyses identify providers who order excessive diagnostic tests, have higher hospital admission frequencies, higher surgical procedure rates, up-code levels of services and unbundled charges. Quality is often not compromised by lower volume and intensity of services and may be enhanced.

Therefore, the shifts in health care toward primary care physicians, the oversupply of specialists, declining reimbursements and the lack of significant outcomes data to warrant current levels of utilization all disfavor specialty practices.

Within the next decade, most health care will be provided by

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The Impact of Managed Care on Specialty Practices *(cont.)*

physicians who are employed in health care delivery systems or hold contracts to provide care. Delays in taking steps to favorably position a specialty practice in the marketplace today can be very costly. As managed care grows in an area, specialty provider panels rapidly fill-up and close in HMOs, preferred provider organizations (PPOs) and independent practice associations (IPAs). Patients are redirected to participating specialists. Specialists must protect their patient base and avoid exclusion by securing positions within delivery systems.

Practice environmental scan

The static practice has little chance for survival. Unfortunately, proven paths of opportunity do not exist and there are no formulas assuring success. The changes in practice environments vary greatly from one locality to another resulting in significantly differing marketplaces. Practice environment and provider goals need to be analyzed to begin the process of developing a strategy to respond to reform. Determining who the payers are and what they want is the first step in the process of practice evaluation and strategic positioning.

Who are the purchasers of health care?

Employers - Are employers large or small? Have they formed coalitions to purchase employee benefits? What are their considerations in purchasing health care? What geographic area do they need health care services to cover?

Governmental programs - Has there been a shift in Medicare and/or Medicaid into HMOs, PPOs or commercial insurance? Are there state health care reform considerations? Are there programs providing benefits for the uninsured?

Insurers - Are insurers converting indemnity products to managed care models or adding managed care plans to their product line? Are they adding risk sharing and gatekeeper requirements? Are staff or group model HMOs in the practice area? Are they gaining market share?

Self-pay, charity - Does the practice have a significant self-pay patient population? Charitable care - is it increasing or decreasing?

What are other health care organizations doing?

Hospitals - Have hospitals signed contracts with HMOs? Are hospitals purchasing primary care practices? Specialty practices? Do they market insurance products? Have they initiated PHOs to provide systems of care? Have they formed alliances with insurers? Hospital systems?

Primary care - Are large primary care practices or networks of practices positioning to contract with managed care organizations? Are they signing contracts with HMOs? Are physician management companies purchasing practices? Are specialists employed by primary care groups?

Competitors - How are other competing practices in your specialty responding to change? Have networks been formed? Do they participate with all health plans? Have they formed contractual relationships with primary care groups? HMOs? Employers? Multispecialty groups? Hospital systems?

Integrated delivery systems - Are integrated delivery systems of hospitals, primary care physicians, specialists and suppliers of ancillary services and goods being formed? Are specialists contracted to work within a single system or is it feasible to remain neutral and span more than one system?

What are the politics of the

(continued on page 19)

The Pierce County Medical Society

and

The Pierce County Medical Society Alliance

announce the

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Tuesday, December 13
Social Hour: 6:30 p.m.
Dinner: 7:00 p.m.
Program: 8:15 p.m.

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"Music provided by the Tacoma Youth Symphony Quintet"

The Impact of Managed Care on Specialty Practices *(cont.)*

area?

In every market there are politics that play a strong role in decision making. Hospitals tend to reward physicians with inclusion in PHOs based on their fee-for-service history of behavior. They also favor physicians who lease space in hospital-owned medical buildings. Physicians who brought desirable business to hospitals in an indemnity environment may not be the most efficient utilizers for managed care but politics dictate their inclusion.

Many decisions are being made for reasons other than efficiency, quality, access and value. The history of the players and their motivations are important considerations in the development of a strategic plan. Understanding the background aids in avoiding roadblocks and identifying natural allies.

What are the goals of the specialty physicians?

Some specialty providers in areas of high managed care penetration are electing to forego independence and become employees of managed care organizations or practices dominated by primary care. This option probably affords the most security. A significant number of specialists will choose early retirement. Programs to retrain specialists as primary care providers have begun but are achieving limited success. Currently, most specialists attending retraining programs return to specialty practices.

The majority of specialists seem to be clinging to their entrepreneurial spirits and are seeking ways to preserve a margin of independence.

Building affiliations - specialty network formation

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COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Complimentary ID Program Rescheduled to December 2nd

Because of a scheduling conflict, the date of the Infectious Diseases Update conference has been changed from Friday, November 18, 1994, to Friday, December 2, 1994. All other elements of the complimentary conference remain the same, including the location - The Sheraton Hotel in Tacoma.

ACLS Scheduled for Dec. 8 & 9th

The College's very popular Advanced Cardiac Life Support (ACLS) Provider Course is scheduled for December 8 & 9 at Jackson Hall. This course will feature the American Heart Association's new guidelines identified in the Heart Association's new manual.

Registration brochures were mailed out in October. For additional information, call the College at 627-7137. Early registration is encouraged as classes fill quickly.

December 15 is Deadline for Blackcomb Room Reservations

If you plan to join your colleagues and their families in Whistler/ Blackcomb for COME's CME program in early February, MAKE YOUR ROOM RESERVATIONS BY DECEMBER 15.

Reports from Blackcomb Hotels and Resorts, our selected site, indicate reservations for space in early February is going at an UNPRECEDENTED PACE. Accordingly, choice for both desired properties and unit size (i.e., one bedroom, two bedroom, etc.) is narrowing.

In response to this high reservation pace, COME has renegotiated its contract to help protect room availability. However, the rooms available to our group now must be reserved by DECEMBER 15 (not January 4). As before, you may make reservations by calling 1-800-777-0185.

The College of Medical Education selected the Blackcomb Hotels and Resorts condominiums for accommodations because of the very competitive lodging rates (compared to other sites) and the high quality of the lodging.

DATES	PROGRAM	DIRECTOR(S)
1994		
December 2	Infectious Diseases Update	Alan Tice, MD
December 8 & 9	Advanced Cardiac Life Support	C.O.M.E.
1995		
January 19	Law & Medicine Symposium	Nicholas Rajacich, MD Rita Forster, JD
February 2, 3 & 4	CME @ Whistler	Richard Tobin, MD
February 24	Review of HIV Infections	Alan Tice, MD
March 9 & 10	Internal Medicine Review 1995	Clyde Koontz, MD
March 31	Office Gynecology	John Lenihan, MD
April 28	Cardiology for Primary Care	Marilyn Pattison, MD
May 19 & 20	Surgical Update 1995	James Rooks, MD
June 9	Clinical Guidelines: Quality, Cost Effectiveness and...	Les Reid, MD
June 23 & 24	Advanced Cardiac Life Support	C.O.M.E.

The Impact of Managed Care on Specialty Practices *(cont.)*

Many specialty practices, as a first step, are forming strategic alliances with other specialty practices to achieve a regional presence with a full spectrum of services, administrative expertise and purchasing power. Larger merged practices or networks are more able to produce the capital needed to develop the information, quality and utilization management systems necessary to contract with managed care entities. The ability of the new provider networks to successfully integrate and share risk, however, has yet to be proven. In an independent fee-for-service practice, a physician's medical decision-making affects his or her home income, as opposed to practicing within a network where decisions affect the entire organization. Sharing risk demands accountability.

Specialists in many areas are receiving solicitations to join a variety of national networks. Many of these networks offer little more than the opportunity to pay substantial participation fees. Most believe that health care will be contracted regionally rather than nationally. Networks should be carefully evaluated before joining.

Transitions in practice culture

Specialty practices and networks are beginning to seek risk-sharing arrangements with payers and primary care providers to demonstrate their ability and willingness to be accountable, cost-effective partners in managed care. Significant organizational shifts must occur in a practice to change from the traditional fee-for-service culture to success in managed care.

Managing managed care

As medical care is increasingly practiced on a contractual basis with payers, cost overruns come directly out of the providers' pockets. In managed care, balance billing to patients beyond co-payments does not exist. Risk sharing holds the

(continued on next page)

The Impact of Managed Care on Specialty Practices *(cont.)*

provider financially responsible for a portion of cost of care if it exceeds expectations. Risk sharing also gives providers an opportunity to share in profits if the cost of care is less than anticipated.

It is not uncommon for providers to have little knowledge of the costs associated with delivering care. Many can quote a gross overhead percentage of receipts, but that is all. Contractual medicine requires sophisticated business management and information systems. Contract negotiation, utilization management, quality assessment, claims administration, member eligibility, member relations, provider credentialling and financial performance reporting are all integral parts of managed care. The specialty practice that wants to play in the managed care game will need information systems and management expertise to capture data and utilize it in the design of practice systems.

Contract negotiation requires knowing of the cost of providing services. Using RBRVS units, costs can be allocated to services or cost accounting techniques can be used to determine costs associated with specific services within a practice. Most managed, fee-for-service contracts are negotiated on a fixed fee schedule or a unit value.

Managed care organizations are increasingly capitating specialists. Capitation is used in contracting with specialists providing large volume of care (ophthalmology, radiology, orthopedics, etc.) or whose utilization is difficult to predict (mental health). Contracting on a capitated basis not only requires knowledge of the practice's cost of providing services but also actuarial utilization data, practice utilization data and/or utilization history from the health plan in order to negotiate adequate reimbursement.

The specialty practice that has data collection capabilities, participates in outcome studies and incorporates the findings into practice patterns is likely to be rewarded in a managed care environment.

Physician reimbursement

Specialty fee-for-service practices in environments dominated by indemnity insurance usually have physician compensation formulas based on production. Typically, physicians working within managed care are compensated on a salary basis. Frequently in managed care practices, there are incentives based upon quality and efficiency measurements.

In a fee-for-service environment, physicians whose practice patterns reflect high utilization of ancillary tests and services are typically rewarded. Often, not enough attention is paid to the cost/benefit ratio of a procedure, test or ancillary service before it is ordered. Success in managed care involves significantly changing fee-for-service incentives. Specialty groups that accept the changes and incorporate incentives based on the goals of managed care are far more attractive to managed care organizations than those clinging to traditional systems found in fee-for-service.

A vision based on value, efficiency and quality

The most difficult challenge in health care reform will be the preservation and enhancement of the quality of care. Efficiency and value must be carefully balanced with decisions concerning the ethical questions raised in modern health care.

More influence and control are placed upon physician practice patterns in prepaid medicine. The determination of preferable practice patterns is dependent upon outcomes data supporting what works and what doesn't. There is a tremendous need to capture clinical data to determine the most cost-effective course of treatment that also offers the best results. Information systems will need to merge clinical information with financial information.

There are many examples emerging of cost-effective alternatives in practice patterns: hysteroscopy instead of dilation and curettage, laparoscopic cholecystectomies instead of open cholecystectomies, balloon dilation instead of transurethral prostate resection, magnetic resonance

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The Impact of Managed Care on Specialty Practices *(cont.)*

imaging (MRI) scans of the knee instead of diagnostic arthroscopy and percutaneous transluminal angioplasties instead of vascular bypass surgeries. All of these examples fall within specialty practices. The specialty practice that has data collection capabilities, participates in outcomes studies and incorporates the findings into practice patterns is likely to be rewarded in a managed care environment.

In November, 1993, the HEDIS 2.0 (The Health Plan Employer Data and Information Set Version 2.0) document was published. This document was released by the National Committee for Quality Assurance (NCQA) composed of the representatives of four large employers and from group and staff model HMOs. HEDIS 2.0 was created to provide health care purchasers with a set of performance measures to gauge health plan performance. The measures contained in HEDIS 2.0 address the areas of medicine where strong correlations exist between medical care and outcomes such as immunization rates, Pap smear rates, prenatal care within the first trimester, diabetic eye care and asthma inpatient admission rates. It is very important for specialty providers to maintain a watchful eye as industry standards, such as HEDIS 2.0 are developed. Providers should begin capturing data within their own practices based upon the emerging health plan standards.

Communication

As stated earlier, the principle of managed care is the coordination of care by a PCP. It is the specialist's duty to communicate with the PCP the medical information necessary to carry out this responsibility. Most PCPs want concise reports detailing finds, treatment plans and medications. Communication facilitates good working relationships between specialists and PCPs and provides the specialist with an opportunity to demonstrate efficiency and a willingness to work within the principles of managed care.

Patient satisfaction

The product of health care is a service to improve the quality of the patient's life. Measures to determine the quality of health care are placing increasing significance on the patient perceptions of care. It is erroneous to believe that in managed care, a system in which the patient has less choice in providers and the course of treatment, satisfaction with care is unimportant. In most areas of the country, there is an oversupply of health care and competitive marketplaces exist. It is unlikely that a health care system unresponsive to patient needs will be successful. Providers with high levels of patient satisfaction will bring competitive advantages to health plans. As in other measures, demonstrating satisfaction requires data collection and collation. There have been efforts to standardize data collection, however HEDIS 2.0 did not endorse a particular measurement data set.

Market transition

Ideally there is a gradual transition from a fee-for-service, indemnity environment to a managed care market, allowing time for the culture to evolve at an acceptable pace. The desirability of a gradual evolution is a good reason to begin participation in the early stages of managed care's entrance into the marketplace. It is a great deal easier to make mistakes and learn difficult lessons when managed care is a small percentage of the overall practice income.

In some markets, however, the transition from an indemnity market to a mature managed care market is occurring as rapidly as six months. For this reason, specialty practices, with a goal of survival, need to begin the process of evaluating their markets and positioning themselves for strategic advantage.

In conclusion, managed care will significantly impact specialty practices. It is difficult to imagine what the health care system will look like in five or 10 years. Most leaders in the field agree, however, that it will be very different.

The goals of reform - universal coverage, affordability, portability, enhancement of quality, etc. - are admired. Few can argue that they are not worthy aspirations.

Specialists can participate in the process of reform or adopt an adversarial position. It is doubtful, however, that they will be successful in turning back the tide. Guiding specialty practices through the next decade will be particularly challenging for health care executives.

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Members Work Political System

If physicians are to have a voice in how health care is delivered in the future, they need to get involved in grassroots politics. In Pierce County we are seeing more and more members helping candidates in various ways. **Dr. Bill Marsh** has been assisting a couple candidates in this Fall's campaign. He and his wife **ErrolLynne** hosted a reception for Congressman Kriedler last year to discuss current legislation.

Dr. Ron Benveniste and wife **Karen** hosted a very successful fund raiser for **Dr. Stan Flemming** last year and just last week, **Dr. Mark Gildenhar and wife Janet** joined with several other members to help Dr. Flemming with his campaign. They were: **Gail and Len Alenick, Juley and Dick Hoffmeister, Bill Marsh, Lynn and John Peixotto, Dennis and Maria Mack, and Peter Marsh.**

Dr. Bill Jackson hosted a very successful reception for Senator Slade Gorton with nearly 40 members and spouses attending, as did **Dr. Richard Hawkins and Sonya** who held a reception for Speaker of the House Brian Ebersole.

It is these types of activities that give members an opportunity to meet the candidates to tell them how certain aspects of legislation will impact patient care. It is important that physicians become involved in election campaigns of candidates that they support, be they Democrat or Republican. Ideally, a physician would be actively assisting every candidate for state office.

You can make a difference. Get involved....join WAMPAC for starters.

Residential Lead Survey in Tacoma Neighborhoods Nov. 2-22

by Joanne Bonnar, MPH, Washington Department of Health

The Washington State Department of Health, working in conjunction with Tacoma-Pierce County Health Department, will be conducting a Residential Lead Survey in the city of Tacoma from November 2, through November 22, 1994. This effort falls on the heels of a similar survey in Yakima this past October.

People living in the survey area will be offered an assessment of lead levels in their home environment. Lead in house paint, water, house dust, and exterior soil will be measured. Children between the ages of six months and three years, who live in participating households will be eligible for a free blood lead screening. Households eligible for this survey are limited to those within census tracts which reflect a high potential for lead exposure due to a combination of the age of housing and concentration of low income families. For Tacoma, the survey area lies approximately between 38th Street to the south, Steele Street to the west, "C" Street to the east and follows the Commencement Bay Water line to the north.

Participation in this survey is entirely voluntary and free of charge. Results will be available to families participating in the survey. Children who are identified with blood lead levels of 10 pg/dl or higher will be offered a free confirmatory test. Follow-up medical care, housing information and lead prevention education will be provided as needed.

Lead exposure is one of the worst environmental threats to children in the United States and is also entirely preventable. Blood lead levels in the U.S. appear to be decreasing, in large part due to actions which have reduced the amount of lead allowed in gasoline, drinking water, house paint and consumer products. However, it is not yet time to declare victory in the war against lead poisoning. Young children and unborn babies are the groups most susceptible to the toxic effects of lead.

The purposes of this survey are to help establish the prevalence of elevated lead levels in young children within "higher risk" neighborhoods and to determine whether paint or other sources of lead in the home environment are major contributing factors.

Currently in Washington state there is no contractor or worker certification program to ensure proper assessment and remediation of lead-based paint in homes and other structures. The results of this survey may produce information needed to support legislative authorization of a lead contractor and worker certification program. What's more, this survey will provide an opportunity for appropriate medical and education follow-up of children whose blood lead levels are found to be elevated.

Funds for this survey were provided by the U.S. Environmental Protection Agency. If you would like more information about it please contact Lew Kittle, Washington Department of Health, Office of Toxic Substances (206) 753-3855.

Doctor's Resource Service

The American Medical Association has published an excellent series of documents to help educate physicians on the transition to managed care. The Medical Society has purchased the series and has the following items available to check out for two week periods:

Manuals

Two Perspectives on Ethical Dilemmas in Managed Care Organizations

The Physician's Role in the Development of Physician Hospital Organizations

Forming Physician Networks

Access to Capital

Evaluation Guide for Medical Practice Mergers and Acquisitions

Techniques for coping with Stress and Change

Physician Rights When a Managed Care Contract Is Denied or Terminated

Primary Care and Specialist Physician Roles in a Managed Care Environment

A Physician's Guide to Selecting and Working With a Managed Care Attorney or Consultant

Audio Tape

Creating Physicians Integrated Networks

Perspectives on Access to Capital

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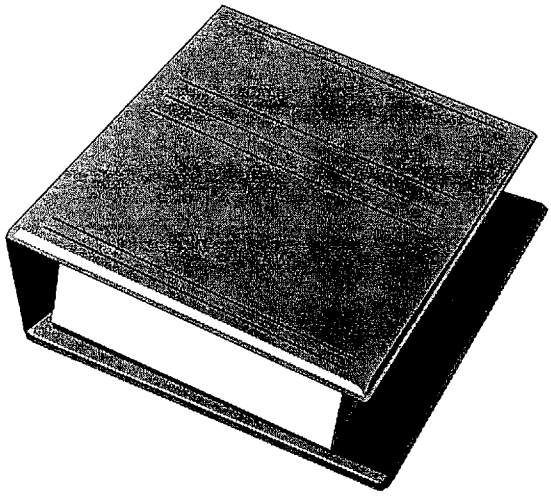

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Pediatrician: to join large group in E. Washington. 1-800-926-5773.

VA Medical Center, American Lake is accepting applications for a part-time board eligible or certified internist to share a panel of primary care internal medicine patients with another part-time internist. Outpatient and inpatient care emphasizing continuity of care in a small group-practice-like setting. We are located in a suburb of Tacoma, WA, 40 miles south of Seattle. The area enjoys a temperate marine climate, beauty, and unique recreational opportunities available in the Pacific Northwest. Inquiries to: Lynn Ostenson, MD, Acting Associate Chief of Staff for Ambulatory Care, Tacoma, WA 98493. Phone: (206) 582-8440 ext. 6228.

EQUIPMENT

For Sale. New W/A flexible sigmoidoscope FX-100 with disinfection tray, $3995. Call 927-1555.

OFFICE SPACE

For Lease: 1240, 2200 sq. ft. of professional office space in multispecialty medical center on growing South Hill in Puyallup. Physician owned. Terms negotiable. Call Al Sullivan, 593-6072, or Dr. Rebecca Sullivan, 848-5951.

Office Space For Rent. 1500 square feet, 4 exam rooms, x-ray compatible. Remodeled two years ago. Two blocks from Good Samaritan Hospital in Puyallup. $2,000 per month triple net. 841-3094.

Build to Suit, 3-doctor clinic, one block from Good Samaritan, Puyallup. Crescent Commercial, Steve Offenbecher, 840-5574.

Professional office space, 460 sq. ft. Stadium-downtown area. Conference room, fax, copier usage. $600/mo. 572-3666 M-F.

GENERAL

Panoramic view, Soundview Drive. Magnificent 4241 square foot home on the FINEST view lot (.96 acres) in University Place. Call for brochure, amenities, etc. Gary Allyn R.E. 272-2222.

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psychiatry
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medical school: Medical College of Wisconsin
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Michelle H. Ost, MD
pediatrics
practices with Drs. Mark Grubb and Henry Reitzug
medical school: Medical College of Wisconsin
residency: Georgetown University Hospital

Jay B. Zatzkin, MD
adult medical oncology/hematology
practices with Drs. Lauren Colemen, Irving Pierce, Sujata Rao
medical school: University of Louisville School of Medicine
residency: University of Michigan Affiliated Hospitals

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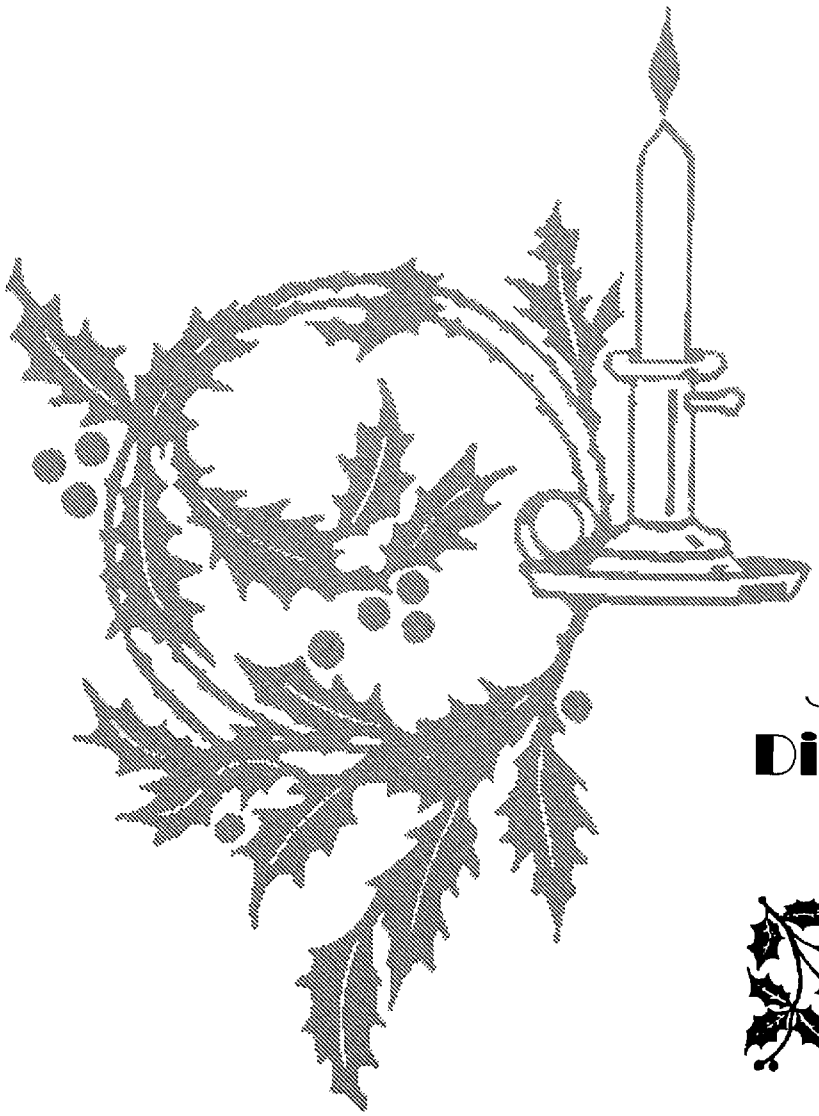
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

December, 1994



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at the

Joint Annual Dinner Meeting

December 13

The Bulletin is published monthly by PCMS Membership Benefits, Inc. for members of the Pierce County Medical Society. Deadlines for submitting articles and placing advertisements in **The Bulletin** are the 15th of the month preceding publication (i.e. Oct. 15 for Nov. 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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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Local News

News Briefs

Departments

Medicaid Assistance Administration Proposes 21% Decrease In Healthy Options Reimbursements

"These Are Difficult Times."

Tom Bedell, Acting Assistant Secretary of the state's Medical Assistance Administration (MAA), led off an all-day meeting of Healthy Options All-Plans on November 14 with the comment, "These are difficult times." Bedell then outlined MAA's tentative reform proposal expected to save the state a total of $107 million for FY 95-97.

A current proposal being studied by the MAA would reduce the capitation rate 21% as the Department of Social and Health Services reviews its 1995-97 state budget. Medical insurance plans should be receiving their proposed rates by Thanksgiving. MAA will know if the rates proposed are adequate by watching the number of participating plans and providers. **If they go down, they will look at the rates again. If adequate number of plans and providers agree to take the offered rates, they will be considered adequate.**

The state is forecasting that with increasing eligibility, especially for children, just less than one million Medicaid recipients in Washington will qualify. That is one out of six residents.

Current federal/state matching funds are at 54%/46% for fiscal year 1994. This will change to 52%/48% for FY 1995 and to 50.5%/49.5% for FY 1996. This alone will require $100 million more in state funds.

MAA will move to competitive bidding for all managed care products, including Healthy Options and Basic Health Plan. Competitive bidding will also be used for PCCM, SSI services and drugs through a pharmacy network to decrease the price to the FFS and nursing home patients. Other ancillary services will also go out for bid, such as home health, hearing aids, and medical supplies. It is anticipated that family planning services will be increased to decrease the rate of rise of eligible recipients.

The 21% capitation decrease is broken down as follows:

- Minus 7% for benefits that are covered separately under FFS programs that were used to calculate the initial rates.
- Minus 4% for GME as above.
- Minus 1% for disproportionate share cleanup.
- Minus 1% for transplant services covered by other funds.
- Minus 2% for exempted pregnancies.
- Minus 11% for various corrections - details not provided.
- Plus 5% for prior quarter/retro. - remove members months but not the claims.

The PCMS Grievance Committee

A Story of Miscommunication

Please state your grievance: *"I think he overcharged me - plus sent me to other doctors for nothing. He lied to me. My eye is worse now than it was before had operation before it cost $1800."*

Please state your grievance: *"Dr. _____'s assistant made a verbal agreement with me to hold a lab test (not run it) until I talked to my GP, _____. She made a mistake ($132.50) and broke our agreement."*

> "...a majority of the (grievance) cases come about because of poor communications."

The Bylaws of the Medical Society state that a Grievance Committee shall exist to; "investigate and seek resolution upon written request, of disputes between doctors and other parties concerning fees or other issues not assigned to the Ethics and Standards of Practice Committee."

Seven physicians and two lay members comprise this committee, with the immediate past president of the Society chairing the group. The Medical Society accepts grievances referred to it from patients, the WSMA, local hospitals, etc. Most often the patient calls the Society office. The patient first is encouraged to discuss the matter with the physician or staff. If the Society staff cannot resolve the matter informally, the necessary grievance forms are sent to the complaining party. The committee will not review a grievance if its initiator is considering legal action.

Very often, the patients tell us that office staff will not let them speak with the doctor or the doctor will refuse to talk to them. We have found that most complainants want only to talk to someone about the problem. On average, the Medical Society office sends out approximately 20 grievance packets (forms) monthly and only 4-6 are returned completed.

When the completed forms are received at the office, the physicians and hospitals named in the grievance are sent copies of the grievance and asked to respond to the complaint.

When all the responses are completed and returned, they are sent to Grievance Committee members for review prior to the monthly meeting.

At the meeting, an informal discussion is held and a consensus is reached on each complaint. In some cases, committee members may be asked to contact other physicians or other sources for additional facts. Following the meeting, a letter is sent to the patient, with a copy to the physician, outlining the conclusion reached by the committee.

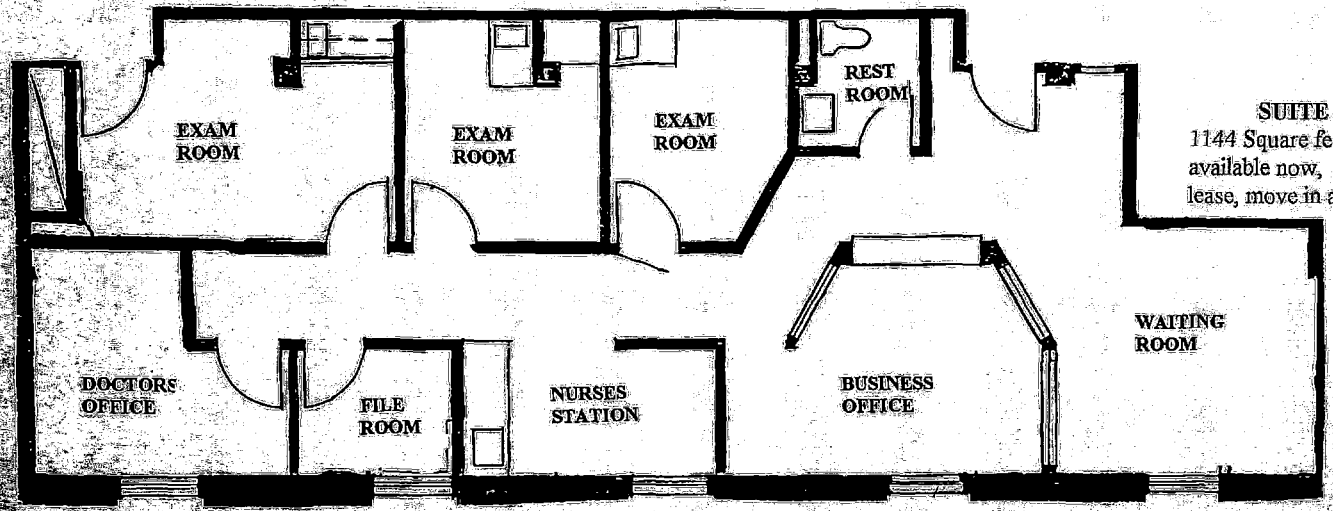
Patients not satisfied with the findings of the committee are offered an opportunity to appeal the decision to the WSMA Grievance Committee. This is rarely done.

Grievances involving non-member physicians are also handled by the committee. It has been the position of the Society that the public has no other recourse besides the Medical Society. The Medical Disciplinary Board (Quality Assurance Commission) considers only the more serious cases.

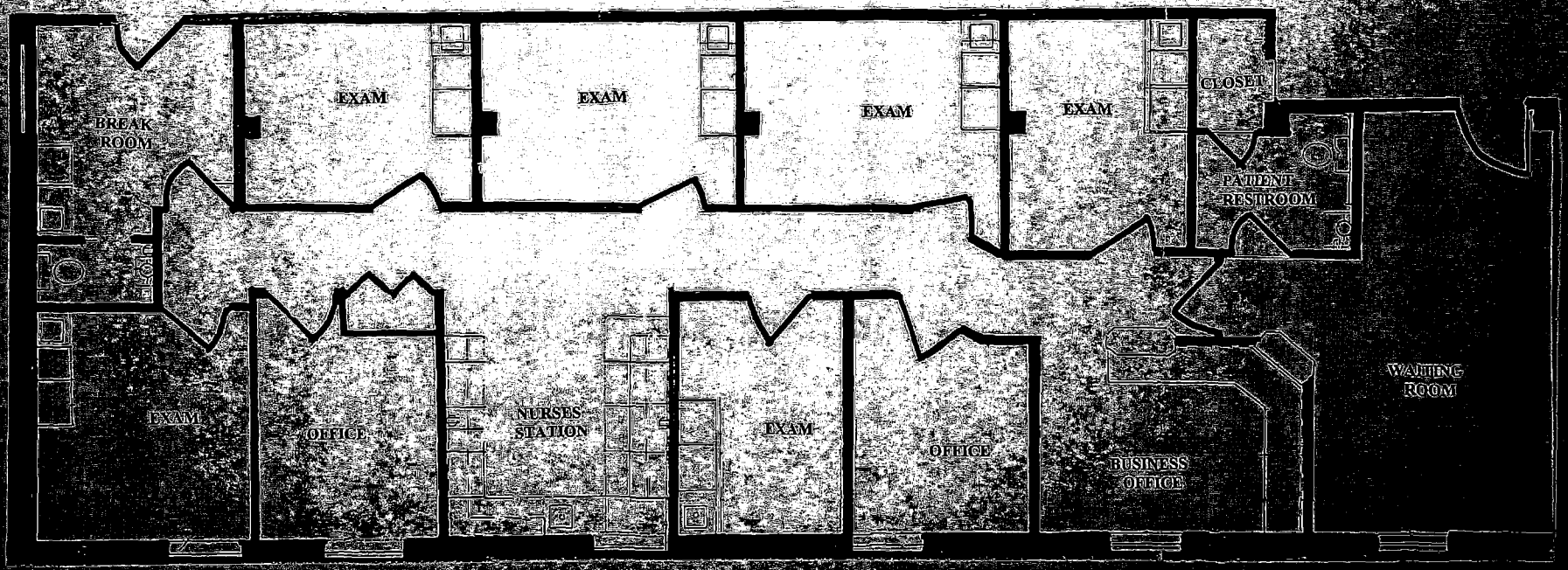
If a physician's name appears before the committee more than once, their past grievances will be reviewed to determine if there is a pattern of behavior that needs to be considered. The chair of the Society's Personal Problems of Physicians Committee

(continued on next page)

FOR LEASE - JACKSON HALL MEDICAL CENTER
CALL 627-0031



SUITE 401
1144 Square feet, Freshly painted available now, flexible full service lease, move in allowance available



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1604 square feet of office space, freshly painted, available now, flexible full service lease, move in allowance available, good two Doctor office

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Experienced medical personnel

Prompt placements

We pay employees' salary and all payroll taxes

We complete all tax forms

You pay us a low hourly rate

Satisfaction guaranteed!

Call Dixi Gerkman, 572-3709

PCMS Placement Coordinator

Grievance Committee *(continued)*

has been called in the past and asked to examine if this physician is in need of help. If the problem is of a serious nature, the file is sent to the Quality Assurance Commission (Medical Disciplinary Board) for disposition.

The committee's lay members have contributed much to deliberations. Prior to their membership on the committee, the complainants felt that they did not get a fair hearing with only physicians on the committee. In the past, two lay members have been university professors well versed in ethics. Both have written books on the subject. One is currently serving on the committee with a prominent local banker. Another lay member was a professor of English at a local university.

Physician members are selected by the president and chair of the committee. They have all averaged 3-4 years on the committee and found it to be an enlightening, rewarding and enjoyable experience.

Experience has shown that a majority of the cases come about because of poor communications. Poor communications between the patient and the front desk or patient and physician. Very often, patients tell Society office staff that they cannot get through to the doctor with their complaint or the office will not return phone calls or respond to a letter.

As medicine moves into a managed care environment, it becomes imperative that physicians and staff recognize the importance of having happy, satisfied patients. CHPs and plans will not carry a physician on their panel for long if the patients continue to want their records transferred.

Congressman Dicks' Forecasts on Health Care

Members of PCMS met with Congressman Norm Dicks a week before the November elections on behalf of WAMPAC. **Drs. Richard Hawkins, Charles Weatherby, John Rowlands, and David Law**, along with **Mrs. Helen Whitney**, WSMAA President, met with Dicks to discuss health care reform and other issues important to the medical community.

Dicks said he held little hope of an ERISA waiver being granted by Congress. He said strong forces throughout the business community are very much opposed to it. Congressman Dicks felt that for health care reform to be adopted at the national level, it would require bipartisan support. Only modest change will pass Congress now, he said.

At the time of the meeting, it appeared that Republicans would make strong gains at the national and state level. With a conservative Congress and Legislature, it is doubtful that health care reform would be passed and may be reversed in some cases.

A major concern of Dicks was the polarization occurring between the Democrats and Republicans. The negative campaigns are moving the parties to the extreme left or right and creating more gridlock. It becomes more difficult to reach a compromise on the major issues.

Dicks was one of the few incumbent Democrats to win in this year of upheaval.

Auto Accident Seriously Injures Dr. Farahmand

Dr. Nooshin Farahmand, pediatric neurologist, was seriously injured in an auto accident Nov. 9 at South 15th & Martin L. King Jr. Way. Dr. Farahmand remains in intensive care at St. Joseph Hospital and a very long recovery period is projected.

Dr. Farahmand had just recently established her office at 1530 So. Union. She is a graduate of National University of Iran and had done her internship and residency at St. Lukes Hospital in Cleveland, Ohio.

She and her husband, Hooshang, are parents of three daughters ages 14, 12 and 10.

The Society extends its best wishes to Dr. Farahmand for a complete recovery.

Financial and Tax Related Matters

in the capitated system

Wednesday December 7, 1994
6:15 - 8:00 p.m.
LaQuinta Inn

This program will teach the participant about financial matters and tax related issues in relation to the capitated system in the medical office. Some of the topics will include:

presented by:

Tony Maki, CPA

Medical Practice Advisor
Moss Adams

- ~ Fee for service vs. capitated medicine efficiency
- ~How to maximize clinic profitability by containing costs
- ~Accrual based accounting issues
- ~Management of short term resources
- ~Activity based costing vs. conventional costing

An important part of the financial management function is the management of short-term resources - cash, receivables, and supplies- and the management of short-term payables. Proper management of short-term resources and proper recognition of outstanding claims will save the group from financial embarrassment.

An effective cash flow management system is even more crucial in prepaid practice than in fee-for-service practices.

Registration Fee:
PCMS Members or staff: $29 each
Non Members: 49$ each

Registration Deadline:
Monday, December 5, 1994

For More Information and Registration:
Call PCMS 572-3709

Sponsored by:

Pierce County
Medical Society

Serving Physicians since 1888

Community Health Clinics In Distress

PCMS Makes Recommendations for Survival

The Community Health Care Delivery System (CHCDS), which has five clinics in the county and provides medical care to about 14,000 poor people annually, has been experiencing severe difficulties the last six months. The CHCDS Board of Directors is polarized between those who support Executive Director Florence Reeves and those who do not.

The Medical Society has always viewed the clinics as providing a critical service to the community. If not for CHCDS, many of the patients would have slipped between the cracks in accessing health care. In 1993-94, the clinics treated 8,061 individuals, 736 of whom were homeless, during more than 40,000 clinic visits.

The PCMS Board of Trustees recognized the need for an outside mediator and asked CHCDS if they would accept an attempt by physicians familiar with the clinics to mediate the problem. They accepted. **Drs. Keith Demirjian, DeMaurice Moses, George Tanbara and Charles Weatherby** were asked to serve as an ad hoc task force to try and save the clinics from self-destructing.

The Task Force met separately with Ms. Reeves, four CHCDS physicians and the Board of Directors. A report was prepared and presented to the PCMS Board of Trustees. Following Board of Trustees' approval, the recommendations were forwarded to the CHCDS Board of Directors. Some of the recommendations were:

- Foremost consideration needs to be given to the patients.
- Concern for the continued viability of the organization if the executive director is unable to alter her managerial style.
- The executive director is responsible to the Board and not vice versa.
- The medical director must be responsible for the hiring, firing, and management of new physicians.
- Physicians should be encouraged to stay with CHCDS as long as possible if they are performing up to the standards of the community.

The report concluded that changes need to be made to prevent further erosion of the public's confidence in CHCDS.

As the *Bulletin* was going to press, it was learned that Region X of the U.S. Public Health Service has asked that the CHCDS Board of Directors be dissolved and a new one be reconstituted by December 31 or face loss of funding.

The Board of Trustees has asked Dr. George Tanbara to be the PCMS representative in the event the Medical Society is asked to participate in restructuring the organization. **Dr. Tanbara** was an early supporter of the clinics in the early 1980s and is very knowledgeable of their operation.

DSHS Proposal Raises Blood Pressure

The Medical Assistance Administration (MAA) of the Department of Social and Health Services has proposed eliminating non-hospital services coverage for medically indigent clients.

Reimbursement for those non-hospital services would be eliminated.

Of the $22.7 million anticipated savings, $18 million would be a direct impact on providers. Naturally, this has raised the ire of many physicians.

WSMA has the issue on the top of its agenda when its Medicaid Advisory Committee meets with MAA officials later this month. It is anticipated that the issue will be settled via the political process, i.e., the halls of the Legislature. MAA contends that passage of Proposition # 602 has caused all state agencies to severely cut back programs for next year. In addition,Governor Lowry has directed a $165 million cut from the next DSHS biennial budget. This is a top priority issue for WSMA.

Reforms in the Medicaid program through the Healthy Options program are expected to provide $62.5 million in savings (see story on page 3).

The Pierce County Medical Society

and

The Pierce County Medical Society Alliance

announce the

Annual Joint Meeting

Tuesday, December 13
Social Hour: 6:30 p.m.
Dinner: 7:00 p.m.
Program: 8:15 p.m.

Sheraton Tacoma Hotel
Ballroom
1320 Broadway Plaza
Tacoma

featuring

Stu Silverstein, MD

"Humor and Medicine?...You must be Joking!"

A Look at the Healing Power of Humor and the Lighter Side of Medicine

Dr. Silverstein is a Pediatrician who practices in San Francisco.
He has appeared before many medical groups and received great reviews.

Please bring an unwrapped toy for a child and/or a wrapped gift for a woman for residents of the YWCA Shelter. Thank you.

Please return before Friday, December 9 to PCMS, 223 Tacoma Avenue South, Tacoma, WA 98402

Please reserve _____ dinner(s) at $37 per person. Enclosed is my check for $____

My name for name tag: _____

My spouse/guest name for name tag: _____

"Music provided by the Tacoma Youth Symphony Quintet"

Chart Review - Office Assessments for PCP Offices?

Some primary care physicians have expressed concern about letters they have received from Pierce County Medical and other insurers stating that a staff member of the plans will be conducting an office visit to meet with the physicians' office staffs. They will also be reviewing a sampling of medical records of plan enrollees. Data gathered will be used to provide a baseline of information on the PCPs. The purpose is to assess the quality of care provided to the plans' members.

Dr. Les Reid, medical director of Pierce County Medical, stated that the visits are a requirement to be in compliance with the National Committee for Quality Assurance (NCQA) standards. The NCQA is an independent accrediting organization. Early in the development of managed care organizations, employers and various other payers began to demand that standards be established to measure and compare competing health care programs. It is anticipated that all managed care organizations will be conducting site visits to meet NCQA's requirements in the near future.

One of the major fears of physicians is what the plans will do with the information. Dr. Reid assured the Medical Society that the information is "absolutely confidential." The information stays with the plan, he said. It is not sent to a data bank or elsewhere. The plans will provide feedback to the physician and this in turn can often be an educational process. He said, "The offices will always be notified in advance of the visit and the criteria for the visit will be known beforehand."

Dr. Reid asked that any physician having questions about the site visits give him a call.

(Portions of this article are reprinted from a September, 1994, AMA booklet "Demonstrating Quality and Efficiency in Managed Care Organizations.)

Parliamentarian Classes Offered Again

Parliamentary classes featuring Robert's Rules of Order will again be presented at Tacoma Community College starting on January 11, 1995. **Dr. Stan Tuell,** retired Tacoma surgeon, has taught the class there for eight years. Dr. Tuell is a Professional Registered Parliamentarian and is past president of the Washington State Association of Parliamentarians.

Classes will be from 7 p.m. to 9 p.m. for eight Wednesdays. Call the continuing education department at TCC at 566-5018 for further information. Many doctors and doctors' spouses have taken the class in the past. If you plan to chair a committee or board, this is an excellent class in which to learn the basics of parliamentary procedures.

Informatics Committee Formed

Under the guidance of **Dr. David Munoz**, a committee or work group is being formed within the Medical Society to coordinate the gathering of data and studies being conducted by physicians, hospitals and insurers in the county. **Dr. Munoz** hopes to coordinate the input of data so that there is standardization and so comparisons can honestly be made to determine the effectiveness of procedures and outcomes.

Any member interested in sitting on the committee, please call the Society office at 572-3667.

Retired Doctors to Hear Dr. Anwar

Retired members, widows and/or spouses/ or guests will meet on Friday, Dec. 9, for a buffet lunch and program at the Fircrest Golf Club. The meeting, which begins at noon, will feature guest speaker Mian Anwar, MD. Dr. Anwar is a retired anesthesiologist who travels extensively. He will share his experiences at Mt. Kilimanjaro with his retired colleagues.

It is customary to have 40-50 people in attendance at these retirement luncheons. It is a great opportunity to see old friends and colleagues you haven't seen since seeing them in the doctors lounge.

To register for the luncheon, please call the Society office, 572-3667. The cost is $11 per person, including tax and gratuity.

Change Directories...

Akamatsu, Toshio, MD
Change address/phone to: 2902 N 25th St
Tacoma, WA 98406-7106
(206) 759-8164

Baer, Duncan, MD
Change address to: 1818 S Union #3
Tacoma, WA 98405

Burger, Leslie, MD
Change status: Moved out of state

Chambers, Robert, MD
Change address to: P.O. Box 39720
Tacoma, WA 98439-0720

Colman, Lauren, MD
Change address to: 1003 S 5th St
Tacoma, WA 98405-4210

Douglas, Danny, MD
Change status: Moved out of state

Fitz, James, MD
Change address to: 521 MLK Jr Way
Tacoma, WA 98405-4238

Goodin, John, MD
Change address/phone to: 1818 S Union #3
Tacoma, WA 98405
(206) 572-1988

Graham, Arthur, MD (Retired)
Change address to: 2112 Ramsgate Terrace
Colorado Springs, CO
80919-3174

Hayden, Daniel, MD (Retired)
Change address to: 1600 NW Crista Shores Ln
#314
Silverdale, WA 98383

Jarvis, Michael, MD
Change address to: 2210 S 19th St #207
Tacoma, WA 98405-2945

Kallsen, Robert, MD
Change address to: 521 MLK Jr Way, 4th Floor
Tacoma, WA 98405-4238

Kubat, Bartholomew, MD (Retired)
Change address to: 5601 Palisade Ave
Bronx, NY 10471-1209

Levine, David, DO
Change status to: Transferring to Kitsap

McAlexander, Robert, MD
Change status to: Retiring on December 31,

McLees, Robert, MD
Change address to: P.O. Box 8550
Tacoma, WA 98405-0550

Moore, Jane, MD
Change address to: P.O. Box 88872
Steilacoom, WA 98338

Peak, Mimi, MD
Change status: Moved out of state

Pierce, H. Irving, MD
Change address to: 1003 S 5th St
Tacoma, WA 98405-4210

Rao, Sujata, MD
Change address to: 1003 S 5th St
Tacoma, WA 98405-4210

Robinette, Joseph, MD
Change address to: P.O. Box 8550
Tacoma, WA 98418-0550

Ruckle, Jon, MD
Change address to: 521 MLK Jr Way
Tacoma, WA 98405-4238

Sollie, Stanley, MD
Change status to: Retired (beg. 12/31/94)

Stuen, M.R., MD (Retired)
Change address to: 6916 90th Ave Ct SW
Tacoma, WA 98498

Tate, David, MD
Change address to: 521 MLK Jr Way
Tacoma, WA 98405

Themelis, Nicholas, MD
Change status to: Retired

Trupp, Gary, MD
Change address to: P.O. Box 1128
Sumner, WA 98390-0220

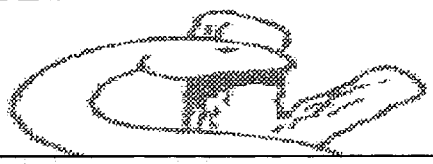
Uraga, Nick, MD
Change status: No longer a member

Young, Michael, MD
Change address/phone to: 3315 S 23rd ST #200
Tacoma, WA 98405
(206) 584-3454
572-8939 Drs. Only

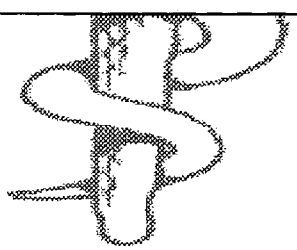
Retired Luncheon

featuring

Mian Anwar M.D.



"Anesthesiology at Mt. Kilimanjaro "



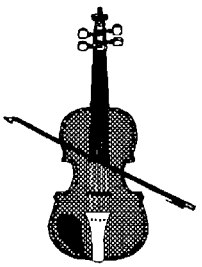
Friday, December 9, 1994
12:00 (Noon)
Fircrest Golf Club
$11 per person
Buffet lunch

Yes, I have reserved Friday, December 9, 1994, to join retired members, spouses, guests, and widows of the Medical Society for lunch.
Please reserve _____ lunch(es) for me at $11 per person (includes tax and tip).
Enclosed is my check for $_____. Thank you.

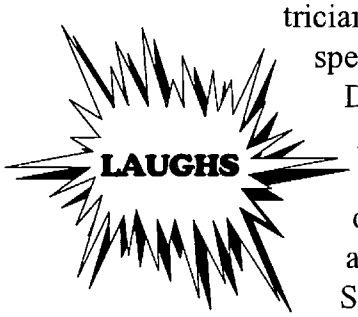
Name: _____

(please return to PCMS no later than Monday, December 5 or call 572-3667 to confirm your attendance)

Annual Meeting To Be Festive



A quintet of youthful musicians from the Tacoma Youth Symphony will play classical and holiday favorites during the reception and dinner at the Sheraton Tacoma Hotel Ballroom, Tuesday, December 13, 6:30 p.m. Dinner is scheduled for 7:00 p.m.

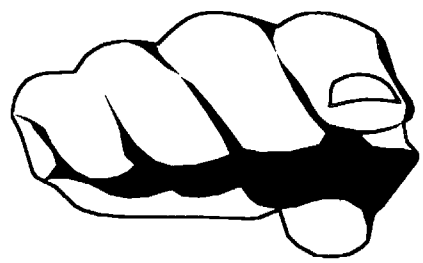


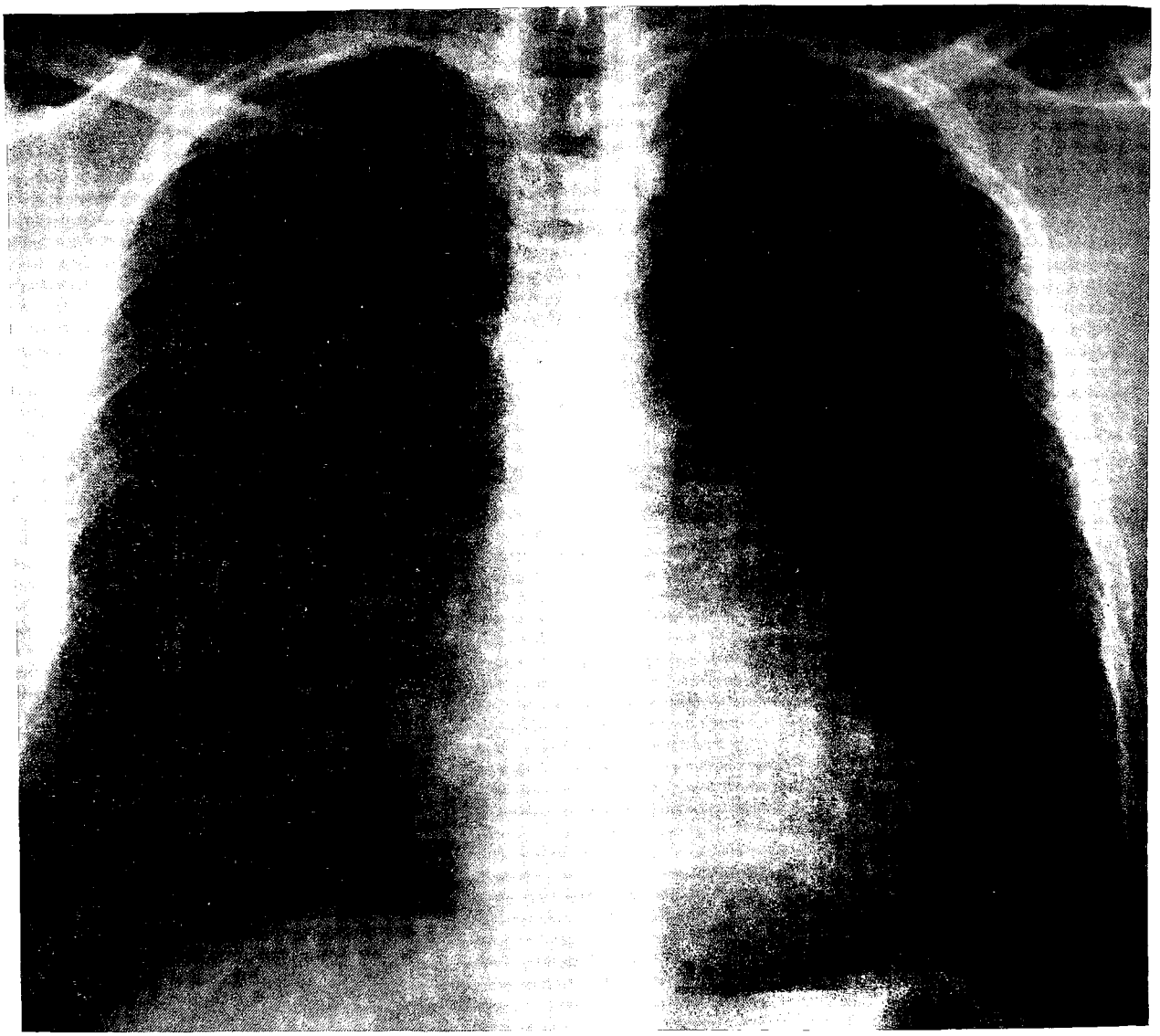
Dr. Stu Silverstein, a San Francisco pediatrician, is the featured speaker for the December 13 Annual Joint Dinner Meeting of the Society and Alliance. Silverstein is a standup comedian who has appeared before many medical audiences.

Dr. Silverstein has written, "Not only are medical conferences in desperate need of a bolus of humor, so is the medical profession in general, especially in these days of managed care and all the dramatic changes that will certainly be coming our way. For example, I don't mind being given some guidelines on how long patients can stay in the hospital, but at our hospital, they are going through on scooters chalking the beds."

Dr. Peter Marsh, PCMS President, will award the third annual PCMS Community Service Award to a member who has contributed time, energy and expertise to community activities.

The meeting will conclude with the passing of the gavel from Dr. Marsh to president-elect Dr. David Law.





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CNA Insurance Companies
Professional Liability Division
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Seattle, WA 98104
(206) 587-7610

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COLLEGE OF MEDICAL EDUCATION

Pierce County Medical Society

Law & Medicine Symposium Set for Jan. 19

The very popular annual Law & Medicine Symposium offered by the Medical/Legal Liaison Committee is scheduled for January 19, 1995.

The symposium presents topics of interest common to both physicians and attorneys.

This year's program was designed by Nicholas Rajacich, MD, and Rita Forster, JD. The program will be held in rooms 3A & B of St. Joseph Hospital and will offer physicians 6 category I CME credits for AMA and AAFP.

This year's schedule includes discussion on these subjects:

-Health Care Reform
-Legal Considerations in Practice Alliances
-Does Paiya Mean No Pay?
-Physician Liability in Managed Care
-Back Pain and the Art of Malpractice Avoidance
-Implications of Stark for the Physician Practice
-Sexual Harassment in the Medical & Legal Professions
-Domestic Violence/Abuse

December 15 is Room Deadline for Blackcomb

If you plan to join your colleagues and their families in Whistler/Blackcomb for COME's CME program in early February, MAKE YOUR ROOM RESERVATIONS BY DECEMBER 15.

Reports from Blackcomb Hotels and Resorts, our selected site, indicate reservations for space in early February is going at an UNPRECEDENTED PACE. Accordingly, choice for both desired properties and unit size (i.e., one bedroom, two bedroom, etc.) is narrowing.

In response to this high reservation pace, COME has renegotiated its contract to help protect room availability. However, the rooms available to our group now must be reserved by DECEMBER 15 (not January 4). As before, you may make reservations by calling 1-800-777-0185.

The College of Medical Education selected the Blackcomb Hotels and Resorts condominiums for accommodations because of the very competitive lodging rates (compared to other sites) and the high quality of the lodging.

DATES	PROGRAM	DIRECTOR(S)
1994		
December 2	Infectious Diseases Update	Alan Tice, MD
December 8 & 9	Advanced Cardiac Life Support	C.O.M.E.
1995		
January 19	Law & Medicine Symposium	Nicholas Rajacich, MD Rita Forster, JD
February 2, 3 & 4	CME @ Whistler	Richard Tobin, MD
February 24	Review of HIV Infections	Alan Tice, MD
March 9 & 10	Internal Medicine Review 1995	Clyde Koontz, MD
March 31	Office Gynecology	John Lenihan, MD
April 28	Cardiology for Primary Care	Marilyn Pattison, MD
May 19 & 20	Surgical Update 1995	James Rooks, MD
June 9	Clinical Guidelines: Quality, Cost Effectiveness and...	Les Reid, MD
June 23 & 24	Advanced Cardiac Life Support	C.O.M.E.

How do you spell relief?

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Provided by Pierce County Medical Society
Temporary Placement Service

Coverage for vacation, sick, or peak work loads

Experienced medical personnel

Prompt placements

We pay employees' salary and all payroll taxes

We complete all tax forms

You pay us a low hourly rate

Satisfaction guaranteed!

Call Dixi Gerkman, 572-3709

PCMS Placement Coordinator

President's Message

This message is coming to you from Edmonton, Canada, as I was called away for a death in my family. At this time of year, it is difficult to see the loneliness that comes with a sudden loss in a family. But it also reminds me to be grateful for health and all the good things that surround me day by day. So my wish for you is that you will also take a few moments this holiday season to remember your good times and find many more within your families. I hope the New Year is good for one and all.

Much is planned in the Alliance for the upcoming year. You will note in the *Pulse* that through your generosity in donating to the Holiday Sharing Card, we will be funding four local charities. What a nice gift from all of us to our community.

Stay tuned for more information on the Spring Convention to be held in Spokane in April. Our WSMAA President Elect, Sandra Green will be installed. We were fortunate to have her visit our November board meeting with current President Helen Whitney and S.W. Regional Vice President Maureen Faust.

Good things are happening. Stay tuned, and Happy New Year to all.

Patty Kesling

PCMSA President

1994-1995

WSMAA Gets The Vote

Helen Whitney, your Washington State Medical Association Alliance president, reports that the Washington State Medical Association Alliance now has a vote in the WSMA House of Delegates. This amendment to the WSMA bylaws comes as welcome news as the Alliance can now introduce resolutions and vote on issues. President Whitney said the Alliance is pleased to be in partnership with WSMA since it shares the same goal of helping to improve the health of Washington citizens.

WANTED

YES, I'M TALKING TO YOU!
WE NEED YOU!
YES, YOU!

For an exciting career in the Pierce County Medical Society Alliance

VOLUNTEER NOW

OPPORTUNITIES IN THIS STIMULATING FIELD AWAIT YOU!

PICTURE THIS!

YOU holding an upper level board position!
YOU helping to make decisions that will affect our community!
YOU working to help promote the health education in Pierce County!

THIS IS YOU!

Don't let this opportunity slip by one more year! When the nominating committee calls, you say:

YES, THIS IS ME!
I'LL DO IT!

NOMINATING COMMITTEE

Denise Manos 479-6405 — Joan Sullivan 588-8415
Mimi Jergens 858-7608 — Colleen Vercio 851-7459
Lynn Peixotto 851-3831 — Mona Baghdadi 851-6306
Karen Benveniste 565-3211 — Nikki Crowley 922-7233

AMA POWER Network offers toll-free hotline on reform

The AMA has created a toll-free hotline offering physicians daily, up-to-the-minute updates on the status of health system reform in Congress.

Call the hotline at (800) 833-6354.
In Washington, D.C., call (202) 408-7678.

This service is part of the POWER (Physicians Organized to Work for Effective Reform) Network. Each day, the AMA will update the POWER Network hotline with the latest information on the House and Senate floor debate. Callers will hear a message describing floor activity, its impact on organized medicine and clear instructions on how they can have maximum impact on important upcoming votes.

Physicians and their families are encouraged to contact their senators and representatives to seek support for organized medicine.

The situation in Congress changes daily. This toll-free number will help keep physicians informed on the latest developments.

Callers will also learn how they can add their voice to support organized medicine's agenda.

American Medical Association
Physicians dedicated to the health of America

POSITIONS AVAILABLE

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

Physicians Needed. Part-time. Change your routine - spend one weekend a month and two weeks a year as Medical Officer with the Washington Air National Guard - your hometown Air Force reserve. Call SMS Gary Plendl, Tacoma, 512-8233 or 1-800-344-0539.

LOCUM TENANS: Primary care needed locally and in Eastern Washington $50/hr plus professional liability. 1-800-926-5773.VA Medical Center, American Lake is accepting applications for a part-time board eligible or certified internist to share a panel of primary care internal medicine patients with another part-time internist. Outpatient and inpatient care emphasizing continuity of care in a small group-practice-like setting. We are located in a suburb of Tacoma, WA, 40 miles south of Seattle. The area enjoys a temperate marine climate, beauty, and unique recreational opportunities available in the Pacific Northwest. Inquiries to: Lynn Ostenson, MD, Acting Associate Chief of Staff for Ambulatory Care, Tacoma, WA 98493. Phone: (206) 582-8440 ext. 6228.

OFFICE SPACE

For Lease: 1240 sq. ft. of professional office space in Hartland Medical Center, a multispecialty medical complex on growing South Hill in Puyallup. Space is currently designed for radiology use, but can be renovated to meet needs of tenant. Contact Rebecca Sullivan, M.D., 848-5951.

Survive Reform! Decrease office expenses through office sharing. 2400 sq. ft., 1 block from TG, good parking. Call David BeMiller or Wayne Curl - 383-2441.

Build To Suit/Sale/Lease, 3-doctor clinic, one block from Good Samaritan, Puyallup. Crescent Commercial, Steve Offenbecher, 840-5574.

Lease or share two adjacent suites at Jackson Hall across from Tacoma General Hospital. 1304 sq. ft. ($2182/mo), 508 sq. ft. ($828/mo). All utilities and janitorial included, good parking. 588-9779.

Medical office space available, excellent terms, low rent, Burien area - 227-9794.

Puyallup medical office for lease, near Good Samaritan Hospital, 1900 sq. ft. 841-4341.

Professional office space, 460 sq. ft. Stadium-downtown area. Conference room, fax, copier usage. $600/mo. 572-3666 M-F.

GENERAL

Panoramic view, Sonndview Drive. Magnificent 4241 square foot home on the FINEST view lot (.96 acres) in University Place. Call for brochure, amenities, etc. Gary Allyn R.E. 272-2222.

Needed: Computer equipment for children and teenagers with Sickle Cell Disease to produce a newsletter (PC's, no less than 386's, Mac's, color monitors, printers). All donations will be tax deductible. Contact Susan Pfeifer, Public Health Nurse, 591-6403 ext. 5274.

Pierce County Medical Society
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Legislative Session Easy On Medicine

The Legislature's priorities for the 1994 session were violence and government reform. In addition, both bodies made a commitment going into the session to make only technical changes to the health care reform act passed last year. The WSMA was active in and/or monitored over 200 pieces of legislation this year.

HB 2676 combined the Medical Disciplinary Board and the Board of Medical examiners into a new entity called the Medical Quality Assurance Commission. The new commission has 19 members, but there is no anticipated change in substantive operations. WSMA was able to defeat a proposal to merge the osteopathic board with the podiatric and naturopathic boards.

The repeal of the $1 co-pay for Medicaid patients remains in the budget sent to the governor for signature. The repeal will take effect when the governor signs the bill (plus time for MAA to react).

SB 6606 was passed and rolls back from 6.5% to 4.5% the B&O tax surcharge passed in the 1993 session. The bill is waiting the governor's signature.

HB 1847, the vision care consumer assistance act, features a requirement that eye care patients be given written prescriptions for ophthalmologic goods so they can fill them where they prefer.

A bill to move scope of practice issues out of the Legislature failed as did virtually all other scope bills. Legislation defining surgery failed in committee as did a bill that would have mandated that chiropractors be considered primary care providers and an entry point into the system.

WSPIA Seeks Nominations to Board of Directors

The Washington State Physicians Insurance Association (WSPIA) is seeking nominees for two board of director positions which will open Nov. 1. The 14-person board, consisting of 10 physicians, manages WSPIA's business affairs. Members must attend five regular board meetings and several committee meetings each year.

Nominees must:

1. Be a physician in active practice in the state
2. Not be a current Subscribers Council member
3. Belong to WSMA
4. Have professional liability insurance only through WSPIA
5. Not be engaged in the insurance industry, and
6. Not be an actively practicing attorney

If you qualify and are interested in serving on the board, send a letter of your qualifications and reasons you want to serve to Dennis Kvidera, M.D., chair of the nominating committee, by May 1. His address is 515 Minor, Suite 110, Seattle, WA 98104.

WSPIA is sponsored by the Washington State Medical Association.