

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

January, 1995

President David Law



PCMS President David Law, MD, accepts the symbolic gavel from outgoing President Peter Marsh, MD, at the Annual Joint Meeting

see story on page four

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The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of 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

Dr. Law becomes PCMS president page 4
Congressman Tate meets with members page 6
Dr. Anwar addresses retired members page 7
The passing of Dr. Charles Kemp page 12
Society helps Helmets on Wheels page 13
PCMS Committees guide Society page 16

News Briefs

WSMA Legislative Summit Jan. 24 page 3
Medicare workshops scheduled page 11
Contacting your lawmakers page 15

Departments

Alliance page 17
College of Medical Education page 18
Classified advertisements page 19

Feature

King Will and the Foul Humours page 8

Meet Your Legislators at the Summit

Here is your opportunity to meet the new legislators voted in on the Nov. 8 general election. The WSMA legislative summit is scheduled for Tuesday, Jan. 24, in Olympia. Those attending will have an opportunity to hear key legislators involved in health care during the morning session.

The number of Pierce County physicians who have been attending this annual gathering has increased considerably over the years. Last year, nearly 40 PCMS and Alliance members attended.

Following lunch, physicians will be meeting with their legislators. Medical Society staff will make arrangements for appointments and you will have the opportunity to go into the legislator's office with your colleagues and personally address the issues with them.

A reception for the lawmakers is scheduled for 5:30 p.m. at the Westwater Inn.

The need to educate legislators, especially the new ones, is critical, particularly, when we have an opportunity for some tort reform.

The summit will also give you an opportunity to familiarize yourself with the Capitol Building and the legislative offices. Visit the House and Senate chambers, or better yet, take the Capitol tour that will be arranged.

To register, call the Society office and a registration form will be faxed to you.

Political Faces Change in Olympia and Washington, DC

What Does the Future Hold?

The Nov. 8 election may bring some relief to physicians in the liability reform area. Sen. Orrin Hatch, R- Utah, has been a supporter in the past for some tort reform and he is the incoming chair for the Senate Judiciary Committee. On the state level, the Republicans gained control of the House and came within one vote of controlling the Senate.

The chair of the House Health Care Committee will be Rep. Phil Dyer. Dyer hails from Issaquah and has worked with doctors for many years as general agent for Doctor's Insurance Co. and is now with Washington Casualty Company. He recently addressed 300-400 health care workers attending the 1994 Washington Health Legislative Conference.

Dyer told the gathering that he would be introducing legislation to delay implementation of the Health Care Services Act of 1993 by one year. He expected amendments to the act that would remove the employer and individual mandates, the maximum premium cap and replace the Uniform Benefits Package with a Standard Benefit Package based on the Basic Health

Plan. He strongly supports expansion of the Basic Health Plan and creation of medical savings accounts.

Rep. Dyer said he did not consider universal access to be appropriate. He noted that even in Hawaii they have not achieved universal access (97%). Long term care will not be an issue until 1996, Dyer estimated.

The WSMA Board at its November meeting adopted criteria by which WSMA will judge proposals in the 1995 session. The board will ask, does the proposed legislation:

Provide for, or move toward, universal health insurance coverage for all Washington residents?

Provide for adequate and appropriate funding, including for Medicaid and other public programs?

Move away from micro management of the health care system?

Provide administrative relief for physicians and their practices?

Provide for clinical sovereignty and/or physician leadership in the health care marketplace.

See adjacent article for details on the January 24 WSMA Legislative Summits to be held in Olympia.

Retirement Correction

Please note that Dr. Robert McAlexander is **not retiring** as erroneously stated in the December issue of the *Bulletin*. Dr. McAlexander has offices located at:

314 MLK Jr. Way, #304, Tacoma, 98405 Phone: 272-5331

and

120-14th Avenue SE, #D, Puyallup, 98372 Phone: 841-9340

Internist David Law Assumes Presidency

The Tacoma Sheraton Hotel Ballroom was the scene of roaring laughter Dec. 13 when stand-up comedian and pediatrician Stu Silverstein highlighted the evening and **Dr. David Law**, Tacoma internist, was presented the symbolic gavel by outgoing

President, **Dr. Peter Marsh**.

In his parting comments, **Dr. Marsh** said, "When legislators in Olympia and Washington, D.C. wanted our thoughts on health care reform, we were there. When the *TNT* published some articles that needed a response, we were there. In short, whenever

issues of patient care or professionalism arose, we were there, and we will continue to be there, and every physician in Pierce County should be glad for that fact."

Dr. Marsh thanked the outgoing Board of Trustees and officers who had served so well. They were: trustees **Dr. Amy Yu**, **Dr.**

Stan Jackson and **Dr. Pat Hogan**, Secretary-Treasurer **Dr. Stan Harris**, Vice President **Dr. John Rowlands** and Past President **Dr. Jim Fulcher**.

Dr. Law has been very active in Medical Society commit-

tees and served as a trustee and member of PCMS subsidiary Membership Benefits Inc. (MBI) board of directors. He has also been an active participant in the Tacoma-Pierce County Board of Health Commission on Domestic Violence.

Dr. Law told the audience of about 250 members and spouses that he has a program and agenda for the Society and he will present that in his *Bulletin* President's Page comments.

Dr. Law introduced the 1995 Board of Trustees: **John Rowlands**, President Elect; **Stan Harris**, Vice President; Secretary-Treasurer, **James M. Wilson, Jr.**; and trustees **Bob Alston**, **Ulrich Birlenbach**, **Keith Demirjian**, **Joe Nichols**, **Sandra Reilley**, **Ron Taylor** and Alliance President **Patty Kesling**.

Dr. Silverstein emphasized the importance of humor for the benefit of the patient

(continued on next page)



President Marsh thanking 1994 board members Drs. Pat Hogan, Stan Harris, Jim Fulcher and John Rowlands. Drs. Harris and Rowlands will remain on the 1995 board.



Dr. Jim and Jan Fry with Dr. Dave Sparling and bride Barbara compare notes with gifts for the YWCA Homeless Shelter.



President Peter Marsh congratulates pediatrician Dr. Terry Torgenrud, 1994 recipient of the PCMS Community Service Award.

Annual Meeting *(continued)*

as well as the health of the physician. He poked fun at managed care and particularly at Kaiser Permanente (his employer). Attorneys and the Clinton's were the subjects of many laughs. Everyone seemed to thoroughly enjoy the program.

Alliance President Patty Kesling reported on the many activities of the PCMS Alliance and particularly recipients of the Philanthropic Committee awards.

Although **Dr. Peter Marsh** is stepping down from the presidency, he has a full agenda for next year. He was recently elected Secretary-Treasurer of WSMA and sits on the WSMA Executive Committee. This requires attendance at monthly meetings as well as appearing before groups presenting the WSMA program. **Dr. Marsh** will continue to sit on the PCMS Board of Trustees and the newly reconstituted Board of Directors for the Community Health Care Delivery System Clinics (CHCDS). As Immediate Past President, he will also chair the PCMS Grievance Committee.

The big winners of the evening raffle were **Drs. Pat Hogan and Jim Patterson**. **Dr. Hogan** walked away with the gourmet basket donated by the Alliance and **Dr. Patterson** won the Children's Home Society of Washington "Ginny's Club" donated by the Board of Trustees. It includes a gift packet sent seven times a year of such gifts as apples, coffee, Walla Walla onions, jam, etc..

Congratulations.



PCMS Alliance leadership: Kathleen Smith, Annual Meeting coordinator; Patty Kesling, PCMSA president; Joan Sullivan, president elect; and Kit Larson, a past president.



Drs. Alan Tice, Bob Osborne and Constance Tice enjoy the pre-dinner conversation.



Dr. James Rooks, president of the Tacoma Surgical Club, Dr. Ron and Ann Taylor with a gift for the YWCA Homeless Shelter. Dr. Taylor was recently elected to the PCMS Board of Trustees.



Dr. Pat Hogan, winner of the gourmet basket, receives congratulations from Dr. Marsh, Kathleen Smith and Patty Kesling.

Contacting Your Legislators

Legislative Hotline: 1-800-562-6000

Contacting your legislators about issues that concern you is more important now than ever before because of restrictions placed on political action committees (PACs) a few years ago. Here are a few tips to remember to help sell yourself and your views to your legislators.

1. Personal letters have the greatest impact on Senators and Representatives. The most effective way to write your legislator or members of Congress is to compose your own letter in your own words. Keep in mind that letters discussing current legislation will receive more attention than general observations.
- 2) Write on personal or business letterhead.
- 3) Identify your subject clearly, giving the name of the legislation you are writing about and the bill number if you know it.
- 4) State your reason for writing. Your own personal experience is the best supporting evidence. Tell how the issue would affect you, your patients, your family, your community. It is not necessary for you to understand the full details of the proposed legislation.
- 5) Be brief. Keep your letters to one or two pages. Close with a thank you. Express your appreciation for something that has been accomplished or offer your support.
- 6) Always keep the tone of your letter positive. An angry or threatening letter will usually do more harm than good. Even if you disagree with a legislator's position, make your letter friendly and informative.
- 7) Use the legislative hotline during legislative sessions for quick messages. A meeting is better than a letter. A letter is better than a phone call. And a phone call is better than a name on a petition.
- 8) Encourage your colleagues to act. There is strength in numbers.
- 9) Don't forget letters to the editor.

The News Tribune
P.O. Box 11000
Tacoma, WA 98411

Mullikin on the block

Mullikin Medical Centers, the huge California physician group often touted as a model of physician leadership in managed care, is up for sale in whole or in part. The 400-doctor managed care group says it needs a massive infusion of capital to stay competitive in the California market, and is open to offers from insurers or drug makers. Critics say the group has had trouble consolidating recent acquisitions of smaller groups and hasn't met earnings expectations. Two representatives of Mullikin addressed the April PCMS General Membership Meeting.

Reprinted from *AMNews*

Congressman Tate Meets With AMA, WSMA & PCMS

Newly elected Representative Randy Tate (R), 9th Congressional District, met with AMPAC, WAMPAC and PCMS members recently to discuss the AMA's Patient Protection Act, antitrust relief, malpractice reform and projected cuts being planned for Medicare in the 1995 session of Congress.

Dr. James Crowley and spouse Nikki, who actively campaigned for Tate, participated in the discussion at the Society office. The meeting was attended by Dr. David Law, PCMS President, as well as WAMPAC and AMPAC representatives.

Representative Tate, who defeated Mike Kreidler, was supportive of many of medicine's positions when he was in the Legislature. He related his experiences during the three weeks of training. He stated that malpractice reform may be possible with the new Congress.

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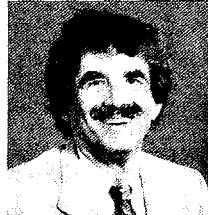
120-14th Avenue SE, #D,
Puyallup, 98372
Phone: 841-9340

Retired Members Visit Africa with Dr. Anwar



Mian Anwar, MD

Fifty retired members and spouses/guests attended the December luncheon at Fircrest Golf Club. The festive luncheon featured a sandwich and salad buffet and dessert followed by a brief meeting and the featured speaker.



John Colen, MD

Dr. John Colen, retired allergist, conducted the meeting and introduced his colleague and friend, **Dr. Mian Anwar**, retired anesthesiologist. **Dr. Anwar** presented a spectacular slide show and educational presentation on his travels and the practice of anesthesiology in Africa. He said this huge country has only eight qualified anesthesiologists so that is why the United States set up a training center in 1992 that will continue for three more years. **Dr. Anwar's** presentation featured wildlife, national parks, geography, people, as well as the focus on medicine.

Efforts to Save Community Health Care Clinics

Dr. Peter Marsh, immediate Past-President, and **Dr. George Tanbara**, also a past past president, now sit on the newly reconstituted Board of Directors of the Community Health Care System Clinics (CHCDS). CHCDS has been the scene of much turmoil the last few months between the administration, medical staff and Board of Directors.

CHCDS has five clinics in the county that see more than 30,000 patients annually. Most of the patients are low income without insurance. The U. S. Public Health Service, because of so much dissension in the organization and fear that it would lose its ability to continue to operate, insisted that the board of directors be dissolved and a new board created or it would seriously consider discontinuing funding. The USPHS annual contribution is about \$900,000, or one-third of the CHCDS budget.

Dr. Marsh and **Dr. Tanbara** met with other groups interested in the welfare of the organization, i.e. as the City of Tacoma, Pierce County and United Way and agreed to meet with the old board. This was done with Congressman Norm Dicks presiding. The old board was dissolved and new members were nominated and installed at the meeting.

The new board has been meeting in the Society office and first on the agenda is a review of the managerial positions of CHCDS. Chairing the new board is Bil Moss. She is special assistant to County Executive Doug Sutherland.

Health Care for the Legislators

The WSMA Legislative Health Clinic needs volunteers to treat legislators and their staff during the coming session. You needn't be a primary care physician to serve in the clinic.

If you volunteer for a 9:00 a.m. to 12:00 p.m. shift, you will be given a beeper and can roam the legislative campus until called. After noon, your time is your own. Tour the Capitol grounds, visit the Supreme Court, visit your legislators. Make an appointment to see your legislators while you are there. The WSMA Olympia office will make arrangements for you. Legislators enjoy talking to physicians.

The clinic is a 20-year project of WSMA. It provides minor emergency health care during law making sessions. To volunteer, call Winnie Cline at WSMA's Olympia office, 1-800-562-4546. This year the clinic will operate from January 9 to March 10.

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King Will and the Foul Humours: A Fable for Reform

A report of AMA President Robert E. McAfee, MD, at the 48th Interim Meeting of the House of Delegates at the Hilton Hawaiian Village in Honolulu, Hawaii, Sunday, December 4, 1994

Ladies and gentlemen, over the course of the last two years, we've been asked to believe several fairy tales in the name of health system reform. So today, I'd ask your indulgence as I tell one last fairy tale.

I'd like to tell you the story of King Will and the Foul Humours.

Once upon a time, there were a King and Queen who lived in a big, white castle, surrounded by a big, black fence that was regularly patrolled by knights wearing dark visors.

Before King Will had become King, he lived in the forest, where he took from the rich and gave to the poor. This made him quite popular -- especially with the poor -- but he mistook his popularity for wisdom, and no sooner had he moved into the white castle than he began searching throughout the Kingdom for problems to solve.

He said to the Queen: "Queen, (for he always addressed her in this manner) "do you perceive any problems in the Kingdom that criest out for solutions?"

The Queen replied: "Are you kidding? The knighthood could use a little more diversity. The plague is making a comeback. And every time you take your exercise, you can't stay away from the butcher shop."

Now, the King ignored this last comment, but the problem of the plague seized his mind.

He knew that many of his

subjects were unable to see the Wizards -- those Doctors of Physic who ministered to the ill. And he knew that the tithes for having their humours checked was rising faster than the Consumer Price Index. But the King also knew that the magic of the Wizards was unsurpassed. Citizens from neighboring kingdoms would travel many leagues just to see them. And the vast majority of his subjects were well contented with their system of care, and could see a Wizard almost whenever they wanted to.

The King mulled over his dilemma -- he was famous for mulling and wonking -- and finally, he came to a decision. So he said to the Queen: "It is up to us to give the people the health care they deserve."

Now a strange thing happened. The Queen might well have turned to the Wizards, who themselves had been discussing this problem and recommended remedies for many years. But instead, she summoned a noted sorcerer from a far away land, Ira of the Unruly Hair. And Ira gathered a legion of fellow sorcerers, and convened them in a secret Star Chamber, a place so dank and dark no light could enter or escape.

They labored while the Spring blossoms scented the trees. And they labored while the sun ripened the fruit on those trees. And they labored while the leaves on those tree began to fall to the earth.

Then, one day the Queen sent a crier throughout the Kingdom to

announce that Ira of the Unruly Hair had indeed produced a mighty plan and it would be wondrous to behold.

Then they gathered every beast of burden in the Kingdom, all the oxen and horses and mules, and they hitched them to the machine on which they had placed the great plan -- for the plan was not only great in inspiration but great in size -- and they hauled it to the big, white castle and presented it to King Will.

And King Will, who was chewing on the drumstick of a great wonk, placed his seal upon the plan.

Now, on a hill looking down on the white castle was a great hal- lowed hall with a round dome. And in that hall were knights of renown from every other castle in the Kingdom. They were divided roughly into two camps, and the shields of one camp bore the sign of the donkey, and the shields of the other the sign of the elephant.

It was these knights' job to decide the laws of the land, but in truth, most of their days were spent in their favorite sport, which was jousting. The leader of the donkeys, Sir George of the Land of Lobster, was one of the most feared joust- ers. He said: "Let them bring us the plan of King Will, so we can make it the law of the land."

And the oxen and horses and mules began to haul the mighty plan from the white castle to the hall on

(continued on next page)



The Pierce County Medical Society

announces the

February General Membership Meeting

Tuesday, February 14
Social Hour at 6:00 p.m.
Dinner at 6:45 p.m.
Program at 7:45 p.m.

Please note:
Change in
Meeting Place

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Please reserve _____ dinner(s) at \$18 per person
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Enclosed is my check for \$_____

signed _____

King Will *(continued)*

the hill. But a hew and cry went up throughout the hall almost as great as during the debate over where the knights could tie up their horses.

And the leader of the elephants, Sir Bobdole of the Land of Corn, who was famous for his skill with the lance, spoke: "Not so fast," said Sir Bobdole. "That plan has more fat than a roasted boar."

For it so happened that the donkeys and the elephants had opposing views on the health care of the people. The donkeys believed that the King and the knights should design the system, and decide what kind of training should be given to the Wizards and which Wizards the people could see.

And the donkeys believed if the subjects would pay their tithe to them -- they could fix the system.

But the elephants said the people were tithed too much and the money was wasted on things like midnight falconry. And they said the King and the great hall should stay out of it. And they accused the donkeys of being beholden to a knight of yore, Sir Franklin of the New Deal.

So the knights of the donkeys

and the knights of the elephants devised their own plans: Sir George of the Land of Lobster, Sir Chafee of Rhodes, Sir Stark of Fortney, Sir Teddy of Camelot and others. But the champion of one plan, Sir Rosty of the Windy City, was injured when he was out delivering a gift to a subject and fell into a moat.

But these plans, too -- five in all -- were also placed on great machines and hauled out to be viewed by the people. And the knights returned to their jousting.

And now thick fog hid the sun, and thunder rent the air, and torrents of rain turned the land into mud, and the plans of King Will and all the plans of the great Hall got bogged down.

All the while the Wizards offered advice and counsel on the health of the people. And the people heard them and gave the Wizards their confidence. But the King and Queen and many in the Great Hall gave the people only the cold shoulder and the deaf ear.

Now there arose in the land a new evil that further threatened the health care of the people.

One day, five great dragons from the Kingdom of Insurers appeared in the sky, and encamped in every corner of the Kingdom. And on their wide wings were markings sinister and strange. One had what looked like the giant rock of Gibraltar. Another had what looked like a great umbrella of crimson. Still a third was marked with a small cartoon beagle.

People began to call them the Big Five, and they breathed fire, and made a bellowing that was terrible to hear, and were in general unmannerly. And they began making forays across the land, swooping down upon unsuspecting subjects and herding them into their own regions.

They swallowed up entire villages. And they plucked up select Wizards, and demanded that they tend only to the citizens they

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King Will *(continued)*

had corralled, and none other. And the citizens raised up a cry because they could no longer see the Wizards who had so carefully watched over them.

But as the dragons' plunder continued, their appetites, rather than be sated, grew only more ravenous. It was rumored that some dragons even tried to eat some of the others. And clouds darkened the sky and a great indigestion struck the bowels of the people, and they were sore afraid.

Ladies and gentlemen, most fairy tales end with everyone living happily ever after.

And for that to happen here, you might expect that a white knight would appear to slay the dragons and knock some sense into the King, the Queen and the knights of the Hall on the hill.

But the ending to this story has yet to be written.

The great plans of the King and Queen and all the knights of the Hall got bogged down under their own weight. The wheels came off the machines, and all the King's horses and all the King's men . . . well, you're already familiar with that verse.

And as a result, many knights lost their shields and left the great hall forever -- although most went on to join the newly-formed Guild

of Lobbyists. Some who remained were hoping to fix the Kingdom's health system by mixing up a special magic potion. Its main ingredient was Eye of Newt.

Most of the knights, however, just went back to their jousting.

As for King Will and his Queen, the whole experience was enough to make them wish they were back in their forest, in their house surrounded by rushing white water.

The King has recently taken to traveling to foreign lands. But he never misses a chance to remind the Queen that you just can't trust a sorcerer.

What remains are the Wizards and the people -- the true heart and soul of any health care system.

The people will continue to receive the best care on Earth when they demand nothing less.

We Wizards must never forget that we can deliver that care only if we're united in our vision, our voice and our leadership.

And, I believe we can write a Fairy Tale ending if we never forget that the true power of our magic is not what's under our hats, but what's in our hearts.

And for allowing me the privilege to be your chief wizard for a year -- I thank you very much.

Drs. Scherz and Klatt Honored by Mary Bridge Foundation

The Mary Bridge Children's Foundation paid tribute to two long-time contributors to community programs. **Dr. Bob Scherz** was recognized for his many contributions in the field of childhood illness and injury prevention. He played a key role in the formation of the county-wide child sexual assault intervention program and was instrumental in the passage of the national Poison Prevention Packaging Act of 1970.

Dr. Gordon Klatt was acknowledged for developing the City of Destiny Classic, a 24-hour run that is now "the" major fund raising event for the American Cancer Society and its chapters throughout the nation. He was commended for being a "driving force in the move to create a smoke-free workplace and other smoke-free areas." Dr. Klatt was president of PCMS in 1990.

PCMS salutes two members who over the years have given a tremendous amount of time and energy to the community.

Medicare Workshops Scheduled

Aetna, the Medicare Part B carrier, has announced a series of educational workshops to be held around the state on the recently released *Documentation Guidelines for Evaluation and Management (E&M) Services*. HCFA wants to establish clear measurements of the criteria used for both recording services in medical records and in selecting CPT codes to report those services.

Once the initial educational period (possibly as short as six months) is over, Aetna will begin auditing claims for compliance with the new guidelines.

Aetna will request refunds in situations where the billed E&M service is not supported by the medical record.

MEETING DATES ON E&M GUIDELINES:

Tuesday, February 7, 1995
9:30 a.m. - 12:30 p.m.
Tacoma Public Library (Olympic Room)
1102 Tacoma Avenue South

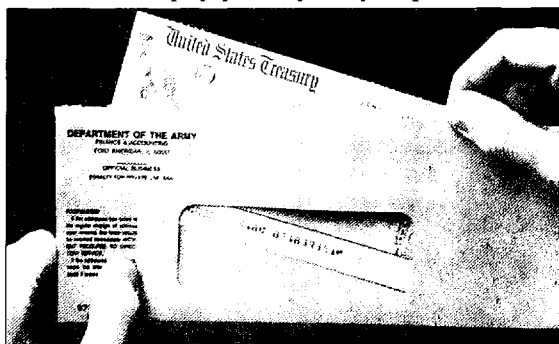
Tuesday, February 7, 1995
2:00 p.m. - 5:00 p.m.
Tacoma Public Library (Olympic Room)
1102 Tacoma Public Library

The Guidelines were sent out in a special newsletter in mid-December. Aetna said in the newsletter, "While physicians' billing staffs will need to attend the seminars, it is imperative that physicians attend also, as they are ultimately the persons who define the level of code for each visit."

To assist Aetna, PCMS has offered to register those attending the programs. There is no fee for attending. Please call the Medical Society at 572-3667 to register for one of the two seminars.

SURGEONS: COULD YOU USE AN EXTRA \$10,000?

If you're a resident in surgery, the Army Reserve will pay you a yearly stipend which



could total in excess of \$10,000 in the Army Reserve's Specialized Training Assistance Program (STRAP).

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In Memoriam

Charles E. Kemp, M.D.

Dr. Charles E. Kemp died Saturday, Nov. 26, at the age of 81, after a long and valiant battle with Parkinson's disease.

Born in Seattle, he spent most of his life in Tacoma, graduating from Stadium High School in 1931 and the University of Washington in 1936. He went to Northwestern University, graduating with his MD in 1939. That year he married Miriam Taylor and returned to Chicago to specialize in pediatrics and contagious diseases.

From 1944 to 1947 he served in the US Medical Corps after which he joined Dr. Everett Nelson in the latter's newly established Pediatric Clinic at 722 South "K" St, where he practiced until his retirement in 1980. It was there that I first met Charles and Everett just after Charles had moved in when I, about to finish my pediatric residency at the University of Chicago, made a hurried exploratory trip to Tacoma, determined to establish my pediatric practice where my wife and our three daughters had sunk deep roots.

Both Dr. Nelson and Dr. Kemp were skeptical about the need for another pediatrician in the county, as there were already so many pediatricians: Drs. Dayton, Clay and recently, Dr. Norton. Five pediatricians - surely saturation. But since I insisted that I was coming anyway, the

outcome was that rather than compete I should join them, helping to finance a new wing on the attractive little colonial brick office building. Plans were drawn and the wing added. I settled in the following June and from that date for over 30 years, Everett, Charles and I practiced together, yet separately, three very different individuals, each with his own practice while sharing experiences according to our contributions. In all that time, I don't remember a single serious disagreement.

Of course, we all had our idiosyncrasies. Charles was chronically late. It was not that he was indolent. I never saw a harder worker or more dedicated physician, but his lateness carried his days into evenings and on.... When Everett and I were home and hopefully enjoying our family evenings, Charles' office lights would be burning brightly, his phone calls and sometimes late house calls extended into the nights. In this pre-microwave age, I don't know how Miriam managed the midnight suppers. Yet adjustments to this life pattern were made and I was able to watch all five of his lovely children grow up flourishing in an atmosphere of love, mutual respect and understanding.

His practice and his patients came first, but he found time for many other activities. He was on the board of Mary Bridge and remained very active in various

capacities in the affairs of that successful pioneering childrens' hospital, which revolutionized the quality and scope of pediatrics in Southwest Washington. He was active in the Pierce County Crippled Childrens Society and many other civic organizations. For recreation, the Kemps had a cabin in the national forest and enjoyed excursions, picnics and other family adventures. But Kiwanis was always an important part of his social life for which he managed to make time.

Charles was a deeply committed churchman, a member of the Sixth Avenue Baptist Church where his basso profundo voice lent depth and warmth to the excellent choir. Until the time when his health failed to the point where he could no longer serve, he held nearly every position of responsibility in the church, and in the end, the church visited him.

I look back on the 30 years Charles, Everett and I worked together, discussed problems, shared those active satisfying times even as pediatricians proliferated from five who held the fort briefly to the many now serving the area. But those who knew Charles will remember him for his dedication to community service and professional competence and integrity whose passage will have left an enduring mark.

David T. Hellyer, MD

Stress and the Hot Reactor

Dr. Pat Donley, Tacoma psychiatrist and past chair of the Society's Personal Problems of Physicians Committee, is making available a 23-minute video tape titled "Stress and the Hot Reactor." Dr. Donley suggests that physicians in this age of dramatic change who are confronted with high levels of stress would be interested in seeing it.

This video says that stress may be the most powerful factor in the cause of cardiovascular disease. It is important how people react during daily activities and much depends on the individual and how they cope and manage day-to-day issues. The video is available for a two week period by calling the Medical Society office at 572-3667.

Accompanying the video will be an article that Dr. Donley also encourages you to read. It consists of an interview with Meyer Freidman, M.D., who has long been associated with the hypothesis of the so-called Type A behavior. Type A behavior is characterized as a compulsive, competitive, aggressive approach that supposedly makes this type of person more prone to myocardial infarction and other ischemic heart events than a more relaxed, Type B person. The article is available by calling the Medical Society at 572-3667.

AMA Foresees Doctor Glut by the Year 2000

According to AMA Medical Education and Science Group Vice President M. Roy Schwartz, MD, the United States will have 163,000 more physicians than it needs -- possibly even too many in primary care -- by the year 2000.

In addition to the large number of students entering medical school, more allied health professionals are taking on a bigger role in delivering basic medical care, Dr. Schwartz said.

Some health care experts disagree. Congress' Council on Graduate Medical Education said there will be a surplus of 115,000 specialists by the year 2000 and a shortage of 35,000 primary care physicians.

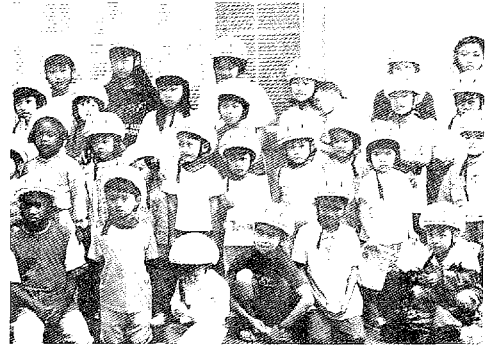
Most observers agree that the most promising careers are for doctors who choose to go into primary care, such as family physicians, internists and pediatricians.

This trend is so new that many young people may not have time to readjust their medical career goals.

Reprinted from the AMA's "In Your Behalf"

Society Helps Helmets on Wheels

The Medical Society has been an active participant in an organization formed in early 1994 to promote the use of bicycle safety helmets through education and legislation. They distribute helmets at very



low cost, or free, depending upon ability to pay to individuals who cannot afford a helmet. PCMS contributed \$200 to Helmets on Wheels last spring when the organization was just starting.

In September, the group assisted Mr. John Davis, manager of an apartment complex on Yakima Avenue, in distributing and fitting 43 helmets for children residing in the complex. Davis had been buying used helmets at garage sales to give to the children residing in the low-income apartment complex. When the owner of the Catalina Apartments heard of his efforts, he authorized him to purchase 60 helmets.

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President Clinton may be reached by writing him at the White House, 1600 Pennsylvania Ave NW, 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 member 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. Randy Tate (R-9th District); To Be Announced

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 and copies of bills 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. Scott Smith (R), To Be Announced

25th District

Sen. Marcus Gaspard (D), 786-7648

Rep. Grant Pelesky (R), To Be Announced

Rep. Sarah Casada (R), 786-7948

26th District

Sen. Bob Oke (R), 786-7650

Rep. Lois McMahan (R), To Be Announced

Rep. Tom Huff (R), To Be Announced

27th District

Sen. Lorraine Wojahn (D), 786-7652

Rep. Ruth Fisher (D), 786-7930

Rep. Debbie Regala (D), To Be Announced

28th District

Sen. Shirley Winsley (R), 786-7654

Rep. Michael Carrell (R), To Be Announced

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), To Be Announced

Rep. Maryann Mitchell (R), To Be Announced

Rep. Tim Hickel (R), To Be Announced

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Violence

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PCMS Committees Set Medical Society's Agenda

The strength of the Medical Society is and has been its committee structure. Many of its committees consist of members of the lay community. This is not typical of most medical society structures. Interaction between lay members and physicians has enhanced the image of the organization within the community and improved communications with those outside of medicine.

Approximately 150 PCMS members sit on a committee or specific task force.

Committee on Aging was formed in 1984 when **Dr. Pat Duffy**, PCMS president, believed it important that the Society establish a closer working relationship with the senior citizens of the community. The committee members include physicians, most of whom practice in nursing homes, as well as representatives of county AARP branches, the Council on Aging, the Tacoma-Pierce County Health Dept. and nursing home administrators.

Dr. Richard Waltman will chair the committee in 1995. He is following in the footsteps of **Dr. Joe Regimbal**, **Dr. Jim Wilson**, **Dr. David Munoz** and **Dr. Bryan Archer**.

Physician members of the committee are:

John Colen, MD
David Law, MD
John Lincoln, MD
Robert McAlexander, MD
David Munoz, MD
Joseph Regimbal, MD
Richard Waltman, MD
James M. Wilson, MD
William Wright, MD

AIDS Committee As the disease became a growing concern, **Dr. Alan Tice** asked the Society to form a committee of community providers to patients with AIDS. The committee acts as a liaison between the medical community, individuals, and organizations, such as Pierce County AIDS Foundation, T-PC Health Dept., Indian Health Clinic and the Community Health Delivery System clinics.

Dr. Tice chaired the committee for several years. **Dr. John Van Buskirk** is the current chair. In 1995 he will have the following physicians on the committee:

Douglas Attig, MD
David Bales, MD
James Dunn, MD
Stanley Flemming, DO
Nancy Grubb, MD
Michael Jarvis, MD
Lane Johnson, MD
Alan Tice, MD

Bylaws Committee The Bylaws Committee meets only when an amendment to current bylaws is offered by a member. **Dr. Stan Tuell** is chair and is assisted by **Dr. Bill Ritchie**.

About seven years ago the committee did a major revision of the bylaws and met on a biweekly basis for nearly two years to bring the current document up to-date.

Credentials Committee This committee reviews the files of all applicants seeking PCMS membership. As any member who has joined PCMS in the last 15 years knows, the application is seven pages long. The PCMS office seeks information from the applicant's medical school, internship, resi-

dency, hospitals, medical disciplinary boards and licensing boards where the applicant has practiced.

The committee typically meets eight or nine times a year and all applicants are invited to meet with them for a brief description of services offered by the Society and a welcome to the community. After reviewing the completed files, the committee makes a recommendation to the Board of Trustees for approval or disapproval. **Dr. Andrew Levine**, radiologist, is succeeding **Dr. Les Reid**, who chaired the committee for three years.

Other members of the committee are:

Roger Lee, MD
Susan Salo, MD
John Stogin, MD
Darryl Tan, MD
Tod Wurst, MD

Editorial Committee The Editorial Committee, under the guidance of **Dr. Dave Hopkins**, serves as an advisory board for materials to be published in the Society's publication, the *Bulletin*. The committee provides guidance to staff in matters relating to the *Bulletin*.

Serving on the Committee are:

Richard Hawkins, MD
Stanley Tuell, MD

Emergency Medical Standards Committee The EMS Committee monitors emergency services in Pierce County and provides medical advice to the Pierce County EMS Council. It advises on patient care protocols, transportation guidelines,

(continued on next page)

Committees *(con't)*

base stations, etc. **Tony Haftel, MD.**, of the St. Joseph Hospital Emergency Department, chairs the committee. Representatives from all the hospitals sit on the committee. They are:

Kenneth Elam, MD
James Fulcher, MD
Richard Harvey, MD
Mark Jergens, MD
Donald Maurer, MD
Michael Regalado, MD
Cecil Snodgrass, MD
Robert Stoecker, DO
Robert Wachtel, MD
Clark Waffle, MD
Edward Walkley, MD

Ethics and Standards of Practice Committee This committee seeks to resolve grievances of patients against doctors concerning fees, quality of care, communications, etc. Most of the grievances relate to poor communications by both parties. The immediate past president of PCMS chairs the committee with two past presidents and five other physicians and two lay members. (See December, 1994, *Bulletin* for full description of committee). The committee typically reviews five or six files and meets about nine to 10 times a year.

Members of the committee are:

Gerald Anderson, MD
Ronald Anderson, MD
James Fulcher, MD
Ronald Goldberg, MD
Mr. Tom Hosea
Randolph Lindblad, MD
Mark Ludvigson, MD
Mr. Paul Menzel
Eileen Toth, MD

Report on the October, 1994, Consumer Price Index

The prices of physician services, as measured by the Consumer Price Index for all urban consumers (CPI), increased by 0.4% in October. During the 12-month period October, 1993, to October, 1994, physician services prices rose 4.1%.

By comparison, items reflected in the seasonally adjusted all items index of the CPI increased 0.1% in October; the 12-month change in the prices of all items was 2.7%. All services prices rose 0.2% in October and 3.3% over the last 12 months.

An annual increase in physician services prices of 4.1% is projected from an extrapolation of the growth rate that occurred during the first 10 months of 1994. Although both physician services (0.4%) and hospital room prices (0.3%) increased only modestly in October, medical services prices increased 0.6%. A 0.9% increase in dental services prices was mostly responsible for the jump in medical services prices.

Pierce County Medical Society Alliance General Membership Meeting

Friday, February 10, 1995, Fireside Storytelling

Sit by the fire in a grand old home and let yourself relax. A professional story teller from the Fireside Story League will entertain us with stories of adventure, courage, thrills, history, faith, humor and wisdom. Shake off those winter doldrums and join us for "Once upon a time..."

Location: At the home of Kathleen Forte, 2109 N Prospect St. Tacoma, WA 98406, 759-6381

Time: 10 a.m.

Reservations: Fran Thomas at 265-2774 or Alice Yeh at 756-0578.

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RSVP: By February 7, 1995

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**Whistler
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It's not too late to register for the College's CME at Whistler program.

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.

COME is offering family vacationing, skiing, and the usual quality continuing medical education to Pierce County Medical Society members and other physicians. With Category I credits, the CME at Whistler program features a potpourri of subjects of interest to all specialties. The conference will be held at the Blackcomb Hotels and Resorts.

For more information on the annual event, please call the College of Medical Education at 627-7137. For condominium information and reservations, call 1-800-777-0185 and identify yourself as a part of the C.O.M.E. group. A 10% reduction off normal rates is still available.

Former AIDS "Czar" to Keynote Update on HIV Infections CME

Kristine Gebbie, Former AIDS "czar" to President Clinton, will keynote this year's Update of HIV Infections CME program. Ms. Gebbie served as President Clinton's National AIDS Policy Coordinator.

The program scheduled for February 24 and directed by Alan Tice, MD, will again explore the latest developments in HIV infections and their impact on the medical practice and society.

Health Commission Spokesman Set for Law & Medicine CME

Tom Hilyard, member of the Washington Health Services Commission, will keynote the annual Law & Medicine Symposium scheduled for January 19.

Those interested in registering for the very popular CME program can call 627-7137.

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

<u>DATES</u>	<u>PROGRAM</u>	<u>DIRECTOR(S)</u>
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.

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Puyallup medical office for lease, near Good Samaritan Hospital, 1900 sq. ft. 770-9844.

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

February, 1995

Board of Trustees,



Drs. Ken Bodily (l), Bob Martin, Keith Demirjian and Richard Spaulding recap a speech



From left, Dr. Pete McGough, WSMA President, Dr. Surinderjit Singh, College of Medical Education President, and Dr. David Law, PCMS President, at the January 7 retreat

Other Society Leaders



Drs. Stan Harris (l), Bill Ritchie, Dave Lukens and Jim Wilson enjoy a break

Retreat, Look At 1995

see story on page five

PCMS Officers/Trustees:

David E. Law, MD President
John H. Rowlands, MD President-Elect
Stanley C. Harris, MD Vice President
James M. Wilson Jr., MD Sec.-Treas.
Peter K. Marsh, MD Past President
Robert M. Alston, MD
Ulrich Birlenbach, MD
Keith Demirjian, MD
Joseph Nichols, MD
Sandra F. Reilley, MD
Ronald Taylor, MD
Patty Kesling

Executive Director: Douglas Jackman

Committee Chairs:

Aging, Richard Waltman; **AIDS,** John Van Buskirk; **Bylaws,** Stanley Tuell;
Budget/Finance, James Wilson Jr.; **CHCDS,** Charles M. Weatherby; **College of Medical Education,** Surinderjit Singh; **Credentials,** Andrew Levine; **Emergency Medical Standards,** Anthony Haftel;
Ethics/Standards Of Practice, David Lukens; **Grievance,** Peter Marsh; **Legislative,** William G. Marsh; **Medical-Legal,** Nicholas Rajacich;
Membership Benefits, Inc., Joseph Weam; **Personal Problems Of Physicians,** John McDonough; **Program** Stanley Harris; **Public Health/School Health,** Lawrence Schwartz;
Puyallup Fluoride, William G. Marsh; **Sports Medicine,** John Jiganti.

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

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Local News

President's page page 3
Report from the annual leadership retreat page 5
Medical Society committees page 7
Directory changes page 11
Doctors and domestic violence patients page 13

News Briefs

Western region gets no trauma center page 6
PCM affiliates with three insurers page 7
AMA report on managed care page 10
How to contact your state legislators page 12
ADD workshop scheduled page 17

Departments

College of Medical Education page 18
Classified advertisements page 19

Law's Platform For 1995



“The objectives of this Society are to promote the art and science of medicine and the care and well-being of patients, to protect and to improve the health of the public, and to serve and to provide leadership for the membership of the Society.”

Chapter II, Objectives

By-Laws of the Pierce County Medical Society

LAW'S PLATFORM FOR 1995

1. Foster pride in the profession of healing
2. Use the strength of the profession to positively influence the future
3. Work to eliminate domestic violence around us

Now that we are all flawlessly writing the date as 1995, it is only fair to let those who elected me know what my personal goals are for this term. They are as listed above and are based, I believe, on the fundamental statement of our Medical Society.

The President is guided by the officers on the Executive Board and the members of the Board of Trustees. These are highly dedicated citizens striving to follow our Medical Society's strong traditions of representing the profession for the good of health care. I list those members who serve on the Board of Trustees here again for your information:

John H. Rowlands, MD	President-Elect
Peter K. Marsh, MD	Past President
Stanley C. Harris, MD	Vice President
James M. Wilson, Jr., MD	Sec.-Treasurer
Robert M. Alston, MD	Trustee
Ulrich Birlenbach, MD	Trustee
Keith E. Demirjian, MD	Trustee
Joseph C. Nichols, MD	Trustee
Sandra F. Reilley, MD	Trustee
Ronald G. Taylor, MD	Trustee
Patty Kesling	Trustee

It is my contention that health care professionals who

are happy and well-adjusted provide superior patient care. (I know they make better company in the doctors' lounge, as well.) To achieve this state of well-being, there needs to be a balance of physical, intellectual and emotional states. The road to this balance is simple for the many of us who are involved directly with patient care. It is merely to follow the same advice we offer our patients. Daily we lecture on the merits of regular exercise, avoidance of risk factors, and seeking out stimulating projects. When someone takes our advice seriously, the patient often returns transformed--stronger physically, intellectually and emotionally. Goal-setting generally enhances the road to success, along with frequent reminders and re-evaluations.

Another way of attaining a positive attitude is by taking pride in personal accomplishments. Every day correct diagnoses of big and little problems are being made, procedures are skillfully and successfully performed, astute input is being offered at meetings and in hallway conversations. Frequently time is not taken to appreciate the satisfaction of these successful endeavors. What is more, colleagues may be hesitant to bestow compliments to someone in need of a boost. It is sometimes even harder to accept with honor another person's compliment, whether it be extended from a health care professional or a patient. Too easily these

(continued on next page)

Law's Platform For 1995 *(continued)*

emotional gifts are brushed off as just an expected part of a job or even ignored as a waste of time in a busy schedule or as an omen of something bad to come if one lets one's guard down for just a moment of appreciation. This habit of giving and receiving compliments and the feeling of accomplishment accompanying it are healthy supports and may also be used successfully in non-professional settings.

We have all sacrificed and struggled to be where we are today. After only a short while of practicing medicine, the emotional rewards of patient care far out-weigh any difficult times preceding it. We live in a country that allows us to grow and shape our personal and professional futures. Working in the health care industry places us in an especially fulfilling arena. Pride and accomplishment can be found by giving time to our neighborhoods and community for the benefits we have received. It is easy to participate in hospital, specialty organization and medical society activities, but the greater community appreciates and needs our involvement as well. I hope more of us go out of our way to get more involved in the causes that provide service to our community at large.

My special area of interest over the last year has been serving along with **Federico Cruz-Uribe**, **Richard Harvey**, **Robert Scherz** and **Kris White** on the Pierce County Commission Against Domestic Violence. We are working with 40 other community members on this commission to write a Comprehensive Domestic Violence Plan for Pierce County. I hope to share with you some of my knowledge on this subject in the future.

In closing, here are my Top Ten reasons for looking forward to serving as your president in 1995:

- #10 If I waited much longer, I might have an employer to worry about offending.
- # 9 If I had served earlier, I might have believed that the future of health care was already decided.
- # 8 With the rapid growth of women in medicine, I might be known as having the last Pierce County Medical Society's all-male Executive Committee.
- # 7 Now they have to let me sit up front next to the important people at all of the general membership meetings.
- # 6 Though little known by the membership, the third page of the By-Laws, read diagonally across from right to left, states that the President is exempted from taking any call while in office.
- # 5 All those lavish trips to Hawaii to see how the Hawaiians manage care
- # 4 Now I can call Past President **Peter Marsh** a "has been."
- # 3 I can hang out at the medical society office with Sue and Doug if my practice falls to pieces in 1995.
- # 2 If I were to serve at any time later, I would have less hair than Doug Jackman.
- # 1 I get my food served first at all Medical Society meetings.

D.E.L.

"No One Deserves to be Hit" Brochures Available

Under the guidance of **Kris White**, past president of the PCMS Alliance, a small 4" x 4" flyer, titled "No One Deserves To Be Hit," was developed to provide information for women who are being subjected to physical abuse. The pamphlet has been a tremendous hit in physician offices, counseling clinics, the health department, and many other agencies inside and outside of Pierce County.

The informative little four-page leaflet lists services available in Pierce County for victims of domestic

violence. It was intentionally made very small so that the victim could easily hide the pamphlet, if necessary. As a contribution to the effort, St. Joseph Hospital printed 200,000 of the pamphlets last year. The Society office continues to fill many requests for the flyer.

If you would like copies for your exam rooms, emergency departments, lobbies, etc., please call the office at 572-3667. Some physicians tell us they cannot keep enough of them in their offices.

PCMS Board and Other Leaders Hold Retreat

The annual January Board of Trustees Retreat was held on Saturday, January 7, 1995, at the LaQuinta Inn in Tacoma. The PCMS leadership, including officers and Trustees, committee chairs, specialty society presidents, etc., gathered for several hours to



Drs. Mike Young (l) and Joe Nichols review their meeting schedules at the Board Retreat

discuss the future role of organized medicine and PCMS, as well as hear from various speakers. Domestic violence was the featured topic, with sessions on the profession of medicine, a WSMA and AMA update, as well as a perspective of the future from a payer's viewpoint. About 45 members attended the retreat which included breakfast and lunch. President **David Law, MD**, presided.

Roland Maiuro, Ph.D., of Harborview Medical Center in Seattle, spoke on domestic violence. He noted that they see the full range of trauma from domestic violence and that the American family is under siege. He noted many obstacles that need to be overcome in the health care profession to help stop the abuse. Dr. Maiuro's presentation was well received and he was asked many questions. (See related story on page 13)

Following Dr. Maiuro, Don Sacco, President /CEO, Pierce County Medical, spoke about the future from a payer's perspective. Mr. Sacco noted the difficulty for physicians in transitioning from a speaker on domestic violence to a speaker representing the payer's perspective. He added, however, that violence is one example of the additional responsibilities that the medical health care delivery system is being held accountable for versus the traditional responsibilities of medicine, which included injury and illness. The pressures on cost have grown in part because of all the socio-economic factors that have changed society and medical care expectations.

Mr. Sacco spoke of health care reform from the perspective of past, present and future as well as about developing trends in cost and utilization of health care services. He highlighted state activities that he

(continued on next page)



Mrs. Helen Whitney, President of WSMA Alliance (l), and Mrs. Patty Kesling, President of the PCMS Alliance, participated in the Board Retreat

Board Retreat

(continued)

predicts will be happening in the legislative session. He feels that it is too difficult to predict the outcome with the House, Senate, and governor all being key players. But from PCM's point of view, the result is that it makes it very difficult to operate due to the uncertainty. He expressed confidence there would not be a return to the old ways of doing business, but changes will continue but on a slower and more thoughtful course. Trends in cost and utilization do not bring good news, according to Mr. Sacco. He cited double digit increases in the aggregate of both cost

and utilization from 1993 to 1994 from PCM data.

"I don't understand exactly why that is happening," said Mr. Sacco. "We are trying to retrieve the data a lot like trying to peel the layers off an onion and trying to get behind what is causing the increase."

On a positive note, he cited changes in 1994 such as portability, guaranteed issue, reduction in length of waiting period for pre-existing conditions, etc. Mr. Sacco predicts no reduction in emphasis on managed care and feels that managed care will continue to grow in our community.



Drs. Ulrich Birlenbach, PCMS Trustee, and Gerard Ames, President of the St. Joseph Hospital medical staff, discuss issues at the Board Retreat

Retreat attendees also heard from Peter McGough, MD, President, Washington State Medical Association, and Frank Walker, MD, Trustee, American Medical Association. Dr. McGough gave an overview of WSMA's state of affairs including the state and national perspective. After noting several

possible political scenarios for health care reform on a state level, he noted that the recipe for potential gridlock is in place. Dr. Walker spoke on the importance of a united profession of medicine, particularly in times when the diversity in medicine is growing and one size no longer fits all.

The retreat ended with a discussion about the goals of PCMS in 1995. Everyone agreed the new fax system of communication is an essential tool to keep everyone informed of current changes. It was also agreed that all voices need to be included in discussions and decisions and the fax system is one quick way to communicate on a large scale. It was the consensus of the attendees that Pierce County Medical Society needs to stay focused on collegiality, keep an open mind and help all physicians work together in a supportive and professional environment.

Trauma Center Designation??

At 7:00 a.m., Thursday, February 23, (location to be determined) a meeting will be held for all physicians and hospital administrators interested in trauma care to discuss **hospital trauma designation**.

No hospitals in the Western Region chose to apply for trauma designation in 1994. What are the implications of trauma designation for the general surgeons, vascular surgeons, orthopaedists, hospitals and others? Why is Tacoma so different from other cities of comparable size? Is there a difference? What are physicians and hospitals doing in cities to manage trauma?

Answers to these questions and many more will be sought to help resolve this issue. Representatives from the Washington State Department of Health Emergency Medical Services Division will be attending.

If you are involved in trauma care, please plan to attend this meeting. A resolution to this issue needs to be found for this age-old problem.

Percentage of total U.S. spending on health care in 1989 that was paid for by the government:
42%

Medical Society Committees

The January issue of the *Bulletin* described the activities of several PCMS committees. Following is a continuation of the various committees that make the Society such an active and vital organization.

Ethics and Standards of Practice Committee

The Ethics and Standards of Practice Committee reviews and attempts to resolve charges of misconduct against member physicians relative to professional ethics. The Committee meets on a need-be basis. It did not meet in 1994 but will be meeting in February. Dr. David Lukens chairs the Committee. Other committee members are:

Kenneth Graham, MD
Dale Hirz, MD
Ronald Johnson, MD
Harold Johnston, MD
 *David Lukens, DO
DeMaurice Moses, MD
John Mulligan, MD
Mimi Pattison, MD
Gilbert Roller, MD
Stanley Tuell, MD
David Wilhyde, MD

Grievance Committee

This committee seeks to resolve grievances of patients against a doctor (s) concerning fees, quality of care, communications, etc.. Most of the grievances relate to poor communications by both parties. The Immediate Past President of PCMS chairs the Committee with two past presidents

(continued on next page)

Healthy Options 1995 Rate Proposal to be Determined

The December *Bulletin* ran an article on **Healthy Options rates** being considered by DSHS for 1995. As written, the report indicated a 21% decrease statewide. The article failed to specify that the 21% reduction was being considered for King County only. Presently, that appears to have been reconsidered and a 14.5% decrease is thought to be possible for King County.

As we go to press, Pierce County rates for 1995 have not been determined. It is doubtful that Pierce County will realize a rate decrease comparable to that proposed for King County. Those working closely with DSHS believe a 5.5% - 6.5% rate decrease is more likely for Pierce County.

It is important to understand that a rate decrease does not necessarily equate to either a capitation decrease or a fee-for-service decrease. This is determined at the individual plan level based on claims data submitted in the previous contract year.

The Medical Assistance Administration (MAA) of DSHS reported the following number of managed care enrollees in capitated plans and primary care case management as of November 21, 1994 in Pierce County:

Basic Health Plan	1,980
Blue Cross (MultiCare)	11,642
Ethix	3,370
Group Health P.S.	3,646
Pierce County Medical	19,974
Providence Health Care	3,585

Medically Indigent Proposal to be Reconsidered

DSHS Secretary Jean Soliz promised the WSMA Executive Committee in a December meeting that DSHS would re-examine the proposed Medically Indigent proposal. This was DSHS's plan to discontinue payments for physician services for patients in the Medically Indigent (MI) program while continuing payments to hospitals.

Do We Have Your FAX Number??

The Medical Society office is regularly sending out faxes to members regarding meetings and issues of importance. In the near future we will be sending faxes for WSMA. Do we have your fax number?

If you haven't been receiving the PCMS Memo faxes, call the Society office at 572-3667.

Reach PCMS on E-Mail

If you would like to reach PCMS on the electronic highway, it is available at: djackman@beringa.tribnet.com

PCMS Committees

(continued)

and six other physicians and two lay members. (see December 1994 *Bulletin* for full description of committee). The Committee typically reviews 5-6 files and meets about 9-10 times a year. The 1995 Chair is Immediate Past President **Peter K. Marsh, MD.**

Members of the committee are:

- Gerald Anderson, MD**
- Ronald Anderson, MD**
- James Fulcher, MD**
- Ronald Goldberg, MD**
- Mr. Tom Hosea**
- Randolph Lindblad, MD**
- Mark Ludvigson, MD**
- *Peter K. Marsh, MD**
- Dr. Paul Menzel**

Interprofessional Committee:

The Interprofessional Committee's purpose is to maintain liaison with other professions in the community, such as; podiatrists, pharmacists, nurses, dentists, etc. The Committee meets once or twice a year to discuss issues and problems of mutual concern. **Dr. John Doelle**, Puyallup family physician who passed away in 1994, chaired the Committee for several years. Drs. **Terry Torgenrud and Mark Yuhasz** represent the Society.

Legislative District Committees:

The Medical Society, in an effort to improve relations with Pierce County legislators, has a few (5-6) members living in each of the seven legislative districts meet with the district representatives once or twice a year for breakfast or lunch to become better acquainted with the legislator. We want the legislators to feel comfortable calling a mem-

ber if a medical issue arises in Olympia on which we can be of assistance. Much depends on the committees on which the legislator sits and their role in Olympia.

During election years, committee members will also sit on interviews of candidates to make recommendations to the WAMPAC Board of Directors.

2nd Legislative District:

- Stan Jackson, MD**
- William Marsh, MD**
- William Knittel, MD**
- Nick Rajacich, MD**
- Michael Spiger, MD**

25th Legislative District:

- Michael Haynes, MD**
- William Marsh, MD**
- Edward Pullen, MD**
- Cecil Snodgrass, MD**
- Rebecca Sullivan, MD**

26th Legislative District:

- L. Mason Cobb, MD**
- James Fulcher, MD**
- David Lukens, DO**
- Marilyn Pattison, MD**
- Mark Yuhasz, MD**
- Amy Yu, MD**

27th Legislative District:

- Richard Hawkins, MD**
- John Ruckle, MD**
- George Tanbara, MD**
- Alan Tice, MD**
- Carl Wulfesteig, MD**

28th Legislative District:

- Leonard Alenick, MD**
- Ken Bodily, MD**
- Stan Harris, MD**

- Dick Hoffmeister, MD**
- Debby McAlexander**
- Maria Mack, MD**
- Peter Marsh, MD**
- William Ritchie, MD**

29th Legislative District:

- Mian Anwar, MD**
- David Brown, MD**
- Nick Rajacich, MD**

30 Legislative District:

- Jim Davidson, MD**
- Keith Demirjian, MD**
- James Hazelrigg, MD**
- David Hopkins, MD**
- Estelle Yamaki, MD**

31st Legislative District:

- Nancy Karr, MD**

Managed Medicaid (Healthy Options) Committee:

This committee was formed two years ago as an ad hoc committee to make the transition of Medicaid patients into a managed care system as smoothly as possible. **Dr. Bill Roes**, a family physician whose office is at Key Center, has chaired the Committee since its inception.

Dr. Roes has sought to have representatives of all specialists involved in the Healthy Options Program - plans, emergency departments, various specialties - participate to make this program a successful one with as few problems as possible. The Committee meets on a monthly basis. Members are:
David BeMiller, MD (OB/GYN)
Michael Brook, MD (ER)
L. Mason Cobb, MD (Ped. Surg)

(continued on next page)

PCMS Committees

(continued)

James Davidson, MD (ER)
 John Dimant, MD (Ped)
 David Estroff, MD (MultiCare)
 James Fulcher, MD (ER)
 Dick Hoffmeister, MD (Ortho)
 Mark Jergens, MD (ER)
 Ronald Johnson, MD (FP)
 Don Mauer, MD (ER)
 Ed Pullen, MD (FP)
 Nick Rajacich, MD (Ortho)
 Florence Reeves, (CHCDS)
 Les Reid, MD (PCM)
 Bill Roes, MD (FP)
 Don Rogers, MD (Group Health)
 Don Russell, DO (Ped)
 George Tanbara, MD (Ped)
 Ted Walkley, MD (Ped ER)
 Alan White, MD (GS)

Medical/Legal Liaison Committee:

This Committee has representation from PCMS and the Pierce County Bar Association. Its goal is to resolve problems and disagreements resulting from physician-attorney relationships, and to investigate areas of mutual professional interest. A majority of the complaints are related to fees from

both professions. If agreement cannot be reached, the parties are offered arbitration arranged by the Committee. **Drs. Marcel Malden and Richard Spaulding** recently stepped down from the committee. Both have sat on the committee and co-chaired it with attorneys for several years.

The Committee also has traditionally organized the popular, annual Medical/Legal Symposium held in January. Physician members of the committee are:

Patrick Donley, MD
 Robert Kenevan, MD
 Nick Rajacich, MD
 William Ritchie, MD
 Guthie Turner, MD

PCMS Membership Benefits Inc. (MBI) Board of Directors:

MBI is the for-profit subsidiary of PCMS. The Board of Directors oversees the management of the organization. Publications (*Bulletin, Pocket Directory, Pictorial*) and Placement Services (Temporary and Permanent) are the major business functions of MBI. **Dr. Joe Wearn**, Pediatrician has served as Chair for the past three years. Members of

the Board of Directors are:
 Peter Cannon, MD
 Keith Demirjian, MD
 Drew Deutsch, MD
 Mark Gildenhar, MD
 William Shields, MD
 *Joseph Wearn, MD
 James M. Wilson, Jr., MD

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AMA Report on Managed Care

The affiliation of the Washington, Oregon and Idaho Blues as reported on page seven follows the trend toward greater integration of health care delivery systems. The AMA Board of Trustees in a report to the December meeting of the AMA House of Delegates reported on many of the trends taking place in today's environment.

The report assesses the extent of the market transformation that has already occurred and trends in market development today. Most patients enrolled in managed care plans are members of plans that offer a wide choice of providers and allow substantial autonomy to physicians. Such choice and autonomy are threatened, however, by a trend towards more tightly integrated health care delivery systems that use fewer physicians, organize and control the medical practices of the individual physicians, and restrict patient choice. The integration trend is motivated by two factors: cost reduction and profits. Businesses interested in controlling expenses have embraced managed care. In fact, one of the reasons for growth in managed care is the entry of profit-oriented businesses. It is widely believed that the more tightly organized HMOs - such as staff and group model HMOs - are most successful at controlling health care costs given our current insurance systems.

The Future Overall Composition of the Health Care System. While there is evidence to support

the vision of some health care analysts who believe the future will belong to large group and staff model HMOs, demographic limits and patient preferences will likely prevent all markets in the U.S. from being divided up among a few large group and staff model HMOs. HMOs are likely to operate in most areas, but on a smaller scale than the

"...demographic limits and patient preferences will likely prevent all markets in the U.S. from being divided up among a few large group and staff model HMOs."

prototypical model. That will create an opportunity for comprehensive health care delivery systems capable of serving more than one HMO. It will also create a market for smaller groups of physicians who contract with a number of HMOs or health care delivery networks to provide services that cannot efficiently operate in-house.

Patient preferences will also drive the creation of plans other than group or staff model HMOs. As long as premiums and patients' out-of-pocket costs with PPOs and other fee-for-service models are reasonably close to those of HMOs, there will be substantial demand for such products.

As a result, it seems unlikely that almost all physicians will be pressed into service as employees of just a few large HMOs or health care delivery systems. Certainly those

will exist, and they may serve up to 40-60% of many markets, but there will also be many other niches available for providers.

RISKS AND OPPORTUNITIES

Physicians. Physicians face three risks as a result of the growth in managed care: work force reduction, loss of clinical autonomy combined with increased accountability, and reduced compensation. Opportunities include influencing management decisions, taking the lead in scientific assessment of quality standards and championing of patient care, and working with self-insured employers and business coalitions to reduce costs and build health care delivery networks.

Patients. The largest risk to patients posed by managed care is a compromise in the quality of care patients expect and demand in this country. In addition, lack of choice of physicians may result from closed-panel health plans and dependence on a primary care gatekeeper for referral specialists. Unwarranted or illegal withholding of care by a health plan is an additional risk. Finally, low physician morale will also impact patient care.

If you would like a copy of the complete AMA Report on **Managed Care and the AMA's Private Sector Initiatives**, please call the Society office at 572-3667.

Change Directories...

Alger, John, MD (Retired)

Change address to: 5601 53rd St W
Tacoma, WA 98467-3614

Darr, Marilyn, MD

Change status to: Moved to Vancouver, WA

Ferguson, Robert, MD

Change status to: Retired (12/31/94)

Gallucci, John J., MD

Change address to: P.O. Box 5299
Tacoma, WA 98415-0299

Girvin, Robert, MD

Change home address to: 906 N Stadium Way
Tacoma, WA 98403-2829

Kim, Chong, MD

Change home address to: 33415 4th Pl SW
Federal Way, WA 98023-6188

Otto, Randolph, MD

Change home address to: 5810 81st Ave Ct W
Tacoma, WA 98467-3998

Scherz, Robert, MD

Change status to: Retired (4/94)

Smith, Wayne, MD

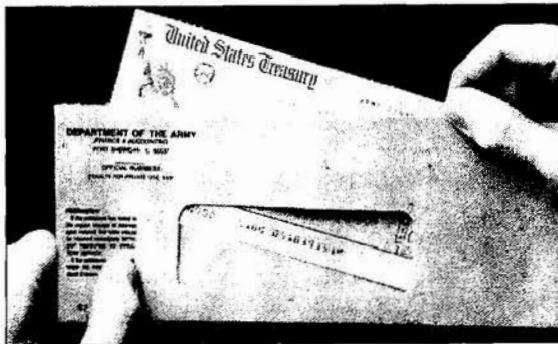
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Pierce County Legislator Phone Numbers and Addresses

Many health related issues will be coming before the 1995 Legislature. It is important that you know your legislators and communicate with them on issues of concern to you. If you don't know who your representatives are, please call the Medical Society office at 572-3667.

LEGISLATIVE HOTLINE 1-800-562-6000

2nd Legislative District

Senator Marilyn Rasmussen (D)	786-7602	LEG408A
Representative Tom Campbell (D)	7824	JLOB 325
Representative Scott Smith (R)	7912	JLOB 413

25th Legislative District

Senator Marc Gaspard (D)	7648	LEG 311
Representative Sarah Casada (R)	7948	LEG 404
Representative Grant O. Pelesky (R)	7968	JLOB 332

26th Legislative District

Senator Bob Oke (R)	7650	INST 110
Representative Tom Huff (R)	7802	JLOB 326
Representative Lois McMahan (R)	7964	JLOB 327

27th Legislative District

Senator R. Lorraine Wojahn(D)	7652	LEG 309
Representative Ruth Fisher, (D)	7930	JLOB 314
Representative Debbie Regala (D)	7974	JLOB 302

28th Legislative District

Senator Shirley Winsley (R)	7654	INST 205
Representative Michael Carrell (R)	7958	JLOB 422
Representative Gigi Talcott (R)	7890	JLOB 435

29th Legislative District

Senator Rosa Franklin (D)	7656	LEG 408B
Representative Brian Ebersole (D)	7999	LEG 3rd
Representative Steve Conway (D)	7906	JLOB 340

30th Legislative District

Senator Ray Schow (R)	7658	Inst 109B
Representative Tim Hickel (R)	7898	JLOB 420
Representative Maryann Mitchell (R)	786-7830	JLOB 421

JLOB = John L. O'Brien Office Building LEG = Legislative Building

If you would like a copy of a bill, call the "bill room" at 786-7573.

If you would like to receive a legislative meeting schedule send \$10 payable to: Washington State Treasurer, c/o Senate Word Processing, B6 Cherberg Bldg., P.O. Box 40482, Olympia WA 98504-0482.

Management of Domestic Violence in Health Care Settings

Roland Maiuro, Ph.D., Director, Anger Management and Domestic Violence Program, Harborview Medical Center, says the "American family is under siege," in terms of many stresses, lack of supports, fragmentation of extended family networks, and particularly severe weakening of many institutions that once supported the family. As a result, families are experiencing many difficulties, one of them being domestic abuse. There has been a series of new laws passed in the state of Washington in an attempt to address these abuses, but according

to Dr. Maiuro, "Laws are helpful and contribute to public health, but are too late in the process." Maiuro presented his views at the PCMS Board Retreat Jan. 7.

Family violence causes concern for breeding further violence in the community, according to Dr. Maiuro. The literature confirms that domestic violence exposure in the family of origin becomes a major risk factor for future abusing. Exposure to either witnessing of violence between parents or being abused as a child will increase that

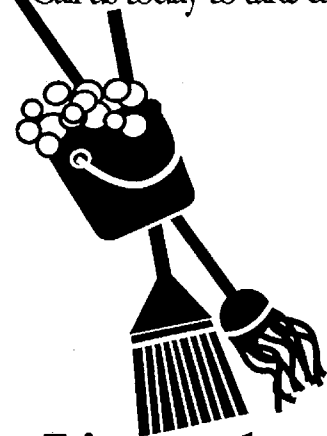
child's risk of being violent and aggressive as a child to their peers by two-fold, as an adolescent by four to five fold, and in adulthood eight to 10 times over the non-exposed person. Dr. Maiuro added that "This doesn't mean that an individual is damned to repeat these patterns, but it does suggest that exposure to violence in family of origin is a risk factor from a public health point of view that dwarfs many of those that we have identified as fairly heavy duty risk factors." Dr. Maiuro shared his favorite quote, "Life is not one dammed thing after another, it is the same dammed thing over and over."

"Exit blocking" is the term Dr. Maiuro used to describe about 1,500 cases annually, many in Pierce County, where individuals feel that their own life is psychologically over and they become suicidal and homicidal in combination and try to take people or loved ones with them. It is becoming an increasingly common model and one that needs to be studied.

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Managing Domestic Violence *(continued)*

Domestic violence is a big issue in medical settings whether it is identified as such or not. The data indicates that in urban trauma centers, without a systematic protocol inquiry, domestic violence will be identified in injury cases only about five percent of the time. Identification will increase to 20%-25% with a systematic protocol of inquiry such as, "Who did this to you?" "How did this happen?" etc.

Currently, many injuries treated are the result of domestic violence but are categorized as accidental. Dr. Maiuro also noted that abuse is masked by many other disorders such as depression, anxiety and personality disorders, suicide attempts, alcoholism, drug abuse and other such problems that most often co-exist with abuse.

Dr. Maiuro reported that women are particularly at risk for abuse during pregnancy, which also is child abuse in-utero. A high-risk situation includes a previous history of violence or victimization in addition to the pregnancy which leaves the woman particularly vulnerable. Domestic violence occurs both ways, male to female and female to male, but the majority of severe injury is definitely male to female.

He noted a current call to arms in the health care profession is to come to grips with domestic abuse and do a better job. The health care

provider is in a unique position to offer assistance, often before it is necessary for the police to intervene. He said there are some studies that indicate that there are a variety of obstacles in health care settings that prevent good identification and intervention of abuse. One of these obstacles is distancing. This is a belief that says these things happen "at Harborview" or

is apparent or not, and routine questioning is the tool necessary to identify the abuse. There is also the fear of offending the patient or accusing them or sacrificing their confidence. Dr. Maiuro says it is very important how you ask and how you act. He said professionals are continuing to perfect the training and research for how to ask the questions without jeopardizing the physician/patient relationship.

Personal discomfort is another barrier. This is not something that physicians are comfortable with. He noted he is still not comfortable after years of working in the field. He sug-

gested discussing and sharing experiences with other colleagues. Time limitation is also a big issue.

Is it possible to make a differ-

(continued on next page)

"Domestic violence is a big issue in medical settings whether it is identified as such or not."

"someplace else," but not in my practice. In fact, it is known that abuse cuts all socio-economic strata and it is likely to be there whether it

**JOIN
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Managing Domestic Violence *(continued)*

ence in such a short time? His answer was emphatically, yes. Perceptions of powerlessness and loss of control plague many professionals. They ask, if I bring the issue up or even identify it, what can I do?, They often feel it is a societal issue and too big for them to handle and that they will not be able to make a difference by becoming involved.

Training tapes are available that role-play examples of addressing the issue of domestic abuse. Dr. Maiuro noted that it can be a long process and even if there is no admission of abuse in many visits, the door can be opened for an avenue of help for the victim by

their physician. A common scenario is the overly protective husband who expresses grave concern about his wife's injuries and does not want to leave his spouse alone with the physician for treatment. A minimizing of seriousness of the injury by the patient is also very common.

Dr. Maiuro noted that many countries are dealing with this issue. It is not just an American problem. Our culture has a severe problem with violence of all types, but domestic violence is a problem that occurs in all cultures.

Domestic violence has traditionally been viewed as a private matter. But the fact is, it is a crime against the community. Medical costs and public costs are very great for domestic violence one way or another. And the violence is replicated in families so the problem continues to grow. It is now time for the public and community to see this issue as their business. He noted that the statistics bear out that the public consciousness has been raised as health care providers are starting to report abuse, and citizens are making calls from cellular phones when they witness abuse, and self-referrals have even increased as the "stigma" of being an abused person diminishes.

Booklet Available Free of Charge: "Diagnostic and Treatment Guidelines on Domestic Violence," American Medical Association. A 20 page booklet that describes the interviewing process, forms of abuse, diagnosis and clinical findings, reporting requirements and much more is available by calling the Medical Society office at 572-3667. There is no fee.

Percentage of Americans who say that doctors in hospitals should wear white coats: 65%

Percentage of Medicare funds that go to people with less than a year to live: 28%

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Attention Deficit Disorder

On Saturday, March 25, at the University of Washington Health Sciences Center, a six-hour clinicians' workshop, "Understanding and Treating Attention Deficit Disorders (Childhood Through Adulthood), A Step by Step Guide for Clinicians" will be given by Dr. Daniel G. Amen, psychiatrist. Clinicians must know about this common, highly treatable disorder.

Dr. Amen is a knowledgeable speaker. He has evaluated and treated over 2,000 patients with ADD. He speaks about this disorder from a personal and professional perspective because several members of his family have ADD.

Dr. Amen has won writing and research awards including ones from the US Army and the American Psychiatric Association. He has presented his ground-breaking research on brain imaging and ADD across the country, where he receives standing ovations. He was a keynote speaker at the National Adult ADD Conference in May 1994 in Ann Arbor, Michigan, and at the International Conference of CHADD in New York City in October 1994. His visit to the Puget Sound area is sponsored by ADDult Support of Washington and the Learning Disabilities Association of Washington.

For information on the workshop or his public lectures, send an SASE to ASW, P.O. Box 7173, Tacoma WA 98407 or fax your request to (206)383-5332.

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COLLEGE OF MEDICAL EDUCATION



Internal Medicine CME Scheduled March 9 & 10

The very popular and annual Internal Medicine Review CME program is scheduled for March 9 & 10 in Jackson Hall. This year's program is directed by **Dr. Clyde Koontz**.

The program brochure including registration material will be mailed shortly.

Office GYN Course Set for March 31

Office Gynecology, a CME offered by the College every other year, is scheduled for March 31.

The course, directed by **John Lenihan, MD**, is designed to provide the primary care practitioner with the latest information regarding the evaluation and management of some of today's most important issues in women's health care.

Noted Faculty to Address Annual HIV Infections CME Conference

Kristine Gebbie, Former AIDS "czar" to President Clinton, will keynote this year's Update of HIV Infections CME program. Ms. Gebbie served as President Clinton's National AIDS Policy Coordinator.

Joining Ms. Gebbie will be noted Seattle HIV experts Drs. Ann Collier and Thomas Hooton. Dr. Collier is nationally known for her work as the Clinical Director of the AIDS Clinical Trials Unit of the University of Washington. Dr. Hooton is also a nationally recognized HIV expert and serves as the Medical Director of the Harborview/Madison Clinic in Seattle. He also is an Associate Professor of Infectious Diseases at the University's School of Medicine.

Dr. Philip Kirby will also address

the annual HIV conference. Dr. Kirby is a dermatologist with Minor and James Medical in Seattle.

The program, scheduled for February 24 and directed by **Alan Tice, MD**, will explore the latest developments in HIV infections and their impact on the medical practice and society.

This year's schedule includes presentations on these subjects:

- * Local HIV Developments
- * Opportunistic Infections
- * Dermatologic Manifestations of HIV
- * HIV Treatment Options
- * AIDS Policy: HIV Infection Meets the Body Politic
- * Case Examples

<u>DATES</u>	<u>PROGRAM</u>	<u>DIRECTOR(S)</u>
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.

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Survive Reform! Decrease office expenses through office sharing. 2400 sq. ft. one block from Tacoma General, good parking. Call David BeMiller or Wayne Curl, 383-2441.

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Puyallup medical office for lease. Near Good Samaritan Hospital. 1900 sq. ft. 770-9844.

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

March, 1995

In The Active Voice



Drs. Carl Wulfestieg and Leonard Alenick were among the 250 physicians attending the WSMA Legislative Summit January 24 in Olympia

see story on page eight

PCMS Officers/Trustees:

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John H. Rowlands, MD President-Elect
Stanley C. Harris, MD Vice President
James M. Wilson Jr., MD Sec.-Treas.
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Patty Kesling

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Committee Chairs:

Aging, Richard Waltman; **AIDS,** John Van Buskirk; **Bylaws,** Stanley Tuell;
Budget/Finance, James Wilson Jr.; **CHCDS,** Charles M. Weatherby; **College of Medical Education,** Surinderjit Singh; **Credentials,** Andrew Levine; **Emergency Medical Standards,** Anthony Haftel;
Ethics/Standards Of Practice, David Lukens; **Grievance,** Peter Marsh; **Legislative,** William G. Marsh; **Medical-Legal,** Nicholas Rajacich; **Membership Benefits, Inc.,** Joseph Wearn; **Personal Problems Of Physicians,** John McDonough; **Program** Stanley Harris; **Public Health/School Health,** Lawrence Schwartz; **Puyallup Fluoride,** William G. Marsh; **Sports Medicine,** John Jiganti.

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

Update on injured members page 3
Information systems, profiling reviewed page 4
Andy Dolan to speak March 14 page 6
Members testify in Olympia page 7
Members meet their legislators page 8
Healthy Options reduces the hassle factor page 10
Directory changes page 11
Two members' accomplishments page 13
Members retire page 21

News Briefs

Pierce County adolescent pregnancies page 9
WSMA seeks nominations page 15
Health care coverage for your employees page 16
Beware of scams page 22

Departments

College of Medical Education page 18
Alliance page 20
Classified advertisements page 23

Legislation Opposes Discrimination Against Osteopathic Physicians and Surgeons

Osteopathic physicians and surgeons (DOs) have been denied employment in Washington solely because they were board certified or declared eligible by an osteopathic board rather than a medical board. The 1994 WSMA House of Delegates adopted a resolution calling for legislation to remedy this situation.

WSMA has introduced House Bill 1360, sponsored by Representatives Dyer, Dellwo, and Backlund, that will prohibit discrimination against DOs based solely because the DO was board certified or found eligible by an osteopathic board rather than a medical board. This was one of the major points explained to legislators at the WSMA Legislative Summit in Olympia on Jan. 24. Legislators were informed that DO training and education is equivalent to that of MDs and that DOs are accepted as equals to MDs in the medical community.

If you would like a copy of HB 1360, you can call the Legislative Bill Room and they will send it to you. You can also write your legislator and ask them to support the bill.

Society Tests New Phone System

Next time you call PCMS on the main referral line, the call will be answered automatically. We are testing a telephone answering system on line 572-3666 to help route the numerous calls we receive that are meant for Pierce County Medical Bureau. You may bypass the answering system by calling direct to the numbers below:

Physicians and staff only, line: 572-3667 (please do not give this number to patients - have them call 572-3666

MBI (placement service and publications): 572-3709

College of Medical Education: 627-7137

Thank you. If you have any comments about our telephone system, please let us know. We welcome your input.

Farahmand Making Recovery

It is reported that Dr. Nooshing Farahmand, who was seriously injured in an auto accident on Nov. 9, is showing good progress. A very long recovery is still projected for Dr. Farahmand, a pediatric neurologist who had only recently begun her practice.

Dr. Farahmand is undergoing care at Good Samaritan Rehabilitation Center in Puyallup to be near her family.

The Franciscan Foundation sent out a letter in December asking for support of Dr. Farahmand and her family. The foundation received 235 gifts totaling \$48,365. You may call Dr. Mahmood Sarram if you would like additional information.

Dr. James Watson Seriously Injured

Pierce County medical community was deeply saddened to hear of the serious injury of another young physician, **Dr. James C. Watson**. **Dr. Watson** sustained a serious head injury in a soccer game at the Northwest Soccer and Sports Center in Tacoma on Jan. 18. He was recently transferred to the Neurology Care Unit in Tukwila from St. Joseph Medical Center Neurology Unit.

Dr. Watson, a vascular surgeon and member of the Society since 1993, practiced at the Baker Center with **Allen Yu, MD**. He finished his vascular residency at Massachusetts General Hospital in 1993. He was married to Deborah only nine months ago. He has always been a very active and vital person and maintained involvement in a wide variety of sports-related activities.

Due to the extensive care required from his head injury, **Dr. Watson's** medical costs are certain to outstrip his medical insurance coverage. The Franciscan Foundation has set up a fund to help the Watsons with their long-term-care costs.

Our thoughts and recovery wishes are extended to **Dr. Watson** and his family.



Members Hear About Information Systems, Profiling

In spite of Valentine's Day, a threatening snow storm and a Sonics game, 57 members and spouses attended the February 14 General Membership Meeting at the LaQuinta Inn with **President David Law, MD**, presiding.

Member and Board Trustee **Joe Nichols, MD**, began the program by talking about

health care information systems. He asked everyone to drop their pre-conceived ideas about health care information and health care information systems. He noted that insurers, researchers, the state, public health organizations, hospitals and doctors all have different ideas about health information, and it means some-

thing different to each of these groups. The scope of health information includes all records and data related to health care, including labs, written and spoken information, and all methods of gathering, disseminating, etc. He likened it to a language, and said it is something you cannot go out and buy.

Dr. Nichols said, "Health care information systems are a consensus -- a logical way to deal with data that is generated by delivering health care."

He noted that the concept of forming an information system is 70% social; in other words, you have to agree about the system. Then you can take the other 30% and build the technical system to do what you want it to do for you.

Dr. Nichols said that health information should be important to physicians because it

allows them to understand patients' problems better. It also provides the tools necessary to manage care and allows physicians to understand the care delivery system better. It will let them measure the value of their services, particularly as health care heads into managed care.

Currently, data collection is not very consistent, not defined clearly, and there is limited ability to link data bases, he believes. Data is currently driven by financial incentive; if a physician is paid for a complication, then the complication is recorded.

He said that what he believes physicians want from health information is data to help them meet patients' needs, a reduced administrative burden, no unnecessary reporting, no duplication, minimal interference with delivery of care, and appropriate use of data to assess quality and effectiveness of care.

Dr. Nichols said the following recommendations have been made to the state:

- that the vision be global, but the system be implemented in small increments
- mandate narrowly and slowly, but standardize broadly
- all data elements well defined, so everyone speaks the same language
- invest in and train respondents
- facilitate the input from a variety of sources
- prioritize elements
- keep utilization of data focused on improvement
- properly analyze data before it is released
- data must be part of the normal process of care delivery
- administrative burden must be relieved

In conclusion, **Dr. Nichols** said that the input of data is the limiting factor. If a \$10 million system is developed and you don't have anyone to put the information in, then you have \$10 million worth of junk. Input

(continued on next page)



Dr. Michael Jarvis and Surinderjit Singh talk before the February General Membership Meeting.

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(continued on next page)

February Meeting -- Profiling *(cont.)*

delivering care.

Hospital profiling is very simple. The profiles focus on reducing variable costs of hospital care. They want to know what our doctors are spending their time and our money on. Then, we'll set standards that say don't do this, and they'll identify physicians that are not expensive to the system.

Dr. Smith noted that not all that has come from profiling is negative, but it is clearly driven by the economic gain.

Payers are much more crass, according to Dr. Smith. He believes they have a mission, and they focus directly on things that will save them money. They have varying degrees of commitment to health care. Their profiling focuses on things that cost them money. He noted there is a lot of incentive for them to profile physicians because the costs that physicians create range from \$20 to \$140 per member per month. Economically, it is obvious who they would choose. But nobody knows who is doing a good job.

Profiling has a strategy and it is effective. It measures something. Usually the cost to whomever is doing the profiling is being measured. Very rarely is profiling done for a scientifically arrived-at process. You must be cautious about the source of the data in profiling. Every system is subject to a problem of some nature.

Office data is awful. Office claims are generated to get a bill paid. Make sure you compare apples to apples when comparing data. Population differences are significant, and Healthy Options patients are a good example of this.

Dr. Smith is convinced that

capitation does not fairly compensate physicians for taking care of sick patients. The bugaboo for physicians is there is not a large enough sample size in a practice. He said, "Think of profiling as clinical research where the only outcome is measured in dollars." It is the same system as clinical profiling, which all physicians know well, only the outcome is measured by dollars.

Capitation and profiling are very closely related, according to Dr. Smith. Profiling assumes that you standardize people and know enough to standardize populations to measure some sort of performance, and capitation makes the same type of assumptions. **Both profiling and capitation are intended to manage the cost of care.** Capitation avoids the issue of cost behavior by transferring the risk of above average cost to the provider. Profiling identifies those physicians with above average costs and excludes or forces them to modify cost behavior.

Everyone is looking for the least expensive doctors. And the profilers will not share the information. So Dr. Smith says if you want the information that they have, you will have to generate it for yourself. He says that collecting the data is not expensive and will put you in charge of controlling your future. Information systems should represent from 3-5% of any business's infra-structure. If you are not paying for this, you should be because you will be paying for not having the information.

Andy Dolan to Speak March 14

Attorney Andy Dolan will speak at the March 14 General Membership Meeting at the La Quinta Inn. Dolan, who is also legal counsel for WSMA, has been extensively involved with many physician groups as they prepare for a managed care market. He is acutely aware of what all the players have done, are doing and will be doing as the marketplace continues to drive the health care system.

Plan to hear Dolan speak on "Then, Now, Future." He will outline the successes and failures of moves the various participants have made in positioning themselves for the new environment.

Social hour begins at 6:00 p.m., dinner at 6:45, and the program will start at 7:45. Please remember that the meeting will be at the **La Quinta Inn**. The La Quinta is very accessible. It is adjacent to the freeway and easier for Puyallup physicians to access than other meeting locations.





The Pierce County Medical Society

invites you and your spouse/guest to the

March General Membership Meeting

* * *

Tuesday, March 14
Social Hour at 6:00 p.m.
Dinner at 6:45 p.m.
Program at 7:45 p.m.

Please note:
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Then - Now - Future

featuring

Andrew Dolan, JD, PhD

WSMA legal counsel and legal advisor to many physician groups will present his perception of how the health care system will shake out

And, a brief Unified Physicians of Washington Update

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Please reserve _____ dinner(s) at \$14 per person (tax & tip included)

Enclosed is my check for \$ _____

I will be bringing my spouse _____ or a guest _____

(Please print name of guest for name-tag)

signed _____

Senate Committee Hears From Pierce County

A proposal to revise the wording on marriage licenses may become law after this session of the Legislature. The idea, which has been implemented in other states, was suggested by **Kris White**, former president of the Pierce County Medical Society Alliance and member of the Pierce County Commission Against Domestic Violence. The license would include language that says, "Neither you nor your spouse is the property of the other," and, "The laws against physical abuse, emotional or psychological abuse, sexual abuse, and battery and assault, as well as other provisions of the criminal

The marriage certificate
is only a tool, one of many,
to break the cycle of
domestic violence

laws of this state, are applicable to spouses and other family members, and violations of these laws are punishable by either fine or imprisonment, or both."

Testifying on behalf of the bill were: **Dr. David Law**, PCMS President and member of the Pierce County Commission Against Domestic Violence; **Mrs. Helen Whitney**, President, WSMA Alliance and past PCMSA President; Ms. Jeannie Bush, a survivor of 15 years physical and emotional abuse; and Keith Galbraith, Executive Director, Family Renewal Shelter.

Helen Whitney told the Senate committee that statistics show that when children grow up in a home where violence and abuse are normal behavior, that behavior most often is carried on to the next generation. Jeannie Bush related that the scars of years of abuse last a long time after the abuse has come to a halt. **Dr. Law** compared domestic violence to a disease with symptoms, diagnosis, risk factors, etc., and stated that the marriage certificate was only a tool, one of many, to break the cycle of domestic violence. Keith Galbraith, director of the Tacoma Renewal Shelter, noted that there were 24 deaths in Pierce County in 1992 as a result of domestic violence, and that the marriage certificate proposal was just a part of the whole and is another effort to help educate and make the public aware of the problem.

Sen. Wojahn and Sen. Winsley thanked the group and the Medical Society and Alliance for leading the effort on this legislation. The committee approved the bill. Passage in the Senate is expected. It will then go to the House for approval.

Committee Hears about Compassion in Dying

The Committee on Aging, chaired by **Richard Waltman, MD**, had the opportunity of hearing **Ralph Mero**, Executive Director of Compassion in Dying, speak on the issue of physician assisted suicide at the committee's February meeting. Mr. Mero began his presentation by noting that a major problem with this issue is there is no correct name or title that addresses it accurately. Physician assisted suicide is not an accurate definition of how life ends in terminal medical situations.

He explained that Compassion in Dying is a non-profit, two-year-old organization that provides help and support to patients in a terminal condition. Mr. Mero and his organization are both physician friendly. The philosophies and concepts they espouse toward this issue are very respectful of the patient/physician relationship, confidentiality, and family concerns.

Comments after the committee meeting were very favorable. One geriatric internist said he left the meeting with a very different attitude about this issue than he had prior to hearing Mr. Mero's presentation and the committee's discussion.

Successful Legislative Summit

Nearly 50 PCMS members took the opportunity Tuesday, Jan. 24, to travel to Olympia and meet with their legislators at the WSMA Legislative Summit. Physicians from all over the state gathered to ask their state representatives that physicians be given the opportunity for a "level playing field" in order to compete with hospitals and insurers in the medical marketplace. They asked the legislators to support partial deregulation of the Certificate of Need Program to allow physician/hospital parity in the health care marketplace. They asked that the insurance reforms passed last year regarding "portability" and "pre-existing" clauses be kept in the package for 1995.

Those attending from Pierce County are listed below. Many thanks are extended to them, as it is this type of activity that helps inform the legislators on the positions that are important to you. Those attending were:

Legislative District #2: **Nick Rajacich**

Legislative District #25: **Nikki Crowley, Randy Lindblad, Bill Marsh, Cecil Snodgrass**

Legislative District #26: **James Bales, Dick Bowe, Harold Boyd, Jim Fulcher, Patty Kesling, Robert Kunkle, Bob Martin, Bob Stuart, Art Vegh, Kris White**

Legislative District #27: **Kenneth Dietrich, Richard Hawkins, Gary Park, Carl Wulfestieg, Eileen Toth**

Legislative District #28: **Len Alenick, Glenn Deyo, Dick Hoffmeister, David Law, Maria Mack, Peter Marsh, Vita Pliskow, Mahmood Sarram, Charles Weatherby, Helen Whitney**

Legislative District #30: **David Hopkins, Martin Mendelson, Estelle Yamaki**

Legislative District #31: **Nancy Karr**

Not only did the doctors have an opportunity to meet with their representatives in their offices, but that evening, WSMA hosted a reception for the legislators that was a big success. For many of the freshmen representatives, this was their first opportunity to sit down and talk with doctors and hear their concerns. It was a beneficial day for both groups: physicians and legislators.

Letter to the Editor

Dear Editor

This is to announce an upcoming event in Tacoma that will be of interest to physicians and their spouses. The Tacoma Youth Symphony Association will be holding a benefit auction of fine art at the Union Station on Saturday night, April 8, 1995. Approximately 300 original lithographs, serigraphs and etchings will be sold featuring works by such renowned artists as Altman, Bragg, Dali, Erte, Chagall, Miro, Krasnysky, Tarkay, Picasso and Rembrandt (i.e. the "good stuff"). Monies raised will go to support educational programs of the Tacoma Youth Symphony Association.

Despite the relatively small size

of Tacoma and surrounding communities, the TYSA has grown to become one of the ten largest (and best) youth symphony organizations in the country. For those of you with children in the association, you already realize that this community treasure deserves your support. The organization is open to young musicians without regard to their ability to pay. Funding for arts organizations is under the budget ax and fund-raisers like this auction will take up the slack.

The event will begin with the art preview at 7 p.m. in the beautifully refurbished Union Station. Admission will be \$15 per person and will include wine, hors d'oeuvres, and background music provided by

students of the youth symphony. The auction (conducted by the Park West Gallery of Detroit) will go for approximately two-three hours. You may go home with an art treasure to grace your home for years to come.

Please consider attending this outstanding event. Mark your calendars now for this exciting evening. The kids are counting on you.

Sincerely,

Leslie P. Fox, MD

Vita Pliskow, MD

James Billingsley, MD

Members, Board of Trustees

Tacoma Youth Symphony Association

2085 Adolescent Pregnancies in 1993

Ms. Willie Goble, Tacoma-Pierce County Health Department reported to the Public Health/School Health Committee that Pierce County reported 2085 adolescent pregnancies in 1993. King County reported 3607 and Spokane County, which is of comparable size to Pierce County reported, 1123.

She described several programs in place in Pierce County to try and stem this growing problem. It was noted that there were nearly 15,000 teen pregnancies in 1993 in Washington State. Unfortunately, the situation has not improved since 1991. Between 1989 and 1993,

births to Washington State teenagers 14 years and under increased 13 percent, and in 1993 more than 14,500 teenage girls ages 10 to 19 became pregnant.

Everyday 40 teenage girls become pregnant in Washington State.

The Committee then heard from Coral Schultz, a Stadium High School Senior, who described the AIDS Peer Exchange Program (APEX). She related recent school presentations in an effort to prevent further transmission of HIV among the youth of Pierce County. Schultz

noted that most teenagers have a cavalier attitude toward the need for protected sex and risks involved.

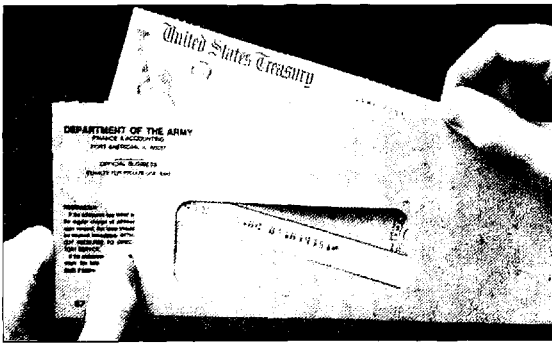


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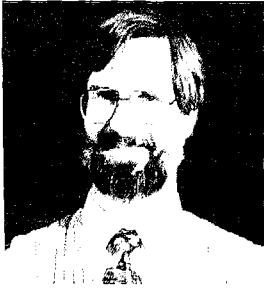
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Healthy Options: Reducing the Hassle Factor

By William Roes, MD, Chair, Managed Medicaid Committee



With the beginning of March, Pierce County will have completed its first year of Healthy Options (H.O.), the state's managed Medicaid program. While I've heard from some providers that the plan isn't healthy and they have no options, Healthy Options has improved patient access for DSHS-covered patients in our county. In at least that limited view, the program has been a success. It has also significantly decreased the number of DSHS patients seen in the hospital emergency departments, presumably because the patients have health care providers they can reach.

The hassle factor for Healthy Options has been considerable. Whereas the increased paperwork is somewhat offset for the primary care provider by slightly increased revenues, it is a significant and uncompensated burden for most specialists and emergency departments.

The PCMS Managed Medicaid Committee has been meeting on a monthly basis for the last year to act as an interface between the plans and the various providers. While specialists and emergency depart-

ments (ED) have been well represented at these meetings, the number of primary care providers attending has been small. Since this program's success is totally dependent upon the PCP's interactions and referrals, the committee felt improved communications was important, especially in regards to interactions with the emergency departments. To that end, there are several things that the PCPs can do to facilitate the program's success:

1.) If you refer a Healthy Options patient to the ER, please call the ER to notify and authorize the visit. If you find a patient has inappropriately utilized an ER, have someone in your office notify the plan covering that patient. The plans all have programs to re-educate patients on appropriate utilization of resources, so make them earn their part of the Healthy Option dollar.

2.) Be sure your call group knows what plans you are participating with and your general attitude and policies for referrals.

3.) The emergency departments are required to notify you before rendering more than a screening visit to H.O. patients, except in a true medical emergency. Even in that situation, they are required to notify the PCP, so don't get upset if the ED doctor calls at 3:00 a.m. for authorization to see a patient. That's part of his contract and yours with the plan.

4.) If the ED is unable to reach

the PCP within 30 minutes of their attempt, all plans give the ED defacto authorization to see and treat the patient and to make a referral to the specialist of their choice, if needed. In most of the plans, this will ultimately affect your payment (i.e., it will come out of the PCP's pocket).

5.) All of the plans agree to pay for specialists taking community call who provide care to H.O. patients on an emergency basis, whether or not the specialist is a participating member of that plan. The payment will be basic DSHS fee-for-service, and follow-up visits must be negotiated with the plan and the PCP. If you have provided care for such a patient and have not been paid, contact the plan or bring it up at our next meeting.

Next year will see changes in the level of compensation to the plans from the state, as well as the introduction of Qual Med as one of the Pierce County Healthy Options plans.

The next meeting of the Managed Medicaid Committee will be at Mary Bridge in the Large Boardroom at 7:00 a.m. on March 15. If you are having problems, questions, or even praise for the way Healthy Options is affecting your practice, please join us in this opportunity to meet face-to-face with people running these plans locally.

Change Directories...

Burt, R. Keltie, MD

Change home phone and add fax: (206) 565-7754 phone, (206) 584-3607 fax

Kelly, Michael, MD

Add fax and backline: (206) 584-0935 fax, (206) 584-0897 backline

Martindale, Richard, Jr, MD (Retired)

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McAlexander, Robert A., MD

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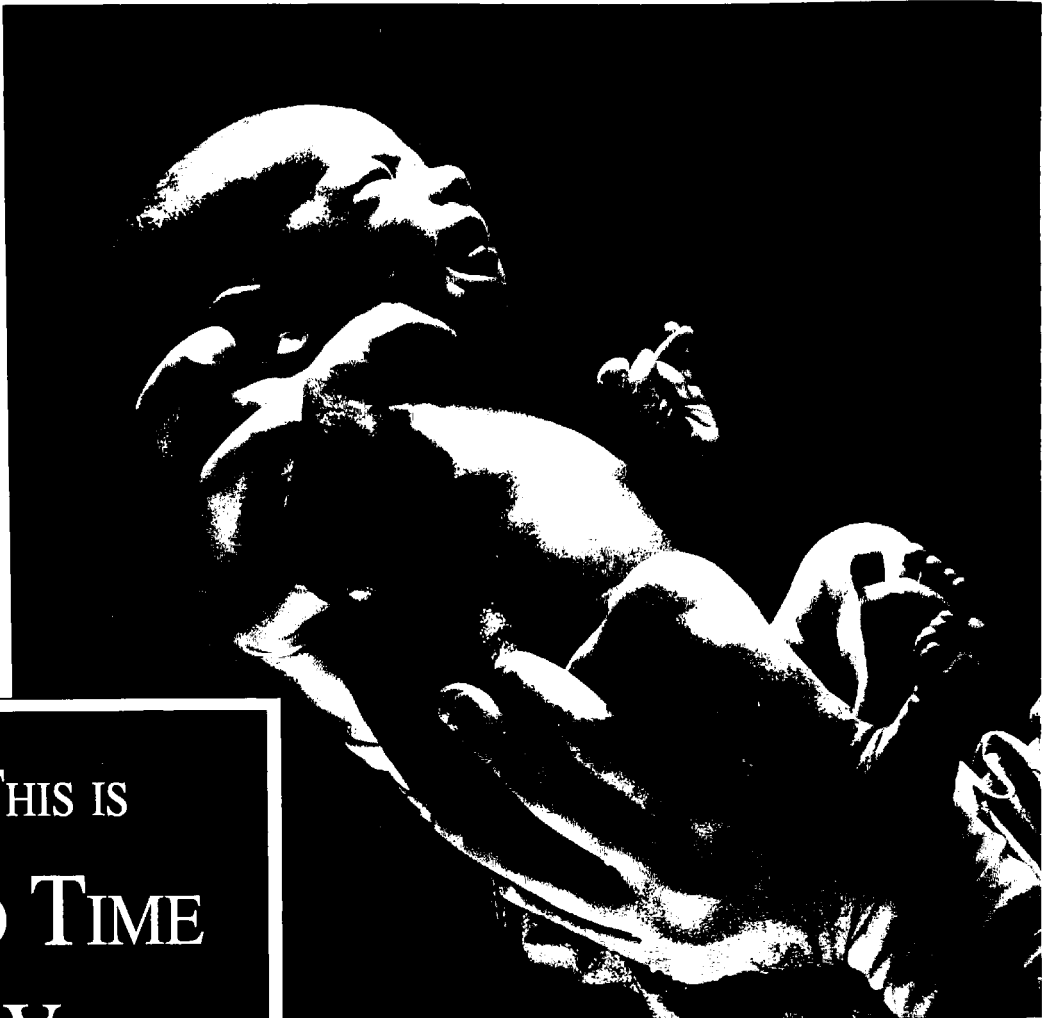
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Retired Internist Writes of Experiences in WWII

Hitler's "Great" War - An Individualistic View From Below

This is the title of a book recently written by **Dr. Ernst Baur**, who retired in 1991 from practicing internal medicine in Tacoma.

Dr. Baur, who was born and raised in Germany, relates his experiences from October, 1938, when he was drafted into the German Army and assigned to a rifle company in Munich, to the conclusion of the war and his departure for the United States in 1951.

As **Dr. Baur** states, "The whole German armed forces was an instrument created by Hitler solely for his own purpose of making war."

He relates how in August of 1939 they were herded into railroad cattle cars for the staging area in preparation of the attack on Poland. **Dr. Baur** also tells about his experiences with the German medical transport battalion in Czechoslovakia.

Copies of the book will be available at most bookstores in late February or early March.

Ron Taylor, MD Recognized

Tacoma general surgeon **Ron Taylor, MD**, was recognized for his

outstanding ability as a distance runner at the 18th Pacific Northwest Track and Field Annual Awards event Sunday, Feb. 5. He was one of four nominees for outstanding male master athlete of the year.



Taylor, 52, has been long noted for his running prowess. He is a consistent top finisher in the annual Sound to Narrows event and nearly always first in his age bracket. **Dr. Taylor** recently placed 55th out of 4,000 runners in the Portland marathon in a time of 2:46, 1st for his age, 2nd master overall. He place 4th overall at the recent Tacoma Martin Luther King Marathon.

Other nominees for outstanding master athlete of the year were Doris Heritage, United States track and field 800-meter champ, and David Ortman, United States track and field pentathlon champ. The awards ceremony was held at the Don James Center, Husky Stadium, University of Washington.

Dr. Taylor tries to average 40+ miles a week and 60+ miles in training for a marathon. He usually runs in the evening and does find it difficult to maintain a good training program with his schedule.

11TH ANNUAL

PHYSICAL MEDICINE SHORT COURSE

MAY 1-5, 1995

Physical Medicine and Rehabilitation Service at Madigan Army Medical Center is pleased to host the 11th Annual Physical Medicine Short Course on 1-5 May 1995 at Tacoma Sheraton Hotel. This conference is designed for physiatrists, physicians in related specialties and allied health professionals. Topics in traumatic Brain and Spinal Cord injury, pediatrics, orthotics, prosthetics, ergonomics (Industrial Rehabilitation) electrodiagnosis and acupuncture will be covered. This conference is sponsored by the Office of the Surgeon General, United States Army for 29.5 Category I Continuing Medical Education Credits. Fees: \$100 - Civilians; \$50.00 - Military. For further information or program brochure, contact Mrs. Davis or Dr. Kumar at (206) 968-2020, Fax # (206) 968-1996.

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WSMA Requests Nominations For Officers, Trustees, Committees and Councils

The Washington State Medical Association is requesting nominations from the county medical societies, state medical specialty societies and hospital medical staffs for WSMA officers, trustees and AMA delegate/alternate delegate positions for 1996.

The WSMA Nominating Committee will meet in mid-May to prepare a slate of nominees for presentation to the House of Delegates during its 1995 annual session, Sept. 28-30 in Spokane. Representing Pierce County on the Committee are **Drs. Vita Pliskow** and **Rebecca Sullivan**. **Dr. Pliskow** is an anesthesiologist practicing at Allenmore, and **Dr. Sullivan** is a Puyallup family physician.

If you have an interest in serving on a WSMA Council or Committee, please call the Medical Society office at 572-3667. The office can provide you with the particulars for each committee, such as, time commitment, charge, etc. Some of the WSMA Councils/Committees are:

- Council on Professional Affairs
- Emergency Medical Services Standards Committee
- Grievance Committee
- Industrial Insurance and Rehabilitation Committee
- Judicial Council
- Medicaid Liaison Committee
- Medical Education
- Medicare Liaison Committee

Openings are not always available on the councils/committees, but WSMA does like to build a listing of potential members. It should be noted that the Nominating Committee must choose from a number of highly qualified nominees; not all can be nominated.

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Group or Individual Insurance Policy?

by Carrie Lillie-Lugo, Employee Benefits Consultant, Persing Dykman and Toynbee

With the advent of health care reform in Washington state, there come many changes in the availability and offering of insurance programs. Although many aspects of health care reform are being scrutinized by the Legislature, the elements which have already been implemented and are not expected to change are portability of coverage, guaranteed issue and renewability and simplification of pre-existing conditions.

Keeping these items in mind, there are several things to consider when looking for health care coverage for yourself, your family and your staff.

Group Health Insurance: Group insurance is coverage that you would purchase on an employer group. It is rated by an insurance company, usually based on the overall age, gender and number of employees. Sometimes other factors are taken into account, such as health conditions (this can only effect rates, NOT acceptance), smoke-free environment, and contributions to the premium by the employer. Rarely does your specific group's claims experience factor into the rates, rather your group is usually pooled in with other groups similar in size, covered by the same insurance plan. One of the benefits of being covered by a group plan is the ability to add extras or riders to the base medical plan. These might include coverage for vision hardware, TMJ, preventive care, dental or prescription drug card.

Association Insurance: This type of coverage allows members of an association to purchase coverage at rates based on that specific association. Usually these rates are based on the age, gender and number of members. Also, because associations are generally quite large, the rates are based on their own claims experience. Normally this is considered a type of group coverage but is offered to members individually. The benefits of an association plan might be that you get better rates than if you were rated as a small group of five or 10 employees. Also, the plans offered through association programs often have very rich benefits, i.e., low deductibles, copayments, etc., that you might not be able to purchase otherwise.

Individual or Personal Insurance: This coverage is available on an individual basis with each person opting for the level of coverage which is right for him or her. Rates are based on each individual's age at time of application and will increase with each new age band (normally these are in five or 10 year intervals). Many individual plans are also based on gender and most are smoker/non-smoker rated. Claims of all individuals covered under a specific type of plan will be taken into account at the annual renewal time. These plans are the most portable because the individual owns his/her own policy. Usually the policy can be billed to an employer on a list bill or individually.

As an employer, you may be able to save substantially in medical premiums by using individual plans and choosing a ceiling amount to pay per employee. You might base this on the individual's age and smoking status. If the employee would like to buy-up to a richer plan than the employer is offering, or if the employee is a smoker, he or she would pay the difference in premium on a payroll deduction basis. Whether this would result in premium savings or not would need to be analyzed on a case-by-case basis.

As we know, health care reform has all aspects of the health care industry in a state of transition. From month-to-month and year-to-year, we need to continually look at what options are available and how advantageous each option is to us as individuals and employers.

PCMS requested Ms. Lillie-Lugo write this article as some members are questioning the type of policies available and their costs.

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Tuesday, March 14
Social Hour at 6:00 p.m.
Dinner at 6:45 p.m.
Program at 7:45 p.m.

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Then - Now - Future

featuring
Andrew Dolan, JD, PhD
WSMA legal counsel and legal
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And, a brief Unified Physicians of Washington Update

(Please return before Friday, March 10, to PCMS, 223 Tacoma Avenue South, Tacoma, WA 98402)

Please reserve _____ dinner(s) at \$14 per person (tax & tip included)

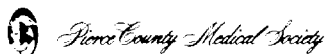
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COLLEGE OF MEDICAL EDUCATION



Office GYN Course Set for March 31

Office Gynecology, a CME offered by the College every other year, is scheduled for March 31.

The course, directed by **John Lenihan, MD**, is designed to provide the primary care practitioner with the latest information regarding the evaluation and management of some of today's most important issues in women's health care.

This year's program includes presentations on the following:

- Serving Sexually Active Very Young Teens
- Contraceptive Options for the Next Century
- Perimenopause & Reproductive Aging: Special Needs of Women in their Forties
- GYN Pain: Strategies for Evaluation and Management
- Fit or Fat: A Woman's Approach to Weighty Problems
- Medical Management of Ectopic Pregnancies
- Management of Common Vulvar Disorders
- Current Status: Breast Implants - A Medical and Surgical View

Internal Medicine Review 1995 CME Scheduled for March 9 & 10

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 talks. The Review was organized this year by **Clyde Koontz, 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 presentations on the following:

- Peptic Ulcer Disease
- Rheumatoid Arthritis
- Sexually Transmitted Diseases
- Hereditary and Acquired Hypercoagulable States
- Hypercholesterolemia
- First 24 Hours of Acute MI
- Treatment of Herpes Zoster
- Tuberculosis 1995: Myths and Realities
- The Patient with COPD
- Nicotine Addiction and Smoking Cessation
- Complications of Mechanical Ventilation
- Lung Transplantation
- Alcohol Dependence
- Substance Disorders in Physicians

<u>DATES</u>	<u>PROGRAM</u>	<u>DIRECTOR(S)</u>
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.

CME at Whistler/Blackcomb Termed "Best Ever"



Donald Boutry addresses audience on advances in GYN surgical techniques

The CME at Whistler, the College of Medical Education's winter resort program, was termed a success and "best ever" by conference participants. The program brought together a number of Pierce County and other physicians to British Columbia for family vacations and quality CME. A number of physicians outside Pierce County also joined the group.

The program featured a potpourri of educational subjects of value to

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

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

The College plans to offer an annual ski CME program next year and will likely return to the Whistler/Blackcomb area.



Joe Nichols asks presenter Scott Brantley a question concerning his talk on bone marrow transplants in Pierce County



Peter Marsh, his son Kirt Marsh, left, and his son's friend, Adam Michelman, pose in front of the Chateau Whistler at the base of Blackcomb.



From left, Dale Overfield, Dave Pomeroy, his daughter Lauren, and Jinny and Mark Craddock enjoy apres ski hot tubbing



Pierce County Medical Society President, David Law, and George Gilman wait in line for the Blackcomb chair.



1995-96 Slate of Officers

At the February 6th board meeting and the February 10th general meeting, the following slate of officers were elected by unanimous vote:

- President Joan Sullivan
- President-Elect Toni Loomis
- 1st VP-Program: Mona Bahgdadi
- 2nd VP-Membership: Sue Wulfestieg
- 3rd VP-Bylaws/Historian: Kathy Forte
- 4th VP-Arrangements: Jerol-Ann Gallucci
- Recording Secretary: Mimi Jergen
- Corresponding Secretary: Lynn Peixotto
- Treasurer: Leigh Anne Yuhasz
- Dues Treasurer: Janet Fry

CONGRATULATIONS!

Yeah, for our new officers!
We wish you the best of luck and goodwill in the upcoming year.

Washington
State
Convention
April 23-26
Spokane, WA

DON'T FORGET!!!

We need delegates to go to the Washington State Convention April 23-26. We qualify for six members from Pierce County to attend. Please call Denise Manos (360-479-6405) if you can be there.

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Welcome to Retirement

Several PCMS members have recently decided to retire from the practice of medicine. Among them are **Drs. Sam Adams, Robert Ferguson, Jim Hazelrigg, Robert Schertz, Stan Sollie and Robert Whitney.**



For **Dr. Adams**, the decision to retire last May after 43 years of general practice came somewhat easily.

He said that he couldn't deny that the decision was precipitated by compounding frustrations and events in the delivery of medicine. And, specifically, the changes that were happening were too removed from his concepts of medicine. There is no longer one-on-one medicine, but a series of doctors that take care of patients. He was glad to have been a physician in what he defines as the "glorious days of medicine."

Dr. Adams has no need to be concerned about keeping busy. He is doing contract industrial work and his time is filled. However, "Nothing quite fills the vacuum of such an extended practice," he said. "How do you not miss a family that you have cared for over 40 years?"



Dr. Ferguson officially retired December 31, 1994. A family practitioner for 43 years, Dr. Ferguson closed his office at Allenmore in 1985. He continued to practice in various capacities and recently decided to make retirement his official position. **Dr. Ferguson** served as PCMS President in 1970, chaired the Grievance Committee in 1971 and the Bylaws Committee in 1972-1973.

Dr. Hazelrigg, the caretaker of



Brown's Point since 1955, is looking forward to discovering a whole other world out there. His retirement was effective January 31. **Dr. Hazelrigg** isn't concerned about finding things to do. He has a list of hobbies and interests too numerous to mention. One of his goals that he is most looking forward to is teaching two of his young grandsons to fish. He also says he has a "35 year old horticultural project to finish."

The Brown's Point Improvement Club hosted a retirement party for **Dr. Hazelrigg** on Feb. 11, and nearly 300 former patients and friends attended to say goodbye and give their thanks. **Dr. Hazelrigg** noted that Brown's Point has been "a lovely community for the practice of medicine and always demonstrates lots of community support." **Dr. Hazelrigg** served two Board of Trustee terms for PCMS and three terms for WSMA.



Dr. Schertz, a graduate of the University of Oregon Medical School, stopped seeing patients in May, 1994. He completed his internship at Tripler Army Hospital and did residencies at Walter Reed Army Hospital. **Dr. Schertz** has practiced in Tacoma since 1966. **Dr. Schertz** served as Medical Director for Mary Bridge Childrens Health Center and became known as a specialist in child abuse cases. He served on the Board of Directors of the College of Medical Education for several years.

December 31, 1994 was the second retirement for **Dr. Sollie**. He previously retired after 21 years in the Army. He noted, however,



this will be his last retirement. There were no specific reasons for his retirement but he did admit the many changes and adjustments in the practice of medicine definitely tipped the scales for him. His retirement came at a younger age than he had always planned, he said. He is looking forward to participating in the many hobbies he enjoys. His favorite - singing in his barber shop quartet.

Dr. Sollie practiced 12-1/2 years at Allenmore Medical Center in Tacoma.

In 1959, Yale University gave



Dr. Whitney his medical degree and the beginning of a rewarding career for him. After his internship and residencies at the

University of Minnesota and the VA Hospital in Minneapolis, **Dr. Whitney** began his practice of radiology. He began practice in Tacoma in 1965 and later joined colleagues Dr. Vern Larson and Dr. Ken Gross to form Gross, Larson and Whitney. Now known as Diagnostic Imaging Northwest, the practice has grown to 13 physicians.

Dr. Whitney served in many professional capacities while practicing medicine. A few include Secretary-Treasurer of PCMS; Editor, PCMS Bulletin; PCMS Trustee; and WSMA Delegate. He also served as President of MBI, the PCMS for-profit subsidiary. **Dr. Whitney's** immediate retirement duty is to serve as "household executive" for his wife Helen while she serves as President of WSMMA.

Congratulations and happy times to these newly retired physicians.

Copy Machine Toner Scam: Beware

Warning: be on the alert for salespeople trying to sell you copy machine toner via telephone. A California company doing business in Washington state under various names met with success at one local physician's office. They are hard sell, use devious means to trick employees into thinking they do regular business with your office, prey on offices with multiple employees, and charge far more than the actual cost of the product you are purchasing.

Here's how it worked in this Tacoma office. Last fall a representative from the toner company called and spoke with the receptionist. She said nobody was available at the time to speak to him. He said he had all the information he needed to send the toner and that her name was on the order and she probably didn't want to be responsible for her office

running out of toner, did she? After a series of phone calls, shipments, intimidations, etc., it was finally discovered at the end of the year they had spent \$2,600 for toner in 1994. A call to IBM revealed that they charge \$1.11 per box and this California company charged \$1.49 per box plus a shipping and handling fee for each toner cartridge even though they had been sent together.

In calling the Better Business Bureau in California, it was learned that this company, which does use various names, has a mile-long list of complaints against them. It was explained that when a company or person purchases a copy machine, their name is put on a master list including the make and model of the machine. So, don't be fooled by someone calling and being aware of your brand and model of equipment. This information is

easily available.

Please be sure that your staff members are aware where you buy your supplies or emphasize to them that all calls regarding purchases for the office can only be forwarded to one person. Another solution is to have a policy against purchasing supplies over the phone. Warn staff members that these salespeople are tenacious and slick and use various methods of trickery to make their sale. Don't be fooled!

If you have do have any difficulty with companies you do (or don't do) business with, you may call the Better Business Bureau. You may also call the Attorney General's office or the Consumer Protection Agency. Please help put these people out of business.

Prevention is the best avenue. Be aware, inform your staff, and file complaints if it does happen to you.

Invoice Scam: Beware

Another popular scam is the phony invoice scam. Although it has been around for years, some unsuspecting businesses still fall for it. These schemers send invoices for merchandise or services that never have been supplied. The company pays the invoices unknowingly. The Better Business Bureau of Western Washington advises the following:

- ~ Warn all employees responsible for paying bills about possible invoice scams
- ~ Establish effective internal controls
- ~ Channel all bills to one department
- ~ Insist employees fill out pre-numbered purchase orders for each order
- ~ Check all invoices against purchase orders and against goods or services received. Make certain that order numbers correspond with the invoices
- ~ Verify all invoices with the person who gave written or oral authorization
- ~ Clear all invoices with the appropriate executives
- ~ Never place an order over the telephone unless you're sure you're dealing with a reputable firm.

(from The News Tribune, 2/5/95)



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PHO Medical Director. Developing PHO in Western Washington has an exciting opportunity for a creatively oriented Primary Care Physician to be our Medical Director. If you have experience guiding a start-up physician group into managed care, including utilization management, quality assurance, outcomes management and healthplan capitation contracts, then we'd like to talk with you. The PHO is in partnership with 225 bed Good Samaritan Hospital, ideally situated between skiing and boating, 30 miles south of Seattle. We offer excellent benefits, minimum salary of \$150,000. Send CV, Letter of Introduction, and desired salary to Medical Director Application, Puyallup Valley Healthcare, P.O. Box 1247, Puyallup, WA 98371-0192. Application deadline is March 31, 1995.

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GYN practice available. Can easily add obstetrical care. Located near Tacoma General Hospital with good on-site parking. Well furnished office equipped with modern systems for sub-lease. 1200 sq. ft. with additional storage space. Confidential inquiries by interested parties can contact Mr. Doug Jackman, Executive Director, Pierce County Medical Society, 572-3667.

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Puyallup medical office for lease. Near Good Samaritan Hospital. 1900 sq. ft. 770-9844.

Orthopedic surgeon suite complete with x-ray room, plaster room trap, four examining rooms, and an excellent telephone system. Owners to re-carpet and paint. Close in South Hill Puyallup. Equipment for sale by Dr. Renn. 1550 sq. ft.; \$20 a sq. ft. yearly (includes triple net). Also, adjacent building lot available. Call JOHN PORTER, 381-2330 or 770-0134. CRESCENT-PUYALLUP.

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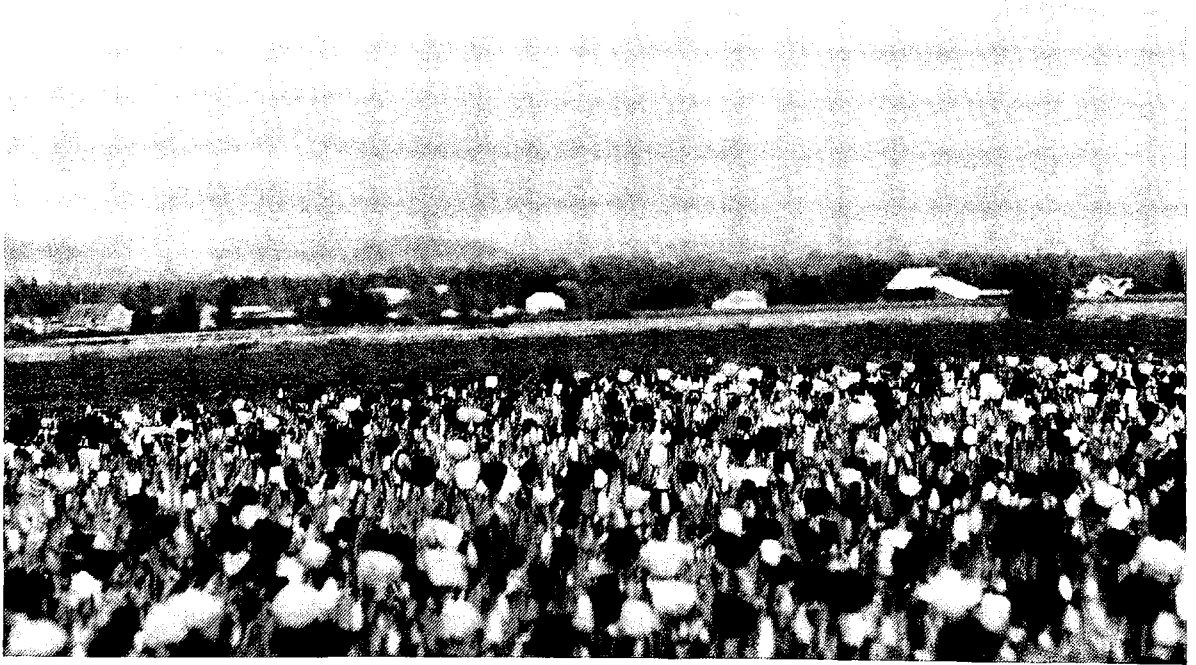
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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

April, 1995



Constant Change.....

See inside....

IPAs changing.....Page 3

Income Sharing.....Page 4

Disaster procedures.....Page 7/14

Trauma dilemma.....Page 8/9

Change/Stress CME.....Page 12

Andy Dolan speaks.....Page 13

Domestic Violence.....Page 15

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Features

IPAs endangered? Page 3
Managed Care income sharing Page 4
Making Group practices work Page 6
Trauma issue continues Page 8/9

Departments

Letter to the Editor Page 6
New Members Page 11
College of Medical Education Page 17
PCMS Alliance Page 18
Classified advertisements Page 19

News Briefs

Disaster Procedures Page 7
Stress & Change CME for physicians/spouses Page 12
Andy Dolan at General Membership Meeting Page 13
Be prepared for next earthquake Page 14
Domestic Violence CME Page 15
Nursing Home pilot project improves care Page 16

The IPA: Has it become an endangered species?

by Jonathan Ater

Editors Note: The following article is taken from the Multnomah County (Portland, OR) Medical Society Scribe. Portland has been the scene of the managed care movement for the last five to ten years. It is estimated that nearly 80% of the Portland market is managed care.

Jonathan Ater is legal counsel for MCMS and has had the opportunity to watch the IPA organizations evolve.

As the Portland market for physician services continues to change dramatically, physicians must adopt new organizational models to succeed. The kind of loose independent practice association (IPA) that has been part of this market since the early 1980's is beginning to resemble a platypus.

There are both economic and legal reasons for this conclusion. For starters, the term IPA has no single meaning. It is generally understood to mean that the physician members agree - when it pleases them - to contract as a body with certain payors, but continue to maintain their separate practices as separate business organizations free to operate outside the boundaries of the IPA. Here, I use the term IPA to encompass a variety of legal and organization structures, including management service organization (MSOs), preferred provider organizations (PPOs) and their cousins.

IPAs, MSOs and their kin are endangered species in the Portland market. They have served a useful purpose in demonstrating that physicians can - and indeed must - cooperate to do business when the prevailing market forces are domi-

nated by managed care principles.

But IPAs do not have the kind of organizational focus and structure necessary to compete successfully over the long term against well-organized physician group practices or against hospital or insurance company organizations employing large numbers of doctors. This is particularly true as capitation becomes the primary reimbursement model. There are at least four fundamental weaknesses in the IPA model:

First, the very premise of the organization is that the physicians remain independent and thus free to operate outside the group.

Second, the IPAs focus is on third-party contracting, not the collaborative delivery of medical services.

Third, most IPAs are relatively easy to enter, but have relatively ineffective mechanisms to exclude ineffective physicians, enforce quality standards or achieve economic efficiencies.

Fourth, many existing IPAs are associations of physicians who barely know one another or who have been traditional competitors. Often, physicians in IPAs have relatively little in common as human beings or practitioners. One metropolitan area IPA has operated with almost 1,500 members. Such an organization cannot truly develop or share a common mission. In other cases, even small IPAs include members with very different ideas about individual work habits, patient care or income distribution.

Because IPAs are not fundamen-

tally strong as economic entities, they cannot survive over time against better organized competitors. Thus, most physicians now in Portland IPAs will have three choices:

- 1) Join or form a true group practice owned and controlled by physicians;
- 2) Become a salaried employee of a hospital or insurance entity; or
- 3) Hang on as a cottage industry or perhaps, as a boutique providing services to group practices on a contract basis.

Boutiques are most likely to succeed in tertiary care, exotic specialties and practices such as cosmetic surgery that provide services not covered by most health care policies.

IPAs are in peril not only economically, but legally. Stark II, the safe harbor regulations under the Medicare antifraud laws, and the recently published antitrust guidelines together offer evidence that government policy favors true group practices over loose IPAs. The collaborative care of patients by physicians in a true group is essentially beyond challenge under Stark II and the antifraud statute. And, unless the group is so large as to have monopoly power in a market, the collaborative activities of a true group impose no antitrust risk.

One practice organization in Portland combines the characteristics of a physician-owned practice and a hospital/insurance dominated entity. That organization of course

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is Kaiser.

Outside Kaiser, there are now at least six large primary care group practices in Portland. (Three of those organizations also maintain a form of IPA among themselves.) At least one specialty organization, The Oregon Clinic, has come together in a true group practice.

To date, however, except for Kaiser, Portland does not have a large group practice encompassing both primary care and the full range of specialties on the model of the Mayo Clinic.

While Portland has so far avoided the invasion of a large insurance-dominated physician group, we do have the model of hospital-dominated physician groups, most notably in the Providence system, but also in the nominally independent physician organizations that are promoted, staffed and funded by independent hospitals.

There is a version of the Golden Rule which applies to these organizations: He who has the gold, rules.

In all these developments, the message for physicians is clear: For most of you, IPAs and other loose coalitions will not be effective organizations. For physicians to remain in economic control of their practices, they will need to come together in solid, tight, focused practice groups whose members truly share both a common destiny and a common commitment to the welfare of their patients.

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Managed care income-sharing: Traditional formulas fall short

by George S. Conomikes

Income-sharing in managed care is certain to bring headaches for physicians and their partners. Specifically, when you are dealing with discounted reimbursements and capitation payments, the question is: How do you share these payments?

To make that determination, it's helpful to look at traditional income-sharing approaches - which essentially fall into one of three formulas:

- 1.) Equal share
- 2.) Physician revenue-sharing based upon productivity.
- 3.) A combination of production and equal share.

Some formulas are structured for 50 percent equal share and 50 percent productivity. But it could be 80/20 or 20/80.

Of course, there are literally dozens of other income-sharing plans, depending upon the preferences of and negotiations among the group's physicians. But as managed care begins to account for an increasing portion of your practice - a situation many practices find themselves in - traditional formulas often don't work as well.

Following are some strategies for restructuring income-sharing when the inevitable happens:

First, let's examine how discounted revenues from managed care plans may require a different income-sharing approach. Then we'll look at capitation plan revenues with an eye to determining how those could be shared.

With discounted fees - which is

what you usually receive from PPOs, HMOs, and IPAs - you could encounter special revenue-sharing challenges.

If your income-sharing is based on collections, there is a problem when it comes to discounted fees.

For example, Dr. A and Dr. B both have generated equal billings: \$500,000. However, because Dr. B is seeing a higher ratio of managed care patients, collections are \$50,000 less than Dr. A's. If these doctors had an income-sharing formula based on revenues, Dr. B would take home less than his colleague regardless of how hard he or she worked.

Recommendation: For the discounted part of your practice, share your income - not on collections but on production - specifically your billings.

When you take on capitation contracts, you run into a new set of problems. When a partnership or group takes on a capitated contract, a monthly check is paid to the practice for providing services to a specific patient population. What some partners have done, naively perhaps, is to decide to share the monthly capitated fee equally. The assumption is that this is group revenue and should be shared equally by the partners.

For example, a two-doctor practice has some of its patients capitated and is paid a monthly fee of \$3,000. The two physicians decide to share it equally, so each receives \$1,500.

(Continued next page)

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Developing capitated arrangements

This income-sharing approach assumes the partners are seeing these capitated patients in equal numbers. But the only way this can work is if the doctors set aside a specific - and equal - number of appointment slots for their capitated patients. This is difficult to do when you have two partners and virtually impossible to do when you have three or more.

If equal sharing doesn't work, couldn't physicians share capitated income based upon the number of appointments scheduled with those capitated patients? Not when it comes to the capitation part of your practice.

In capitation, you don't want to share the capitation income based upon the number of appointments. If you did, you could create an incentive to schedule more visits with capitated patients. This is actually the opposite of the intention in capitation.

Therefore, in capitation there are two formulas depending upon whether you are in primary medicine or specialty practice.

In a primary medicine practice, consider adopting revenue-sharing based upon the number of patients managed. In this scenario, for a primary care practice with a capitated contract for 1,000 patients, here's how this could work out:

Of the 1,000 patients in this contract, during the course of the year 250 capitated plan members don't come in. But of the remaining 750, Dr. A sees 500 of those patients and Dr. B sees 250. Dr. A

should receive twice as much of the capitated income as Dr. B because he managed twice the number of patients. This really represents how the physicians are being paid - based upon a dollar amount per patient, per month or per year.

So this would not be based upon the number of times patients are seen, nor upon the complexity of these patients' visits. Actually, the number of visits and the levels of service for these patients have been calculated by the insurer when the firm determined your capitation rate.

For specialty practices, we recommend sharing capitated payments based upon the amount of work performed. The Resource Based Relative Value Scale (RBRVS) is a good tool to measure work performance. In a specialty group, one physician may see fewer patients but may be performing more complex procedures than his or her colleagues.

For example, in an orthopedic group, a back surgeon's procedures would reflect higher RBRVS units than general orthopaedic procedures such as knee arthroscopies. Therefore, keeping track of RBRVS units

performed on your capitated patients would result in a fair distribution of capitated plan payments.

As your practice takes on more managed care contracts, you could end up with a three-tiered income-sharing formula.

1.) Fee-for-Service. Your regular fee-for-service patients will be considered according to whatever formula you have been using - productivity, equal share or some combination of the two.

2.) Discounted fee-for-service. The best formulas would be based on billings to reflect the work performed, regardless of the discounting that results from seeing those patients.

3.) Capitated patients. For primary care practices, the formula would be based upon the number of patients managed. For specialty practices, the best approach might be using RBRVS units to measure the work performed by each physician.

Conomikes is a health care consultant specializing in practice management issues. Reprinted with permission of "The Scribe" Multnomah County Medical Society, Portland, OR

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Making a group practice work - key factors for success

by Jonathan Ater

Medicine is a unique profession, to be sure. But forming and operating a successful medical group practice is not unlike forming and operating any other business entity. Here are some of the key factors and considerations in creating a successful group:

CHOOSE PARTNERS CAREFULLY: This is a cardinal rule for success. Particularly in a profession, but actually in any business, the principals must have significant community of interest and purpose. This does not mean that everyone must be cut from the same cloth. In fact, many successful enterprises are marriages of people who outwardly at least seem quite different but who share core values.

Above all else, a group of physicians must trust one another in every sense of the word. No agreements,

rules, protocols, bylaws or other documents can replace trust. Each physician must believe in the competence and commitment of every other physician.

There must be an ability to discuss and resolve openly issues related both to the practice and the business, particularly issues related to money.

FORM A TEAM: The group must be a team that plays together every day and with a common purpose. The understandings among the partners, and the structure of the organization, must ensure that there is no competition among members of the group. The success of the group must be at least as important as the success of any individual.

HAVE A CLEAR MISSION: The mission must be more than to survive or to bid on the next contract. The mission must be related to two factors: care of patients and care of

the physicians in the group. A group of competent physicians committed to these objectives can survive almost any market force.

FIND A NICHE: It is not necessary to own the entire marketplace, to practice at every hospital, or to have a contract with every payor. It is important to have firm, solid relationships with patients, employers, hospitals and referral sources. A group centered in a good niche and working well will find new opportunities. A group pursuing every opportunity will lose focus, overworks its members and risk coming apart from the stress.

It is easier to get big than small. Enough said.

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Letter to the Editor.....

Wouldn't it be nice to have your taxes decreased and at the same time improve the health of your community? You can! Plus, you will have a good time doing it.

The Emergency Food Network Fundraising weekend is May 19th through the 21st. Money raised last year was used to freely distribute 3.5 million pounds of food to a network of 60 Pierce County food banks; 40,000 people a month received this help.

A properly fed community is a healthy community. A healthy community does not use up a lot of severely discounted medical services.

So give a party, a banquet, a wine tasting, a barbecue, a taffy pull, a treasure hunt, a wiener roast, anything that fills your fun spot. Ask your guests for a check made out to Emergency Food Network as their host/hostess gift. Then, during the year, watch the magic that happens to these donations. For these charitable donations, Emergency Food Network distributes \$14 of food for each dollar it receives, while using only 6.6% for overhead.

To do your part in feeding our hungry neighbors, tell Mary at the Emergency Food Network, **584-1040**, about your party plans.

Sincerely,
David BeMiller, MD

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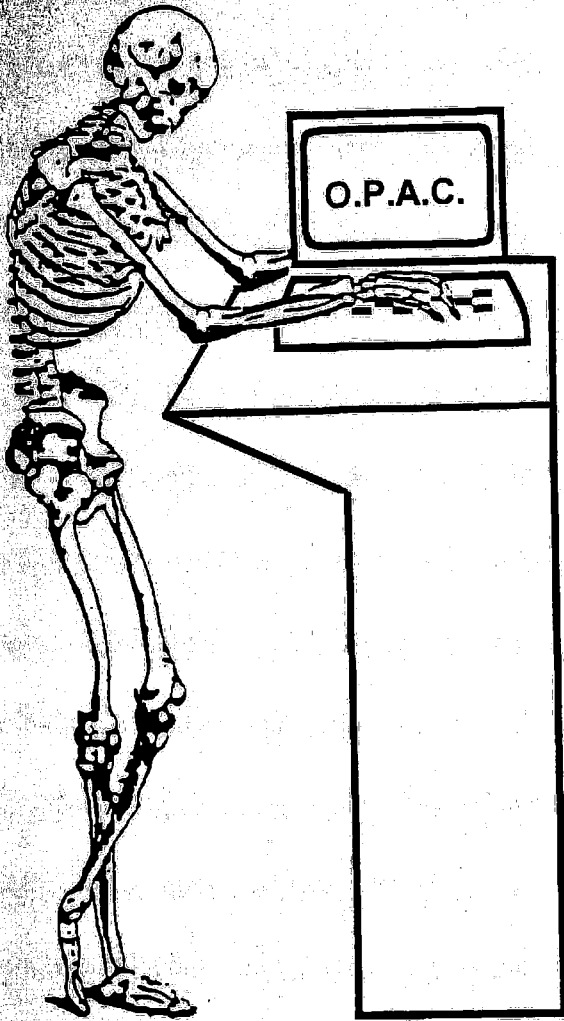
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Major Disaster Procedures

For your (timely) information, (at 8:57 a.m.), April 26th is the thirtieth anniversary of the 1965 Tacoma 6.5 earthquake. At that time a statewide emergency operations center (EOC) earthquake exercise will commence. Our Pierce County ECO will be in operation through noon, on April 27th. Many of our area hospitals will be exercising their disaster plans, and will be testing their evening and night shift personnel. A lesson we learned from California's Northridge quake last year was that it was a very costly mistake to have never trained and exercised the night shift!

MEMBER PHYSICIANS-PIERCE COUNTY MEDICAL SOCIETY MAJOR DISASTER PROCEDURE

GENERAL INFORMATION

Under the provisions of the Pierce County Emergency Management Plan, Good Samaritan Hospital has been designated the Disaster Medical Control Center. (Madigan is the first alternate and Tacoma General is the second alternate). In the event of a major disaster the Disaster Medical Control Center has the following responsibilities:

- 1) Coordinating the damage and capability assessment of each hospital in Pierce County, including personnel, medical supplies, communications, bed space and pharmaceutical supplies
- 2) Coordination of requests from the field for additional medical supplies, doctors and nurses
- 3) Network control for hospital communications
- 4) Coordination of patient disposition
- 5) Coordination with the Pierce County Emergency Operations Center (EOC)

The Pierce County Emergency Operations Center (EOC) will coordinate with the hospitals and regional EOC's to assist in the distribution of personnel and resources where they are most needed. If communications are not disrupted, normal telephone and pager call-out procedures should be utilized.

PROCEDURES

If a major disaster occurs and communication methods for contacting physicians are disrupted, Medical Society member physicians are requested to do the following:

- 1) Report to the hospital where you practice the most, or report to the nearest hospital
- 2) If you do not practice at a hospital, go to your office or the site where patients might seek out your services on their own
- 3) If you are already part of a regional plan, such as the one developed for the Peninsula Area, report to the predesignated site for providing emergency care as outlined in that respective plan

Paul McNeil, II, Administrator, Pierce County EMS Division

Trauma Center Issue Revisited at PCMS Meeting

Trauma Designation Meeting Attracts Many

Responding to requests from Multicare and Franciscan Health System, the Medical Society brought together groups involved and interested in trauma care in Pierce County. General surgeons, emergency medicine, orthopedists, anesthesiologists, hospital representatives and representatives from the State Trauma/EMS office. The meeting was held February 23.

David Law, MD, PCMS President opened the meeting with introductions. Dr. Chris Jordan, Tacoma General Surgeon chaired the meeting and presented the surgeons point of view on having a designated Level II trauma center in Tacoma. Dr. Paul Schneider, Medical Director, St. Joseph Medical Center, stated the hospitals position with Ms. Janet Griffith, Director, State Trauma/EMS office presenting the State's position. Ms. Griffith introduced Bill Long MD, Director, Emmanuel Hospital Trauma Center, Portland, OR and Jim Nania, MD, Chair, State Trauma/EMS Steering Committee.

Dr. Jordan said, "the surgeons are "burned out" after years of being on the trauma roster. The system has worked so far, he said, but he believes it is beginning to break down. There are now about 24 general surgeons on the roster. He recognized that Harborview in Seattle is a possible alternative, but it is really too far and most attending the meeting agreed that it was not the best alternative. Madigan Army Medical Center could be considered, but it too has its shortcomings, such as; continuity of care, a national crisis requiring MAMC physicians to be elsewhere, etc. He noted that trauma call

dramatically impacts the surgeons physically, emotionally and financially when they have to be up all night and try to practice the next day. It is estimated that Tacoma experiences nearly 30 % penetrating trauma, when the national average is about 10%. Very often the patients have no medical coverage nor appreciation for the efforts made to care for them.

Paul Schneider, MD, Medical Director, St. Joseph Medical Center presented the position of Multicare and the Franciscan Health System. He commented that the trauma issue is just a "microcosm of how our entire health care system is evolving. It has created a lot of discomfort for us and a lot of opportunities for us." Dr. Schneider noted that we have seen the value of a county base station which was at St. Joseph Hospital and recognize the loss to the community when there wasn't enough support to keep it operational. He acknowledged the burden that trauma call is to the surgeon, particularly in Tacoma with its high percentage of penetrating trauma. The majority of cases do not have insurance coverage nor Medicaid.

Speaking for the hospital and the physicians, Dr. Schneider went on to say, "We want to take care of these patients, we have a commitment to our community, but we simply cannot afford to. The hospitals are losing money on trauma call on every case that comes in." Trauma Center designation would actually increase the resources necessary to provide this care. Quite frankly," he said, "the hospitals do

not have the resources to assume the responsibility for trauma care, if left alone. We cannot provide the physician payment and all the other components of a trauma care program with the current levels of support available."

Janet Griffith, Director, State Trauma/EMS office said that the current State plan calls for a Level II or Level III in Tacoma, and a Level II or III in the east portion of Pierce County. MAMC would serve more as a regional resource. This Plan was developed after numerous regional meetings in 1990. Mary Bridge Children's Center has been designated a Level II Pediatric Trauma Center for the Western Region. Seattle and Harborview are in the Central Region. She said that "if the community finds that it is unable to manage trauma then Harborview could be considered an option." And added, "we need to look at options." Designation has been completed in six of the eight regions in the state.

William Long, MD, Director, Trauma Center, Emmanuel Hospital, Portland, Oregon related how Emmanuel had developed a trauma system, burn center, and neonatal center all dealing with high risk, low paying populations. In the middle of this, he said, "It began to make money." It brought in a helicopter to bring the blunt trauma, automobile patient." Its population is 81% blunt and 19% penetrating. Originally, fourteen hospitals did trauma, now only two operate in Portland. Emmanuel guarantees a neurosurgeon in the hospital within 30

(Continued next page)

minutes, guaranteeing 70% of their usual and customary fee. For trauma surgeons this equals \$40 an hour to spend the night and weekends in the hospital and \$45 for anesthesiologists. Doing things in large volume has begun to pay off.

The trauma center does not discount its fees to anyone (managed care, Blue Shield, etc.). The hospital has been very active in the legislative arena. Efforts in prevention such as, advocating for a motorcycle helmet law, a seatbelt law, support of the

zero alcohol tolerance bill have all helped to bring down the volume of trauma. "Right now," he said, "we are running a geriatric intensive care unit." He envisioned a necessary merger between the other trauma center at Oregon Health Sciences Center and Emmanuel sometime in the future as trauma volume continues to drop. Dr. Long said the cost to take care of these types of patients is enormous.

Dr. Nania told the audience that

Spokane has developed a community-based system. He argued that community-based systems work. This is not one disease we are going to cure. Accidents will continue to happen. Dr. Nania believes that the community can share the burden making the program a success.

Dr. Jordan concluded the meeting by stating hospitals, physicians and the system have to change before it starts to deteriorate.

Trauma Proposal Submitted by Dr. Wachtel

Dr. Bob Wachtel, emergency medicine physician at Tacoma General Hospital and past Chair, PCMS EMS Committee submitted the following proposal to the Medical Society and hospitals to serve as a starting point for discussion of a Level II Hospital Trauma Center in Pierce County. The proposal has the following points:

Facilities...Tacoma General and St. Joseph Hospitals would alternate weekly as the Level II trauma center. The designated facility for the week would have in house a CT tech, adequate OR staffing and ED staffing 24 hours per day to handle the increased demands.

The facility would pay the on-call trauma surgeon \$1,000 per day to be offset by fees/collections generated by the surgeon from trauma victims during his/her time on call.

The facilities would cooperate in QA and trauma registry to ensure a functioning system and review outcomes.

The facility not designated for the week would function in a back up capacity.

Rationale... The two facilities would share the financial risk. The surgeon on call would not risk being called from both facilities. This would also decrease the costs to either facility by having "beefed up staffing" on alternate weeks only. In fact, the surgeon could be required to remain in the designated hospital during his/her time on call.

Surgeons.... There are a limited number of surgeons in Tacoma who are willing to participate if: (1) they have a financial guarantee, (2) call is at a single facility, and (3) the community supports them.

Rationale... A small group of surgeons doing more cases will become more skilled and achieve better outcomes. Money is a factor, but the guarantee can be offset by billing, so the facilities financial exposure can be limited. Most surgeons do not wish to be on call and would support their colleagues who choose to do so by being on non-trauma surgical call, etc..

Support... A trauma center requires considerable off-line support, scheduling, QA, registry, etc.. Dr. Wachtel proposes that the City of Tacoma, through the Tacoma Fire Department EMS levy, supply two FTE's to support and coordinate trauma system activities. With a non-hospital agency as coordinator, the system will be less political and decrease the hospitals' financial risk.

PCMS Board of Trustees heard Dr. Wachtel explain his proposal at its March meeting. He stressed that it was only a vehicle to stimulate constructive discussion between the hospitals, physicians and staff involved in trauma care. It was noted that both hospitals had received a copy of the proposal and had appointed committees to begin discussions.

Following Dr. Wachtel's presentation, the Board discussed how to best approach the matter. Consensus of the Board was to let the hospitals and medical staff first try to reach an accord on this sensitive issue.

Children's Health Fair April 28

Free immunizations, health and safety information and a healthy dose of fun will be on tap for the *Children's Health Fair* on **Friday, April 28th from 4-8pm at Tillicum Elementary School.**

Sponsored by the Community Health Advisory Board, a partnership of the major health care organizations in Pierce County, the fair is a National Immunization Week event. Its purpose is to educate parents about the importance of children's immunizations and other basic health issues.

In addition to free children's immunizations, event participants will be able to learn about bicycle safety, dental health, fire prevention and detection and more. They'll also be able to snack on free pizza and fruit juices (thanks to a donation from the Lakewood Rotary) and watch skits on dental health and general first aid.

To learn more about this event or to get publicity posters for your office, please call Shari Day Campbell at **863-6281**. We appreciate your support of this worthwhile project!

Informatics Group Forms

PCMS has recently helped form an Informatics group. This is a group of physicians with a special interest in issues related to health information systems and the development of clinical data definitions.

The last meeting brought up some opportunities to work with the Washington State Medical Association (WSMA), the Department of Health and other interested entities in the development of clinical data standards. This is a unique effort; one that may be a first for physicians in the community to impact the way health care is measured.

As projects develop, the work group will need to use physician leaders to evaluate existing standards and perhaps develop new ones.

If you are interested in helping with this effort please contact Doug Jackman, 572-3667, or you may call **Dr. Joe Nichols** or **Dr. David Munoz** for more information.

Dr. Watson's Mother Says Thank You...

Alyce Rossow, mother of **Dr. James Watson** sent her thanks via letter to the Pierce County medical community. "On behalf of the Watson family, I would like to thank you for....we have felt tremendous support from the Tacoma medical community during this difficult time. She reported that **Dr. Watson** is now at home and receiving outpatient therapy at Northwest Hospital in Seattle. **Dr. Watson's** fund of medical knowledge is intact and he is currently running track and lifting weights to rebuild his leg muscles. It is anticipated that he will return to the medical profession.

His new mailing address is:
1810 North 107th Street, #202E
Seattle, WA 98133
(206) 363-2260

Cards of support and phone calls are encouraged to help **Dr. Watson** continue his remarkable recovery.




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New PCMS Members

With the recommendation of the Credentials Committee and approval of the Board of Trustees, the following five physicians have been admitted for membership to the Medical Society. We welcome their participation and thank them for joining.

Souliere, Charles, MD

ENT

Practices at 916 6th Ave #1, Tacoma

Medical school: Yale University

Internship: Yale New Haven Hospital

Residency: Yale New Haven Hospital

Fellowship: University of Michigan

Elder, Stephen, MD

Anesthesiology

Practices with Tacoma Anesthesia Associates

314 ML King Jr. Way #302, Tacoma

Medical school: University of Washington

Internship: University of California, Irvine

Residency: LA County/USC Medical Center

Watanabe, Barbara, MD

Anesthesiology

Practices with Tacoma Anesthesia Associates

314 ML King Jr. Way #302, Tacoma

Medical school: University of Washington

Internship: Children's Orthopedic Hospital

Residency: Children's Orthopedic Hospital (pediatrics)

Graduate training: University of Washington (anes)

Mayer, Michael, MD

Plastic surgery

Practices at 1112 6th Ave #302, Tacoma

Medical school: Tulane University

Internship: Malcolm Grow USAF Medical Center

Residency: Walter Reed Army Medical Center

Graduate training: Walter Reed Army Med Center

Weissinger, Keith, MD

Pediatrics

Practices with Pediatric Associates of Lakewood

7424 Bridgeport Way W #203, Tacoma

Medical school: Baylor College of Medicine

Internship: Baylor Affiliated Hospitals

Residency: Baylor Affiliated Hospitals

Puyallup, WA: Hospital affiliated urgent care center has immediate openings for physicians to work 6 to 12 hour shifts. Hours are 12 noon to 12 midnight daily, outpatient only. \$50/hour, benefits available. Send letter of introduction and CV to After Hours Application, Puyallup Valley Healthcare, PO Box 1247, Puyallup, WA 98371-0192.



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Course helps physicians and spouses handle stress

“Living with Change and Stress in Today’s Medical Environment” is the topic of an educational offering for physicians and spouses on Saturday, April 29, 1995. Sponsored by the Pierce County Medical Society, Pierce County Medical Society Alliance, Franciscan Health Care System and the College of Medical Education, the complimentary program will help physicians and spouses prepare for what is necessary to successfully implement and negotiate change.

The course is approved for 3 hours of AMA Category I Credit.

The facilitator will be Richard Glenn, Ph.D., D.Min. Dr. Glenn is the Vice President of Mission and Leadership at Franciscan Health System in Aston, PA. He is a state licensed Clinical Professional Counselor and a state licensed marriage and family therapist in private practice.

After attending the half day course, participants will:

- 1) recognize and asses styles of change
- 2) overcome personal obstacles in managing change

- 3) understand the effects of change on individuals
- 4) learn to manage the stress of change.

The course will be held at St. Joseph Medical Center in the South Pavilion Classrooms 3A&B, from 8:30 am to 12:30 pm. Lunch will be provided at the end of the program. There is no registration fee for the course but registration is required.

You may call the Medical Society office, 572-3666 for more information.

Happy Birthday, *Healthy Options!*

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Here’s to a successful “sophomore” year!



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"We will move to a market system of health care" predicts Andy Dolan, JD, at March membership meeting

"We will move to a market system of health care," predicts Andy Dolan, Seattle attorney who addressed the March General Membership Meeting at the LaQuinta Inn. He told the audience of about 70 members and spouses, "it will be done by simply organizing big delivery systems that will provide one-stop shopping and comprehensive services; including facilities, doctors, financing and everything else."

Dolan, legal counsel for WSMA, numerous physicians and physician groups, provided examples of Group Health and Kaiser as what most systems will look like in the future, which includes an arrangement between doctors, hospitals and a financing arm. He contends that these systems are robust and doing quite well and will eventually displace all competition. "The phenomenon of managed care we are seeing in California, of cheapest health care costs, given the cost of



ABOVE: Andy Dolan, JD, speaker for the evening, answers questions asked by anesthesiologist Russell Holtz, MD

BELOW: Drs. Peter Marsh and Bob Sands get more information about Unified Physicians of Washington from Dr. Bill Matheson, MD, VP of Medical Affairs



living, is irresistible in the United States and absolutely irresistible nationally."

Dolan said, "We don't need as many beds as we've got and we don't need all the middle people, PHO's, networks, etc., all taking a piece of the dollar as it goes by. What we need is integrated delivery systems run by physicians and other care givers in a partnership sort of basis. Making contracts to provide the sorts of services they need, probably on an RFP competitive bidding type of basis."

He forecast that, "large, physician driven clinics who begin to develop vertically integrated systems and take full capitation will do very well. This business is going to get uglier than hell. But, it is going to turn out like a lot of other businesses, and I have no doubt, that as physicians get organized, most will do quite well. I am very optimistic about the future."

Learn how to prepare for next earthquake.....

Are you prepared for the next Puget Sound area earthquake? Employees of Drs. Munoz and Regimbal and the Pierce County Medical Society have become educated about earthquake preparedness thanks to Joan Stack. Ms. Stack, an employee of Internal Medicine Northwest, gave inservices to both groups about getting ready for the next one. Her presentation was very compelling and demonstrated the need to be as prepared as possible should such a catastrophe strike.

First and foremost, Joan instructed, "learn how to shut off your gas line both at home and at work." This is the most important thing anyone can do immediately after the ground starts shaking because gas mains blow up in severe earthquakes and cause fires. She warned that the quake must be major, however, because once you shut off your line the gas company has to come to restore service. She noted that you can contact the gas company about installation of an automatic shut-off valve that they now have available. And, she reminded everyone to be sure and attach a wrench to the shut off valve. Power and water both need to be shut off after the gas.

The ultimate goal of preparedness is to survive 72 hours without anyone or any assistance provided to you. This means water, food, shelter, camping gear, first aid supplies, provisions for pets, etc. She suggested buying large plastic garbage cans and filling them with your supplies and keeping them outside, even buried in the back yard if necessary.

During the earthquake she suggested getting under a table or a heavy object and to "hang on." Table tops are very supportive. She said to not stand in a doorway as they tend to collapse. After the shaking stops, get out of the house, turn off the gas, power and water and assess the extent of medical injuries to you and others.

Ms. Stack also emphasized the need for a kit for your car and a disaster plan for work because you may be stuck in your workplace for days. A neighborhood plan should also be developed, she advised.

The best survival is a prepared survival and Joan Stack gave an excellent presentation on being prepared. If you would like Joan to come speak to your staff about earthquake preparedness you may call her at 272-5076.

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1995 Directory

Please make the following changes:

Dawson, Rachel, MD

Change address to:
3315 South 23rd Street
Tacoma, WA 98405
572-8326

Renn, John, MD

Change address to:
P.O. Box 13
Graham, WA 98338

Salloum, Maan, MD

Change address to:
8215 64th Street Court West
Tacoma, WA 98467

Vovnow, Robert, MD

Change status to: Retired

Domestic Violence CME - May 11

"Domestic Violence in the Medical Practice" has been scheduled for Thursday, May 11, from 1:00 to 5:00 pm at Jackson Hall. The course, organized and directed by PCMS President David Law, MD, will teach medical care providers to understand, detect and treat domestic violence abuse during routine patient care. The course is accredited for 3 hours AMA Category I Credit as well as 3 hours AAFP (prescribed) credit.

Speakers will include Reverend Keith Galbraith, Executive Director of the Family Renewal Shelter and Chair of the Pierce County Commission Against Domestic Violence

defining the problem from a local perspective; Karen Landenburger, Ph.D., Assistant Professor, University of Washington; author, researcher, and lecturer of domestic violence issues teaching about better understanding of the perpetrator and the victim and Roland D. Maiuro, Ph.D., Director, Anger Management and Domestic Violence Program, Harborview Medical Center talking about detection and direction in the clinic encounter.

The program is being organized and directed by PCMS President **David Law, MD** who also serves on the Pierce County Commission Against Domestic Violence. Dr. Law has committed his year as President to raise awareness of domestic violence issues in our community. He says, "I know my attitude has changed in studying domestic violence and I have been able to help my patients better by recognizing the dangers that exist to them and their families."

Participants will learn more about the scope and complexity of the issue, how to recognize signs and speak to patients about domestic violence abuse, as well as understand that involvement does not necessarily have to be complex or time consuming. The program will also feature a display table of community resources and educational materials.

The course will be offered at no charge thanks to funding provided by Pierce County Medical Bureau. Registration is required because the course is expected to fill quickly. Seating will be limited to 125. Please call 572-3666 to register.

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Nursing facility pilot project: better patient care at less cost

With the onset of health care reform and managed care, many changes are taking place in the arena of long term care. Historically, reimbursement has been low and complicated, OBRA regulations are frustrating, and physicians faced a huge financial dis-incentive to follow their patients to nursing homes. However, with the new environment where the capitation rate is set based on the monthly provision of service, a great deal of care has to be managed, causing methods of service to be of high interest to various players. Those included are the state Health Care Commission and its Long Term Care Committee, the WSMA, nursing homes, physicians, and others.

Following data collection, a PCMS Aging Sub-committee, documented that nursing home care requires an average of 30 minutes per patient per month of physician and staff time. This data helped reimbursements in 1993, 1994, and now 1995 see progressive increases in reimbursement, averaging about 60%.

Another barrier was the information load. The amount of charting time for admission to a nursing home required an average of 12 person hours per patient. This led to the issue of cost and prompted the 1993 health care legislation to call for a study to explore expanding clinical pathways, care models and/or other incentives to improve care. The result was Pierce County becoming the host site of the WSMA Skilled Nursing Facility (SNF) Pilot Project. The committee, chaired by **David Munoz, MD**, has worked diligently the last year and a half developing protocols, streamlining and standardizing paperwork, simplifying admission standards, etc. The work has paid off as documentations of time involved in many care procedures has led to a changes in regulations.

The entire project has expanded to include many disease areas which are lending themselves increasingly to managed care, and prototypes are being developed with skilled nursing facilities being used as the testing facility. The results have documented improvement of care and cost reductions.

These projects tie into a larger framework of information systems and informatics work that is being done by a larger WSMA project. They are working to put together a lexicon of terms so physicians can access specific information and find out how it is being codified, who is working on what projects, etc. which will hopefully simplify and unify physicians working together across the state.

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Surgical Update CME May 19 & 20

The very popular dissections, demonstrations and lectures presented annually by the Tacoma Surgical Club are set for May 19 and 20. 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. CME credit is only available for the Saturday lectures. The 64th annual program is directed by **James Rooks, MD**.

This year's guest lecture will be presented by Kirby I. Bland, MD, FACS, Professor and Chairman, Department of Surgery, School of Medicine, Brown University.

Complimentary Cardiology CME Scheduled for Friday, April 28

A one-day cardiology update focused for the primary care provider is scheduled for April 28, 1995. The conference is complimentary.

The program, set for Rooms 3A&B, South Pavilion of St. Joseph Hospital, will include cardiac evaluation and testing in the capitated environment. The conference has been organized by **Marilyn Pattison, MD**.

Although no registration fee is required, physicians wishing to attend must complete and return the registration form. **THE CONFERENCE IS ANTICIPATED TO FILL**, so early registration is encouraged!

The course features some outstanding national speakers including Jeffrey Boone, MD from the University of Colorado Health Sciences Center; Brendan Phibbs, MD from the University of Arizona

Medical Center; and Sandra J. Lewis, MD from the Portland Cardiology Institute. Robert Davidson, MD and Peter Mansfield, MD from Seattle will join local cardiologists **Dennis Koukol** and **Needham Ward** on this distinguished faculty.

This annual conference has been developed by the College of Medical Education. The program will include presentations on:

- **Women and Heart Disease**
- **Congestive Heart Failure**
New Guidelines for Care
- **Cardiac Center for Excellence** - Implications for the Community
- **Pearls at the Bedside**
- **Referral to a Cardiologist:**
Options for your patient
- **Stress and Hypertension**
- **New Hypertension Treatments**

<u>DATES</u>	<u>PROGRAM</u>	<u>DIRECTOR</u>
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	Les Reid, MD
June 23 & 24	Advanced Cardiac Life Support	College of Medical Education

PCMS Alliance Finance/Philanthropy Committee

The Finance/Philanthropy Committee, chaired by Terry Scholl, will be disbursing the philanthropic funds as approved by the Board. The Holiday Sharing Card raised \$12,807.47 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 in 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**, a free medical clinic for low-income persons, will receive \$6,000 for medications and new equipment.
- 3) **Trinity Clinic**, a free medical clinic provides health care for people without insurance or welfare benefits. They will receive \$4,000 to provide prescription drugs for these patients.
- 4) **Lindquist Clinic**, a free dental and vision clinic for low-income school-age children referred by their school nurse, will receive \$1,000 for eye exams and glasses for 72 children.
- 5) **YWCA Support Shelter** will receive \$500 for medical supplies such as aspirin, cold reliever and thermometers.

We are hopeful to continue our philanthropic efforts to health related charitable organizations with the funds raised again this year with our Holiday Sharing Card.

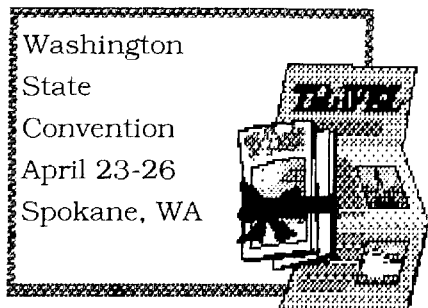
Philanthropic Fund Applications Available

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 NW, 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, 1995.

Congratulations to the new 1995-1996 Slate of Officers

At the February 6th board meeting and the February 10th general meeting, the following slate of officers were elected by unanimous vote: President: Joan Sullivan, President-Elect: Toni Loomis, 1st VP-Program: Mona Bahgdadi, 2nd VP-Membership: Sue Wulfstiegl, 3rd VP-Arrangements: Jerol-Ann Gallucci, Recording Secretary: Mimi Jergens, Corresponding Secretary: Lynn Peixotto, Treasurer: Leigh Anne Yuhasz, Dues Treasurer: Janet Fry.

DON'T FORGET!!!



We need delegates to go to the Washington State Convention April 23-26. We qualify for six members from Pierce County to attend. Please call Denise Manos (360-479-6405) if you can be there.

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Director of Kitsap Regional Urgent Care Services. Group Health Cooperative of Puget Sound is currently seeking a director of urgent care services for the Kitsap Peninsula. Responsibilities include: 1) develop and manage a new urgent care program in partnership with Harrison Hospital and local physician groups, 2) develop treatment protocols, standards and procedures for patient care, 3) develop quality assurance programs, 4) work with the Kitsap Regional Urgent Care Board to establish policy and program planning. Board certification in emergency medicine is highly desirable, but extensive work in emergency medicine and urgent care work with other board certification is acceptable. Potential candidates must have significant administrative experience in urgent care or emergency medicine. Position is located in the Bremerton area, and will begin in June, 1995. To inquire, call 1-800-543-9323 or write to: Medical Staff Recruitment, 521 Wall Street, Seattle, WA 98121. Equal opportunity employer.

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Practice Available. This well-equipped office is conveniently located near four of the five major Tacoma area hospitals. Parking is also very excellent. There are over 1,230 sq. ft. of office space in the facility and the office is leased. Interested parties should contact Mr. Doug Jackman, Executive Director, Pierce County Medical Society, 572-3667. Further details by appointment only.

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

May, 1995

Domestic Violence

Health care providers
can make a difference

See pages 3 and 15

Inside:

President's Page "A Violent Cure"	Page 3
Report on AMA Leadership Conference.....	Page 4
PCMB Affiliation creates discussion.....	Page 5
"The only way out is to die": An update on gang activity.....	Page 9
Pierce County Health Care Almanac.....	Page 11
College of Medical Education.....	Page 17
Alliance News, Thank you President Kesling.....	Page 18

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Features

Report on AMA Leadership Conference Page 4
PCMB Affiliation creates discussion Page 5
"The only way out is to die" Update on gangs Page 9
1994 Pierce County Health Almanac Page 11

Departments

President's Page Page 3
College of Medical Education Page 17
PCMS Alliance Page 18
Classified advertisements Page 19

News Briefs

Medical Society E-mail address Page 6
Look before you sign that contract Page 7
WSMA Nominations Page 14
May General Membership Meeting Page 15
Domestic Violence CME Page 15

A Violent Cure

by David E. Law, MD



Seeing up close the high quality of medicine practiced in Pierce County has been a pleasure and inspiration for me. Excellent physicians are represented in every field, supported by well-trained nurses and state-of-the-art health care facilities. All are dedicated to giving the best care to those who are in need of medical attention. Pierce County exemplifies the foreigner's image of American medicine, "the finest health care in the world."

When recently I rekindled my interest in the study of violence in society and its possible solutions, I was amazed by how little the medical community locally and nationally had addressed this problem despite its increasing dimensions. When I was selected to serve on the Pierce County Commission Against Domestic Violence, my interest narrowed to interpersonal abuse and I still had difficulty finding relevant information for the health care provider. It was just in 1994 that the AMA came out with its excellent pamphlet entitled "Diagnostic and Treatment Guidelines on Domestic Violence." *

The statistics on violence and domestic violence are mind boggling in both numbers and reflections on individual sorrow and pain.

- 60 people die of interpersonal violence daily
- 30% of women who were murdered in 1990 were killed by husbands or boyfriends
- annual medical expenses from domestic violence total at least 3-5 billion dollars
- battered women account for 22-33% of women who visit medical emergency rooms, 15-25% of pregnant women seeking prenatal care, and 45-59% of mothers of abused children

In Pierce County

- over \$5 million was spent in the criminal justice system for domestic violence in 1993
- over 17,000 "911" calls were placed where officers were dispatched for domestic violence conflicts in 1994
- 22% of jail bookings in 1993 were for domestic violence offenses

If this doesn't constitute a local and national crisis, I don't know what does. Violence and domestic violence are endangering the public health like no other problem. We need to address this tidal wave of violence in a scientific manner as we would any major public health issue - research, trending, treatment trials and reassessment.

On **Thursday, May 11, from 1-5pm at Jackson Hall**, a seminar on domestic violence for medical health providers will take place. This conference will deepen our understanding of the issues, help us identify abuse in our routine medical encounters and provide direction for appropriate referrals. By early intervention the more serious consequences of abuse may be prevented.

Please take this as my personal invitation and plan to attend this accredited CME (no cost involved). Pre-registration is necessary through the Medical Society office. Help the Pierce County medical community take the lead in impacting this most serious situation. I guarantee that it will be well worth your time.

*Copies available by calling the Society office, 572-3667

PCMS Leadership meets with national leaders in D.C.

As the cherry blossoms were beginning to bloom in the nation's capitol, **Dr. David Law, John Rowlands** and **Peter Marsh** (pic-



tured respectively) attended the AMA's National Leadership Conference with nearly fifteen hundred leaders of medical societies from around

the nation in late March. They visited with the Washington State Congressional delegation and heard Congressional leaders comment on legislation affecting health care.



Dr. Law and Dr. Rowlands

met with Representatives Randy Tate (R-9th) and Norm Dicks (D-6th) to discuss professional liability reform, future Medicare cuts to reduce the budget and profiteering of large HMOs. Senator Gorton was unable to meet with them, but his staff assured them



that the Senator supported tort reform. **Dr. Marsh** had to return early to Olympia to testify for WSMA before the Senate Health and

Long Term Care Committee. But, while there he and WSMA leadership met with the Washington congressional delegation and their staff.

They thanked Representative

Tate for his unqualified support of the professional liability amendment of Representative Cox, of California. The amendment was tacked on the Product Liability bill and passed the House by a 247-171 margin. It provided a cap to noneconomic damages, also known as "pain and suffering" awards. The cap was set at \$250,000.

Congressman Dicks opposed the legislation. In explaining his vote, Dicks believed the House version was too restrictive. He questioned if a cap of \$250,000 is adequate to someone who has suffered a grievous loss. He thought maybe a million dollars would be more appropriate. He also was opposed to the "English Law" aspect of the bill, which requires the losing party to pay the winners' legal costs. Dicks believes this would keep the average person from initiating a lawsuit.

Dicks did say that if the "English Law" is removed that he would look more favorably upon the legislation. It is now in the Senate where Senator Gorton is being urged to add professional liability to the product liability reform bill.

Both Dicks and Tate expressed concern with how cuts would be made in Medicare. They acknowledged that cuts would have to be made. They were asked if generational funding equity (i.e. means test) would be acceptable? The AARP (American Association of Retired People) has always opposed means testing and has tremendous influence on Capitol Hill. Personal responsibility and cost considerations should be encouraged. Both Congressmen acknowledged that it was a sensitive issue with AARP members and didn't really commit to a position.

Due to political considerations

(vote counts), Senator Gorton was reluctant to back a medical liability amendment in his committee.

However, his staff said he was supportive of reform and would support an amendment, if introduced on the floor during debate. The bill was due to come up for a vote as the *Bulletin* went to press.

Speaker of the House Newt Gingrich was the first of several prominent political leaders to address the Conference on Tuesday, March 28. Gingrich said he shared physicians concerns with managed care and would fight to maintain the patient's choice of physicians. He was also concerned with media reports of patients not receiving proper care. Gingrich said later that he would call for hearings into managed care.

Texas Senator Phil Graham (R), and presidential candidate said he would support a \$250,000 liability cap and support about anything the audience wanted to hear. He noted several times that he was running for president.

Senator Bob Kerry, past presidential candidate noted that he was not in a position to do much now that the Republicans are in power. This theme was repeated by Representative Pete Stark, who is the author of Stark I and II self referral bills. Stark did receive some applause when he said he would support a reduction in the "hassle factor." Senate Minority Leader Daschle (D-SD), stated that if they (Republicans) are serious about balancing the budget, some tough votes will have to be made with Medicare.

This was the first year that the Leadership conference was held in Washington, D.C. The meeting proved to be quite beneficial with regard to a strong lobbying effort by all the attendees.

PCMB AFFILIATION CREATES VIGOROUS DISCUSSION IN COUNTY

During the last two months considerable activity was generated when some voting members of Pierce County Medical Bureau discovered they would lose the right to vote on amendments to bylaws when PCMB affiliated with three other plans.

PCMB Board of Trustees had voted unanimously in December to affiliate with Blue Cross/Blue Shield of Oregon, King County Medical and Blue Shield of Idaho. The affiliation will create a holding company that will govern the four plans.

The concern of outgoing PCMB Board of Trustees member, **Dr. Richard Hawkins** was that physician members would lose their right to approve amendments to the bylaws and that the holding company would have veto power over any bylaw changes made by PCMB. **Dr. Hawkins** relayed his concern to PCMB membership via fax and asked them to attend the annual meeting of PCMB on April 12 or send their proxy votes to him.

The Bureau acknowledged the loss of autonomy in a brochure mailed to its members and stated, "the loss of total independence was more than offset by the enhanced stability and financial security of associating with other successful organizations." PCMB believed the "affiliation was critical to the survival of PCMB in a changing marketplace" and the loss of autonomy was necessary to achieve the goal.

Two meetings for members were held by PCMB the week immediately prior to the meeting to educate the members and try to defuse a potentially explosive issue. **Dr. Ben Blackett**, who was opposed to the affiliation, faxed to

the membership a letter he had written to **Dr. Terry Torgenrud**, Secretary-Treasurer explaining his opposition; i.e., the holding company would have veto power over any actions by the PCMB Board of Trustees as well as veto power over any bylaw changes by PCMB.

It appeared to many that PCMB was less than candid in the letters and brochures sent explaining the affiliation. The literature noted a loss of autonomy, "The Board of Trustees, which includes physician and community representatives, will continue to provide oversight. All member physicians will continue to attend annual meetings and have full voice; member physicians in active practice will continue to vote for all representatives to the board. However, ...there will be a regional board...that will provide oversight to the affiliated plans." No specifics were mentioned related to the critical bylaws issue. However, these were apparently discussed at the informational meetings in which few physicians attended.

The Executive Committee of the Medical Society believed it important that all physician members of PCMB know more about the issue and urged the members (via broadcast fax) to attend the April 12 annual meeting.

The meeting was well attended with over 150 in attendance to participate in a vigorous discussion. It appeared to some to be a well-orchestrated meeting with PCMB amply represented by attorneys with expertise in mergers, affiliations and parliamentary procedure. PCMB and its Board of Trustees prevailed in the end. Perhaps Board member, Kathryn Nelson, Tacoma attorney summed

up the Board's position best, when she stated that "physicians are not the only stakeholders in the corporation, the Board of Trustees has a fiduciary responsibility to the subscribers and future of the company." She acknowledged that the physicians leadership and expertise on the Board have been invaluable and noted that the Board vote on affiliation was unanimous.

Most members recognize that Don Sacco, PCMB CEO, has done a good job of leading the company into becoming one of the most profitable and leading insurers in the region. Most physicians also recognize the position that PCMB finds itself as it tries to position for the future. They understand the desire to affiliate and most had no real objection to it. Many of those present considered the issue a pyrrhic victory for PCMB. The insurer may have won the battle but lost goodwill in doing so. It is anticipated that the affiliation will be finalized within a few months.

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Certificate of Need Legislation Fails

Leading WSMA testimony in support of HB 1330 was **Peter Marsh, MD** when the bill came before the Senate Health and Long Term Care Committee on March 31. WSMA was fighting for this legislation that would modify the state's Certificate of Need law to permit physician ownership of hospitals, including ambulatory surgicenters.

The bill was also supported by the Department of Health. **Dr. Marsh**, WSMA Secretary-Treasurer and Immediate Past President of PCMS was called back early from attending the AMA National Leadership Conference in Washington D.C. to testify on behalf of the bill. The bill which would have deregulated hospital and health care projects and services was strongly opposed by the Washington Hospital Association. Committee members expressed concern for the threat posed by less regulated ambulatory surgical centers "creaming" the market, leaving difficult and charity cases for hospitals. Senator Keving Quigley, Committee Chair, said he would look at the issue next year.

Medical Society Has E-Mail Address

If you would like to access the Pierce County Medical Society via Internet you can now do so. The address is "djackman@tribnet.com". The quote marks are not part of the address.

FAX Numbers still wanted

The Society office would like to have all members on its fax line. Legislative alerts, meeting notices, etc. are all being faxed out now. If you have not been receiving notices from the Society, please call 572-3667 and relay your fax number.

1995 Directory Changes:

Please make the following (office) address changes in your 1995 Directory:

Constance, Mark, MD: 4502 34th Ave Ct NW, Gig Harbor 98335
Jackson, Keri, MD: 3908 10th St SE #200 Puyallup, WA 98374-2190
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Physicians *should* want to create a marketplace in which insurance carriers or networks (payers) compete to obtain physicians' participation. Unfortunately, that market doesn't really exist right now, says health care attorney Andrew Dolan of Seattle. **"When physicians sign every contract that comes their way, they make it very easy on payers. It becomes a buyer's market where the payer dictates the terms. And it works that way because insurers are banking on physicians' tremendous fear of being left out."** To get out of this vicious loop, physicians need to pose some hard *questions* before they sign contracts, says Dolan.

For starters, physicians should ask the payers how many enroll-ees it has signed up. If the number is low, physicians should recognize that by signing a contract, they are lending their names to that payer to go into the market and compete for business. "The only way these people (payers) will get patients is by docs signing up," he says.

Second, physicians should ask about fees. "If a physician calls a network and asks how much it pays, and the answer is, 'It depends,' the physician should take another look," advises Dolan. "Remember how new networks attract business - by lowering provider fees. They will say, 'No, we have a superior managed care system.' But it's often deeper discounts." Fees are not going up and part of the reason is that physicians have penalized people who pay them more by signing up with their competitors who pay them less."

Third, physicians should find out how well the payer treats

physicians. "Call your colleagues in other states. Ask 'Are these nice people or not?'" Dolan says.

Fourth, physicians should ask the same set of questions of existing contracts to see if they are getting anything out of them. If not, they should terminate the contracts.

Finally, physicians can avail themselves of the free WSMA Contract Evaluation Service for an expert appraisal of contracts before they sign. (The service does not include financial appraisal; each practice should do this exercise for itself.) Call the WSMA at (206) 441-9762 or 1-800-552-0162 for details.

Reminds Dolan, "Doctors could have a positive impact on their own situation if they would screw up their courage and not sign everything. And they should give serious consideration to getting out of deals whose only real effect in the marketplace is to lower their own fees."

Reprinted from WSMA REPORTS, March/April 95

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“The only way out is to die” says eleven year old

Eleven year old Eric Norah, made the infamous quote above while attending the funeral of his classmate, killed in a Chicago gang shooting. Officer Brad Graham, Tacoma police officer, told the story and shared fascinating and insightful information about gangs and gang violence in our city to members of the Public Health/School Health Committee at their April meeting. The committee is chaired by **Larry Schwartz, MD.**

Officer Graham works six months in Tacoma and six months in Los Angeles with gang activities and crimes. He said that gang members used to wear Raiders jackets and hang out on the street corner. But the courts have set guidelines and criteria for identification of gang members. To be labeled a gang member two or more of the following must be identified: self proclamation or admission, official testimony or a witness, written or photographed correspondence, tattoo's, and clothing/colors. Once you've identified the gang members, the gang must be identified. Gang criteria include: three or more individuals that belong, marked territory, a name, rivals, and exclusive membership. The most important criteria that separates a gang from other organized groups, is anti-social behavior. This last criteria is the distinguishing factor.

The dynamics of street gangs and their rules of operation are foreign to the average citizen. The first rule of gang members is they have to retaliate with violence for any and all challenges. This is required through the street code. This gives them “juice.” Juice equals respect. And, they must commit more violent acts to gain and maintain juice. Violence is

inherent in their lifestyle, but Officer Graham believes that gang members have very fragile egos. They exist as part of a group, but their violent acts will also involve innocent victims. They rationalize and justify their behavior as their way of getting juice. It is acceptable and rewarded in their world.

Courting is joining. They must commit a violent act as well as be beat up by every member of the group. This gives them “heart”. The crime has to be a felony and women have even been required to sleep with HIV positive men. However, once you have heart you are a member of the group because it demonstrates that you have no problem with the required violence.

Cities targeted for gangs usually are under 200,000 people, college towns, have correctional facilities, and good freeway access. Officer Graham noted that gangs are often run by a leader who is in jail and when the leader is moved to another correctional facility, all the support facilities go with them. He said that suppression, or mass arrests are one way for abatement but that this method is expensive and labor intensive. However, it is moderately successful. He said gang activity has been pushed from the hilltop and is now spread throughout the county. Gang members now live everywhere in the county. He noted Lakewood, NE Tacoma, Pt. Defiance and Gig Harbor as areas where they are seeing gang activity. He cited gang membership of 1,400 in the county.

Gangs are not racist. If a gang can use a member they will, race is not an issue. Hispanic gangs are currently the most popular and outnumber blacks ten to one. He

said they are seeing many Asians in gangs in this community.

He said it is scary that gangs are spreading out. And, it is particularly scary when you couple it with the statistics that show in 1993 there were 45 felony assaults by gang members reported and in 1994 there were 14. He said the public is not responding, and this is just what gang members want. They commit violent crimes and they want people to be scared. They are trying to desensitize the community to crime. When people hear shots they won't call the police. People stay indoors and don't get involved which is exactly what the gang member hopes for. They use intimidation and scare people.

Gang graffiti is the “newspaper of the street” according to Officer Graham. They list their role call in rank from the highest to the lowest. They cross out the name of a person who is deceased or the other gang crosses the name of the person marked for termination. He suggested that school nurses go back to their school districts and educate others to not accept any kind of graffiti. And, before removing it, take pictures and document it all. The graffiti is signed with their street names and is usable as evidence if it is kept.

continued on page 10

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Most schools cover it up without documentation.

Gang members are categorized into one of three groups. First the hard core members. These are in their late teens, even to their 40's and 50's if they live that long. They usually don't wear colors. They will not identify themselves and many have killed a police officer or a rival gang leader and as a result attained very high status in their gang. Many operate from jail. Associates are middle to high school kids. They are color conscious, and have violent personalities. The third group is the Wannabe's. They wanna be in the group and they will wear the exact gear and are on the fringe trying to get to the next level. Officer Graham said the police started calling this group the "marginal peripherals". This has

worked because when you refer to them as wannabe's they get violent and act up to prove they are more than a wannabe. However, when you call them a "marginal peripheral", they don't know what that is and don't know how to respond.

Officer Graham has learned that gang leaders look for kids without support networks. They literally go to the malls and other places and look for these kids. They offer them direction, affection and attention - all things they are lacking. He noted that the goals of the DARE program are to stress the consequences with kids. They break down the myths and teach them that their gang members will not be in the courtroom with them or the hospital room with them, but their family members will.

He listed **red flags to watch for in school or at home.** They

include practicing gang signs in front of the mirror, use of street names, hanging out with older friends, aggressive behavior with authority, drop in grades/attendance, flirtation with gangster dress code, talk of weapons, etc. He cited a statistic of 135,000 weapon arrests on school campuses in 1991 and 1992. And noted a big improvement in Tacoma schools from 28 to date in 1994 compared to 2 for the same time period in 1995. He also reported that the average age that a gang member will be a victim of violent crime or imprisoned is 19; and the average age of a shooter in a drive-by shooting is 11-13 years old; and the homicide rate for 16 year old has risen 120% in the past few years. The city that leads the country in drive-by shootings? Gary, Indiana.

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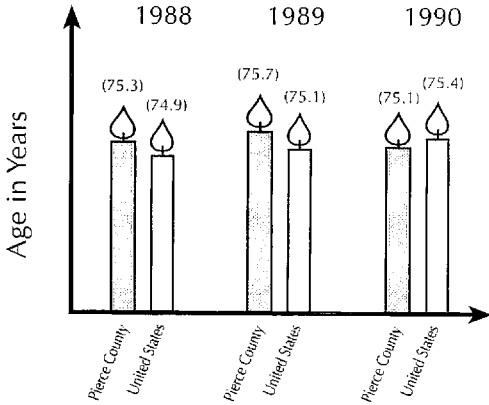
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1994 Pierce County Health Almanac

The 1994 Pierce County Health Almanac is presented on the next three pages. This information was compiled from a variety of official sources such as the Washington State Department of Health, The Tacoma Pierce County Health Department DSHS, Labor and Industries, and many others. Each source is cited at the bottom of each graph. We hope you will find the information interesting and useful as it is very specific for Pierce County. (It is presented as a service of Pierce County Medical Bureau, Inc., a Blue Shield Plan)

LIFE EXPECTANCY

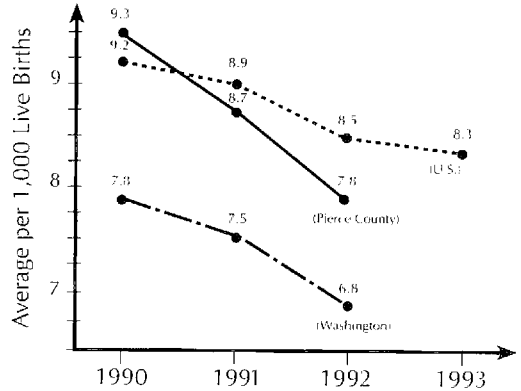
The life expectancy for children born in Pierce County has dropped below the national average.



Source: U.S. CENSUS; U.S. NATIONAL CENTER FOR HEALTH; WA DOH/TAC-PIERCE CO. HEALTH DEPT.

INFANT MORTALITY

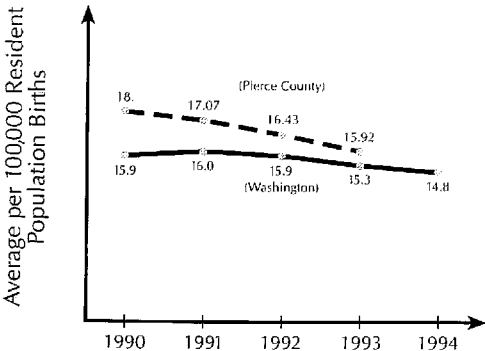
Infant mortality generally is regarded as a key indicator of community health. Rates are declining in Pierce County, but they still are higher than the state average.



Source: U.S. DEPT. OF HEALTH & HUMAN SERVICES/TAC-PIERCE CO. HEALTH DEPT./WA DOH

BIRTH RATE

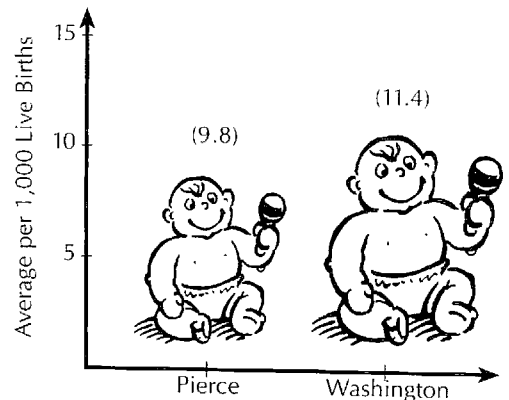
The population of both Pierce County and the state have increased steadily since 1990, but birth rates for both have declined.



Source: WA OFM/TAC-PIERCE CO. HEALTH DEPT.

BIRTHS TO YOUNG WOMEN

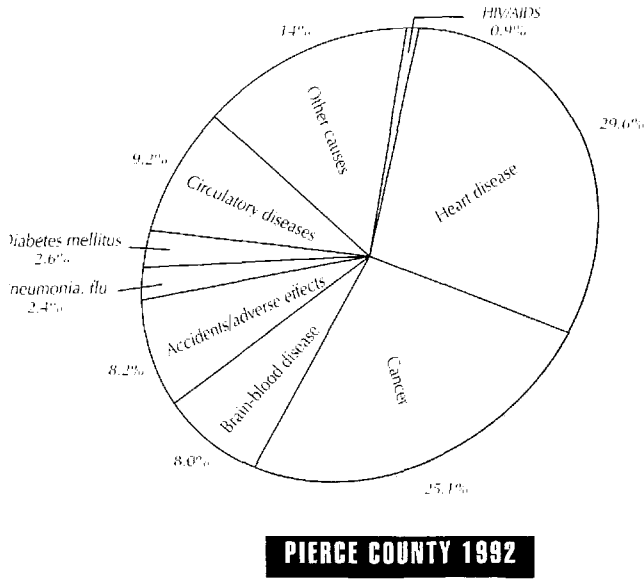
The number of live births to teenage girls in Pierce County rose from 1,180 in 1988 to 1,288 in 1991, yet the average number of live births is lower in Pierce County than the state.



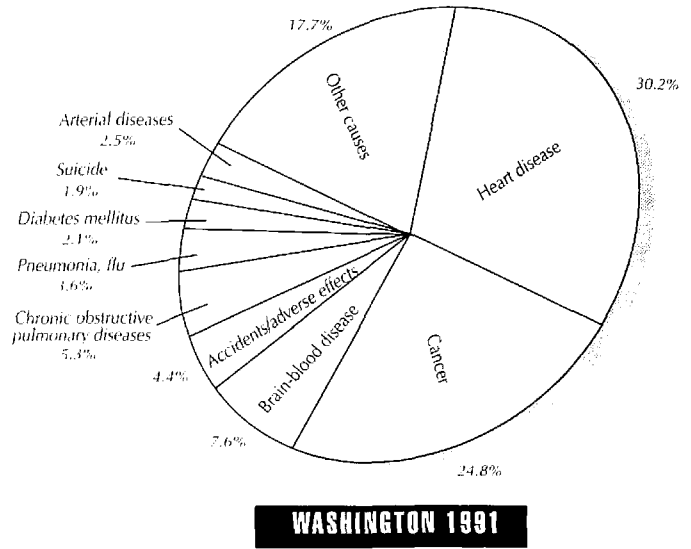
Source: WA DOH/WA DSHS

LEADING CAUSES OF DEATH

Heart disease and cancer are the leading causes of death in both Pierce County and the state.



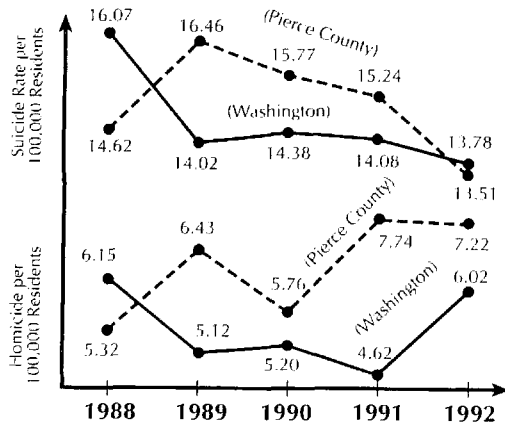
Source: TAC-PIERCE CO. HEALTH DEPT./U.S. NATIONAL CENTER FOR HEALTH STAT./WA DoH



Source: TAC-PIERCE CO. HEALTH DEPT./U.S. NATIONAL CENTER FOR HEALTH STAT./WA DoH

HOMICIDE AND SUICIDE RATES

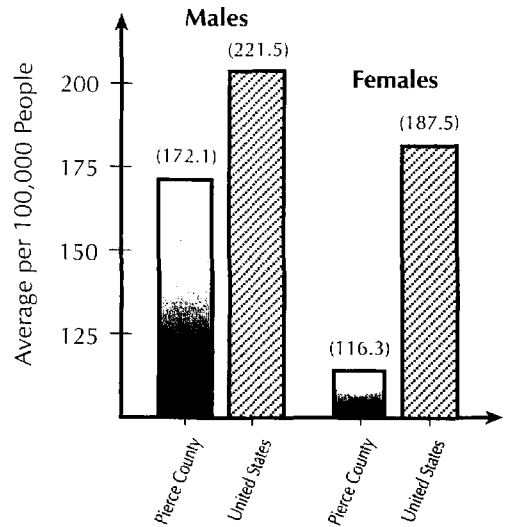
Pierce County's homicide rates are higher than the state average but the gap has narrowed. Traditionally higher suicide rates in Pierce County have declined and are now lower than the state average.



Source: WA DoH/WA DSHS

ALL CANCER DEATHS 1990

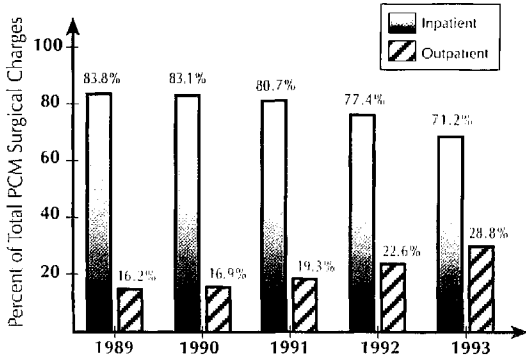
Fewer people die of cancer in Pierce County than in the nation as a whole. The difference is particularly notable among females.



Source: TAC-PIERCE CO. HEALTH DEPT./U.S. NATIONAL CENTER FOR HEALTH STAT.

SURGICAL CASES: INPATIENT VS. OUTPATIENT

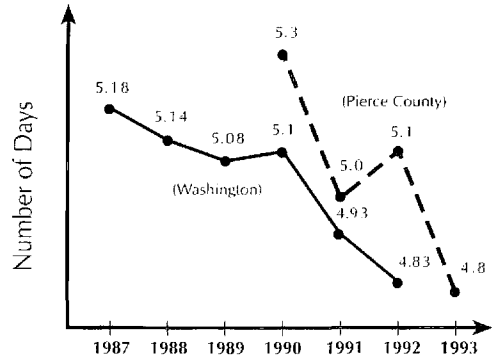
Inpatient hospital charges related to surgery has decreased steadily since 1989.



Source: PCM

AVERAGE LENGTH OF INPATIENT HOSPITAL STAYS

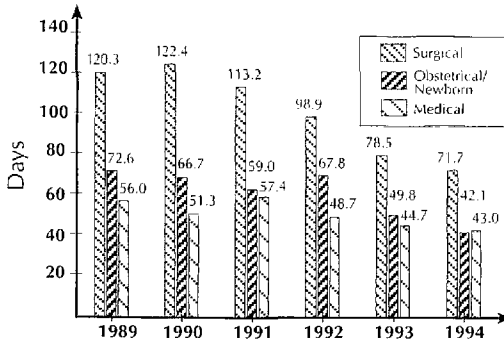
The average hospital stay historically is longer in Pierce County than the overall state average, but both rates are falling.



Source: WA DoH/AWA DSHS

INPATIENT HOSPITAL DAYS BY TYPE OF TREATMENT

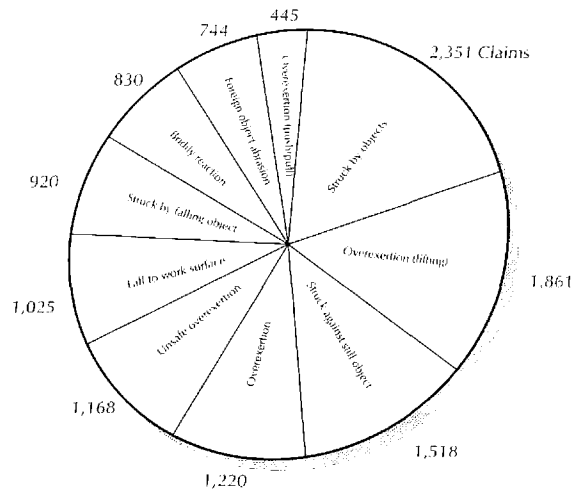
Hospital stays are getting shorter in Pierce County for all three major types of treatment.



*These numbers do not include mental health, psychiatry, or chemical dependency
Source: PCM

TOP PIERCE COUNTY WORKER COMPENSATION CLAIMS

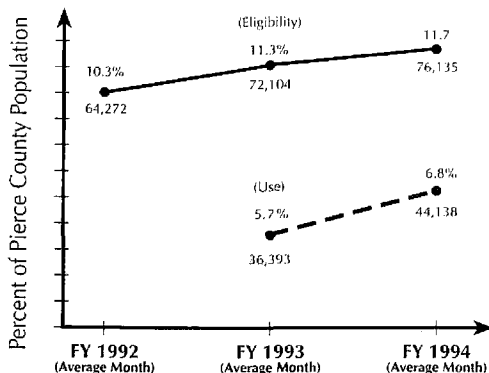
Pierce County residents file more worker compensation claims due to being struck by an object than for any other reason.



Source: WA DEPT OF L&I

MEDICAID USE

The number of Pierce County residents eligible for Medicaid is increasing, but only about half actually use it.



*In an average month of 1993, Medicaid claims per eligible person was only \$160 in Pierce County, as compared to \$353 per eligible person statewide.



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Howard Wong, MD Receives Award

Dr. Howard H. Wong will receive the first Gold Medal of the American College of Radiation



Oncology at its Annual Meeting in Washington, D.C. on May 6, 1995. The Gold Medal is being awarded to

Dr. Wong for his long-standing leadership and dedication to the development of the American

College of Radiation Oncology and for his continuing leadership during the early days in the development of the college and its programs.

Dr. Wong received his medical degree in 1956 from the University of Minnesota. He completed a residencies in ObGyn and Radiation Oncology. He was the director of radiation oncology at Tacoma General Hospital from 1974-1979, has served as a UW faculty member since 1978 and was board certified in ObGyn in 1967 and Radiation Oncology in 1973.

The award recognizes the significant and important role that he has played in this organization but, also for his contribution in radiation oncology and medicine.

WSMA Nominations

The Board of Trustees has recommended the following members for the WSMA Board of Trustees.

Recommended for Secretary-Treasurer was: **Peter K. Marsh, MD**, Speaker of the House, **Richard Hawkins, MD** AMA Alternate Delegate, **Leonard Alenick, MD** Trustee **James K. Fulcher, MD**.

Drs. Richard Bowe and Eileen Toth, trustees, elected not to seek re-nomination to the Board. Dr. Bowe had served seven years and Dr. Toth one year.

The PCMS Board of Trustees has recommended **Dr. David Munoz** and **Dr. Joseph Nichols** be nominated to replace Drs. Bowe and Toth on the Board. All of the nominees have been in leadership positions at county and state levels with PCMS, WSMA or their specialty societies.

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Interested in Medical Flea Market/Garage Sale?

The Medical Society has been asked to determine the interest in a medical flea market/garage sale.

- Items could include:
- office equipment
 - books
 - medical supplies
 - medical equipment
 - etc.

If you are interested, please call the Society office, 572-3667 and leave your name. Let us know if you would have items to sell or would only be interested in attending.

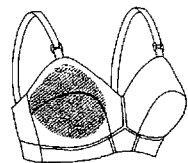
Thank you.

How Physicians get in trouble!

How physicians get into trouble with the Washington State Medical Quality Assurance Commission (QAC) is one of the questions that will be answered at the May 9 General Membership Meeting. The QAC, formerly the Medical Disciplinary Board is the body that can remove or suspend your license, put you on probation or fine you a nice sum for unprofessional conduct. What types of offenses does the Commission see most often? What precautions can a doctor take in this litigious society to prevent being charged with unprofessional conduct, such as: negligence, malpractice, moral turpitude, non-therapeutic prescribing, etc.?

Pierce County physicians who sit on the Commission, **Drs. Estelle Connolly, John Kemman and Stan Tuell** will describe the types of cases they are seeing come before the Commission. What the policies of the QAC are and how they are enforced. What are the penalties?

Plan to attend the May 9 General Membership meeting to be held at the **La Quinta Inn, Tuesday, May 9**. Social hour begins at 6:00 p.m., Dinner at 6:45 and the program at 7:45. Spouses and friends are invited.



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Domestic Violence CME - May 11

"Domestic Violence in the Medical Practice" has been scheduled for Thursday, May 11, from 1:00 to 5:00 pm at Jackson Hall. The course, organized and directed by PCMS President **David Law, MD**, will teach medical care providers to understand, detect and treat domestic violence abuse during routine patient care. The course is accredited for 3 hours AMA Category I Credit as well as 3 hours AAFP (prescribed) credit.

Speakers will include Reverend Keith Galbraith, Executive Director of the Family Renewal Shelter and Chair of the Pierce County Commission Against Domestic Violence defining the problem from a local perspective; Karen Landenburger, Ph.D., Assistant Professor, University of Washington; author, researcher, and lecturer of domestic violence issues teaching about better understanding of the perpetrator and the victim and Roland D. Maiuro, Ph.D., Director, Anger Management and Domestic Violence Program, Harborview Medical Center talking about detection and direction in the clinic encounter.

Dr. Law, who serves on the Pierce County Commission Against

Domestic Violence, has committed his year as President to raise awareness of domestic violence issues in our community. He says, "I know my attitude has changed in studying domestic violence and I have been able to help my patients better by recognizing the dangers that exist to them and their families."

Participants will learn more about the scope and complexity of the issue, how to recognize signs and speak to patients about domestic violence abuse, as well as understand that involvement does not necessarily have to be complex or time consuming. The program will also feature a display table of community resources and educational materials.

The course will be offered at no charge thanks to funding provided by Pierce County Medical Bureau. Registration is required because the course is expected to fill quickly. Seating will be limited to 125. Please call 572-3666 to register.

Members serve as examiners

Electrodiagnosis & Rehabilitation Associates of Tacoma physicians **Surinderjit Singh, MD**, and **Mohammad Saeed, MD** both served as oral examiners for the American Board of Electrodiagnostic Medicine in April. The examinations were held in Chicago. Dr. Singh attended medical school in India and completed his residency at the University of Washington in 1975. Dr. Saeed completed his residency at the University of Washington in 1977 after completion of medical school in Pakistan.

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Surgical Update CME May 19 & 20

The very popular dissections, demonstrations and lectures presented annually by the Tacoma Surgical Club are set for May 19 and 20. 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.

CME credit is only available for the Saturday lectures. The 64th annual program is directed by **James Rooks, MD**.

This year's guest lecture will be presented by Kirby I. Bland, MD, FACS, Professor and Chairman, Department of Surgery, School of Medicine, Brown University.

Complimentary Clinical Guidelines CME will be held Friday, June 9

Clinical Guidelines - Quality and Cost Effectiveness, a Category I accredited CME course will be offered of Friday, June 9. 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. Guidelines, quality and cost will be emphasized. The course will be 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.

ACLS Provider Course Set for June 22 & 23

The College will sponsor another Advanced Cardiac Life Support (ACLS) course on Thursday and Friday June 22 and 23. The course brochure, which will be available soon will include registration information.

The course offers 16 hours of Category I CME credit. The two-day certification course, which is offered twice annually for physicians, nurses and paramedics, follows guidelines of the American Heart Association. A prerequisite is certification in Basic Life Support. The course will be held at Jackson Hall and combines lecture and major hands-on practice opportunities. If you want more information, please call the College at 627-7137.

<u>DATES</u>	<u>PROGRAM</u>	<u>DIRECTOR</u>
May 19 & 20	Surgical Update: 1995	James Rooks, MD
June 9	Clinical Guidelines: Quality & Cost Effectiveness	Les Reid, MD
June 22 & 23	Advanced Cardiac Life Support	College of Medical Education

Goodbye President Kesling.....

My year as your President has drawn to a close, and my parachute packers are packing up their parachutes! My heartfelt thanks goes to all my officers and committee chairs that have all pulled together to make this year a successful and productive one for the Alliance. "Many hands make light work" as the saying goes, and this is especially true of our organization. Our incoming President, Joan Sullivan, is waiting in the wings and hoping to hear your positive replies when she asks you to fill her committee positions.



I would like to thank our Society President **Dr. David Law** for his continuing support in the battle against domestic violence. A very positive step is being taken on Thursday, May 11 to help educate physicians, nurses and other health care providers about this social problem. Hopefully this seminar will be well attended.

Our last big event of the year is the Choice Not Chance Teen Health Forum being held in Ellensburg on May 4. Many thanks to the Medical Society for donating \$500.00 to the Forum. Through the tireless efforts of Sharon Ann Lawson and Alice Wilhyde and many volunteers this event has enriched the lives of young teens in our communities.

Because March was designated National Medical Alliance Month, the WSMAA has begun a year long campaign to heighten both individual and community awareness about breast cancer. We will educate, motivate and activate our community on this issue. Our goal: to save lives through early detection.

On a local level, the YWCA is redesigning its ENCORE program. It is a support group for women who are recovering from breast cancer. They help women with the physical aspects of recovery and offer emotional support. Our philanthropic funds have helped them produce more brochures to go to physicians offices locally. We need volunteers to help with this distribution.

Thanks for your help and support. Good luck to the new 95-96 PCMSA Board members.

Patty Kesling

President 94-95

PCMS Alliance Finance/Philanthropy Committee

The Finance/Philanthropy Committee, chaired by Terry Scholl, will be disbursing the philanthropic funds as approved by the Board. The Holiday Sharing Card raised \$12,807.47 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 in those programs which improve the health and quality of life for all people. The following organizations will receive funding: **Teen Health Forum-Choice Not Chance, Neighborhood Clinic, Trinity Clinic, Lindquist Clinic,** and the **YWCA Support Shelter.**

We are hopeful to continue our philanthropic efforts to health related charitable organizations with the funds raised again this year with our Holiday Sharing Card.

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 NW, 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, 1995.

Congratulations to the new 1995-1996 Slate of Officers

At the February 6th board meeting and the February 10th general meeting, the following slate of officers were elected by unanimous vote: President: Joan Sullivan, President-Elect: Toni Loomis, 1st VP-Program: Mona Bahgdadi, 2nd VP-Membership: Sue Wulfestieg, 3rd VP-Arrangements: Jerol-Ann Gallucci, Recording Secretary: Mimi Jergens, Corresponding Secretary: Fran Thomas, Treasurer: Leigh Anne Yuhasz, Dues Treasurer: Janet Fry.

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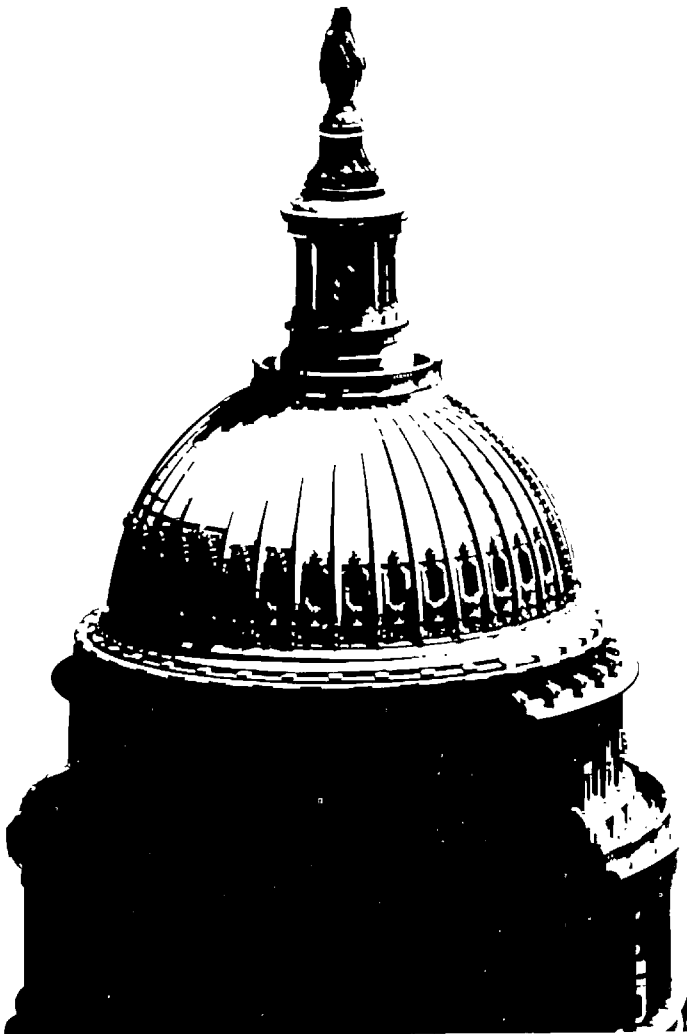
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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

March, 1994

June, 1995



Dr. Tice meets with Congressional Committee

(See page 3)

See inside....

- "Stark Reality".....Page 3*
- "Physician Police".....Page 4*
- "Bad Behavior".....Page 6*
- Change/Stress.....Page 12*
- A Board Portrait.....Page 10*
- PCMS History Lesson....Page 11*
- HIV/AIDS Resources.....Page 13*

PCMS Officers/Trustees:

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John H. Rowlands, MD.....President Elect
Stanley C. Harris, MD.....Vice President
James M. Wilson Jr., MD.... Secretary/Treasurer
Peter K. Marsh, MD..... Past President
Robert M. Alston, MD
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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

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Speaker of the House: Richard Hawkins, MD
Trustees: James K. Fulcher, MD, Richard G. Bowe, MD, Eileen R. Toth, MD
Finance Committee: Charles Weatherby, MD
AMA Alternate Delegate: Leonard Alenick, MD

Executive Director: Douglas Jackman

Committee Chairs:

Aging, Richard Waltman; **AIDS**, John Van Buskirk; **Bylaws**, Stanley Tuell; **Budget/Finance**, James M. Wilson Jr.; **CHCDS**, Charles M. Weatherby; **College of Medical Education**, Surinderjit Singh; **Credentials**, Andrew Levine; **Emergency Medical Standards**, Anthony Haftel; **Ethics/Standards Of Practice**, David Lukens; **Grievance**, Peter Marsh; **Legislative**, William G. Marsh; **Medical-Legal**, Nicholas Rajacich; **Membership Benefits, Inc.**, Joseph Wearn; **Personal Problems Of Physicians**, John McDonough; **Program**, Stanley Harris; **Public Health/School Health**, Lawrence Schwartz; **Puyallup Fluoride**, William G. Marsh; **Sports Medicine**, John Jiganti.

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

The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions 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:

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Advertising Representative: Tanya Miller

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Features

"Stark Reality" by Alan Tice, MD Page 3
Medical Quality Assurance Commission Page 4
Unprofessional Conduct..... Page 6
How to Deal with Change & Stress Page 8

Departments

Bridging Walls: A Board Portrait Page 10
Directory Changes Page 16
College of Medical Education Page 17
PCMS Alliance Page 18
Classified advertisements Page 19

News Briefs

WSMA Board discussions Page 9
PCMS History Lesson Page 11
Fall General Membership Meetings Page 15
E-mail information Page 14

Local News

HIV/AIDS Resource Connections Page 13

Stark Reality

by Alan Tice, MD

I had the opportunity of testifying at a hearing of the Health Subcommittee of the House Ways and Means Committee in Washington (the city) on May 3rd. It was an awesome room with an impressive interior - including huge portraits of some of our famous forefathers-like Wilbur Mills. The subject of discussion was the physician self-referral legislation created by Representative Pete Stark, who was chairman of the committee before William Thomas took over with the Republican landslide last Fall.

Testimony was initially given by Kathleen Buto, the director of the Health Care Financing Administration and by a variety of august medical organizations such as the American Medical Association, the American Society for Internal Medicine, the American Hospital Association, the Medical Group Management Association, the Federated Ambulatory Surgical Association, the American Academy of Orthopedic Surgeons, plus two local organizations of which I am president - the Outpatient Intravenous Infusion Therapy Association (OPIVITA) and the Physicians for Quality Outpatient Infusion Therapy (PQOIT).

Most of the testimony was strongly in favor of amending or repealing of both Stark I and Stark II as it is clear that these are much more complicated issues than initially recognized and that they have already had a significant negative impact on patient care and the physician's ability to provide that care. Particular issues that arose were the ability of the oncologist to provide chemotherapy, the ability of the orthopedist to do x-rays and provide

crutches in the office, the ability of internists to share laboratory services and the ability of physicians to provide outpatient therapies through their office rather than referring them to an outside for-profit agency.

There were numerous comments and clinical cases presented. The committee seemed quite concerned about patient care issues and sympathetic to the doctor's perspective on the needless regulations and their questionable benefit.

Mr. George Grob, deputy inspector for the Office of the Inspector General (OIG), had the unfortunate duty of presenting the OIG perspective and was torn to shreds by Chairman Thomas. Rep. Thomas agreed that studies have shown a correlation between ordering laboratory and x-ray studies with physician ownership, but that evidence this compromises patient care or in fact costs more for the care of disease is lacking. Rep. Thomas went on to question the value of the investigations the OIG has conducted and the criminal penalties associated with them. He was critical of Mr. Grob who had noted that proof of criminal "intent" was a deterrent to prosecution in self-referral cases. This is particularly important in regard to a recent legal decision by the appeals court in the Hanlester case - which seriously weakens the federal case that had been considered a landmark decision.

Both Thomas and Stark mentioned that self-referral regulations had been a tremendous boon to the legal profession and business interests. Thomas even mentioned



a book that has been authored by six lawyers about the Stark regulations even though no formal regulations have yet been released.

Rep. Stark was quiet during most of the hearings and seemed to be more interested in trying to save some of this legislation from complete repeal rather than extend it. He even mentioned that there may be more of a problem with underutilization than over-utilization of medical services as managed care evolves.

Rep. Jim McDermott was there for part of the hearing. I talked with some of his staffers afterward - who seemed somewhat interested in physician self-referral legislation but more so in the single-payor system Dr. McDermott has proposed.

My testimony was well received and within the five minutes allowed. The chairman and even Mr. Stark seemed quite accepting that the present self-referral regulations create needless barriers to physician involvement in outpatient care and should be amended. I was quite pleased with their response and surprised at their support.

What will happen now is still uncertain. The testimony of the hearing will be reviewed, then motions will be made by the Ways and Means Committee to the House for passage. The recommendations will then be reviewed by the Senate with likely amendments and possible repeal of the Stark legislation within the next few months. We will see what happens.

It was an interesting experience to actually have someone in Congress listen to me. I encourage all of you to raise your voices to them as well and help them understand the best course to pursue in regard to patient care. ■

Medical Quality Assurance Commission

Pierce County physicians help monitor patient care

Where is the line between due process for physicians and keeping the public safe? **Estelle Connolly, MD** tried to find and explain that line at the PCMS General Membership Meeting held at the LaQuinta on May 9. As a Board Member of the state's Medical Quality Assurance Commission she addressed the crowd of about 60 physicians and spouses to give insight into the Commission, its function and the operations of the governing body. She noted that lately, state commissions and medical boards, in general, have taken their licks. They have faced pickets at recent meetings and have had many complaints against them, particularly in Washington and Oregon. The primary nature of the complaints include:

- **they accomplish too little, too late**
- **they do not recognize or see talent in alternative medicine**
- **they are too lenient**

"The public expects the worst, professionals expect the best and as a result nobody is happy. The board sits in the middle", she explained.

In spite of this, Dr. Connolly and other Commission members spend about 30 hours per month working for the Commission and are paid \$1.60 per hour. By the state RCW (Revised Code of Washington) they have the power to oversee and regulate medical practices of physicians and physician assistants. Out of approximately 1,000 complaints each year only about 100 of them result in some form of disciplinary action. The 19 mem-

ber board is comprised of 13 physicians, two physician assistants, and four public members. The term is four years, and is a gubernatorial appointment. Other

unit where many of the workers have law enforcement backgrounds. A phone call is made to the physician regarding the complaint and information is gathered.

"if you receive a call or inquiry from the Commission regarding a complaint, treat it seriously and expedite the response quickly. Many routine cases can be easily and quickly closed with the physician's cooperation"

Pierce County physicians serving on the Commission include **Drs. Stan Tuell and John Kemman.**

Dr. Connolly walked through the steps that a complaint would follow once received by the Commission office. Complaints are received by numerous methods. They include letters and phone calls from the public as well as mandatory reporting requirements such as loss of hospital privileges, medical insurance commission complaints, etc. Other states and the National Data Practitioner Bank notify the Commission of disciplinary actions. Anonymous complaints are accepted.

Once a complaint is received, a file is set up and it goes to a medical director. The details are reviewed and a determination is made regarding urgency. It will be classified as either felony or routine. Felony would include complaints regarding severe alcohol or drug involvement, inappropriate touching, etc. The file proceeds to an investigative

They typically ask for current CME credits, status of medical license, as well as a response. Dr. Connolly advised, "if you receive a phone call or inquiry from the Commission regarding a complaint, treat it seriously and expedite the response quickly. Don't procrastinate or be afraid. Many routine cases can be easily and quickly closed with the physician's cooperation." After the investigative review, if necessary, the file proceeds to legal review. The Commission has five attorneys that work in this department. Dr. Connolly reported that physicians have legal rights, and the Commission tries to find the line between due process and keeping the public safe. At this point, a Commission member is assigned to the case. It becomes the physician members job to evaluate the medical side of the complaint.

Dr. Connolly stressed that these cases tend to take a phenomenally long time. She said the legal and medical investigations consume

(Continued next page)

Quality Assurance Commission, continued

the bulk of time. All cases are labeled as anonymous by number and three or four people work on each case. The choices for resolve include: no action, concern, or advice. The most common response is no action. If advice is the outcome then a letter is sent to the physician and the complainant. Felony, severe breach of conduct, and other serious cases call for

come before the board involve sexual misconduct. Drug, alcohol, CME, over prescribing and other such cases don't have to come to compliance hearing and face the board.

If the settlement conference is not successful then a pre-hearing conference is scheduled. The last step is a board hearing. These hearings are open to the public, testimony is given and it is very much like a trial. This decision



Dr. Patrice Stevenson talks with Dr. Connolly as Dr. Rich Dehlinger waits his turn

suspension or revocation of license. They are not very common but as soon as charges are made they are reportable to the Data Bank, professional societies, other states, as well as a list of over 100 places/persons that are notified. In these cases, the Commission has to provide a hearing within 30 days. This is an attempt to give due process. If a settlement conference is decided upon, then it has to be held in 90-160 days. This conference is a vehicle to help reach a settlement before the hearing. After a settlement is reached it goes to the Commission for acceptance and final requirements and compliance conditions. All arrangements are clearly spelled out in a specific legal document. At this point, it is reportable. The only cases that are required to

can go on to superior court, if necessary.

Dr. Connolly noted that patients are now more suspicious and are taking action more often. In 1994 they logged 5300 calls and in 1995 they are up 130 calls per month from last year for the same time period. She noted that "the public wants more information than the commission wants to give."

In closing, Dr. Connolly stressed that after two years of serving on the commission her **best advice to physicians would be to keep better records, communicate clearly and precisely with patients, and make sure there is no room for misunderstandings with personal patient examinations.** ■

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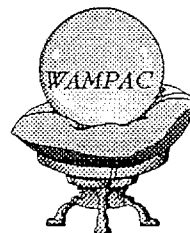
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RCW 18.130.180 Unprofessional conduct

Editor's note: This is the RCW that applies to licensed medical care providers. As Dr. Connolly reported in her presentation at the May general membership meeting, unprofessional conduct is cause for disciplinary action, including license revocation, by the Medical Quality Assurance Commission.

The following conduct, acts or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter.

- (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
- (2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
- (3) All advertising which is false, fraudulent, or misleading;
- (4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed;
- (5) Suspension, revocation, or restriction of the individual's license to practice the profession by competent authority in any state, federal or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;
- (6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;
- (7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
- (8) Failure to cooperate with the disciplining authority by:
 - (a) Not furnishing any papers or documents;
 - (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority; or
 - (c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding;
- (9) Failure to comply with an order issued by the disciplining authority or an assurance of discontinuance entered into with the disciplining authority;
- (10) Aiding or abetting an unlicensed person to practice when a license is required;
- (11) Violations of rules established by any health agency;
- (12) Practice beyond the scope of practice as defined by law or rule;
- (13) Misrepresentation of fraud in any aspect of the conduct of the business or profession;
- (14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

(continued next page)

- (15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
- (16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure or service;
- (17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
- (18) The procuring, or aiding or abetting in procuring, a criminal abortion;
- (19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
- (20) The willful betrayal of a practitioner-patient privilege as recognized by law;
- (21) Violation of chapter 19.68 RCW;
- (22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
- (23) Current misuse of:
- (a) Alcohol;
 - (b) Controlled substances; or
 - (c) Legend drugs;
- (24) Abuse of a client or patient or sexual contact with a client or patient.

Deborah Baker replaces Dixi Gerkman as MBI Placement Coordinator

Deborah Baker replaced Dixi Gerkman as MBI's placement coordinator in March. Dixi left employment with the Medical Society to manage the Gig Harbor Clinic for the Franciscan Health Care System. She had served as the placement coordinator for two and a half years. During her employment she helped start the temporary employment agency. The temporary division has grown tremendously and much credit is due Dixi for the success of the business. She will be missed at the Society office and we wish her well.

Deborah Baker is the new staff person hired to place both permanent and temporary employees.

Deborah came to MBI from Eaton College where she was responsible for externship placements in physician offices. She also worked with students to help them find employment after graduation.

Placements for part and full time permanent, as well as temporary medical positions are available. Temporary employees are employed by MBI and then "loaned" to medical offices from one, to as many days, as needed. The



employer pays an hourly fee to MBI for the employee. MBI then completes all the paperwork, including payroll, taxes, and other personnel requirements relieving the physicians office from these employer responsibilities.

Please call Deb and introduce yourself. If you have employment needs or questions about personnel issues, please feel free to call. (572-3709) We're here to help. ■

Dealing with Change and Stress in the Medical Practice

"If you can't keep up or feel like you can't keep up there are obvious reasons why"



according to Richard Glenn, Ph.D. D. Min., presenter for Dealing with Change and Stress in the Medical Practice. The complimentary CME course held on April 29 at St. Joseph Medical Center was organized by **Paul Schneider, MD** and co-sponsored by the Medical Society, Medical Society Alliance, College of Medical Education and the Franciscan Health System.

Glenn professed that "the world is moving very quickly, and as noted by Tofler in his famous Future Shock book, the first wave of civilization lasted about 6,000 years, the second wave 200 years, and the third wave 25 years. And, who knows what is next. There is a major shift taking place in that we are a global village becoming a world economy."

He asked the forty plus participants, is change good or bad? Many expressed frustration and a feeling of being out of control, but would not assign a label. It was agreed that the changes happening in medicine are happening too fast and most fear being left out or behind. Dr. Glenn emphasized that change is part of life (and what life does to you) and there is absolutely no way to anticipate the highs or the lows.

Change happens and there is no way to anticipate how or why it will happen.

"All of a sudden we are dealing with something that we never

thought would happen to us" Glenn said. "It is uncomfortable and we do not like it. It even attacks our values. The gatekeeper system is unethical, the business world is encroaching, there are no longer any incentives for good medicine. How do we survive, how can we cope?"

The first coping mechanism offered by Dr. Glenn was that doctors need to help each other. Outsiders don't understand the profession. They don't know the stresses and limitations. He used the analogy of a huge wall in front of an individual. "I've got to get over that wall - how do I do it, or

it is good. He noted medical models that are good to some physicians and not good to others. It all depends on your perspective. The U.S. medical model that is now being changed was wonderful to many physicians, but totally unacceptable to others because of the 35 million uninsured people. We all see the world through different lenses.

Glenn reviewed the five stages of change that everyone must go through, as they are normal and necessary to the process. They are: 1) denial, 2) resistance, 3) confusion, 4) exploration, and 5) renewed commitment. For those

"Doctors need to help each other. Outsiders don't understand the profession. They don't know the stresses and limitations."

do I do it, I need to talk to others. We can do it together. We can help each other. But, complaining makes us stuck and is un-productive.

Secondly, Dr. Glenn asked, do we believe that we can carve or create our own future or do we believe that life happens to us? Our approach to life must be that we are in control. If there is no dream, no vision, no future, we will not be happy. Our present or current reality is based on how we anticipate the future. And, if we feel there are no incentives, we must create new incentives.

He suggested that everyone accept their feelings. Everyone has a right to their feelings and they are neither right or wrong. Feelings are normal and necessary and a part of accepting change. And, we have to accept change but we do not have to like it or think that

that don't get past the resistance/confusion stage they remain victims. They become stuck. However, if you continue through the process, even if slowly, no stage is bad.

Coping skills vary from individual to individual. If people bury their feelings and frustrations they get physical problems, and an internal volcano develops. Most people are not good at dealing with what they feel. They need to work through anger, fear, frustration and other such feelings.

Dr. Glenn believes that some physicians will manage just fine, and some will be unable to recover. But, all need resources to help negotiate difficult times. He suggested the ABC theory as a helpful tool:

A equals: any event outside myself (No control)

WSMA Board discusses many issues at Retreat

The Board of Trustees of the Washington State Medical Association (WSMA) met on the shores of Lake Chelan May 12-14 to consider the many issues currently facing its physician membership and organized medicine. PCMS was ably represented by **Drs. Peter Marsh**, WSMA Secretary-Treasurer; **Leonard Alenick**, AMA Alternate Delegate and Unified Physicians of Washington (UPW) Board member; **Richard Hawkins**, Speaker of the House of Delegates; and **Richard Bove**, Trustee. Sitting in on the sessions were **Drs. Dick Hoffmeister** and **Joe Nichols**, Tacoma orthopedists. Dr. Hoffmeister is vice chair of the Interspecialty Council and Dr. Nichols sits on the Board of Directors of UPW.

Strategic alliances, representational issues, the Quality Preservation Act, and managed care models were the issues thoroughly discussed. As medicine moves

toward managed care many questions emerge, including: How can WSMA best represent its members as they join other physicians and integrated delivery systems? Should WSMA align itself with other organizations in formal and informal arrangements? Advantages and disadvantages of such alliances were discussed. How will WSMA provide services to large groups and how are they to be represented on the Board and in the House of Delegates? How is a group defined? What will be the role of county medical societies? Can they continue to provide services of value to such disparate members and groups?

Many members of the Board reported that their offices are being flooded with questions from Medicare patients about the "zero premium" advertising being done by HMOs as they market their managed Medicare programs.

Concern was expressed that some patients are dropping their supplemental insurance programs and being promised the ability to see any physician they wish. Some of the programs are asking doctors for discounts on standard Medicare.

Unified Physicians of Washington reported that over 1900 Washington physicians have purchased stock and 3300 have signed participating agreements. The second stock offering has been extended to June 10. UPW will be bidding on contracts in early June, said Jim Peterson, President/CEO, and they will offer much flexibility in product design. Consensus was that with the demise of the Health Services Act of 1993 by the Legislature, UPW will be needed more now than ever. Many of the actions of the Board will be brought before the September 28-30 meeting of the House of Delegates in Spokane for discussion and vote. ■

"Stress" continued from page 8

B equals: How I interpret or come to think about that event (I control)

C equals: My response to B, since I have no control over A

We can only be in charge of our own feelings and events. Events won't make us miserable but our reaction to them will. It is very important to try to be in touch with life, and with your insides. Life should not fall apart when it does not go the way we want it to.

Can life be good again, asked Dr. Glenn in closing? Yes, if you decide it will be. Help is never for those who need it but for those who want it. ■

WSPIA Seeks Nominations to the Board of Directors

The Joint Nominating Committee for the WSPIA Board of Directors has announced the opening of nominations for one director position for a term of office beginning November 1, 1995. The Joint Nominating Committee includes two WSPIA Board members (Thomas F. Kerns, MD and Harold R. Clure, MD); two WSMA Trustees (Nancy L. Purcell, MD and George H. Rice, MD); and a representative of the Subscribers Council of the Exchange (K. Byron Skubi, MD).

Please send names of your proposed nominees by Thursday, June 8, 1995 to Thomas F. Kerns, MD, Physicians Insurance, 1730 Minor Ave #1800, Seattle WA 98101-1499.

WSMA Wants Your Ideas for the House of Delegates

If you have ideas you would like the WSMA House of Delegates to consider during the annual meeting in September, now is the time to submit them. The House will review resolutions submitted in writing before July 15. Please send written resolutions to PCMS by fax 572-2470, or call Doug Jackman, 572-3667 if you would like help drafting your ideas.

Bridging Walls

by Judy Wagonfeld

Hanging in Dave Law's office, a photo collage records twelve brash murals, political graffiti emblazoned on the bleak Berlin Wall. Rusted barbed wire and concrete shards gird the assemblage, symbolizing infringement on freedom. For Dave and wife Bev, the memento evokes the strife and joy of nine West Berlin years. Contrasting starkly with the adolescent innocence of Wenatchee sweetheart days, Berlin unlatched a portal to experiences they ingested like candy on Halloween.

At eighteen, leaving Eastern Washington in the dust, Dave embarked on a corkscrew path far from the Medical Society presidency. Seeking self-discovery, this middle child of five sallied forth, auditioning East Coast colleges as if applicants for a part in his life. Self unfound, he landed at UW and, armed with a philosophy degree, he hit the job market. Shockingly, no head hunters chased him down. Heck of a welcome to reality. Inadvertently, it immersed him in real life.

Precluded from military service by a religious upbringing akin to the Quakers, Dave applied for community work. Beset by the travel bug, he hitched up with the Brethren Volunteer Services' Berlin wayward youth program. Glaringly, it illuminated a vast realm of addiction and violence. He sighs, "I was goal oriented and they weren't. I wanted to do bike rides and they wanted to do drugs."

Required by the Brethren to work in a nursing home, Dave felt medicine's tug. But, only one science credit in botany made U.S. training as likely as a sunny,

Northwest winter. German fluency accorded admittance to a six-year Berlin medical school. Ironically, a science avoider, he studied it in German translations of American texts. Bev earned an education degree and, ready for internship and residency, they trekked to Massachusetts.

Visiting family in Wenatchee rekindled a lust for the West. Starting in Everett, Dave meandered south, hitting it off with Tacoma's Max Thomas (or perhaps running out of gas). Two Max-sponsored physician and patient parties later, he felt humbled. "I came into the community as gracefully as possible, falling into a good reputation I had yet to deserve."

Eking out family time, Dave, Bev, son, and daughter snow and water ski, river raft, and, hauling additional teens, camp each summer at Lake Chelan. Their outdoor-oriented kids, mimicking parental service ideals, volunteer in Explorer Search and Rescue. Tennis aficionados, Dave and Bev squeeze in a weekly game. Dave runs, alone and with a weekend group for social contact.

Considering it a "huge honor to serve my colleagues" Dave, nevertheless finds the presidency extracts "a lot of time from family." Bev picks up the slack, despite serving as Curtis High School's P.T.A. Co-President. Intent on bettering others' families, Dave aims for education concerning domestic violence's relationship and health impact. Kicking it off with May's program, he says victims view abuse as the last big stigma, "hiding the abuser like a



convicted felon." If probed they "keep it away from the present, perhaps disclosing an ex-husband's abuse." He places the Alliance flyer "No one deserves to be hit..." on his reception desk and serves on the Pierce County Commission on Domestic Violence Board.

At the AMA's Leadership Conference, Dave found concurrence that the "physician image is unclear and in flux." Disheartened practitioners drop out or suffer depression, indicative of the changing climate's stress. Accepting and adapting, he finds, brooks the discordant chords that tender turmoil. "Look for the good," he suggests, content that "compassionate care still delivers the satisfactions that prompted me to enter medicine." At his office one senses that respect and caring; in a patient's hand-carved ducks, in Dave's warmth and listening skills, and in magazines no older than three months.

Ever an optimist, Dave wants, "physicians taking pride in the profession and enjoying the work." He believes communication prevents health care reform walls from dividing patient and physician. By flashing that message when he smiles and shakes hands, he tears down barriers and makes contact as simple as crossing Berlin's downed wall. ■

A glimpse of PCMS History: 10, 30, 50 years ago

30 YEARS AGO THIS MONTH....

It was reported in the June, 1964 *Bulletin* that the Pierce County Chapter of the American Academy of General Practice hosted the Northwest Regional meeting of the AAGP May 14, 15 and 16 at the Winthrop Hotel. Three hundred and five physicians registered. **Elmer W. Wahlberg** was chosen president-elect of the State organization, Paul Bondo was re-elected vice speaker and **John May** and **James Hazelrigg** attended as delegates.

The arrangements for the meeting were accomplished by the General Chairman, Robert C. Johnson. His hard-working committee included: **Paul Bondo, Herman Judd, Kenneth D. Graham, G. W. Bischoff, Chris Reynolds, Fred Schwind, Robert Ferguson, James Blankenship, Robert Crabill** and **John Liewer.** "John Comfort is president of the Pierce County Chapter."

50 YEARS AGO...

The adjacent advertisement was published in the May, 1945 *Bulletin*:

Minutes ...Meeting of PCMS.. April 10, 1945: **Dr. William Mattson** made a report for the Library Committee and made a request for the donation of more magazines to the library. He stated that we should have a subscription list of at least 100.

10 YEARS AGO...

Headline in June, 1985 *Bulletin*: "**The AMA: Fighting Professional Liability Crisis**" The same headline could be written today as the Senate is considering tort reform. The House has already passed legislation with a \$250,000 cap on "pain and suffering".

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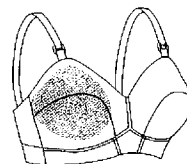
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We have for sale, a ten bed hospital, with a lovely modern home having basement and furnace, attached. Also caretakers' quarters and double garage. Situated on 3-1/3 acres, with 160 commercial holly trees bearing, having grossed \$1600 in each 1944 and 1945 from holly alone. Other numerous fruit and nut trees, 200 feet waterfront, on paved highway, unsurpassed view of Sound and mountains.

The hospital serves the entire peninsular area all the way to Port Orchard, therefore is an ideal location. The price is far below its reproduction cost, being only \$17,500.00, down payment \$6,000, balance \$100.00 per month including 6% interest, which the holly trees alone should make the payments on. Hospital equipment may be separately purchased. For appointment to see this attractive property, see or write Harry M. Smith, or telephone, days, BR 2155; evenings, LA 3056.

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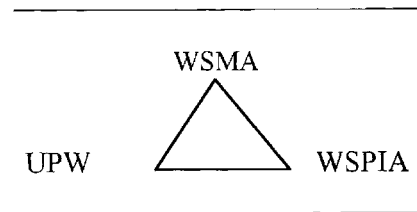
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- has 1900 physician investors
- has 3200 participating physicians
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- application for insurance license is before the Insurance Commissioner

How to Invest

Who may invest: Physicians and physician assistants who are members of the WSMA and residents of Washington state.

Share price: Minimum investment is \$1,000 and maximum investment is \$10,000

How to purchase shares: Fill out the shareholder's agreement and a stock subscription. Sign those documents and return with your check (or other payment method) to Unified Physicians of Washington, 33301 - 9th Avenue South, Suite 200, Federal Way, WA 98003-6394.

What to do if you've lost the prospectus: Call UPW today at (206) 815-1888 or 1-800-418-0357 and another will be sent to you.

HARC

HIV/AIDS Resource Connections

The Tacoma-Pierce County Health Department has a new HIV/AIDS information and referral program that can assist medical providers in linking their patients with services.

We call the program HARC: HIV/AIDS Resource Connections

HARC's mission is: to create a bridge between people with HIV/AIDS and the agencies providing services to them, to assess client satisfaction with services, and to monitor the quality of case management services.

At HARC, we link persons with HIV/AIDS and their families with social, financial, legal and other referrals. By utilizing HARC, the primary care provider can concentrate on the patient's medical management and assure that the person's psychosocial and other needs are met.

At HARC, we link people with HIV/AIDS and the agencies providing services to them.

We also recruit and maintain a listing of Pierce County physicians and dentists who are willing to accept referrals of persons with HIV/AIDS. All physician and dentist referrals are monitored to ensure distribution of clients among the medical community. We also assist persons with applications for the HIV Intervention Program (HIP) and the HIV/AIDS Prescription Drug Programs (APDP).

At HARC we administer a basic psychosocial assessment (either

over the phone or in person) to help us determine what services the person needs and what referrals are appropriate. Situations usually are handled in one of three ways.

If the person's needs are limited and a referral is all that is desired, a referral is made.

If the person is HIV infected, does not have an AIDS diagnosis, and has multiple needs, the person is referred for client advocacy services. Currently the Pierce County AIDS Foundation is the only provider of client advocacy services.

If the person has an AIDS diagnosis and wants case management services, the person is given a choice of providers. Currently, five Pierce County agencies provide case management services. Those agencies are: Associated Home Health, Franciscan Home Care, Good Samaritan In Home Services, Olsten Kimberly QualityCare, and Pierce County AIDS Foundation.

We ask all persons given a referral from our program if we may call the person back to see if the person succeeded in contacting the referral, if their needs were met, and if the person was satisfied with the referral. Similarly, for persons given a referral to client advocacy or case management, we ask if we may periodically call to see how satisfied they are with the ongoing services.

If problems are identified with any of the referrals or services, we help resolve the situation. Our first efforts are to empower the

client to resolve the problem directly, and if desired, we assist with resolving the problem.

HARC services are confidential and release of information forms are required before we can share specific patient information.

We are in the process of contacting key referrals sources such as hospitals, doctor's offices, and drug treatment centers to advertise the program. Brochures describing the program are available by calling us at (206) 596-2863.

By utilizing HARC, the primary care provider can concentrate on the patient's medical management and assure that the person's psychosocial and other needs are met.

Referrals can be made either by having the patient call us, or you or a staff member can make the initial phone call, to schedule an appointment (either in person or over the phone). To make a referral or for further information on HARC, contact Joyre L. Booker, HARC Monitor at 596-2863 or 1-800-246-7124. If you have feedback on our program, you may contact Joyre or John Wiesman (597-3492).

This article submitted by the Tacoma Pierce County Health Department

Medical Society has E-mail address

If you would like to access the Pierce County Medical Society via Internet you can now do so. The address is "djackman@tribnet.com". The quote marks are not part of the address.

E-Mail addresses - please forward

The Medical Society is now gathering members' e-mail addresses and will be considering including them in the 1996 Physicians Directory. If you would like to have your e-mail address on a PCMS listing, please call, 572-3667.

Fax numbers - wanted!

The Society office would like to have all members on its fax line. Legislative alerts, meeting notices, etc. are all being faxed. If you have not been receiving notices from the Society, please call 572-3667 and relay your fax number.

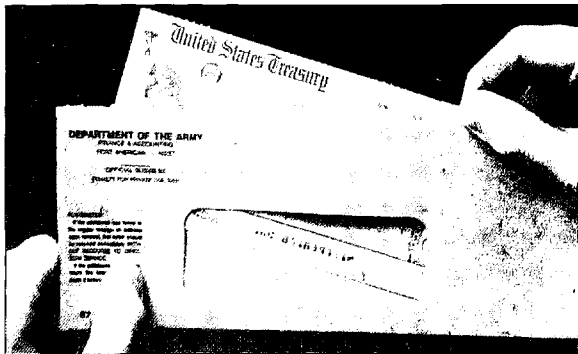
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Mark your calendars for fall general membership meetings

"What are Physicians Using and Creating on the Internet" and "Addiction: Everyone's Affliction" are the scheduled topics for the September 12 and October 10 general membership meetings, respectively. Ms. Nancy Ottman Press, MA Milbr., Nathional Network of Libraries of Medicine, will demonstrate what physicians can do and are doing on the electronic highway (Internet). She will stress what is and what is not available. It should be a fascinating session, so mark your calendar for **Tuesday, September 12.**

The October meeting will feature well known speaker, Dr. Lynn Hanks, Medical Director, Washington Physicians Health Program (PHP). He will discuss what alternatives impaired physicians have when seeking help, if it is necessary that a report go the the Medical Quality Assurance Commission, and what are the specific requirements of the contract that PHP and the physician sign. These and other questions will be discussed. Mark **Tuesday, October 10** on your calendar.

Physicians Online -free membership

"To Stay Current, the price is free" says the brochure. Access numerous clinical and research databases 24 hours a day at no cost. Get the most current information possible from this by physicians, for physicians program. What's the catch? There is none as the system is supported by sponsors. For more information you may call Physicians Online 1-800-332-0009 or call the Society office for a copy of their brochure.

Knowledgable about ADD in adults?

A major need of adults with ADD is finding professionals to diagnose and treat them. Our non-profit organization, ADDult Support of Washington (ASW) is creating a database of ADD clinicians. There is no charge to register or receive referrals. Send a self-addressed, stamped envelope to ASW, PO Box 7173, Tacoma, WA 98407 for a registration form.

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Directory changes:

Please make the following changes to your 1995 Physicians Directories:

Bayrakci, Cemil, MD Patient records available from Franciscan Family Care, PO Box 5467, Tacoma 98415.

Constance, Mark, MD Change address to 315 MLK Jr Way #202 Tacoma, WA 98405.

Kanar, Edmund, MD Add to active section, MAMC, Tacoma, 98431, 968-3104 or 968-2429.

Maehren, Johnette, DO Change address and phone to: 6401 Kimball Dr. Gig Harbor, WA 98335, 858-4350 Fax: 858-3425 physicians only 858-4373.

Morris, Ronald, MD Change address to: 2908 E Main Puyallup, WA 98372

Reeves, Robert MD (Retired) Change address to: 6210 75th St W #A-200 Tacoma, WA 98467.

Simpson, Carroll, MD Add Suite #306 and UPIN #A15327.

Wilson, James A., MD Add fax # 588-0884

Please add **Edmund Kanar, MD** to the active listing in the 1995 PCMS Physicians Directory. He was inadvertently listed in the retired section. Thank you.

Correction for Source Directory

Due to a typographical error, the main hospital number for St. Joseph Medical Center, Tacoma was incorrect in the 1995 edition of the Washington State Medical Association Directory *THE SOURCE*. The correct number is 627-4101.

WSMA decides to build in Olympia

At the May WSMA Board meeting it was agreed that the organization would be financially ahead if it purchased office space in Olympia to build an office rather than continue its current leasing arrangement.

A site has been selected in the West Hills Office Park II, (located on Cooper Point Road and Black Lake Road) with an approximate occupancy date of November, 1996. The Board approved the projected cost of \$384,000.

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COLLEGE OF MEDICAL EDUCATION



ACLS Provider Course Set for June 22 & 23

The College will sponsor another Advanced Cardiac Life Support (ACLS) course on Thursday and Friday June 22 and 23.

The course, offering 10.5 CME hours, will be held at Jackson Hall and combines lecture and major hands-on practice opportunities. If you want more information, please call the College at 627-7137.

Clinical Guidelines CME Looks at Quality & Cost

Clinical Guidelines - Quality and Cost Effectiveness, a Category I accredited CME course will be offered on Friday, June 9. 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. Guidelines, quality and cost will be emphasized. The course will be accredited for 6 hours of Category I CME and AAFP prescribed hours.

Ritz-Carlton Selected for Maui CME in Spring, 1996

The College has selected the world-class Ritz-Carlton Kapalua Hotel on the island of Maui as the site for its "every other year" CME in Hawaii program. The Ritz-Carlton was selected based upon excellent testimony from many local physicians who have attended CME meetings there and our ability to negotiate great rates for a truly elegant, luxurious hotel.

In line with most local school district spring vacations, the conference is scheduled for the first week of April. Qualifying for 16 CME Category I credits, the program is designed for PCMS physicians and others and offers a potpourri of important medical addresses.

Of course, the conference also offers family vacationing and conference rates for air transportation.

It is anticipated that the registration/program brochure will be available in July. After that time, those interested are encouraged to make their travel plans early as our conference dates are in Hawaii's high season.

Popular CME at Whistler set for February 1-3, 1996

For a second year in a row, the College's CME winter ski program will likely be held in the Whistler area.

Negotiations are nearly complete for the very popular program to be held on February 1-3 next year. Reduced rates at an area hotel (condos) are also planned.

It is anticipated that participants will again benefit from reduced hotel rates and the discount rate the U.S. dollar enjoys in relation to the Canadian dollar. Details will be available in July.

As last year, the program will be directed by **Rick Tobin, MD** and will feature medical addresses of interest to all practices.

<u>DATES</u>	<u>PROGRAM</u>	<u>DIRECTOR</u>
June 9	Clinical Guidelines: Quality & Cost Effectiveness	Les Reid, MD
June 22 & 23	Advanced Cardiac Life Support	College of Medical Education

Congratulations parents for the following achievements:

Henry and Mary Ann Retailiau are proud to announce their daughter Lisa's imminent graduation from Bellarmine. Her destination will be the University of California at Santa Cruz in the fall.

Dave and Bev Law are proud to announce the graduation of their son, Thaddeus, from Curtis High School in June. He will be attending Dartmouth College in New Hampshire in the fall.

Jerome and Candy Rao are proud to announce the upcoming graduation of their son, Joseph, from Bellarmine. He plans to attend the University of Washington in the fall.

Patrick Murto and Eileen Toth proudly announce the graduation of their daughter, Amy, from Bellarmine. She will attend the University of Puget Sound in the fall.

Jit and Jeena Singh proudly announce the graduation of their daughter, Simmi, from Stadium High School. She will be attending the University of Washington in the summer.

Peter and Patty Kesling are proud to announce the graduation of their son, Peter John, from the University of Puget Sound.

Antonio and Thelma Garcia proudly announce the upcoming graduation of their son, Antonio, III, from Bellarmine. He plans to attend Gonzaga University in the fall.

PCMS Alliance Finance/Philanthropy Committee

The Finance/Philanthropy Committee, chaired by Terry Scholl, will be disbursing the philanthropic funds as approved by the Board. The Holiday Sharing Card raised \$12,807.47 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 in those programs which improve the health and quality of life for all people. The following organizations will receive funding: **Teen Health Forum-Choice Not Chance, Neighborhood Clinic, Trinity Clinic, Lindquist Clinic,** and the **YWCA Support Shelter**

We are hopeful to continue our philanthropic efforts to health related charitable organizations with the funds raised again this year with our Holiday Sharing Card.

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 NW, Gig Harbor, WA 98335.** Proof of 501(3) IRS rating is required. All applications *must* be requested directly from Terry. Application deadline is July 15, 1995.

Congratulations to the new 1995-1996 Slate of Officers

At the May annual meeting the following slate of officers were elected by unanimous vote: President: Toni Loomis, President-Elect: Fran Thomas, 1st VP-Program: Mona Bahgdadi, 2nd VP-Membership: Sue Wulfestieg, 3rd VP-Arrangements: Jerol-Ann Gallucci, Recording Secretary: Mimi Jergens, Treasurer: Leigh Anne Yuhasz, Dues Treasurer: Janet Fry.

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Locum Tenens Opportunities.
Group Health Cooperative of Puget Sound is currently seeking locum tenens family practitioners willing to work in a variety of practice settings, including urgent care. Opportunities in Olympia, Seattle, Tacoma, Redmond, Everett, and Kitsap area may be available. For further information, call 1-800-543-9323 or write to: Medical Staff Recruitment, 521 Wall Street, Seattle, WA 98121. Equal opportunity employer.

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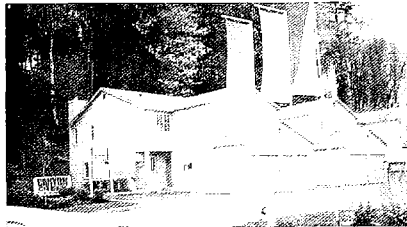
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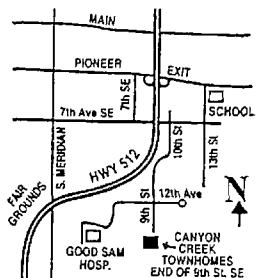
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BULLETIN

March, 1994

July, 1995



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Physicians leading the way

See story page 6-7

Inside:

Special Report: Physician Affiliations	Page 3-4
Mini-Internship fun and educational	Page 5
Physicians/families enjoy Sound to Narrows	Page 6-7
From Milking to Medicine: A Board Portrait	Page 9
Tuberculosis in the Medical Office	Page 11
Malpractice Support Group	Page 16
Retired Physician Luncheon goes underwater	Page 13

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

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

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Features

Special Report: Physician Affiliations 3-4
Mini Internship Program Review 5
Physicians/Families enjoy Sound to Narrows 6-7

Departments

From Milking to Medicine: A Board Portrait 9
Directory Changes..... 15
College of Medical Education 17
PCMS Alliance 18
Classified Advertising 19

News briefs

College has new Board members..... 8
Federation of Medicine study results 8
Tuberculosis in the medical office 11
Physician/Patient Covenant 12
Internet Tip Sheet 14
Malpractice Support group 16

Local News

Retired Physician Luncheon goes underwater 13

Special Report: Physician affiliations up close

Did you say NPN or MPN? As **Richard Hawkins, MD** told the PCMS Board of Trustees at their June meeting, "the two are confusing, and very different, so make sure you have good diction." Hawkins, along with **Matt White, MD** and **Mike Young, MD**, gave updates regarding their respective physician network arrangements, Multicare Physician Network (MNP), Franciscan Physician Hospital Network (PHN) and Northwest Physician Network (NPN).

Dr. Hawkins reported that 53 weeks ago he ceased being an independent practitioner and became employed. He noted that MPN is still in the organization phase and even after 13 months of operation they are striving to figure out how to make it work.

MPN is a division of MultiCare Health Systems. They currently have 30

physicians, all family practice and primary internal medicine. They function like a clinic without walls, as they practice in 17 different sites. They all had established practices and now have no ownership in them. MPN has a Board of Directors of nine members. Six are physicians elected by physicians and three are administrators, including the VP for Medical Affairs; thus seven of the nine members are physicians. The Board has autonomy for medical decision making and this has



The following summary is to help define the terms IPA and PHO as referred to in this article. Information is from Davis, Wright, Tremaine.

Independent Practice Association (IPA) is an association of individual physicians or physician practice groups organized for the purpose of contracting with one or more managed care plans.

Advantages: can participate in true managed care risk contracting, low capital/risk model, maintain professional and financial autonomy, increased leverage in negotiations with hospitals and payers

Disadvantages: difficulties in capital formation, weak systems infrastructure, often unwieldy, doesn't affect the expense side of physician practices

Physician Hospital Organization (PHO) is an arrangement, with many models, that forms a joint association for the hospital and physicians to merge for the purpose of securing managed care contracts and patients.

Advantages: vehicle for joint hospital-managed physician care contracting, offers payers opportunity to enter into a single capitated contract for both inpatient and professional services, hospitals and physicians can jointly capitalize and manage all services

Disadvantages: suffer from hospital administrations lack of expertise in managed care contracting and medical practice management, unable to resist undue specialist control

worked well. They currently have four active committees. MultiCare has other contracts with specialists for provision of their services.

Dr. Hawkins noted that, for him, nothing is different in terms of the practice of medicine. Administration responsibilities, however, are no longer his problem. He feels "less oppressed" as he is insulated from the 'system' hassles. "I feel real good in terms of accountability, I feel this is real good for the system and good for patients." He noted that there has been logistical ups and downs and acknowledges that there will be lots of issues to face in the future.

When asked about referral

patterns he replied, "there has been no pressure to change, I have not been told to change. But, that's not to say that they won't change in the future." And, **Dr. Hawkins** believes that if his referral patterns do change "it will happen for good reasons because we will have the clout, data and all the information necessary to make the decision."

Northwest Physicians Network (NPN) is an independent practice association (IPA) that was incorporated in January, 1995 reported their president, **Mike Young, MD**. They were created to give independent physicians a vehicle for managed care contracts, which they can negotiate as long as they are at risk. NPN contends that physicians need

(continued next page)

(*"Special Report", from page 4*)
 an independent organization of their own. And, they need to join forces because they can share risk, learn to manage care better and have more clout in negotiating contracts.

NPN is a multi-specialty organization which originally was a major decision for them. Pleased that they elected to choose multi-specialty over exclusively primary care, they now have 204 members, 50 of which are primary care



providers. They are controlled by a board of nine directors.

All of NPN's members belong to other IPAs

or group practices and they continue to network with other physician organizations around the state, including United Physicians of Washington (UPW). Their goal is to work with both hospital systems in Pierce County. **Dr. Young** noted that NPN is in the process of self-financing and will have no attachments to major funding sources.

Matt White, MD shared his knowledge of the Franciscan/Physician Hospital Network (PHN)



that he is involved with. He served as co-chair of the initial steering committee. This is currently an

integrated network with independent physicians; however, Medalia

(the employed physician group of Providence/Franciscan Health System) will soon vote on joining the network in late June. The ownership of this organization is 50% physician and 50% Franciscan

involved with a network of some sort because as business and organizations contract with insurance companies to provide medical coverage and as insurance companies contract for health care with

"it is very important for primary care providers to get involved with a network of some sort because independent physicians are vulnerable."

which was a split that was chosen for tax purposes. The operating board will be 40% primary care, 30% specialty care and 30% Franciscan Health System. The initial costs have been born by the Franciscan system and the plan is now to assess membership fees. They are controlled by a 14 member Board of Directors.

Major decisions, such as contracts, will require a 75% "super majority", thus requiring a good consensus of all the board to pass. They are starting as an open PHO, the only membership requirement is, at minimum, courtesy privileges at any Franciscan facility and a membership fee of \$250. This will essentially change to a closed system.

In the future, the primary care providers will be referring to specialists that they choose based on QA and utilization review information as it becomes available. As a result, they are expecting referral patterns to change. If adverse QA information is identified, people will be allowed to make changes and improvements in their care patterns. The Franciscan PHO currently has 250-plus members.

It was unanimously agreed by everyone present, as well as the presenters, that it is very important for primary care providers to get

provider groups, independent physicians are vulnerable and will find themselves at an extreme disadvantage for maintaining their patient load. ■

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Mini-Internship program fun and educational

"I'm surprised there aren't more problems than there are" said Christopher Keay, JD, Vice-President, Pierce County Bar Association, at the debriefing dinner of the May Mini-internship program. "I was most impressed with the amount of team work required and how much things have to come together when providing medical care."

Such is the learning and enlightenment that happens at each PCMS internship program, held twice annually, in the spring and fall.

The internship program is designed to bring together community leaders and physicians for a unique educational experience. Spending one-half day with a different physician for two days provides the intern with a closer view and better understanding of the medical profession.

The program really works. Janet Prichard, PLU Public Relations Director noted, "this program increased my appreciation for how busy physicians are, the schedules they keep, and their lack of sleep -

so I learned I should no longer complain about my busy schedule!"

Physicians enjoy the program and learn from the experience also. **Nicholas Rajacich, MD** admits, "it's a chance to show off a little," but mostly, it's worth my time to know that interns learn so much and are appreciative of the experience. **Gary Park, MD** says "it's not often I have a chance to have my practice observed and it's refreshing to have someone from a different discipline give feedback."

And, the program is fun, too, as **Drs. Peter Marsh** and **Sandra Reilley** attested to. "I had a lot of fun showing what a typical day is like for me" said **Dr. Reilley**; and "I love to teach" said **Dr. Marsh**, "plus it is especially fun because nobody really knows about infectious diseases."

Internship participants include city, county and state government representatives, attorneys, community agency leaders, media representatives, etc. Physician participants include all specialties.

Participating in the May program

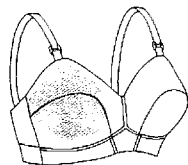


Dr. Peter Marsh examines a patient while his intern observes

were Keay, Joe Quinn, JD, President, Pierce County Bar Association; Prichard; Deborah Baker, PCMS Placement Coordinator; and Suki Dardarian, Metro Editor, Tacoma News Tribune. Debbie Regala, 27th Legislative Representative had to reschedule due to the special session of the legislature.

Physician faculty included **Drs. Marsh, Reilley, Park, Bob Yancey, Lynette Charity** and **Rajacich**, with **Dr. David Law**, PCMS President, moderating the pre and post dinner meetings. ■

If you would like to participate in the PCMS Mini-Internship program, please call Sue Asher or Doug Jackman, at the Society office, 572-3667.



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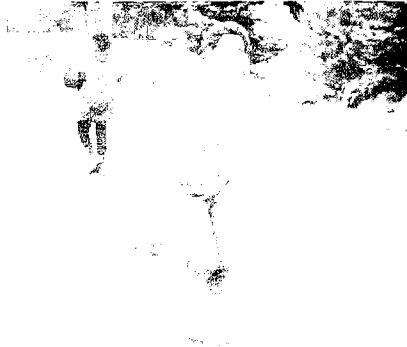
Tacoma-Pierce County Health Department

PCMS Physicians and family members hit the

On a day meant for running, a bit cloudy and a light sprinkle, many PCMS physicians and family members joined approximately 14,000 other runners and walkers to participate in the 23rd annual Sound to Narrows race.

Dr. Cordell Bahn, cardiovascular & thoracic surgeon is one of only 24 runners who has run in every race since its inception. **Dr. Bahn** recalls when the run used to start at the old Boat House below the zoo, when all 250 runners started at once. He said it used to really get crowded in the small tunnel up to the zoo. The organizers used to require a physicians signature before they would let you run. How things have changed!

Dr. Bahn has had some close calls in not being able to participate each year. A daughter's graduation and having to pay for a thoracic surgeon to standby for him when he was practicing in Bend, Oregon, for example. **Dr. Bahn** is a recreational runner most of the year when he takes his two black labradors out for a jog.



John Jiganti, MD, above, had a terrific run, finishing in 44:04

Tacoma orthopedist, **John Jiganti**, led all PCMS runners with a time of 44:04 which placed him 44th finisher overall. Last year **Jiganti** did a 43:25 and placed 49th overall. **Dr. Jiganti** averages 40 miles a week training, but noted that he really doesn't have a training regimen. "I run when I can find time, in the morning or afternoon, but with three small children in the family, time is at a premium." He lives on Fox Island and hasn't found anyone to run with yet, which would help with training.



Jack Stewart, MD, and 4 year old daughter did the 2.5 mile shuffle

Dr. Jiganti is chair of the PCMS Sports Medicine Committee. For **Dr. Jiganti** the race was a family affair. His wife Suzy ran a very creditable 1:00. She wasn't able to do it last year due to her pregnancy. **Jiganti's** sister, Terri Stewart, did a fantastic 56:13 It is always considered quite an achievement when you can complete the run under an hour. Teri is the wife of orthopedist **Jack Stewart** who did the shuffle (2 1/2 mile) with their four year old daughter.

Counter clockwise from below, to next page: Runners coming up Vassault Hill, Drs. **John Bargren**, **David Law**, **Andy Loomis**, **Stevens Hammer**, **John Lenihan**, **Tom Herron**, **Pat Hogan**, and **John Hautala**



Sound to Narrows path for fitness and fun!!



Ron Taylor, MD finished 74th overall with a time of 45:15

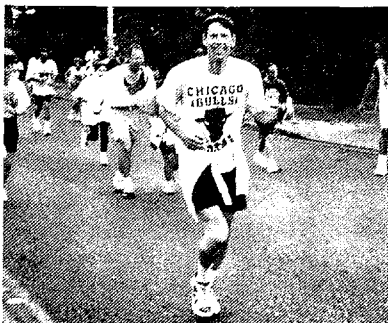
A perennial leader in past runs and in his age group (50-54), **Dr. Ron Taylor**, finished with a time of 45:15, seven seconds slower than last year and 74th overall. He was 2nd in his age group, as he was last year. He won his age group two years ago when he turned fifty. **Taylor**, a general surgeon and PCMS Trustee was pleased with the weather, but believed the times were a bit slower this year.

Taylor, like **Jiganti**, averages about 40 miles a week when in training. He said, "so much depends on his work load if he can get out to run or not." Two weeks before the race he was able to get in 55 miles and then tapered down the last week of the race.

Congratulations to the following finishers! If we inadvertently missed you, please call the Society office and let us know, 572-3666.

- Ames, Gerard 1:43:45
- Bahn, Cordell 1:15:39
- Baird, Sally 1:06:52
- Baker, Thomas 1:05:07
- Bargren, John 58:16
- Betteridge, Loren 57:46
- Betteridge, Merlene 2:01:53
- Bjarke, Donna 2:05:51
- Bjarke, Erik 1:13:32
- Boutry, Don 49:36
- Colman, Lauren 1:02:31
- Craddock, Mark 1:00:42
- Deem, Shirley 1:21:00
- Duncan, Leigh 1:10:02
- Ettlinger, Robert 1:30:43
- Goldsmith, Martin 54:47
- Harvey, Kathryn 2:10:09
- Hautala, Eric 49:03
- Hautala, John 1:09:58
- Hautala, Laura 1:10:01
- Herron, Thomas 47:49
- Hill, John 1:21:31

- Hogan, Patrick 1:00:26
- Hogan Patrick 1:04:11
- Ip, Judy 2:25:58
- Irish, Sandra 1:40:07
- Irish, Thomas 1:40:06
- Jiganti, John 44:04
- Jiganti, Suzy 1:00:51
- Komorous, Jim 54:50
- Kulpa, Pat 1:04:06
- Law, David 50:20
- Lenihan, John 57:01
- Loomis, Andy 1:00:59
- Modarelli, Robert 1:45:23
- Ohme, Martia 1:06:33
- Ost, Ken 2:09:33
- Ost, Michelle 2:14:21
- Rooks, James 1:04:46
- Samms, Kathleen 1:12:38
- Singh, Jeena 1:48:30
- Singh, Jit 1:48:12
- Stewart, Terri 56:13
- Stuart Robert 1:14:31
- Taylor, Ron 45:15
- Vaccaro, John 1:06:56
- Willham, Bruce 55:36
- Willham, Jennifer 1:46:34
- Williams, Joanne 1:50:05
- Wulfestieg, Susan 1:33:43
- Yeh, Hsushi 1:20:52



College of Medical Education Board has new members and officers for 1995-1996 year

The College of Medical Education will welcome a new President, new Board Members, and a new fiscal year beginning July 1, 1995. The College sponsors twelve Category I accredited CME courses each year from September - June.

For the past year, **Dr. Surinderjit Singh**, long term board member and active participant in local CME activities, has served as President. He will remain on the board for another year. **Dr. Susan Salo**, family practitioner with Group Health in Tacoma will now serve in the top spot for the College. **Dr. Salo**, active in many PCMS activities, has been involved with the College for many years.

The Board consists of fifteen physician members and a hospital representative from each hospital corporation. The Board is responsible for the financial well-being of the organization as well as the selection of courses that are offered each year.

The Board said goodbye and thank-you to longstanding and very active member **Amy Yu, MD**. **Dr. Yu** has been involved with the College during the last several years and was a member of the transition team in 1987 that reorganized the College when it

was experiencing financial difficulties and downsizing due to increased hospital offerings and the elimination of nursing CERP credit.

Richard Tobin, MD, ended his tenure of several years having served two terms. **Dr. Tobin** served as course director for the Whistler and CME program. Both **David Acosta, MD** and **Arthur Vegh, MD** completed one year terms.

New Board members include **Drs. Doug King, Mark Grubb, Judy Pauwels, John Hautala** and **Charles Weatherby**. **Drs. Grubb, Hautala, and Weatherby** will serve one year terms and **Drs. King and Pauwels** will serve three year terms. **Drs. Todd Nelson** and **Sandra Reilley** were both reappointed to serve their second three-year terms.

Dr. Salo's officers will include Vice-President, **Dr. Gary Taubman**. **Dr. Taubman** is serving his second term as board member and will assume the presidency after **Dr. Salo**. Sister Anne McNamara, Franciscan Health System, has agreed to continue her long, entrusted duties of treasurer. Other physician members of the Board include: **Mark Craddock, MD; Philip Craven, MD; Kent Gebhardt, DO; John Jiganti, MD;** and **Dale Overfield, MD.** ■

Federation study results

The study of the Federation of Medicine by AAMSE has been revealed. Based on the points of consensus, the Consortium identified five elements which could define a new Federation of Medicine:

~**Formalizing the new Federation** within the framework of the AMA: the Consortium concluded that the AMA is the logical element to serve as the framework for a new Federation of Medicine; however, the AMA will have to change in some ways to fulfill that role successfully.

~**The establishment of a mechanism**, tentatively called the Federation Coordinating Committee, which would serve as a transitional agent to facilitate the development of a new Federation of Medicine.

~**Representational changes:** support the concept that the representational mechanisms of all elements of organized medicine should reflect the diversity of physicians' professional lives.

~**Collaborative efforts:** investigation of collaborative efforts, such as a physicians' electronic bulletin board, physicians' purchasing service, and practice support services, among medical associations.

~**Participatory enhancements:** a new, non-governance organizational element tentatively called Topic Interest Groups.

These five elements are explained in detail in the Interim Report. If you would like a copy of the final results of the study or a summary of same, please call the Society office, 572-3666. ■

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"From Milking to Medicine"

by Judy Wagonfeld

Editor's note: This is the second article in a series that will feature Board Members

"When I was in seventh grade, we moved from town to our ranch. I hated it. The work was hard and pre-dawn. I wanted a job where I could sleep late," recounts **Stan Harris, MD**. By teen-age logic, he dreamt medicine journeyed that pillowly path, blissfully ignoring the demands of his father's General Practice. Then again, Dad ran a Northern Pacific Railroad clinic, a general practice, and a massive ranch and dairy farm. No time for golf.

Stan sprouted - to an imposing 6 foot 4 inches - in Livingston, Montana, 26 miles from Bozeman on the Rockies' eastern slope. Like his five siblings and schoolmates, he milked cows, rode calves, mucked barns, and fought. Unlike most kids, he focused brain power on escaping ranch life through academics and sports. "I wasn't great in football but I got to be quarterback because I remembered the plays," he reminisces. "I played basketball and placed first in 'A' discus at State. With top SAT scores and the Valedictorian spot, I received a Montana State athletic ride." Forced to forego scholarships because of knee surgeries, Stan entered the University of Washington Honors Program. Incensed at the twelve credit limit imposed by a advisor's "hick" assessment of rural education, he proved her wrong as quickly as bringing down a calf. That rural land taught him to think and act fast, handy characteristics in surgery.

Asked his favorite operation, Stan blurts "Appendectomies. Patients have pain and I make them feel better immediately. I

don't have to wait to effect change." Inability to make a difference disturbs him in trauma surgery. "It's dirty work. They're cut-up, torn-up, and shot-up. We fix them and they're out on the streets. It's discouraging." He dislikes medicine's bad rap about nosocomial infections, especially in light of conditions such as dirty wounds and smoker's lungs.

Stan agreed to the demanding PCMS Board vice-presidency because "I can't complain if I don't help." By keeping a "finger on the pulse" he sees which way the wind blows. Rather than "endorsing policies I'd regret," he aims for informed, common sense decisions.

During his senior pre-med year, Stan married nursing student Margie. "I can't hold a candle to her. She's attractive, healthy, and active," he gushes. Margie's commitment to Lake City Community Church work awes him. She cares for an elderly couple's yard, distributes clothing, works in the nursery, and runs prayer meetings and retreats. Stan shines describing his three offspring. Kim, in Spokane, works as a home health R.N. Kevin attends medical school in Wisconsin (wants to sleep late also). Kris, a football jock at Hutloff Junior High, plays drums and piano, and enjoys youth group. For vacations they trek to Mexico or Disney World and "just eat". Stan classifies himself as a meat-potato-beer kind of guy - no gourmet foods to mess up the basics.

Family photos cram office shelves laden with books and diverse memorabilia: a German



Stan Harris, MD

beer stein, hand painted bookends, racquetball awards, golf knick-knacks, classic car photos, shells, and embroidered messages on life and love. Mounted certificates detail a military career in Korea, Germany, Denver, Kansas, Washington D.C., and Tacoma. A contract from youth promises to "ride three calves or pick up 5000 rocks."

Everywhere, penguins perch: minute statues, plastic wobblers, drawings, prints, and stuffed cuddly versions. Once mentioning "they're cute", Stan spawned a burgeoning rookery bestowed by patients and friends. Penguins, who cannot fly but walk and swim, seem apt. Stan, grounded by bad knees, yearns for racquetball and skiing's speed, but embarked on less physical pursuits, earning a bridge Life Master title. He pedals a LifeCycle, dabbles in math and computers, reads voraciously - especially spy thrillers - and plays a "poor game of golf".

Stan considers himself energetic, assertive, and aggressive. Yet, he finds physicians' lack of control, lengthy hours, the physical and emotional drain, and lack of relaxation, disquieting. Though passionate about surgery he'd enjoy time to kick back and smell the flowers. As a lovingly stitched, framed axiom proclaims, "Golf is a beautiful walk spoiled by a little white ball." ■

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Tuberculosis in the medical office setting

by Marsha Patrick, RN, MSN, CIC
Infection Control Specialist

Since 1985, the number of new cases of TB in the United States has increased dramatically. In Washington state, there were 208 cases in 1984, with an increase to over 300 cases per year for 1992, 1993 and 1994. In several large outbreaks, health care workers were infected with TB, including multi-drug resistant TB (MDRTB). As a result, the Occupational Safety and Health Administration (OSHA) published enforcement guidelines to protect health care workers from infection with Tuberculosis. The guidelines apply to health care setting; correctional institutions; homeless shelters; long term care facilities for the elderly; and drug treatment centers. The Washington Industrial Safety and Health Administration (WISHA) has adopted the OSHA guidelines. They basically enforce the CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities, 1994. A copy may be obtained by calling the CDC at (404) 639-1819. Ask for MMWR, Vol. 43 No. RR-13, October 28, 1994.

Physician offices are subject to inspection by WISHA for Tuberculosis (also for Safety, Hazardous Material/Hazardous Communication Standard and Bloodborne Pathogens Standard). In a nutshell, offices should:

1.) Perform a facility assessment to determine the number of cases of active TB you have seen in the past year or two, and how "at risk" your staff is for exposure to TB. For most, this will be very small. Other offices and clinics may treat those at high risk for TB infection, including the homeless, prisoners,

alcoholics, elderly, injecting drug users, Native Americans and foreign born persons from TB-endemic areas including Asia, Africa, Caribbean, Latin America. The assessment will guide the remainder of your program.

2.) Have a written TB Exposure Control Plan that includes:

"In several large outbreaks, health care workers were infected with Tuberculosis, including Multi-drug resistant TB. "Physician offices are subject to inspection by WISHA for Tuberculosis."

a. Protocol for early identification of individuals with active TB. This can be done by screening patients when they call for an appointment.

b. Employee PPD skin testing: baseline testing of all employees (this includes any employee who breathes the air in your office, so includes clerical staff); and annual PPD tests thereafter. In certain high-risk settings, PPDs must be done every six months. Note that Tine tests are not acceptable.

c. Evaluation and management of employees with a positive PPD, those that convert from a negative to a positive PPD, or those with signs and symptoms of active TB. This is at no cost to the employee.

d. Isolation of patients suspected or known to have TB in an isolation room. In the hospital setting, the isolation room must have negative pressure relative to the hallway; the exhaust can't communicate with other rooms; and a UV light must be used (per

WAC). In the office/clinic setting, keep the patient away from the general waiting room, expedite care to reduce time in your area, and request the patient to carefully cover coughs or give them a surgical mask. For offices/clinics routinely seeing TB patients or performing high hazard procedures

(suctioning airway, bronchoscopy on known or suspected TB patients) employees must be fitted with a HEPA-filter particulate respirator and wear them when providing care to high risk patients or during high risk procedures.

e. Training and information for staff including the hazards of TB transmission, signs and symptoms, medical surveillance, therapy, and site specific protocols (your plan).

If you are a low risk office/clinic that has not seen patients with TB, have a low risk clientele, and do not perform high risk procedures, prepare a brief written statement to that effect and also include how you plan to screen patients for early identification. Note your PPD testing plan and what you'll do if you find new positives, or how you'll manage the employee with signs and symptoms of TB, as well as a brief statement of the training required for all staff. Be sure to document the training - date, length, name of employee, job title, content summary. If you
(See TB, next page)

(TB, from previous page)

hire someone, ask for a summary of qualifications and a content summary.

f. Recordkeeping: training records must be kept for three years, medical records (PPD tests, any evaluations needed as a result of a positive PPD, etc.) for the duration of employment plus 30 years.

Clinics/offices seeing more than six active TB patients in a year, and those providing care for high risk clients and/or performing high hazard procedures will need to look at ventilation in rooms where procedures that induce coughing are performed. A positive pressure room can be made negative by installation of a HEPA-filtered, UV light unit in the room or in the existing duct work. For rooms infrequently used for high hazard procedures, a window exhaust fan and wall-mounted UV light can provide a low-cost solution.

OSHA/WISHA will be publishing a final standard on TB, supposedly in the next several weeks, although initiatives in Congress to reduce rule-making may delay it. Hopefully the final standard will permit use of a less expensive mask than the HEPA. **Stay tuned!** ■

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Patient-Physician Covenant

Medicine is, at its center, a moral enterprise grounded in a covenant of trust. This covenant obliges physicians to be competent and to use their competence in the patient's best interests. Physicians, therefore, are both intellectually and morally obliged to act as advocates for the sick wherever their welfare is threatened and for their health at all times.

Today, this covenant of trust is significantly threatened. From within, there is growing legitimation of the physician's materialistic self-interest; from without, for-profit forces press the physician into the role of commercial agent to enhance the profitability of health care organizations. Such distortions of the physician's responsibility degrade the physician-patient relationship that is the central element and structure of clinical care. To capitulate to these alterations of the trust relationship is to significantly alter the physician's role as healer, carer, helper and advocate for the sick and for the health of all.

By its traditions and very nature, medicine is a special kind of human activity - one that cannot be pursued effectively without the virtues of humility, honesty, intellectual integrity, compassion and effacement of excessive self-interest. These traits mark physicians as members of a moral community dedicated to something other than its own self-interest.

Our first obligation must be to serve the good of those persons who seek our help and trust us to provide it. Physicians, as physicians, are not, and must never be, commercial entrepreneurs, gateclosers, or agents of fiscal policy that runs counter to our trust. Any defection from primacy of the patient's well-being places the patient at risk by treatment that may compromise quality of, or access to, medical care.

We believe the medical profession must reaffirm the primacy of its obligation to the patient through national, state and local professional societies; our academic, research and hospital organizations; and especially through personal behavior. As advocates for the promotion of health and support of the sick, we are called upon to discuss, defend and promulgate medical care by every ethical means available. Only by caring and advocating for the patient can the integrity of our profession be affirmed.

Thus we honor our covenant of trust with patients.

Ralph Crawshaw, MD

David E. Rogers, MD

Edmund D. Pellegrino, MD

Roger J. Bulger, MD

George D. Lundberg, MD

Lonnie R. Bristow, MD

Christine K. Cassel, MD

Jeremiah A. Barondess, MD

JAMA, May 17, 1995 - Vol. 273, No. 19

Dr. Don Shrewsbury shares under-water photos with retirees

Dr. Don Shrewsbury, ENT, as well as scuba diver and under-water photographer extraordinaire, took about fifty retired members and their spouses/guests on a trip to



the South Pacific on Friday, June 16. At the retired physician luncheon at Fircrest Golf Club, **Dr. Shrewsbury** led the tour around the land and water of Truk Lagoon, home of the best wreck diving in the world.

This wreck dive consists of about 50 Japanese ships that were sunk by the Americans in World War II. The League of Nations gave Truk to the Japanese after World War I and they turned it into a gigantic naval supply depot. Truk is a sunken volcano that is 30 miles wide and is a natural harbor with very few entrances. In world War II the Americans basically flattened Truk with 8 carriers. "As the story goes, it was truly a slaughter" reported **Dr. Shrewsbury**.

A relatively shallow atoll, it quickly became an interesting place for people to dive. It was a sleepy place until about the 1950's when a photographer featured pictures of Truk Lagoon in a National Geographic magazine. After this, the Japanese came and removed the bones from the ships (there was a huge loss of life) and the American public became aware of Truk and made it "the" place to go for diving.

The pictures proved it. Truk Lagoon's underwater beauty was incredible. **Dr. Shrewsbury** said they could dive several times a day from the boat, and when not diving, his wife, Sandy read novels and he fixed the underwater camera equipment. He said it easily took a couple hours per day to keep the equipment operational primarily because of water leaks.

Recreational diving is considered to reach about 60 feet deep. The deepest they dove in Truk was 140 feet. But, fortunately, computers tell the divers how much time they have at what diving level, helping to calculate all the specifics of this very exhilarating sport. **Dr. Shrewsbury** prefers daytime diving because "you can see the colors better." It is also not as dangerous as you are not dealing

with all the sea urchins that come out to feed at night.

Attendees enjoyed the presentation so much that they sat through an entire second carousel of slides that he offered to show to those that were interested. In addition to the beautiful and colorful sea life, they saw torpedoes, gas masks, dishes, bathtubs and sake bottles everywhere.

When asked if he was concerned about diving being such a dangerous sport, **Dr. Shrewsbury** smiled and admitted that there are some dangers involved but mostly they are controllable. The uncontrollable terror for him is the trips in the small commuter planes flying to exotic places. "It's real white-knuckle for me, I mean, I just bite my nails until I'm off that plane." ■



Clockwise from top left: Julia Mueller and Dr. Bernard Rowen enjoying themselves; Drs. Stan Mueller and Dennis Waldron visiting with colleagues; participants helping themselves to the Fircrest Golf Club gourmet buffet lunch; Drs. Jim Vadheim and Charles McGill think about the "good old days" of medicine.

Internet Tip Sheet: Internet Resources for Health Information Systems

For assistance you may contact Nancy Press at the following e-mail address:

Pressno@U.Washington.edu

National Network of Libraries of Medicine, Pacific NW Region

University of Washington, Box 357155, Seattle, WA 98195

(206) 543-8262, (800) 338-7657, nnlm@u.washington.edu

Listservs

To subscribe to a Listserv, send the e-mail message: *subscribe listname First Name Last Name* to the desired

LISTSERV@HOSTNAME

For example, address the message to: listserv@kentvm.kent.edu

With the following message: *subscribe nrch Ethel Compinsky*

Leave the subject line blank.

To unsubscribe follow the same procedure sending the message to LISTSERV@HOSTNAME.

When sending a message to a listserv include a descriptive subject line in addition to your message.

Listname: NRCH

Hostname: usa.net

Description: NRCH is sponsored by the National Report on Computers and Health as a forum for the exchange of ideas, data, information, and questions on topics including: creating community and enterprise-wide health information networks, upgrading and integrating patient care and departmental systems, building computerized patient recored systems, and choosing reliable hardware and software.

Listname: HIM-L

Hostname: fiona.umsed.edu

Description: The purpose of HIM-L is to discuss current legislative, accreditation, regulatory, technological, and systems issues affecting the HIM field.

Listname: HEALTHMGMT

Hostname: ursus.jun.alaska.edu

Description: This is a moderated list concerning health care management.

Medical Society has E-mail address

If you would like to access the Pierce County Medical Society via Internet you can now do so. The address is: djackman@tribnet.com

E-Mail addresses - please forward

The Medical Society is now gathering members' e-mail addresses. If you would like to have your e-mail address on a PCMS listing, please call, 572-3667.

Fax numbers - wanted!

The Society office would like to have all members on its fax line. Legislative alerts, meeting notices, etc. are all being faxed. Please call 572-3667 and give us your fax number.

Listname: HEALTHMGMT-D

Hostname: ursus.jun.alaska.edu

Description: This is an unmoderated, open-access, free form discussion list for continuing discussion of topics raised on HEALTHMGMT.

URL'S:

National Network of Libraries of Medicine, Pacific NW Region: <http://www.nlm.nih.gov/pnr/>

Univ. of Washington's HealthLinks: <http://www.hslib.washington.edu/>

National Library of Medicine's HyperDoc: <http://www.nlm.nih.gov/>

National Center for Health Statistics: <http://www.edc.gov/nchswww/nchshome.htm>

Rural Net: <http://ruralnet.mu.wvnet.edu>

Traveler's Clinic at the Medical College of Wisconsin: <http://www.int.med.mcw.edu/travel.html>

Hospital Web: <http://dem0nmac.mgh.harvard.edu/hospitalweb.html>

Group Health Cooperative's Web Home Page: <http://www.ghc.org>

Network Security Information: [Http://www.hslib.washington.edu/subject/security.html](http://www.hslib.washington.edu/subject/security.html)

Health Resource List (Hancock List): <http://debra.dgvt.doc.ca/~mike/healthnet/lhlist/hancock.html>

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Puyallup, WA 98374
(206) 770-5000

Meas, Hay San, MD

Change office address to:
3711 Pacific Ave #100
Tacoma, WA 98408-7800

Wilson, James A., MD

Add new cellular phone number:
208-2023

Mary Bridge Childrens Hospital & Health Care Center (page 216)

Nutrition Services, Outpatient Counseling: change phone number to: 552-1093

St. Joseph Home Health Care Services

has changed their name. The new name is: Franciscan Home Care. ■

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"INFO BRIEFS"

Dr. Stan Flemming elected Mayor

Dr. Stan Flemming, was recently elected to the City Council of the newly incorporated city of University Place. He was elected by fellow Council members as the first mayor of University Place. The city officially becomes incorporated August 31.

Flemming, a former state legislator representing the 28th District is a family practitioner with the Community Health Care Delivery System Clinics. He was previously considered for the position of U.S. Surgeon General by President Clinton.

PCMS extends its congratulations to Dr. Flemming and his great supporter and wife, Martha.

Dr. Richard Wohns promoted

Dr. Richard Wohns has just been promoted to Clinical Associate Professor of Neurological Surgery, in the Department of Neurosurgery at the University of Washington. Dr. Wohns was commended for the "contributions he has made to the Department." Congratulations, to Dr. Wohns.

MD/ID/DDS Tennis Tournament

The Annual Tacoma-Pierce County Bar Association Doctor/Lawyer/Dentist Tennis Tournament will be held on Friday, August 11 at the Tacoma Lawn Tennis Club. The tournament will be from 3:00 - 5:30, followed by dinner. The cost is \$20 per player and includes prizes, drinks and dinner. Spouses are invited to play in the tournament and/or attend the dinner. Format will fit all levels of play. Call committee members Steve Hansen 383-1964, **Bruce Hilton MD** 272-9994, Peter Kram 272-7929, Mark Waldron 565-5800 or Todd Worswick 845-7541.

Resolutions due July 21

WSMA Resolutions for consideration by the House of Delegates at the September annual meeting are due no later than July 21. The House will review resolutions submitted in writing before this time. Please send written resolutions to PCMS by fax 572-2470, or call Doug Jackman, 572-3667 if you would like help putting your ideas into written form.

Domestic Violence Course Very Successful

Domestic Violence in the Medical Practice, a program for physicians, nurses and other health care providers, held on May 11 at Jackson Hall received rave reviews from participants. The half day program, organized and directed by PCMS President **David Law, MD**, focused on how to recognize and speak to patients about domestic violence abuse as well as understanding the scope and complexity of the issue. Everyone learned that involvement does not have to mean time consuming.

Eighty attendees heard expert presenters provide information that they would be able to use in their health care settings in efforts to try to stop this tidal wave of violence. As **Dr. Law** believes, "Violence and domestic violence are endangering public health like no other problem."

Malpractice Lawsuit? Support Group Available

The Medical Society has a group of physicians who have experienced a medical malpractice lawsuit and have offered to provide support to any colleague who may be facing the same or similar experience. Also available through the Society is an instructional and enlightening booklet and video. The booklet is titled "Medical Malpractice: A Primer for Physicians" and the video, "The Malpractice Suit: A Survival Guide for Physicians and Their Families".

As any physician with this experience knows, a malpractice lawsuit, impacts family, staff, colleagues and even patients as well as the physician.

The booklet explains in detail some of the following items that

confront a physician involved in a lawsuit:

How the court action will affect you and your practice

Things **not** to do immediately

Things **to do** immediately

Understanding your insurance coverage

Answering interrogatories

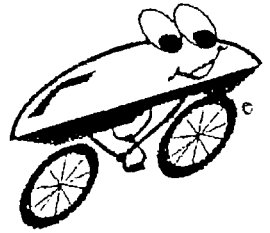
Preparation for testimony

How to handle your deposition

Do's and don'ts of testimony

Malpractice prevention

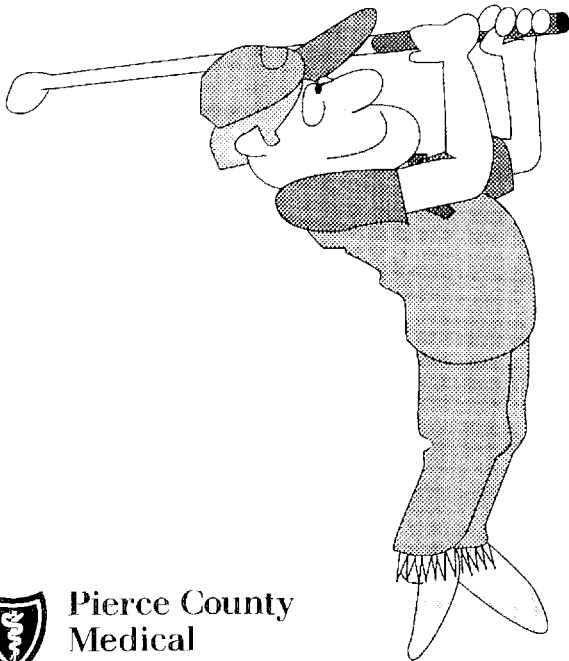
If you would be interested in borrowing the book and /or video, or if you want to contact a member of the support group, please call the Society office, 572-3667. ■



Helmets on Wheels

Please notice the clever green brochure delivered as an insert in this edition of the Bulletin. The brochure needs to be folded twice before being passed along to family, friends, and colleagues. The Helmets on Wheels Coalition provides educational resources, speakers, as well as low cost helmets. For more information you may call 552-1770. ■

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Healthy Options just marked its first anniversary, and PCM has outscored other Healthy Options carriers in many areas:

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COLLEGE OF MEDICAL EDUCATION

Maui CME at Ritz-Carlton set for school spring vacation-1996

In line with most local school district spring vacations, the semi-annual CME program in Hawaii is scheduled for the week of April 1, 1996. The conference will be held in the world-class Ritz-Carlton Hotel on the island of Maui.

The Ritz-Carlton was selected based upon excellent positive experiences from many local physicians who have attended CME meetings there and our ability to negotiate great rates for a truly elegant, luxurious hotel. Qualifying for 16 CME Category I credits, the program is designed for PCMS physicians and others and offers a potpourri of important medical addresses. Of course, the conference also offers vacationing and conference rates for air transportation.

It is anticipated that the registration- program brochure will be available in July. After that time, those interested are encouraged to make their travel plans early as our conference dates are in Hawaii's high season.

Common Office Problems - CME Course Topics Set

The College's traditional and very popular CME program entitled Common Office Problems is scheduled for Friday, October 13.

This continuing medical education program is designed for the primary care clinician and focuses on practical approaches to the most common dilemmas faced in the daily routine of medical practice. Special emphasis will be placed on quality, cost effectiveness and practice parameters.

The program is once again directed by **Mark Craddock, MD** and will offer 6 Category I CME credits. Tentatively planned are addresses on the following subjects:

Pediatric Immunizations: Hepatitis B and Varicella

Depression in Pediatrics

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Cost Effective Treatment of Angina and Hypertension

Lung Reduction Surgery: A Therapeutic Option

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Choice, Not Chance Provides Answers for Today's Teens

Urging teens to take control of their lives, educators and health care providers teamed up to motivate more than 500 middle school students and staff at the seventh annual *Choice, Not Chance* teen health forum on May 4, 1995 at Central Washington University in Ellensburg. Thirty-five (35) teens from seven (7) Pierce County schools attended the forum to learn from experts how their own choices relate to issues critical to their lives.

In his address "Who is in Control?" keynote speaker Tom Champoux helped the teens learn a new way of thinking "so only you control you". Executive vice-president of the Effectiveness Institute of Redmond, and former teacher and state championship coach, Champoux challenged the kids to risk in order to grow.

The idea that health comes from within rather than from the hottest products on the market as advertised in the media was addressed by Bellingham physician James A. Moren. His multi-media presentation emphasized truth in advertising and the message the media wants teens to buy.

Dr. Robert M. Lehman, a pediatrician specializing in adolescent medicine at the University of Washington, discussed access to health care for teens. He helped them understand how they are included and where they can go for their health care concerns. Each student was able to attend three of the fifteen workshops offered. Some of the topics discussed by health experts and educators were teen depression, HIV/AIDS, date violence, sexual intimidation, stress management, tobacco addiction, steroids, conflict resolution, and goal setting. Factual



Left to right: Keynote Speaker Tom Champoux meets with Choice, Not Chance volunteers, Helen Whitney, Susie Duffy, & Dr. Pat Duffy at the pre-conference dinner.

information about lifestyle decisions that directly correlated with good health helped prepare the students to return to their respective schools to share what they learned with other students.

The letter from a Pasco school nurse is quoted below; it concerns the ripple effect the forum has: "We thoroughly enjoyed the conference. The kids got a lot out of it. They benefited as much as the students back here at school benefited from hearing the information. I was amazed at what confidence grew in them each time they gave their presentations in the classes. The students really listened too! I believe they will remember this conference and I feel the positive effects it had on them will help them from now on." Thank you, Marty Anders, School Nurse, Stevens Middle School, Pasco, WA. Pierce County strongly supported *Choice, Not Chance '95* by providing financial support and more than a third of the on-site volunteers for the all day forum.. Volunteers included **Mona Baghdadi, Dr. John and Yolanda Bruce, Dr. Pat and Susie Duffy, Betsy Finley, Mary Lou Jones** and daughter **Kimberly**, Karen Johnson and son Bob, **Patty Kesling, Sharon**

Ann Lawson, Denise Manos, Bev Rasky, Fran Thomas, Helen Whitney, Kris White, Alice Wilhyde, and granddaughter **Jaimi Porter**. Many thanks to all of them for their commitment to youth.

The forum is made possible by donations from county medical societies and alliances as well as corporate and private donations to the Washington State Medical Association Alliance Health Foundation. The forum is a cooperative effort of the Washington State Medical Association, Washington State Medical Association Alliance, and the Office of Superintendent of Public Instruction. ■

Puyallup, WA: Hospital affiliated urgent care center has immediate openings for physicians to work 6 to 12 hour shifts. Hours are 12 noon to 12 midnight daily, outpatient only. \$50/hour, benefits available. Send letter of introduction and CV to After Hours Application, Puyallup Valley Healthcare, P.O. Box 1247, Puyallup, WA 98371-0192.

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Back Health Medical Centers has an immediate opening for a board certified physician (orthopedic or general surgeon or physiatrist) to work 20-30 clinic hours per week. Clinics are located in Seattle, Lynnwood, Federal Way and Tacoma. Hospital privileges are desired, but not necessary; some travel between clinics required. Please call Dr. Davis, MD, or Dr. Rushatz, Ph.D., at 206-621-2225.

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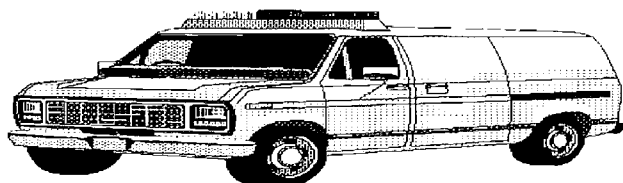
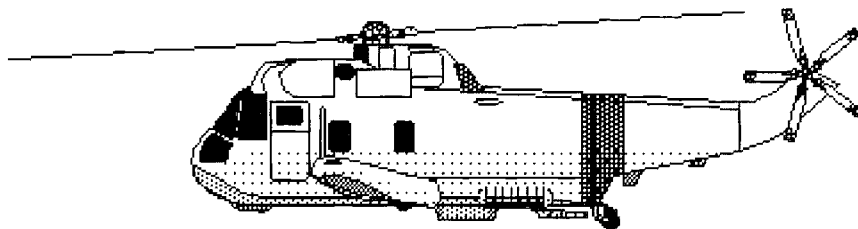
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August, 1995

Trauma:



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Inside:		
TRAUMA: The debate continues	Page 5	
President's Page: Another Health Department?	Page 3	
Pediatricians work in Russia	Page 7-8	
September General Membership Meeting	Page 9	
Members bicycle to Portland	Page 11	
"Barista Bob" A Board Portrait	Page 13	
Join the Alliance at the Street of Dreams	Page 18	

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BULLETIN

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The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of 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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Features

Page
President's Page 3
Trauma: the debate continues 5
Pediatricians work in Russia 7-8
Bicycling to Portland 11
"Barista Bob": A Board Portrait 13

Departments

September General Membership Meeting 9
Directory Changes 15
College of Medical Education 17
PCMS Alliance, Street of Dreams Fundraiser 18
Classified Advertising 19

News briefs

Dr. Farahmand's amazing recovery 4
Tax status under scrutiny 6
21st Annual Pediatric Day 12
World Wide Web brings Net to you 14
Dr. Goldberg new Medical Director 15

Health Department Being Studied for Take-Over

by David Law, MD

At a time when offices should be slowing down for the lazy days of summer, the Pierce County Medical Society telephones and fax machines have been getting a work-out. The trauma issue is far from over as the many stories in the newspaper reflect. The Medical Society is heavily involved acting as a filter of information and an active participant in the discussion as the community addresses this issue. It is too early to see where this is going to end.

Another issue that has been in the press is a proposed change in the governance of the Health Department whereby the County would assume sole control of the Health Department. Presently we have a Tacoma-Pierce County Health Department run by a director who is hired by both the Pierce County Executive and the Tacoma Mayor and answers to both. The composition of the Board of Health includes the county with three seats, the city has two, one small cities member and an at-large seventh member selected by the Health Board which has traditionally been a Medical Society member (presently **Dr. David Sparling**). The chair of the Board of Health alternates annually between the City and the County.

During my time of involvement in Medical Society activities, the Medical Society Board of Trustees has been sought out for advice or become involved when the Health Department was struggling with big issues. No major difficulties or deficiencies have recently been brought to us. Recently members of the Medical Society Executive Board have met with **Dr. David**

Sparling and Dr. Federico Cruz-Uribe, the Health Department director. We also met with Pierce County Executive Doug Sutherland to discuss this proposal. All parties seem very open, rational and cautious about proceeding too quickly. Not an issue, it seems, is how the Health Department is being run. It is a well-run organization at present with strong emphasis on cutting waste and keeping small but strong. Part of the savings achieved is being redirected into areas that have not received attention in the past, such as domestic violence and child abuse and neglect.

The County believes it has the authority to put the Health Department solely in its control. It finds shared governance with



working with restaurants that have sanitation problems, to overseeing rapid development in suburban areas without risking ground water contamination, this Health Department has shown its ability to work out problems with solutions that do not seem too heavy handed.

Why chance a disruption to a system by changing its governance when it is presently well-functioning and the need to change seems quite small. The old saying "if it ain't broken, don't fix it" may

"The County believes it has the authority to put the Health Department solely in its control."

the city an inefficient and ineffective way of getting business done. At present both the City Council and the County Council have to give their approval for the Health Department to act on major issues. If the County took control, it would be a more direct chain of command, like other county departments.

The Health Department is an important organization whose job it is to protect its citizenry from health hazards, whether they be infectious or environmental. From running a downtown needle exchange program acceptable to the business community, to

apply here. Shared governance and checks and balances can afford impartiality and cushion from political pressures which have no business influencing the public health and safety.

Mr. Sutherland has promised a thorough, independent study of the situation before proceeding with any action, unlike Spokane County's approach as reported in the *Spokesman Review*, headlined "County Seizing Health District; Lax Laws Feared." This discussion will be continued when the Medical Society Board of Trustees reconvenes this fall, and your input is welcomed. ■

Dr. Farahmand makes amazing recovery with your help

Editor's note: Robert Krotz sent the following letter to those who made a contribution for Dr. Farahmand

Dear Friends,

Remember **Dr. Nooshin Farahmand**, the young neurologist who was critically injured in an auto accident here in Tacoma last November? She was in a coma in the Neuro ICU at St. Joseph Medical Center when you were asked by **Drs. George Makari, Mahmood Sarram** and **Teresa Clabots** to contribute to a special fund at the Franciscan Foundation to help her and her family because they had no disability insurance. At that time, there was concern as to whether she would survive her severe head injuries, let alone recover from them.

Because you responded so generously to our appeal, we thought you might like to know that, after months of hospitalization and rehabilitation, Dr. Farahmand has not only survived her injuries, she has made an amazing recovery. She has returned home to her family where her oldest daughter, Anahita, 14, reports, *"She can do everything she could do before except run. Oh, yes, she's up in the morning before the rest of us, getting our breakfast and doing all kinds of things around the house"* says Anahita. "Half the time, we have to tell her to sit down and rest and stop working so hard."

Dr. Farahmand's husband, Hooshang, happily agrees that his wife "is doing very well." He says the family will be returning to Buffalo, NY on June 20 for one year. There he will work with his brothers in their family business, and Dr. Farahmand will resume medical practice with a friend in Buffalo. After a year in Buffalo,

the Farahmands plan to return to Tacoma and Dr. Farahmand plans to resume her practice here.

The entire Farahmand family thanks you for being among the 253 donors who contributed a total of \$52,833 to help them pay their bills as they rebuild their lives from Dr. Farahmand's accident. They're amazed and grateful that so many people cared about them and gave so generously to help them.

The Franciscan Foundation certainly thanks you, too. We hope you'll take some satisfaction

in knowing your thoughtful support was part of the healing care that brought Dr. Farahmand back to her family and her medical career. On behalf of the Sisters of St. Francis and the entire Franciscan Health System, many thanks. We sincerely appreciate your help in bringing about this happier ending to a situation that looked much darker when you originally responded to it. Sincerely,

Robert Krotz, President
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Trauma issue continues to dominate the news

The age old problem of trauma coverage in Tacoma has again reared its head and surfaced as a major issue for the medical community. Meeting after meeting has taken place between the major players. Hospitals, surgeons, EMS personnel have tried to reach an accord, but as the *Bulletin* goes to press in late July no proposal had been acceptable and multiple system injured patients were being airlifted to Harborview Medical Center in Seattle.

It wasn't that long ago that hospitals were clamoring to be designated the local trauma center. That is not the case today. Local hospitals have elected not be designated as adult trauma centers as requested in the Trauma Services Act passed in 1990. Mary Bridge Children's Hospital elected to be designated a pediatric trauma center in 1994, but as of today, no hospital in Pierce County has applied to become a Level 2 or Level 3 adult trauma center. The Trauma Services Act states that after February 1996, only state-designated trauma centers can receive major trauma patients.

Funding of trauma centers has

been a major problem throughout the country. So much of the care is uncompensated that the hospitals and surgeons have had to bear the brunt of the financial burden. Tacoma, with its high incidence of

\$5,000 for the hospital and \$2,000 for the physicians, equaling a total loss of \$7,000 per patient."

As reported in the April *Bulletin* on a trauma designation meeting, **Dr. Chris Jordan**, speaking for the

"If the medical community wants the larger community's support, it needs to get its own act together."

penetrating trauma (25-30%) vs. the average of 10% in communities of comparable size ranks 31st in the nation on the number of trauma cases on an annual basis.

Harborview, with its University affiliation has received state support of its trauma services. This is not the case for other hospitals, such as Tacoma General and St. Joseph. As noted in a "Viewpoint" column in *The News Tribune* (7/14) **Dr. Tony Haftel** reported that a study conducted of major trauma victims treated at a local hospital revealed reimbursement of 43 cents per dollar. He went on to say that "the actual loss per patient was approximately

24 general surgeons on the trauma roster, said, "the surgeons are 'burned out' after years of being on the trauma roster." He noted that trauma call dramatically impacts the surgeons physically, emotionally and financially when they have to be up all night and try to practice the next day. They are also discouraged by the inability of the "system" to put together a workable plan.

The News Tribune has run several articles on the issue and on Sunday, July 23 a lead editorial concluded with, "If the medical community wants the larger community's support, it needs to get its own act together."

Out of all of the turmoil may come a recognition that trauma care is not a "medical community" issue, but a "community" issue. It will take more than just hospitals and physicians to resolve this complex problem. Maybe, the first step in the process is a meeting called by State Senator Rosa Franklin (D-29 East Tacoma) of the major players and some public members on July 27. Franklin is a member of the Senate Health and Long Term Care Committee. The meeting had not been held as the *Bulletin* went to press, but it appeared that most of players will be attending. ■

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Nonprofit Hospitals, HMOs Warned About Losing Tax Status

In Announcement 95-25, I.R.B. 1995-14, 11, the Internal Revenue Service requested comments on a proposed ruling relating to the recruitment practices of tax-exempt hospitals.

Announcement 95-25 contained five examples of tax-exempt hospitals offering incentives to recruit physicians for the hospitals' nonemployee medical staffs. Among the incentives specified in the first four examples were private practice income guarantees and the payment of medical malpractice insurance premiums. In the fifth example, the incentives consisted of kickbacks for physician referrals, a practice that led to the hospital being charged and convicted of violating federal anti-kickback statutes.

The announcement concluded that the hospital in the fifth example no longer qualified for tax exemption, while the incentives offered in the first four examples were within the regulatory criteria and did not jeopardize the hospitals' tax-exempt status.

Subsequently, nonprofit HMOs conducting point-of-service (POS) operations were cautioned that if such operations became too extensive, the HMO's tax-exempt status may be jeopardized. [Under POS, a plan participant chooses a physician at the time medical service is delivered, rather than prior to delivery as under an open enrollment procedure.]

That word of warning came from Catherine T. Livingston, attorney

adviser in the Treasury Department's office of tax legislative counsel, speaking at the annual conference of the American Academy of Hospital Attorneys. Ms. Livingston pointed to IRC Sec. 501(m)(1), which states that if providing commercial-type insurance constitutes a "substantial part" of a Sec. 501(c)(3) tax-exempt organization's activities, the organization will no longer qualify for tax exemption.

POS activities conducted by HMOs are currently one of two priority items under consideration by the IRS, according to Ms. Livingston.

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Deborah Baker, 572-3709

PCMS Pediatricians teach - and learn - in Russia

For one week in May, Drs. David Sparling, David Ricker, Joe Wearn, and his wife Pat Wearn, had cold showers, ate continental breakfasts and slept in strange beds while they experienced life in Russia. The three physicians are



David Sparling, MD

all PCMS pediatricians with combined experience in pediatric intensive care, pulmonology and emergency medicine, and Pat Wearn is a nurse specialist and outreach coordinator for Tacoma General Hospital Newborn Inten-



David Ricker, MD

sive Care Nursery as well as a specialist in neonatal resuscitation.

This was a pediatric consultation trip to Chelyabinsk Region, Russia as part of the Tacoma-Chelyabinsk Pediatric Affiliation under the umbrella Chelyabinsk-Hanford Movement. In other words, this was a working vacation.

Accompanying the four travelers were 18 cases of medical supplies and equipment, including a large amount of antibiotics. Also included were all the materials for

Pat Wearn to give her first neonatal resuscitation course in Russian.

The province is about half the size of the state of Washington. Chelyabinsk, the capital city, has 1.2 million people. The economy



Joe Wearn, MD

and is also in the region which includes one of Russia's principal nuclear weapons sites. Dr. Sparling's first trip to Russia was to attend the Chelyabinsk International Radioecological Congress, organized to review the health and environmental effects of some of the world's most devastating nuclear pollution which had occurred in this region. The Congress resulted in the establishment of the Hanford-Chelyabinsk Movement, including physicians and others from Chelyabinsk and Washington state. The groups are both concerned about nuclear waste and pollution problems and their effects on health and the environment, about nuclear proliferation and the threat of nuclear war, and about the need for person-to-person communication between medical groups in their respective areas for moral support, improved international understand and exchange of medical information.

From previous visits to Chelyabinsk and observation of the

depends upon heavy industry, including smelting for iron and ores,

clinics and hospitals, Dr. Sparling believes there are two major problems facing physicians in the area. First is limited contact with world medical experience. Physicians are starving for current medical information. Second was the administrative structural problem. Russian medical practice is hospital dominated and administratively centralized. Practicing physicians have negligible input into policy development. The few physicians that have been able to develop what amounts to a private practice lacks the support to which American physicians are accustomed and often must do tasks which are routinely delegated to nurses and therapists. And, these problems are just more aggravation to the already recognized budgetary, supply and communication problems.

While traveling and visiting hospitals and clinics, the group learned that medical economics continue to worsen in the Chelyabinsk Region. Hospitals were going to lay off 25% of their staff, and physicians were receiving paychecks for February, March, and April in May. Unemployment in the communities is rampant, although many do not report because benefits are delayed and jobs are scarce. Thousands of workers are kept on the roles of their companies, even though they are not working and not receiving pay checks, to continue to receive social benefits.

In spite of the continuing shortages of pharmaceuticals in Russia and that their total health care expenditure is only 2.5% of the gross domestic product (the U.S. is

(continued on next page)

(continued from page 7)

is over 13%), everyone was amazed at their medical care standards.

After a packed week with unimaginable contrasts and memorable experiences, the tired travelers headed home.

They believe they were effective in providing up-to-date information on many aspects of ambulatory primary care pediatrics and care of the newborn. The provided support to Chelyabinsk Region pediatricians who principally provide out-patient pediatric care, a group who have had less self-esteem and prestige, and to pediatric leaders who will be instructing others in the immediate care of the newborn. ■

MURRAY L. JOHNSON, MD, DIES

As the *Bulletin* goes to press, we are saddened to learn of the death of **Murray Johnson, MD**. He died on Monday, July 24 at the age of 80. Dr. Johnson was a Board Certified Surgeon and practiced medicine in Tacoma from 1946 until his retirement in 1984.

He was most noted for his love of mammals. His many accomplishments included; former curator of mammals at the U. of Puget Sound and an Honorary Curator at the Burke Museum at the U. of Washington. He was a co-founding member of the Tacoma Zoological Society.

Dr. Johnson is survived by Sherry, his wife of 53 years. The Society extends its sympathy to the family.

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Tuesday, September 12, 1995

Social Hour: 6:00 pm

Dinner: 6:45 pm

Program: 7:45 pm

LaQuinta Inn, 1425 East 27th Street, Tacoma

"What are Physicians Using and Creating on Internet"

featuring:

Nancy Ottman Press, MA, M.Lib.

National Network of Libraries of Medicine, Pacific Northwest Region

(Please return before Friday, September 8, to PCMS, 223 Tacoma Avenue South, Tacoma, WA 98402)

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Bicycling to Portland - PCMS Members peddle 196 miles

Several PCMS members joined 10,000 other bicyclists to do the annual Seattle to Portland Bike Ride June 24-25. The ride, which is organized by the Seattle Cascade Bicycle Club is a very popular event. Riders come from around the nation to do the ride, which may be completed in either one or two days.

Some members have done the trip several times. **Dr. Richard Wohns**, neurosurgeon, was accompanied by his young son Nicolai for the third consecutive year. **Drs. David Munoz and Bob Osborne**, who have done the trip several times did it this year on a tandem. They had a minimal amount of training on the two seater, but had a great trip anyway. Pediatrician **Richard Ory** and his wife Janice did a repeat of past trips. **Dave Wilhyde, MD**, Pathologist, who has previously done the ride in one day, elected to enjoy himself this year and take two days to finish.

Dr. Pat Hogan who has also done the ride in a day was joined by his son Patrick, a senior at Stadium High School. **Dr. Greg Zoltani** completed his second STP.

First year riders who thoroughly



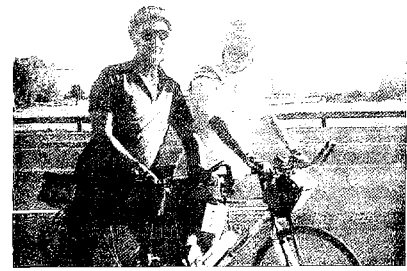
Dr. Paul Schneider greeted at the Portland finish line by daughter Laura after completing the 196 mile bike ride.



Dr. Greg Zoltani, Lakewood Neurologist and his wife, Lois at the finish line.

enjoyed the event were **Drs. Bob Stuart**, Family Physician and **Paul Schneider**, Medical Director, St. Joseph Hospital. They finished easily, on Sunday, in what turned out to be a very hot day. After crossing the Columbia River bridge at Longview the riders are on US Hwy 30 and very little cover is provided from the sun.

Riders start the ride at the Seattle Kingdome and meander down through the old East Valley Highway to Puyallup, up Canyon Road to Parkland, thru Roy, Tenino, Centralia, Winlock and Longview. They are always on the backroads, which make it a very delightful ride. Most riders stay the first night in the Centralia-Chehalis area, which is 96 miles from the start. A



Dr. Pat Hogan and his son Patrick after just crossing the Columbia River bridge from Longview into Oregon.

small percentage go on to Winlock, which is 114 miles, and fewer yet go on to Longview, a 144 mile ride.

Of the 10,000 riders, approximately 15-20% finish in one day. The fastest riders can finish in 8-9 hours. Most one-day riders ride in long draft lines that help conserve energy. Their average speed is 22-25 miles per hour.

With the weather almost perfect, there were a lot of happy campers at the Portland State College finish line where food booths, a beer garden and cool showers awaited them. ■

Sound To Narrows News:

The following individuals were inadvertently omitted from the Sound to Narrows finishers list published in the July *Bulletin*. Thank you for notifying us of the omission.

Dr. Todd Nelson completed the run in 54:57. His wife, **Kimberly** finished in 1:04:33. **Dr. James Schopp** saw the finish line after 59:10 minutes.

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21st Annual Day of Pediatrics - "New Approaches to Common Pediatric Challenges"

Mary Bridge Children's Hospital announces the upcoming 21st Annual Day of Pediatrics conference. **Dr. John Dimant**, President of the Mary Bridge Medical Staff is serving as the conference chair. This pediatric conference originated over 20 years ago for the purpose of providing in-depth pediatric information to physicians and allied health professionals in southwest Washington. **Dr. Robert Scherz** and Karen Lynch, RN, Administrator of Mary Bridge were instrumental in the development and continued success of this unique program developed to meet the needs of pediatric care providers.

This year the keynote speaker will be Steven Poole, MD, Medical Director, General Pediatrics & Pediatric Emergency at the The Children's Hospital in Denver, Colorado. Dr. Poole is noted for his insights into pediatric practice management. Dr. Poole will address "Reoccurring and Chronic Symptoms in Children," and "After Hours Telephone Triage." TFM Pediatric faculty physician, **Dr. David Estroff** expressed enthusiasm at the prospect of hearing such a prominent pediatrician as Dr. Poole speak.

Other conference topics will include antibiotic resistance, Group B strep, gastroesophageal reflux, allergy treatment and evaluation, ADHD, adolescent depression, and lower extremity problems. Drs. Burns, Jordan, Kendall, Larson, Plonsky, Varley and Yancey will be presenting on these topics. **Drs. Dimant** and **John Hautala** will serve as panel moderators.

Please join us in exploring "New Approaches to Common Pediatric Challenges" on September 30, 1995 at the Sheraton-Tacoma Hotel. Register prior to September 15, 1995 to take advantage of a reduced rate. Space is limited so register early.

Please contact Lisa White at MultiCare Continuing Medical Education, 552-1221 for more information.

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"Barista* Bob"

Editor's note: This is the third article in a series that will feature Board Members

by Judy Wagonfeld

After steaming two creamy lattes, **Bob Alston** handed me one. The delicious brew seemed indicative of the changing physician role. When Bob (and I) trained, nurses rushed to offer physicians a chair and coffee (proper sugar and cream added). Now, physicians not only don't get a chair or coffee, they often don't even get a practice. Rather, they function as employees of corporations and insurance industries that "call the shots".

Patients, as Bob learned two years ago with his son's diagnosis of a chronic medical condition, must accept the package. "It turned our lives up-side-down," he sighs, realizing the trauma and disruption families bear far exceeded any understanding he possessed. Coping requires hard work and constant adaptation.

As this illness created havoc in a family, insurance imposes unwanted change and anxiety. Bob feels "the erosion of control". As a board member, he urges PCMS to represent doctor's economic and emotional concerns. Physicians working as employees face insidious gate keeper dilemmas. "Is one's allegiance to an oath or to a year-end refund derived from an unused payment pool?" he wonders, fretting over cost-cutting such as "drive through deliveries". He jokes, "we'll reach an end-point of Out-Patient Critical Care." Aware that change springs from grass roots, he insists, "Physicians must stand up and represent patients."

Back in 1977, when Bob joined Dr. McKay in the "little house on Canyon Road", illness dominated while prevention occurred if you had time. Only 12 people could squeeze into that homey, living-

waiting room. Expanding to 6000 square feet and then 21,000, the practice burgeons with South Pierce County. Nearby, Route 512 cuts a swath across once rural land and mini-malls infringe. Yet, pausing in the clinic's entrance, one's eyes can still feast on Mt. Rainier.

Bob believes, "Medical problems are related to modern industrial society. Ailments such as depression and obesity overlap." No quick fixes exist. In contrast, Bob's partner, Dr. Warren Miller, who one year ago took a sabbatical in rural Kenya, found infectious diseases predominant. Treatable by drugs, safe water, and transmission control, they contrast starkly with our illnesses stemming from lack of personal responsibility and a "give me a pill" attitude. Despite frustrations, success brings joy says Bob as he relates counseling an obese patient with high cholesterol and a smoking habit. Months later, the woman reappeared; 30 pounds lighter, a non-smoker, a vegetarian with a plummeting cholesterol, and walking miles a day. Sometimes you hit the jackpot.

Bob sees his role as "enabling people to make lifestyle changes", a task requiring long-term relationships and follow-through. Solving complex issues such as life support evolves from communication, not from a textbook. He describes a 60 year old man, strong and healthy until severely injured in a farm accident, then unconscious. Long acquainted with the man and his family, Bob served as a sounding board. Death proceeded as a shared and natural event.

Bob's patients bestow notes and gifts - that morning he received six trout. Similar thanks flow to Bob's four partners, nurse practitioner,



Bob Alston, MD

physician's assistants, and friendly staff - many there over ten years. The clinic's education concern evidences itself in the Library/Lunchroom where shelves and counters bulge with books, journals, and videos, as well as espresso equipment, sandwich remnants, and unwashed cups - a room obviously worth its cost.

Photos of his four sons adorn Bob's walls. Committed to family and children's activities, the clinic sponsors the Summit View White Sox baseball team. Bob volunteers at Good Samaritan's diabetic Buck Creek Camp and McGee's Men's Home. He doctored at Young Life's Malibu camp ("They always need docs," he says, recruiting) and served on Young Life's Board. Bob's wife, a pastoral counselor, works Sundays at St. Patrick's, leaving Bob as parent in charge. Escaping, the family vacations in Bend, Oregon, and Hawaii; savoring skiing, hiking and mountain biking. Growing up in Burien and schooling at UW, he admits he'd feel like a fish out of water anywhere but the Northwest.

A doggie boxing puppet, jars of M&Ms, stashes of pistachios, and a glut of knickknacks from patients inundate Bob's desk and window sills. A framed Hippocratic Oath reminds him of his job while a quote from Isaiah directs, "They that wait upon the Lord shall renew their strength." And through his strength, that of his patients. But, if that doesn't work, he can always jump start them with a darned good espresso. ■

*a person who makes the coffee

The World Wide Web brings the Net to you

The Internet is full of remarkable things - for those who know where to look (Business, June 12). But now you don't even need to know that much.

A new phenomenon called the World Wide Web is tying the Net together so all the information is accessible in a simple, consistent way. And its colorful graphics, sound and video are turning computer screens into a multimedia extravaganza.

The Web uses "hypertext" to link remote documents. Each highlighted phrase is a link to another file.

To "navigate", there are special tools called browsers. Mosaic, developed by the National Center for Supercomputing Applications, was the first Web browser, released in 1993. NetScape and others have followed.

With browsers, the Web really took off. From June 1993 to June 1994, traffic increased 2,500%. Businesses have set up "virtual storefronts" and users are creating their own Web living rooms. Observers estimate that there were 27,000 Web sites in April, with 50-100 being added every day.

For those with more primitive computers, there's a program developed at the University of Kansas, called lynx. It will take you to all the same places for a plain-text version and "lynxing" is faster, as there's no waiting while lengthy multimedia files are retrieved.

All browsers, plain or fancy, work the same way. To "go" somewhere, type in the address. Once the data is loaded, you get its "home page." Web addresses are called URLs, for Universal Re-

source Locator. For example, "http://www.yahoo.com/Health" is the URL for Stanford University's Yahoo health server.

The URL must be typed exactly as it is given, including all the upper/lower case, numbers, spaces and punctuation such as hypens, periods (called "dots"), underlines () and tildes (~).

Browsers have a "hot list" or "bookmark" function, which lets you add the address of a document to your personal list. Next time, just select it, and the browser will take you there.

The "http:" in Yahoo's address stands for "hypertext transfer protocol" - which transmits files written in hypertext markup language, or html. Gopher, ftp and other addresses can be put as URLs. Instead of gophering to "gopher.medsearch.com" to job hunt at Medsearch, say, type: "gopher://gopher.medsearch.com"...

Here is a starter set of Web medical sites. All have links to other related sources to help you navigate and build up your personal "hot list".

CAMIS (Center for Advanced Medical Informatics at Stanford).

> gopher://camis.stanford.edu

GenBank (National Center for Biotechnology Information).

> http://www.ncbi.nlm.nih.gov/

Health Care Investment Analysts. (Database services for hospitals.)

> http://www.hcia.com/

Health libraries page.

> http://www.arcade.uiowa.edu/hardin-www/hslibs.html

Health Sciences Resource List.

> ftp://ftp2.cc.ukans.edu/pub/

hmatrix/medlst03.txt

Hospital Web.

> http://dem0nmac.mgh.harvard.edu/hospitalweb.html

HyperDoc (NLM).

> http://www.nlm.nih.gov/

IMIA (International Medical Informatics Assn.).

> gopher://umabnet.ab.umd.edu:152

International Travelers Clinic.

> http://www.intmed.mcw.edu/travel.html

Mayo Clinic.

> http://www.mayo.edu

Medical education page.

> http://www.primenet.com/~gwa.med.ed/

MedScape, an "on-line journal."

> http://www.medscape.com

Medical Software Archive.

> ftp://ftp.uci.edu

dir: med-ed/msdos or med-ed/mac

Morbidity and Mortality Weekly Report, plus CDC epidemiology software.

> http://www.crawford.com/cdc/mmwr/mmwr.html

Multimedia Med-Reference Library.

> http://www.tiac.net/users/jtward/index.html

Neuromuscular physiology page.

> http://ortho84-13.ucsd.edu/

Neurosciences Internet Guide.

> http://http2.sils.umich.edu/Public/nirg/nirg1.html

Pharmaceutical Information Network.

> http://pharminfo.com/

PharmWeb (U.S. mirror site).

(continued next page)

continued from Page 10

> <http://sunsite.unc.edu/pwmirror>

"Put Prevention into Practice."

> <http://www.os.dhhs.gov:81/PPIP/>

RSNA home page (Radiological Society of North America).

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

path: education-practice resources

Sleep Medicine home page.

> <http://www.cloud9.net/>

TraumaNet home page.

> <http://www.trauma.lsumc.edu>

Virtual Hospital. Has virtual patients.

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

Virtual Library of Medicine.

> <http://golgi.harvard.edu/biopages/medicine.html>

Virtual Medical Center.

> <http://www-sci.lib.uci.edu/~martindale/Medical.html>

Visible Embryo Project.

> <http://visembryo.ucsf.edu>

Visible Man.

> http://www.nlm.nih.gov/extramural_research.dir/visible_human.html

Whole Brain Atlas.

> <http://count51.med.harvard.edu/AANLIB/home.html>

Yahoo health server (Stanford).

> <http://www.yahoo.com/Health> ■

Directory Changes

Adams, Wendell, MD

Change office address to:
702 23rd Avenue SE
Puyallup, WA 98372
840-9482

Pearson, Michael, MD

Change office address to:
3206 50th St Ct NW #112
Gig Harbor, WA 98335
858-3464

Medical Society has E-mail address

If you would like to access the Pierce County Medical Society via Internet you can now do so. The address is: djackman@tribnet.com

E-Mail addresses - please forward

The Medical Society is now gathering members' e-mail addresses. If you would like to have your e-mail address on a PCMS listing, please call, 572-3667.

Fax numbers - wanted!

The Society office would like to have all members on its fax line. Legislative alerts, meeting notices, etc. are all being faxed. Please call 572-3667 and give us your fax number.

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New Medical Director chosen....

Dr. Ron Goldberg, Puyallup oncologist, has been named medical director for Good Samaritan In-Home Services (HomeCare, Home Health, Hospice). He replaces Dr. Ron Winkle who retired.

Dr. Goldberg received his doctorate in physical organic chemistry from the University of Texas at Austin. He completed his pre-medical training at Dartmouth and his medical degree from Harvard. His residency and two oncology fellowships were received from the University of Vermont and another fellowship at the Mario Negri Instituto in Milan, Italy.

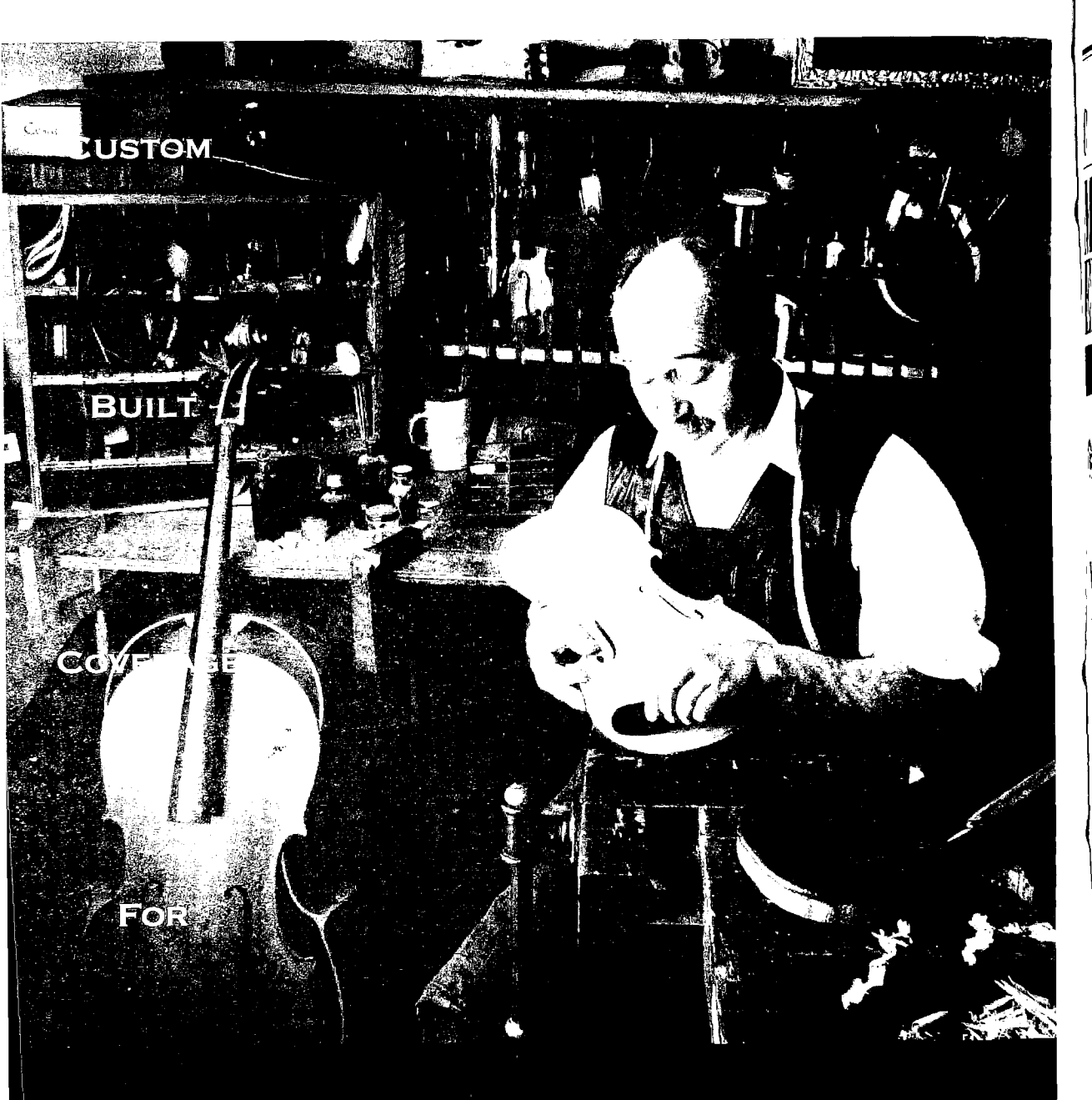
Prior to entering private practice in Pierce County in 1979, **Dr. Goldberg** worked as a chemist, staff member at Vermont Regional Cancer Center and as an assistant professor of medicine at the University of Vermont.

New Ob/GYN Practice to open....

Drs. Claire Spain-Remy and **Susan Predmore** have announced the opening of their new ob/gyn practice located in Jackson Hall, 314 South MLK Jr. Way, Suite #400. Their office phone is 627-0666, physicians line is 627-0668, and fax is 627-2879.

Appointments can be made as of August 1, 1995 and Dr. Predmore will begin seeing patients on September 5, 1995. Dr. Spain-Remy will return from maternity leave on November 1, 1995.

Referrals are welcome and most insurance plans will be accepted.



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C.O.M.E. Board announces 1995-1996 CME Schedule

The College of Medical Education's Board of Directors announced its CME schedule for 1995-1996 at their spring meeting.

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, dates, a brief description and the course directors will be mailed in early September.

For additional information of next year's offerings, please call the College at 627-7137.

Whistler CME Location Set

The Whistler Town Plaza, a building of new condos, has been selected as the CME at Whistler site for 1996. Greatly reduced rates at the Town Plaza have been negotiated. The new condos are located adjacent to the "Village" providing easy access to skiing, restaurants, etc.

Details on both the conference and condo arrangements will be mailed in August.

Maui CME - details will be available soon

The program brochure including conference and hotel registration details for CME at Maui will be available in August.

The program is set for the week of April 1-5, 1996 at the world-class Ritz-Carlton Hotel on Maui.

<u>DATES</u>	<u>PROGRAM</u>	<u>DIRECTOR(S)</u>
Friday October 13	Common Office Problems	Mark Craddock, MD
Friday December 1	Infectious Diseases Update	Alan Tice, MD
Thurs. & Friday December 7 & 8	Advanced Cardiac Life Support	College of Medical Education
Thurs.-Saturday February 1-3	CME at Whistler	Richard Tobin, MD
Friday February 23	Review of HIV Infections	Alan Tice, MD
Thurs. & Friday March 14-15	Internal Medicine Review, 1996	Greg Schlepp, MD
Monday-Friday April 1-5	CME at Maui	Mark Craddock, MD James Foss, MD
Friday April 26	Cardiology for Primary Care	Marilyn Pattison, MD
Friday & Sat. April 19 - 20	Surgical Update 1996	James Buttorff, MD
To be announced	G. I. Update	Gary Taubman, MD Richard Tobin, MD
Friday & Sat. June 20 - 21	Advanced Cardiac Life Support	College of Medical Education

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

September, 1995

WSMA Annual Meeting

September 28-30, 1995; Spokane Convention Center, Sheraton Hotel; Spokane, Washington



Leadership
and
Vision
for the
'90s

Inside:

Changes happening fast in health care	Page 3
TRAUMA: The system's in serious condition	Page 5
WSMA Annual Meeting	Page 6
Paiya v. Durham: AMENDED!	Page 9
PCMS leaders meet with Representative Randy Tate	Page 9
"Totems" A Board Portrait	Page 11
Public Health: The Silent Partner	Page 12
Physicians' Online	Page 17

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

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Features

Changes happening fast in health care 3
The trauma of trauma 5
WSMA Annual Meeting in September 6

Departments

New Members 10
Letter from Dr. Bitseff, Jr. 10
"Totems": A Board Portrait 11
PCMS Alliance & Street of Dreams 18-19
College of Medical Education 20-21
Classified Advertising 23

News briefs

How to stay informed 8
PCMS leaders meet with Representative Tate 9
Paiya v. Durham AMENDED 9
Member activities 16
Physicians Online 17

Local News

Public Health: The silent partner in medicine 12-13
Clinical Ethics CME 15

Changes happening fast in health care

Rumors abound that the "big guys" are coming to town. The big guys are the nation's largest owner of hospitals, Nashville-based Columbia/HCA Healthcare Corporation. With an eye to expanding to the Puget Sound region, Columbia/HCA Healthcare has an interest in forming local partnerships (or buy outs). Talks are expected soon between Columbia and Health Washington. *The News Tribune* (August 12) quoted Health Washington's president and CEO, Joseph Leinonen, "we are trying to organize the agenda." Health Washington is a four-party partnership consisting of MultiCare, Swedish Hospital in Seattle, Steven's Hospital in Lynnwood, Evergreen Hospital in Bellevue and affiliations with Good Samaritan Hospital in Puyallup, Highline and Capital Medical Center in Olympia.

This follows previous alliances in recent weeks that include Group Health Cooperative strengthening ties with Virginia Mason Medical Center, Northwest Hospital developing a partnership with Providence Medical Center and Swedish Medical Center and Pacific Medical Center (Pac-Med) marching toward a ten year alliance due to begin November 1, 1995.

The trend in the Puget Sound region mirrors national activities. At a basic level, hospitals have too many empty beds and are trying to reduce costs by sharing facilities with former competitors while attempting to secure a steady supply of hospital patients through ownership of, or agreements with, primary care practices. Increases in outpatient procedures and shorter hospital stays, coupled with bed

growth in the past ten years has resulted in a surplus of hospital beds.

According to the *Business Examiner* (August 7) Columbia, with assets reported at \$17 billion, could be an attractive partner to an under-capitalized hospital trying to survive the shift in health care delivery away from hospitals and toward managed care and outpatient settings.

"With an eye to expanding to the Puget Sound region, Columbia/HCA Healthcare has an interest in forming local partnerships (or buy outs)."

Local examples include Providence Medical Center which has expanded its chain of Medalia community clinics. This helped motivate Pac-Med to look for a partner to replace Providence as its preferred hospital, according to Pac-Med chief executive officer Phil Sherburne. The new alliance will result in Pac-Med acquiring the 16 clinic Swedish Partners Medical Group, which employs 37 primary care physicians and has contracts with another 25. In return, Pac-Med is switching from Providence to Swedish for the majority of its patient hospitalizations. Swedish has about 500-600 active specialists. Both organizations have to determine how the two groups of specialist will function within the alliance. All details have yet to be resolved as reported in *Washington Health* (August 4).

The decision appears on the surface to not make sense because most organizations are trying to

build or grow primary care networks, not sell or trade them. Swedish president Richard Peterson told the Pac-Med Board in June that Swedish was not interested in becoming a fully integrated provider. However, Pac-Med has more than three years remaining of a five-year contract with Providence, which Pac-Med intends to require Providence to fulfill, *Washington Health* reported.

Columbia owns and operates 323 hospitals, 115 outpatient surgery centers and 132 home health agencies in 36 states, England and Switzerland. With 212,000 employees, it is the tenth largest employer and one of the fastest growing companies in the United States. According to the *Business Examiner*, the corporation is "building comprehensive networks of healthcare services in local markets integrating various services to deliver patient care with maximum efficiency."

When asked if in favor of being bought out by Columbia or achieving an alliance with the company, Leinonen responded "We are committed to having a premier integrated delivery system. This market will deliver three systems and we are determined to be one of them." The other two major health care systems in the Puget Sound Region are the Group Health-Virginia Mason alliance and the Sisters of Providence system. ■



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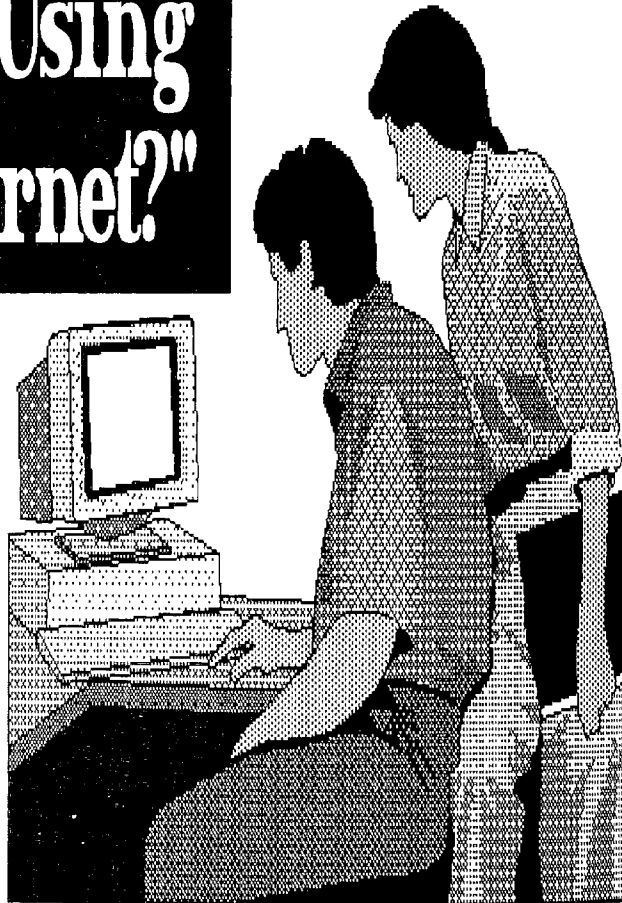
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Trauma-thirty miles north by helicopter

St. Joseph Hospital, as of September 1, made the same decision that Tacoma General Hospital made in June. Neither hospital will accept major trauma patients, people with multiple injuries from shootings, car accidents, etc. The decision of the hospitals was hastened when the 18 surgeons who operate on trauma patients at both hospitals, announced they were cutting back services. Surgeons say the trauma system is "underfunded, dangerous and close to collapse", according to an article in *The News Tribune* (August 19). The hospitals and affiliated surgeons decided that those critically injured be sent, by helicopter, to Harborview Medical Center in Seattle. Since June, many meetings have been taking place, the media has kept a watchful eye on the issue and one government official has stepped forward to offer assistance in solving this complex issue for Tacoma/Pierce County.

Senator Rosa Franklin, (D-29th) Representative from East Tacoma, and a member of the Senate Health and Long Term Care Committee, invited community leaders involved in the trauma issue to meet with her and discuss the trauma dilemma. The meeting, held July 27, was very well attended. She opened the meeting by saying she had been deluged with calls from concerned constituents that trauma care was no longer available in the county. She noted "this is really a problem for the City of Tacoma and Pierce County and we need government involvement. I called this meeting to discuss and identify problems and plan a future meeting to look at possible solutions."

Janet Griffith, Director, EMS/

Trauma Division, Department of Health, reviewed various aspects of the Trauma Care Act of 1990.

According to Ms. Griffith, trauma is an issue of major importance because it is the leading cause of death for persons under 44 years of age, it is very preventable and very costly. She believes that this is a "systems" problem and needs immediate surgical intervention. The decision for a hospital to designate themselves as a trauma center is voluntary, but once the commitment is made, they must be responsible for the care.

Involved in the trauma/EMS issue since 1962, Dr. James Billingsley, Medical Director, St. Joseph, St. Francis, and St. Clare Hospitals, stated that trauma care has worked well in the county without a system, but is now changing due to increased costs and requirements of care and decreased financing. He said, "we need to keep appropriate trauma cases as near to home as possible. We must define the system and include the community in deciding what level of care they want to keep in Pierce County." He believes that this issue needs a community decision and a community response.

Diane Cecchetti, Vice President, Patient Care, MultiCare, believes that Pierce County is different. "Our rate of trauma exceeds any county in this state." She added that MultiCare has been working with St. Joseph Hospital collaboratively to resolve the issue. She asked, "What is the appropriate level of care for Pierce County? We must fundamentally decide if the community wants to support trauma, and if so, at what level." She questioned if the community would support a Level

II trauma center.

Dr. Alan White, Tacoma general surgeon noted, as Dr. Billingsley had, that this is not a new issue for the medical community but it is new to the community. Dr. White believes that to-date, excellent trauma care has been provided for the community, but many changes have taken place. He said, "we (surgeons) haven't said we won't or can't provide trauma care, but we

"Tacoma/Pierce County cannot be compared to other communities because there is too much penetrating trauma. We are an area of disproportionate need."

want to do it properly. We need help, we need commitment and we need dollars to make the system work." He said the surgeons have met with the hospitals numerous times, but the hospitals feel they cannot financially participate. "Eleven minutes away is an excellent facility with 18 hands waiting to handle these patients" were his closing words.

Brook Edwards, Assistant Chief, Tacoma Fire Department, stated that since 1984, pre-hospital care has improved dramatically and that the Fire Department can be depended upon to help find the solution with the community.

Paramedics and consumer representatives from the EMS Council also spoke. Mr. Dean Snyder, Consumer Representative on the EMS Council asked, "Why should our sisters, aunts, and brothers have to go to Seattle for their care?" Snyder felt it necessary to inform the public and

(Continued on page 7)

Washington State Medical Association Annual Meeting

Delegates to gather in Spokane in September

The 106th annual meeting of the Washington State Medical Association will be held September 28-30, 1995 at the Sheraton Spokane Hotel and Spokane Convention Center.

The theme for this year's meeting is "Leadership and Vision for the 90's." The opening session at 1pm Thursday, September 28 will feature nationally recognized health policy expert Paul M. Elwood, MD, founder and CEO of the influential Jackson Hole Group. Dr. Elwood will discuss today's private and public health care markets and the changes ahead for them, as well as how physicians can respond effectively to those changes.

Joining Dr. Elwood on the program are two local speakers. **John Coombs, MD**, associate vice president of medical affairs for clinical systems and networks, and associate dean for regional affairs and rural health at the University of Washington will examine the

impact of market-driven change on medical education and training. L. Frederick Fenster, MD, director of the office of value assessment at the Virginia Mason Medical Center will discuss information physicians will need in order to manage accountability and assess value in the new delivery environment.


The WSMA's Patient Awareness and Community Education (PACE) Program will present a special seminar, "Domestic Violence-Solutions to a Public Health Problem," from 1-4pm Friday, September 29. The program will focus on physicians' critical role in violence prevention and will teach physicians to diagnose and treat adult and youth victims of domestic violence. Other Friday afternoon programs will cover: managed care liability issues and contract negotiation; the Internet and the health care provider; and how to become an effective participant in the legislative process.

Scientific Program Chair, W.

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28, 29 & 30
1995
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Sheraton Hotel
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WSMA

Philip Werschler, MD, has arranged for several clinical programs, many of which offer free Category I CME credits. Topics to be covered include quality of care, cancer, pediatrics, allergy/immunology, addiction medicine, oncology, psychiatry, physical medicine and rehabilitation, dermatology and ophthalmology.

Registration materials have been mailed. For more information about hotel arrangements or the scientific program call WSMA meeting planner Patti Smith in Seattle at (206) 441-9762 or 1-800-552-0612. ■

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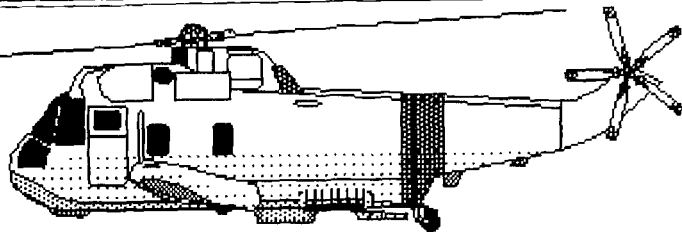
(Trauma, from page 5)

they will come up with the money. "It is too expensive to fly to Seattle," he added.

Senator Franklin stated that she was disappointed that there were no representatives from city or county governments and they had been extended invitations. She expressed hopes that this didn't indicate the level of interest on their part. During the open discussion period, **Dr. Tony Haftel**, Chair of the PCMS EMS Committee and Chair of the EMS Council, stated that the growth and need has outstripped the system. It has become a resource issue of reimbursement and cost. Due to the expense of trauma plus the economic frustrations of hospitals, they have no choice. And, Tacoma/Pierce County cannot be compared to other communities because there is too much penetrating trauma. "We are an area of disproportionate need", he said.

Bob Wachtel, MD, ED Director at MultiCare believes the region needs and deserves a Level II system. "Harborview is o.k. on an interim basis, and perfect for selected patients, but is not a good, long-term solution to our problem. If you have problem today, the best place to go is Harborview, because their system is ready, which it is not in Pierce County."

Colonel Matt Rice, MD, representing Madigan Army Medical Center, stated that this area needs at least a Level II trauma center, and that trauma is more than surgery, it is a multi-system problem that requires commitment. "Helicopters will not solve the problem", he said. He believes fear is a big factor for institutions trying to survive in this era of great change. They are afraid to designate because it will obligate them to the responsibility



of trauma care.

To date, no hospitals in the Western Region have voluntarily requested trauma care designation. And, many believe that contiguous counties are stalling because they fear they will be responsible for the Tacoma/Pierce County trauma. It is believed by many that once Tacoma/Pierce County solves their trauma crisis, other hospitals in the Western Region will designate.

Since Senator Franklin's meeting in July, Tacoma's two largest hospitals are working to revive a centralized communications system for medical emergencies. The system, as noted in a *News Tribune* (August 10) editorial "is an improvement over the status quo, but it is not the answer to the community's dilemma concerning acute trauma care."

Although resurrection of a base station service will be helpful in directing ambulances to the most appropriate hospital, the editorial expressed fear that "it could be viewed as preparation for a permanent policy of helicoptering the city and county's most critically injured patients to Seattle's Harborview Medical Center." In response to Senator Franklin's meeting where most attendees believed that local trauma care will be available only if the community demands it and pays for it, the *News Tribune* editorial believes that "Tacoma's medical community should more aggressively document the advantages of a local trauma center so the larger community will understand what is at stake."

A state mandate, effective February, 1996 will require

patients with life-threatening injuries to be transported to a trauma center accessible by ground or air within thirty minutes. Without a local trauma center, this will mean patients will take a \$3,000 helicopter flight to Seattle or a ride to Madigan. Paramedics, as well as surgeons, believe that Madigan and/or Harborview provides the highest quality care. "As long as we don't have a system in place, surgeons are flying by the seat of their pants," said surgeon, **Jim Rifonbery**. "I absolutely hate sending the patients north. For now, I think it's absolutely the right thing to do", he was quoted in *The News Tribune*, (August 20). He went on to say in an editorial published in the *Tribune* (August 20), "Tacoma deserves and clearly needs a trauma center. The problem is not lack of concerned or experienced physicians. It is not for lack of excellent hospitals and staffs. The problem is about money. Funding is needed to pay for all of the equipment and personnel that must be available at a moment's notice."

Perhaps the trauma caregivers have captured the attention of community leaders and the public. It looks as though the decision about trauma care will become one that this community collectively will have to make.

As the *Bulletin* goes to press, PCMS is assisting Senator Rosa Franklin's office in notifying physicians and other trauma caregivers about the second meeting scheduled for August 23. The agenda for the meeting will be "solutions" to the problems identified at the meeting held in July. ■

How to stay informed in era of change

Living in an era of dramatic change requires you, the physician to stay informed of the changes and trends developing nationally and locally. One of the easiest ways of doing this is by receiving the American Medical Association's *American Medical NEWS*. It alone is worth membership in the AMA. The articles run the gamut of all that is happening in medicine. Legislation, mergers, business aspects of medicine, medical/legal decisions.

If you aren't familiar with *AMNews*, call the Medical Society office and we will send you a

recent edition. It is a weekly publication, averaging 32 pages in a very readable format. Following is a sampling of articles in very recent editions.

"Leave yourself an OUT".. A medical merger gone bad can strand you in practice hell. Before you link your fate with another provider, group, or employer, think about how you could escape. And put it in writing.

"Solo practice: a contrarian view"....experts say skills, not size, ensure the viability of a practice.

"Academic pay slowing, primary care growing"

"HMO 'stampede' celebrates big enrollment gains"

"Integration shakes liability insurers"

"Charity's Bottom Line" Federal budget cuts will tighten the squeeze on hospital uncompensated care. At risk: safety net services such as burn units, trauma and AIDS care.

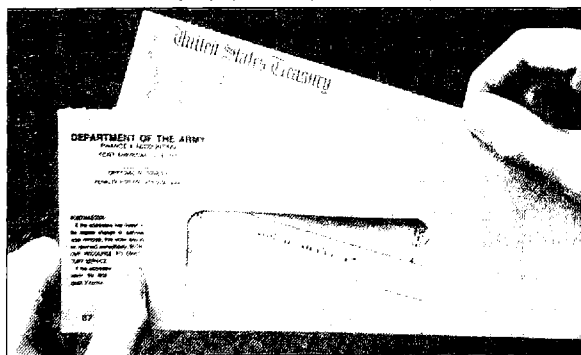
"Courts shaping reform..."lawyers see legal, regulatory actions steering market.

"Lurking Liabilities..."Managed care can add an unforeseen layer of risk. You can protect yourself.

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Congressman Tate asks about Medicare

During the Congressional August recess, Representative Randy Tate (R-9th) met with PCMS representatives to discuss impending changes to the Medicare Program. When Congress reconvenes after Labor Day, Medicare will be a priority item.

Meeting with Tate were: **Drs. David Law, Leonard Alenick, Christen Eidal, (Auburn Internist), Peter Marsh and John Rowlands.** They emphasized the AMA proposal for transforming Medicare, including allowing Medicare beneficiaries to choose between maintaining their existing Medicare coverage (with some modifications) or choosing "Medichoice", a defined contribution system.

The Congressman was told in detail some of the many problems physicians experience with Medicare and its onerous reporting system and regulations. Much of

Does Shuttle make your patients wait?

The Society office has received calls of concern from members' offices about the long waits shuttle patients sometimes have before they are picked up to go home. We don't know how long they have to wait at home to be picked up, but they sometimes wait in the offices 2-3 hours. If this is a common problem in the physician's office, the Medical Society would like to know.

We will be talking to Pierce Transit and would like to be able to cite some specific incidents, if possible. Please call the Society office at 572-3667 to help us correct this problem and major inconvenience to your patients. ■

the breakfast meeting was devoted to explaining to Tate the need for changes in the Clinical Laboratory Improvement Act (CLIA), and asking him to support H.R. 1386 which would amend the 1988 legislation. The doctors cited one case after another how CLIA had become a monstrosity to the medical system.

Tate's staff members present at the meeting took many notes and the problems cited will be studied by the Congressman in great detail.

The Congressman has been supportive of a cap on non-eco-

nomie damages as it was passed by the House. However, the Senate, including Senators Slade Gorton and Patty Murray, do not share the same view and have supported the trial lawyers on this major issue.

Representative Tate was appreciative of the physicians comments and said it would help the Republicans formulate their ideas for Medicare reform as the battle gears up. Both parties realize that Medicare is a political football and could easily prove to be a quagmire for them if they approach it in a reckless and cavalier manner. ■

Paiya v. Durham.....AMENDED!! PCMS makes a difference

In the March, 1994 *Bulletin* we reported that the Washington Appellate Court, *Paiya v. Durham* Construction decision, 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 result of the decision for physicians was that if they had treated and then were called upon to give their time for depositions, court appearances, etc., then attorney's or the courts would not have to pay them more than a \$25 fee.

The PCMS Medical-Legal Liaison Committee opposed the ruling and wrote letters to the State Bar Association to that effect. **Peter Marsh, MD**, PCMS President, was asked to appear before the State Bar Association Board of Governors to present the physicians' position. The Committee and **Dr. Marsh** said the, "treating physicians should be entitled to a reasonable fee for their medical/legal services. The Bar Association then appealed to the state Supreme Court.

In July, the State Supreme Court amended CR 26(b)(j) of the Washington State Civil Rules to read, "The party seeking discovery from a treating health care provider shall pay a reasonable fee for the reasonable time spent in responding to the discovery."

Congratulations and thanks to the Medical-Legal Liaison Committee and **Dr. Peter Marsh** for their efforts. Members of the Committee in 1994 were: attorneys Greg Abel, A. Clarke Johnson, John Rosendahl, Rita Forster, Jack Maichel, and Michael Welch; physician members were **Marcel Malden, Nick Rajacich, Bill Ritchie, and Richard Spaulding.** ■



Welcome, new PCMS members

With the recommendation of the Credentials Committee and approval of the Board of Trustees, the following six physicians have been admitted for membership to the Medical Society. We welcome their participation and thank them for joining.

Brown, James S., MD

Allergy/Immunology

Practices with Dr. Pierre Andrade
11311 Bridgeport Way, Tacoma
Med School: University of Oregon
Internship: Dewitt Army Hospital
Residency: Fitzsimmons Army
Medical Hospital
Graduate Training: Fitzsimmons
Army Medical Hospital

Schrenk, David, MD

Anesthesiology

Practices with Tacoma Anesthesia
Associates, 314 MLK Way, Tacoma
Med School: Loma Linda
University
Internship: Loma Linda University
Residency: Loma Linda University

Peizner, David S., MD

Cardiology

Practices with Cardiac Study
Center, 1901 South Cedar, Tacoma
Med School: St. Louis University
Internship: University of California
(Davis)
Residency: University of California
(Davis)
Graduate Training: California
Pacific Medical Center

Rome, Michael P., MD

Cardiology

Practices with Cardiac Study
Center, 1901 South Cedar, Tacoma
Med School: University of Kansas
Internship: Ohio State University
Residency: Ohio State University
Graduate Training: University of
Oklahoma

Pollard III, William S., MD

Pediatrics

Practices with Dr. Don Russell,
1910 South Meridan, Puyallup
Med School: Baylor College
Residency: Baylor Community
Affiliated Hospitals

Wong, Douglas L., MD

Anesthesiology

Practices with Tacoma Anesthesia
Associates, 314 MLK Way, Tacoma
Med School: Case Western Reserve
University
Internship: University of California
(Davis)
Residency: Case Western Reserve
Universtiy
Fellowship: Cleveland Clinic

Dr. Ed Bitseff, Jr. injured in accident

Editor's note: Dr. Bitseff, Jr., sent the following note regarding his motorcycle accident to update his colleagues regarding the status of his condition and his medical practice.

Dear Colleagues:

On July 30, 1995 I was injured in a motorcycle accident in Oregon. I was seen originally at Emanuel Hospital in Portland for significant internal injuries and fractures. The following day I was transferred to Harborview Medical Center where I had two surgeries to stabilize the fractures.

I was discharged from Harborview on August 14, 1995. I have no physical or functional disabilities but due to the fractures, will have a prolonged recovery period. I expect to be back in the office starting August 21, seeing patients mid September and operating as soon as I am strong enough to proceed.

If I can provide further information or be of additional service, please let me know.

Edward L. Bitseff, Jr., MD

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Totems

by Judy Wagonfeld

Editor's note: This is another article in a series that will feature PCMS Board Members

"A good name is rather to be chosen than great riches." Proverbs 22:1

Far from neutral labels, names express unique ethnic, religious, societal, or family origins; celebrating a new life. In Reilley's office, a cache of king-sized puzzles heralds "Reilley's Babies". Like ceremonial totems, each wood plaque spells a name in vibrant, removable letters. Bestowed on moms at their post-partum check, this clever gift honors the newborn and, Reilley feels, "bridges the gap created when our intense pre-natal relationship ends."

Capturing Reilley's essence in a nutshell, that spirit pervades the practice. In her airy waiting room, amidst a jungle of plants, stuffed bunnies, Leprechauns, and Impressionist posters, scheduler Marna greets women by name, chatting about babies and siblings. *Dr. Seuss* books, *Highlights*, and current magazines crowd tables and racks. Beneath a serene Mary Cassatt "Mother and Child" poster, a pregnant woman reads; Minnie Mouse T-shirt bulging over hot pink shorts and toenail polish. Two women, two eras, as if indicative of Reilley's two careers.

As a sixth-grader, Sandra proclaimed, "I want to be a doctor." Mom laughed, "You can be a *nurse*." When, as a critical care nurse, Nurse Practitioner School accepted her, she knew, "Nice, but not really what I want." When wait-listed at UW Medical School, the Dean unwittingly threw down the gauntlet, "We decided not to admit you because we don't want to retrain a trained health professional." Nursing as albatross. And fighting words to an Irish, red-headed soul fresh from completing two years of college science and M-CATS while working in ICU, transcription, and Critical

Care teaching. Livid, she let loose. Three weeks later an acceptance arrived.

Working two nursing shifts a week during school, Reilly often felt too exhausted to stand. She'd say, "I like what I'm doing. I won't look at the clock." Now, hovering over a laboring woman at night, that mantra jump-starts her energy. Reilley believes nursing's psycho-social realm instilled a sensitivity lacking in the physician curriculum. Talking with patients, drawing blood, starting I.V.s, and medication knowledge made medical school "a breeze - the least stressful time in my life." While novice students struggled with basic skills, she relaxed.

Reilley says, "I scheduled third-year Ob-Gyne and surgery first, to get them out of the way." Fascinated by both, she still, like an adrenalin junkie, felt critical care's pull. However, she found herself unhappy with chronic illness and un-motivated patients. Oddly, an auto accident granted her time to ponder. Helping women at their most "teachable" during pregnancies and performing surgery won out.

When Reilley talks obstetrics and surgery, she's a gushing geyser, enthusiasm generating an employee *esprit de corps* resulting in playful events. For St. Patrick's Day Reilley purchased elf-shirts she and the staff don. With Leprechaun garbed Marna, they yearly assault Shenanigan's for lunch. In Reilley's office a quilt, flower baskets, and garden paintings radiate warmth. Wood shelves display books, photos, glass art, and patient-made frilly bunnies - labeled, she laughs,



"foo-foo items" by her husband.

Active in ACOG, Reilley focuses on health options such as the primary-specialist dilemma. By associating with a Nurse Practitioner, she can manage a referral practice and offer a routine gyne option. On the PCMS Board, she concentrates on education and social issues such as domestic violence, leaving the political arm to others.

Whether personal or organizational, Reilley grabs opportunities. During her fourth year, rounding with an endocrine doc, Reilley met physician **John Huddleston**. After residency, they married, built a house, and she opened a practice - three major events in one year - without disaster. Being in love with a spouse *and* work, vacationing six weeks a year, and cheerfulness tempers stress and overload. Far from a couch potato, Reilley plays tennis, kayaks with John and her step-daughter, mountain bikes, and skis - a "go getter", except for hiding in fear as John navigated England's roads. She did appear for theater and country walks.

Having known Sandy as a nurse, it's splendid to see her *raison d'être* met. As Franklin D. Roosevelt said, "When you get to the end of your rope, tie a knot and hang on." By doing so, Reilley twice fulfilled her name **Sandra's** prophetic mandate - "helper/protector of mankind." Just goes to prove - you *can* have your cake and eat it too. With that cake should come a plaque spelling **DOCTOR**. ■

Public Health: The silent partner in medicine

by: **Federico Cruz-Uribe, MD, MPH**

Editor's note: This is one, in a series of articles provided by the Tacoma/Pierce County Health Department to keep physicians informed about public health in our community.

It's time for a wake-up call. During the last century, public health measures have increased the life expectancy in Pierce County from 47 to 75. And, citizens seem to take their health for granted.

When they are ill they go to physicians who give them prescriptions to make them well again. They don't think about the many years or many people that were needed to track the symptoms of illnesses, identify the bacteria that cause them or the medicines that are used to treat them.

The agency that is responsible for identifying and tracking the illnesses that affect a community's

sense of health and well being is the Tacoma-Pierce County Health Department. By collecting information from a variety of sources, the Health Department can identify trends and warn physicians of symptoms to watch for during outbreaks, or common behaviors or exposures that can result in illness.

For example, recent statistics indicate most people die from chronic diseases associated with tobacco use and substance abuse. Poor diets and a sedentary lifestyle contribute to cardiovascular diseases and some cancers.

In fact, about 53 percent of the deaths in the county are due to heart and circulatory diseases and cancer. Another 32 percent are attributed to social dysfunction, which is defined as poverty, serious crime, accidents, acts of violence or abuse and substance abuse.

Among the more disturbing trends the department has identified in Pierce County are the state's highest youth violence and teen pregnancy rates, and the fact that 30 percent of all babies born are at risk for abuse or neglect.

The Health Department is responsible for developing policies to protect public health and safety and for ensuring that people have access to health care. In the past, this could be achieved through technological and policy changes. The "miracles of modern medicine" that increased longevity are standards for safe food, clean water, proper waste disposal and regular immunizations against infectious disease.

However, behavioral and social ills can not be treated simply through scientific advances and policy changes imposed on the community. Public health profes-

U.S. Leading causes of Death, 1990

• Heart Disease	720,058
• Cancer	505,322
• Cerebrovascular Disease	144,088
• Unintentional Injuries	91,983
• Chronic Lung Disease	86,679
• Pneumonia and Influenza	79,513
• Diabetes	47,664
• Suicide	30,906
• Chronic Liver Disease/Cirrhosis	25,815
• HIV Infection	25,188

Source: Washington State Department of Health

Public Health: The silent partner in medicine (continued)

sionals and private care providers now must reduce morbidity and mortality by emphasizing prevention and healthy lifestyle decisions. Families and communities must be strengthened and parents must be taught ways to take a more positive, active role in raising their children.

To give residents the active voice they need to improve their physical and mental well being, the Health Department is collaborating with local service organizations to help communities identify and address the issues that affect community health and welfare. This will allow the department to better serve communities without creating new services or bureaucracies.

One example is the Prevention Partnership for Children, which is a collaboration of service organizations. Together, several organizations that normally provide ser-

vices for specific problems or specific age groups can offer continuous services to children and their families. These services will be modeled after seven family support centers funded by the Health Department and managed in partnership with local agencies and school districts.

Tillicum recently was selected by the Prevention Partnership as its first associate. Tillicum is characterized by low neighborhood and community attachment. The birth rate, unemployment rate, and number of single-parent families is high. Isolation, poverty and escalating gang-related activities are common.

By uniting and building upon community strengths, young children and their families will be able to participate in special events and receive one-to-one family advocacy services. Stronger families and communities will

reduce violence, substance abuse and other dysfunctions.

In addition to service organizations, the Health Department has begun establishing collaborative efforts with primary care physicians, clinics and hospitals in neighborhoods served by the family support centers. Working together, family advocates can refer at-risk children and families to physicians. And physicians can refer their patients to family support centers for services they would not otherwise have access to.

Several more associates will be selected in coming months. In the meantime, the Health Department will continue to work with elected officials and community representatives to build partnerships, develop policies to protect health and safety and ensure that citizens have access to medical care. ■

U.S. Real causes of Death, 1990

• Tobacco	400,000
• Diet/inactivity patterns	300,000
• Alcohol	100,000
• Certain infections	90,000
• Toxic Agents	60,000
• Firearms	35,000
• Sexual Behavior	30,000
• Motor Vehicles	25,000
• Drug Use	20,000

Source: Washington State Department of Health

Seventh Annual Current Concepts in Perinatology

We are pleased to welcome Dr. Baha Sibai, Professor and Chief of Maternal-Fetal Medicine at the University of Tennessee, Memphis as our keynote speaker at the Seventh Annual Current Concepts in Perinatology conference.

Dr. Sibai is a noted speaker, author and the President of the North American Society for the Study of Hypertension in Pregnancy. Dr. Sibai will be presenting on the management of premature rupture of membranes and recent advances in the management of preeclampsia.

Contemporary clinical issues facing physicians and other perinatal service providers will be addressed throughout the day. Dr. Richard Knudson will focus on enhancement of neonatal lung maturity whereas **Drs. David Acosta** and Arthur Maslow will jointly present information on transport and stabilization issues. Dr. Maslow will be on hand later in

the day with information on management and follow-up of abnormal triple screens. To present viable solutions for the problems related to early discharge, a panel presentation will be held which includes **Dr. Botsy Fine**, Mittie Hinz, RNC, MSN and Nancy Mooney, ACSW, CSW.

The conference will be held October 27, 1995 from 7:30am to 4:30pm at the Best Western Hotel (Copperfield's) in Tacoma. A continental breakfast, lunch and refreshments will be provided as

part of registration. Exhibitors will also be on hand to answer questions you might have about their products and services.

Early registration is recommended as this is a popular conference and space is limited.

To obtain registration information, please call Multicare's Department of Continuing Medical Education at 552-1221.

Claire Spain-Romy
Conference Chair

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"Clinical Ethics and the Commerce of Health Care" Making Ethical Decisions in the Managed Care Setting

The Pierce County Ethics Consortium, in conjunction with the College of Medical Education, will present a two-day conference for health care providers and interested consumers. The conference, "Clinical Ethics and the Commerce of Health Care," is intended to explore the cost-conscious management of care as it impacts the ethics and quality of health care.

The conference will be held October 19 from 1:30 - 9:00 pm (dinner provided) and October 20 from 8:00 am - 5:00 pm (lunch provided). Registration is \$165.00 per person.

The new and often unprecedented ethical dilemmas present in a managed-care system will be addressed by national experts and conference participants. A unique feature of the conference will be a Town Meeting, Thursday, October 19 from 7:00-9:00 pm. The public

is invited at no charge. This is a chance for community members to express their beliefs in relation to the concept of futility, i.e., continuing, full, life support for patients who aren't likely to recover.

Three nationally recognized experts in medical ethics will speak:

E. Haavi Morreim, PhD, teaches medical ethics at the Health Sciences Center of the University of Tennessee-Memphis. She is the author of the controversial and noted book, *Balancing Act: The New Medical Ethics of Medicine's New Economics*.





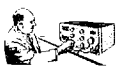
Howard Brody, MD, PhD, professor of Family Medicine at Michigan State University, is well-known in Michigan for his recent leadership of special workshops and seminars on the ethics in managed care.

Giles Scofield, JD, teaches law and health law at Pace University School of Law in addition to health law and ethics for the Albert Einstein College of Medicine, Montefiore Hospital.

Regional resource speakers on the program include Dr. Mason Smith of Lynx Medical System; Dennis Hulet of Milliman & Robertson, a consulting firm for insurance companies; Dr. Thomas Preston of Pacific Medical Center; Dr. Peter McGough, president of the Washington State Medical Association; and Nancy Jecker, PhD, of the Department of Medical Ethics and History at the University of Washington.

The course is accredited for Category I CME credit as well as for continuing CLE legal credit. For more information, contact the College of Medical Education at 572-3709. ■

Puyallup, WA: Hospital affiliated urgent care center has immediate openings for physicians to work 6 to 12 hour shifts. Hours are 12 noon to 12 midnight daily, outpatient only. \$50/hour, benefits available. Send letter of introduction and CV to After Hours Application, Puyallup Valley Healthcare, P.O. Box 1247, Puyallup, WA 98371-0192.

			
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**Bill Marsh, MD assumes
Presidency of WAFP**

Puyallup Family Physician, **Bill Marsh, MD**, assumed another position of leadership when he accepted the gavel to lead the Washington Academy of Family Physicians (WAFP) in 1995-96. The organization represents nearly 2,000 members across the state.

Dr. Marsh is currently Chair of WAMPAC, the political action committee of the WSMA and Chairman, Pierce County Medical Board of Directors. He has always played a significant role as physician contact with state legislators from the Puyallup area. He has worked particularly close with Senator Marc Gaspard, Senate Majority Leader and provided physician input to the legislative process.

PCMS has benefitted from his sense of volunteerism. He has served two terms as Trustee, one year as Secretary-Treasurer and was President in 1991. He currently chairs the PCMS Legislative Committee.

Bill, who is a computer buff, has done much to improve WAMPAC's communication abilities with its membership and has helped WAFP institute an electronic bulletin board.

PCMS extends congratulations. ■

**CHCDS thanks members
for chart reviews**

The Community Health Care Delivery System (CHCDS) Clinics annually ask the Medical Society to provide a few physicians to review patient charts in their five community clinics. The following members willingly volunteered their time to audit the charts to assist CHCDS in maintaining quality care for their patients. The volunteers were:

- Stephon Duncan, MD**
- James Dunn, MD**
- Betsy Fine, MD**
- Michael Kelly, MD**
- Susan Salo, MD**
- David Tate, MD**

The Medical Society extends its thanks to these doctors for providing this important community service. It is appreciated. ■

**Dr. Singh serves on national
education committee**

Surinderjit Singh, MD, immediate Past-President of the College of Medical Education will serve on the Education Committee for the American Association of Electrodiagnostic Medicine for the 1995-1996 year.

Contratulations, **Dr. Singh**. ■

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British Medical Journal: <http://www.bmj.com/bmj/>

Global Health Network's global health information server

discussion: <http://www.pitt.edu/home/ghnet/ghnet.html>

Online Journal of Current Clinical Trials: [htt://](http://www.ref.oclc.org:2000)

www.ref.oclc.org:2000

Physics server at Los Alamos

National Laboratory: <http://xxx.lanl.gov/>

PosterNet: <http://pharminfo.com/poster> ■

Directory Changes

Gross, Kenneth, MD (Retired)

Change address to:

6321 North Park Way #A
Tacoma, WA 98407

Hosie, Mahlon, MD (Retired)

Deceased

Johansson, Arnold, MD (Retired)

Change address to:

234 McElroy Place
Puyallup, WA 98371-5087

Lee, Mary Ann, MD

Change phone numbers to:

Office:.....593-1288

Physician only:.....593-4428

Fax:.....593-4476

Michaelson, Julius, MD

Change office address to:

120 14th Ave SE #C
Puyallup, WA 98372-3700

Medical Society has E-mail address

If you would like to access the Pierce County Medical Society via Internet you can now do so. The address is: djackman@tribnet.com

E-Mail addresses - please forward

The Medical Society is now gathering members' e-mail addresses. If you would like to have your e-mail address on a PCMS listing, please call, 572-3667.

Fax numbers - wanted!

The Society office would like to have all members on its fax line. Legislative alerts, meeting notices, etc. are all being faxed. Please call 572-3667 and give us your fax number. ■

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Bill Dean..... 272-4013

Ronald Johnson..... 841-4241

Mrs. Jo Roller..... 566-5915

Robert Sands..... 752-6056

F. Dennis Waldron..... 272-5127

Confidentiality Assured

Physicians' Online

Physicians' Online is a relatively new electronic information service being made available to physicians free of charge. The Medical Society office has the information and disks available so that you can sign on to the service immediately. Just call the office and state whether you want a Windows or a Macintosh version.

There is no fee for the service as Physicians' Online is supported by pharmaceutical firms. Some of the available information is:

MEDLINE...7 million references from 3,700 international biomedical journals dating back to 1966. Compiled by the National Library of Medicine and updated weekly.

AIDSLINE...More than 80,000 references about AIDS and related topics from 4,000 journals, also compiled by the National Library of Medicine.

QUICK MEDICAL REFERENCE (QMR)...A diagnostic tool that profiles more than 600 diseases and 4,600 clinical findings in internal medicine.

PHYSICIANS GenRx...Complete prescribing information on all FDA approved prescription drugs, including FDA Therapeutic equivalence evaluation, formularies and cost of therapy, updated monthly.

Physicians' Online allows queries to be made in "plain English." And, it ranks the articles that come up in order of relevance to your query. You can also send instant E-mail messages to any physician on the service or to anyone connected to Internet.

The Society office (572-3667) has a limited number of disks, so call today and give it a try. ■

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To Benefit the PCMSA

A message from President Toni Loomis.....

We are about to start our 1995-1996 Alliance year. Summer has been busy and fun, finding out everything I need to know as President and then some. There have been many Alliance members helping me out.

Fall is also membership time when we encourage everyone who is a spouse of a physician to join us. When you get your membership renewal this year you will see something New! We will now take Visa or Mastercard to make becoming an Alliance member easier. Do say Yes!

Even as a supporting member your dues help make a difference in our community. Plus all the fun we have behind the scenes as well as the friendships we develop through participation.

We have some very exciting programs this year. One coming up is the night at the Street of Dreams where we get to tour the homes and have champagne and dessert. This has been a wonderful fundraiser dreamed up by Alliance member Claude Remy. It was much fun last year and is looking to be bigger and better this year. I do hope you will come and have fun. ■

1995-1996 Board of Directors

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Patty Kesling.....	Past President

Executive Meetings

August 28.....	Mary Bridge Large Board Room
October 2.....	TOA #1
November 6.....	Mary Bridge Large Board Room
December 4.....	Mary Bridge Large Board Room
February 5.....	To be Announced
March 4.....	To be Announced
April 8.....	To be Announced
May 6.....	To be Announced

Alliance General Meeting Schedule Tentatively Set

September 17, Sunday, 3:00-7:00 pm

Beach Party BBQ, Tacoma Country Club
Fun & games for the entire family
Babysitting

October 18, Wednesday, 7:30 pm

Sharp Chocolate demonstration by Affairs
Chocolate & Dessert Co.

November 17, Friday, 11:00 am

Fashion Show - Julia Ellen, Makeup by
Savi at Brasfields, Canterwood (lunch)

December 12, Tuesday, 6:30 pm

Holiday Dinner with PCMS

February 23, Friday, 11:00 am

Speaker - Women's Issues, Home of Toni
Loomis, Potluck and Babysitting

March 22, Friday, 11:00 am

Floral Demo by Blitz and Co., Oakbrook
Country Club, Lunch and Babysitting

April House of Delegates

May 17, Friday, 11:00 am

Lunch Cruise on the 88 foot yacht
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Plans ready for CME at Maui

Winter sun, beaches, relaxation, family time, golf, tennis, swimming AND quality Category I CME!

Join your colleagues and their families for next year's spring vacation in beautiful Maui, during the College of Medical Education's "resort" conference April 1-5, 1996.

Like the College's CME at Hawaii program in 1992 and 1994, this year's "resort" conference will be held in Maui and feature a pot-pourri of educational subjects of value to all medical specialities.

Unlike large national CME meetings, this program not only offers considerable savings and is custom designed for local physicians, but allows Pierce County physicians and their families to mix away from the office and enjoy one of the most beautiful spots in the world.

A program brochure highlighting

Early air reservations essential

Hawaiian spring vacation flights sell out many months in advance. A review recently suggested all flights during this time are filling rapidly.

To assure you are able to secure seats and get a reasonable price, we urge you to make your reservations NOW. A small refundable deposit will hold your seats.

The College is working with Marylin at Olympus Travel (565-1213). Olympus has booked some seats at group rates and has access to other special options at the best rates. So, call Marylin today. ■

the conference particulars was recently mailed to PCMS physicians. In addition to outlining the CME program (16 Category I hours), the brochure discusses transportation and encourages advance planning for the limited

flight options during the spring vacation demands in Hawaii. Also, the brochure discusses the savings and assets of the Ritz-Carlton Hotel - Kapalua, the conference site.

For additional registration information, call 627-7137. ■

Ritz-Carlton with bargain rates is site for Maui CME

Maui's lavish Ritz-Carlton has been selected as the site for the College's CME at Maui program.

Located just 15 minutes north of Lahaina, the hotel was selected for a variety of criteria, but particularly the ability to secure a "world-class" hotel at greatly reduced rates.

The Ritz-Carlton is part of the 1,500 acre Kapalua resort, a secluded enclave famous for its presentation and nurturing of the islands's natural beauty. The Ritz-Carlton offers luxury ocean-view rooms, gourmet and casual restaurants, baby-sitting, tennis, snorkeling and other amenities expected from a quality Hawaiian hotel.

For the conference golfer, registrants and their guests may enjoy

the Plantation Course (rated number four among resorts in the world by Golf Digest) and the Arnold Palmer designed Bay and Village Courses. All three courses surround the Ritz-Carlton and feature preferred tee times and negotiated discounted golf rates.

To take advantage of these savings, you must make your reservations soon, as our conference dates are in Hawaii high "spring vacation" season.

THE COLLEGE'S RESERVED BLOCK OF ROOMS WILL BE RELEASED AFTER FEBRUARY 28, 1996. Reservations can be made by calling the Ritz-Carlton Kapalua directly at 1-800-262-8440 or 1-808-669-6200. You must identify yourself as a part of the COME group. ■



COLLEGE OF MEDICAL EDUCATION

 Pierce County Medical Society

Whistler registration now available

Registration is open for the College's CME at Whistler program. The NEW Sheraton Suites - Whistler Town Plaza condominiums (again at greatly reduced rates) have been selected as the site for the College's annual ski CME program set for January 31-February 4, 1996.

COME is offering family vacationing, skiing, and the usual quality continuing medical education to Pierce County Medical Society members and other physicians. With Category I credits, the CME at Whistler program features a potpourri of subjects of interest to all specialties. The Sheraton Suites are adjacent to the Whistler "Village".

For more information on the annual event, please call the College of Medical Education at 627-7137. For condominium information and reservations, call 1-800-777-0185 and identify yourself as part of the COME group. ■

Common Office Problems CME topics set, registration open

Registration is open for the College's very popular CME program, Common Office Problems set for Friday, October 13. The program will be held at St. Joseph's, rooms 3A & B.

The program is once again directed by **Mark Craddock, MD** and will offer 6 Category I CME and AAFP credits.

Planned are addresses on the following subjects:

Office Treatment of Skin Cancer
Pediatric Immunizations
Psychiatric Illness in Pediatrics
ADD in Adults
Cost Effective Treatment of Angina and Hypertension
Lung Reduction Surgery
Shoulder Problems: The Role of Arthroscopy
Common Podiatric Problems
Movement Disorders: Parkinson Diseases and Dystonias ■

<u>DATES</u>	<u>PROGRAM</u>	<u>DIRECTOR(S)</u>
Friday October 13	Common Office Problems	Mark Craddock, MD
Friday December 1	Infectious Diseases Update	Alan Tice, MD
Thurs. & Friday December 7 & 8	Advanced Cardiac Life Support	College of Medical Education
Thurs.-Saturday February 1-3	CME at Whistler	Richard Tobin, MD
Friday February 23	Review of HIV Infections	Alan Tice, MD
Thurs. & Friday March 14-15	Internal Medicine Review, 1996	Greg Schlepp, MD
Monday-Friday April 1-5	CME at Maui	Mark Craddock, MD James Foss, MD
Friday & Sat. April 19-20	Surgical Update 1996	James Buttorff, MD
Friday April 26	Cardiology for Primary Care	Marilyn Pattison, MD
Friday June 7	G. I. Update	Gary Taubman, MD Richard Tobin, MD
Friday & Sat. June 20 - 21	Advanced Cardiac Life Support	College of Medical Education

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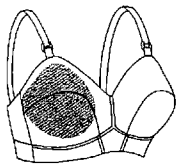
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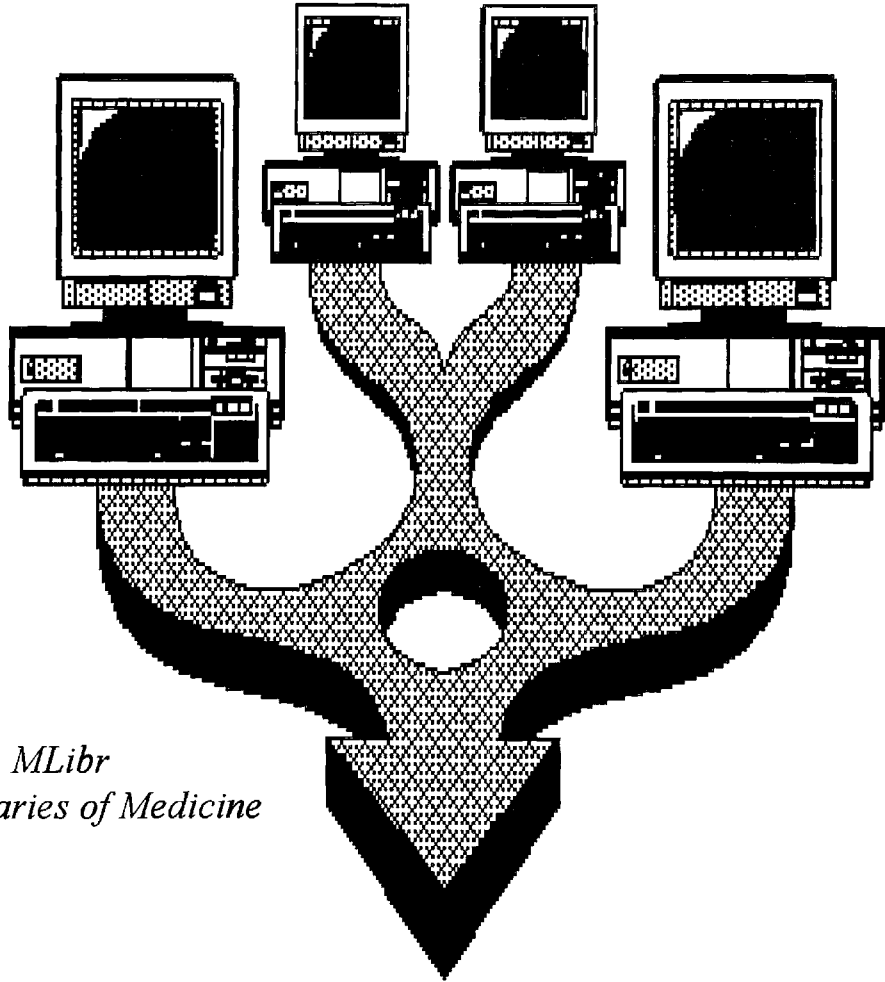
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BULLETIN

October, 1995

"Increasingly,
the Internet
becomes the
answer
to the
questions
of health
professionals."



*Nancy Ottman Press, MA, MLibr
National Network of Libraries of Medicine
University of Washington*

See page 5

Inside:

Fax survey provides input on trauma position	Page 3
INTERNET: Be in the know	Page 5
Neighborhood Clinic thanks volunteers	Page 9
Patient record release update	Page 11
Addiction: Everyone's affliction	Page 12
Communicable Disease Reporting	Page 13
Pierce County Delegates to WSMA	Page 16

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

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

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Happy Halloween

Features

Fax survey provides input on trauma position.....	3
Membership meeting teaches about Internet	5
Neighborhood Clinic thanks Volunteers	9
Communicable Disease Reporting	13

Departments

Applicants for Membership	4
Net News	7
New Members	8
"Addictions"	12
Letter to the Editor- Physician Advertising	15
PCMS Alliance	18
Retired Member Luncheon	20
College of Medical Education	21
Classified Advertising	23

Newsbriefs

Immunization Pocket Guide Available	10
Patient Record Release Information.....	11
Clinical Ethics & the Commerce of Healthcare...	15
Pierce County Delegates to WSMA.....	16
Cryptosporidium Update	17

Fax survey yields many responses quickly

PCMS Board of Trustees uses survey to set PCMS trauma position

PCMS members were asked to give their opinions to PCMS leadership about the trauma issue via a fax survey. And they did! The survey, sent out September 5, realized a 47% return rate in just four days.

The results of the survey were helpful to the PCMS Board of Trustees at their September 5 Board Meeting when they discussed the issue with an eye to determining a Society position.

At the meeting, **Dr. David Law** reported that the frustrations with the issue continue for Pierce County. He said that he had attended both public meetings led by Senator Rosa Franklin and feels that we are a long way from resolving the issue. "And, I was approached by the media and was told that they feel the medical community should be a leader and provide information and direction for the general community regarding trauma," he added.

Dr. Chris Jordan was invited to the meeting to give a brief history and overview of the current trauma status. According to Dr. Jordan, trauma is extremely expensive, especially for Pierce County because of the high rate of penetrating trauma. "Surgeons and hospitals have carried the burden of uncompensated trauma care for years and the hospitals can no longer afford to provide this care." Due to market driven factors, the push to managed care has given hospitals and physicians less ability to cost-shift the expense of uncompensated care.

But, according to **Dr. Joe Nichols**, PCMS Trustee, even though it is a physician's responsibility and duty to provide care, funding is driven

by access. It must become an access issue and be identified as

Madigan Army Medical Center. Both were dismissed as viable

"I was approached by the media and told that they feel the medical community should be a leader and provide information and direction for the general community regarding trauma."

President David Law, MD

such. The issue has come to a head because of the state plan that requires designation but allows no funding. In June, Tacoma General stopped taking trauma patients and September 1, St. Joseph Hospital followed suit. This means that trauma patients are transported by helicopter to Harborview in Seattle.

Dr. Jordan believes that, "without a good trauma system in Tacoma, which does not currently exist, the best care for the patient is provided at Harborview." And, he explained that the way the system currently works, by the time the team is assembled in Tacoma, more time has elapsed than in transporting to Harborview.

The funding issue will have to be addressed. A helicopter ride to Harborview is \$3,000. It was estimated that adequate funding for a trauma system in Pierce County would run from \$3-4 million dollars per year. Will the community be willing to pay for this? Do they want it badly enough to pay for it via increased taxes? When funding is discussed more questions arise than answers.

The Board discussed other possibilities, such as Good Samaritan Hospital in Puyallup or

options for a level two trauma center. There was also concern about the media giving the impression that the local hospitals were no longer accepting emergency room patients. Everyone agreed that the public needs to be educated about the difference between trauma and emergency medicine.

The membership survey results are highlighted below:

1. Should major trauma patients be transported to Harborview?

Yes: 36% No: 56%

2. Should one Tacoma hospital be designated a Level II Trauma Center? Yes: 67% No: 17%

3. Which hospital:

St. Joseph	39%
Tacoma General	23%
Madigan	5%
Other	2%

4. How should the system be funded?

State	52%
County Levy/Bond Issue	51%
Other	10%

When asked if the Medical Society should endeavor to educate
(See survey, page 4)

(Survey, continued from page 3)

cate the public about the trauma issue via public forums, editorial board meetings, etc., the overwhelming majority (70%) said yes. Only 8% said the Society should not undertake such a project.

Many respondents gave additional comments. Many comments addressed the need for adequate funding and for the community to understand that they will have to decide on the level of service they are willing to pay for.

With guidance from the membership and after thorough discussion, the Board agreed upon three guidelines for trauma care in Pierce County:

- 1) **yes, there should be a Level II trauma center in Pierce County,**
- 2) **ideally, trauma should be served by one hospital, and**
- 3) **the Medical Society should take a leadership role in educating physicians and the community regarding the trauma issue and the need for adequate funding.**

Editor's note: As the Bulletin goes to press, Senator Rosa Franklin has scheduled a third meeting regarding trauma. The meeting will be Tuesday, September 26, 7:00am at St. Clare Hospital in Lakewood. You may read about this meeting in the November issue of the Bulletin or call the Society office, 572-3667 to find out how it went. ■

Correction:

The *Bulletin* apologizes for not recognizing Mary Bridge Childrens Hospital as a designated Level II Pediatric Trauma Center in the September issue. We are sorry for the error.

-The Editor

Applicants for PCMS Membership

Bowers, James, MD

Internal Medicine

Medical school: U. of Washington

Internship: Good Samaritan Hospital (Oregon)

Residency: Good Samaritan Hospital (Oregon)

Caldwell, Robert, MD

Internal Medicine

Medical school: Tulane University School of Medicine

Internship: Charity Hospital of New Orleans

Residency: Naval Hospital, Oakland

Charbonnel, Thomas, MD

Pediatrics

Medical school: University of Colorado School of Medicine

Internship: Letterman Army Medical Center

Residency: Fitzsimmons Army Medical Center

Judish, David, MD

Physical Medicine & Rehab

Medical school: University of Tennessee

Internship: Univ. of Washington

Residency: Univ. of Washington

Odenthal, Allison, MD

Family Practice

Medical school: George Washington University School of Medicine

Internship: Silas B. Hayes Army Community Hospital

Residency: Silas B. Hayes Army Community Hospital

Robertson, Cliff, MD

Family Practice

Medical school: Ohio State University College of Medicine

Internship: Madigan Army MC

Residency: Madigan Army MC

Smith, Paul, MD

Ob/Gyn

Medical school: University of Southern California

Internship: Walter Reed Army Medical Center

Residency: Walter Reed Army Medical Center

Editor's note: The above physicians have applied for PCMS membership. Their files are pending credentialing and approval of the Credentials Committee and the Board of Trustees.

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Tacoma-Pierce County Health Department

Membership Meeting featured Internet education "on-line"

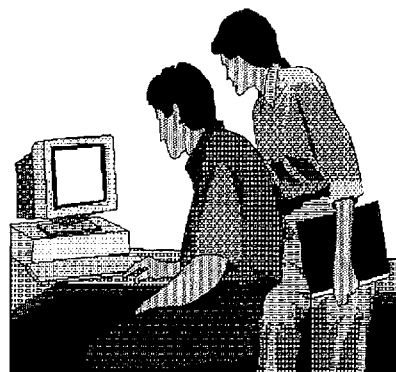
"If you're not on the net, you're not in the know" touts the brochure on selecting an Internet Service Provider (ISP). The brochure, along with a local list of ISPs for the Puget Sound Basin, was provided by Nancy Ottman Press, MA, MLibr, Resource Sharing Coordinator from the University of Washington, National Network of Libraries of Medicine at the September General Membership Meeting held at the LaQuinta Inn on Tuesday, September 12.

The interested and enthusiastic crowd of over 70 included beginners and advanced users of the internet. Watching while she "highlighted and clicked" her way around, attendees were amazed at the wealth of information available in such a very short time. Funded by the National Institute of Health, she has worked for the National Library of Medicine since 1979 and is paid to ensure that health professionals have the latest information for patient care, research and education. And, to this end she has been involved in the technological evolution including calling on people to have MedLine in hospitals, trying to convince them to have libraries to store copies of articles, training health care providers to use Grateful-Med and other search systems, etc. "We are finding that, increasingly, the Internet becomes our answer to the many questions of health professionals," she said.

Press defined the internet as lots of lines hooking from computer to computer, with a certain protocol, so all computers can talk to one another. "The protocol is significant," she said "because it enables

us to all talk to one another. It also allows everyone to use the same data." Ms. Press has utilized the Internet at the University of Washington since 1988, it was then called Bitnet. The Internet has changed the last ten year and has basically diverged in two directions. One is E-Mail and the other is the World Wide Web (WWW). She encouraged everyone to get the WWW as it has made the Internet very user friendly and features the client surfer application. She utilizes NetScape, which she described as the most popular WWW browser, and currently has about 78% of users.

She showed how addresses or uniform resource locators (URLs) are used to find things on the Web. She showed how you can review Disney movies or even the sunset on your computer. She asked **Dr. John Mulligan** to share his E-mail experience that he had shared with her at dinner. He is registered with a list-server of neonatologists world-wide that share information. He said he gets about 40 messages per day and one or two are probably good ones. Via the Internet they learned from someone in South



Africa about cup-feeding very premature babies. This gets them to feed sooner and eliminates the difficulties in transitioning them to nipple feeding. It works great and he said they absolutely never would have thought about doing this.

The barrier to the success of e-mail is critical mass. You need to have enough people on your list to generate ideas and sharing of information. This is one form of e-mail that she referred to as low-tech. Other higher-tech forms will quickly access oxygenation calculations, for example. And, within any page you can refer to anywhere else in the world. "Librarians love this because there

(See Internet, page 6)



Dr. Bill Dean and Jim Symonds
gather handouts from the informative membership meeting about the Internet



Dr. Rich Dehlinger and George Krick
participate in after meeting discussions with colleagues

Internet Education "on line", (continued)

is one copy in one place and everyone doesn't have to have their own copy," she said.

She viewed many of the medical journals and publications available. Most still feature only the summaries and not the full text. She said that many publishers of journals have been very hesitant to list full journals as they have not figured out how they will derive their money for the publication. She added that many Medical Societies do publish their journals. And, it will be on the Web prior to being available in the Library. One liability is that lots of articles have no author or name attached which can make the content far less credible.

Ms. Press explained that the familiar term Home Page, refers to the first page of an organization, individual, or business listing on the Internet. Most try to make their home page attractive, using graphics, logos, and other such pertinent information. She noted three methods for hooking up to the Internet. Dial up, slip connection, and direct connection. A slip connection is about \$25

month and a direct is \$30,000 to install and about \$12,000 per year. Obviously, she suggested the slip connection as the best and most practical.

After answering many question, and traveling many miles on the net, she left everyone with beginning instructions to start with the University of Washington Health Links, and get used to just a few home pages, practice with them and become familiar with the system on a small scale. She also suggested to be sure and sign on with the same ISP as your friends and colleagues so you can help each other. And, from the show of hands upon Dr. Laws query regarding a computer user group, many physicians in Pierce County will soon become 'in the know'.

If you would like to contact Ms. Press for more information or help with utilizing the Internet, or for copies of the brochure and list of ISPs she provided at the meeting, please call the Medical Society office, 572-3667.

Please let us know if you would like to join the Computer User Group, as well. ■

Notes from the Net

Reprinted from AM News 9/18/95


How a year changes everything. Last fall, news stories would explain that the Internet was something you do with a computer and a modem - if they mentioned it at all. Now it's a household word. In a recent survey, *AMNews* readers rated 'information on on-line services' as one of their highest news needs. Some physicians are Net vererans, many are "newbies." But few in medicine will get through the next five years without using or being affected by on-line communications.

Coming in October:

NETworking, a monthly page of Internet hot spots, tips and tidbits for physicians.



The American Medical Association is now on-line! Tables of contents and abstracts from *JAMA*, the Archives series and *AMNews*. E-mail links to publications and members services for your comments. Science News press releases. Links to other peer-reviewed publications and resources. <http://www.ama-assn.org>

Puget Sound Area, WA: You know how you want to set up your practice. We can help you do it. Dynamic physician-hospital organization seeks BC/BE Family Practitioners and Pediatricians. Willingness to provide obstetrical care a plus for FPs. Flexible financial packages and practice positions available from independent to group settings, practice management to full employment. Convenience, quality 225-bed hospital and excellent location in fast-growing, primary care 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, M.D., (206) 848-5951.



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Medical Society has E-mail address

If you would like to access the Pierce County Medical Society via Internet you can now do so. The address is:
djackman@tribnet.com

E-Mail addresses - please forward

The Medical Society is now gathering members' e-mail addresses. If you would like to have your e-mail address on a PCMS listing, please call, 572-3667.

Fax numbers - wanted!

The Society office would like to have all members on its fax line. Legislative alerts, meeting notices, etc. are all being faxed. Please call 572-3667 and give us your fax number.

World Wide Web addresses for scientific publishers

The following are World Wide Web addresses for on-line scientific publishers:

AMA Web: <http://www.ama-assn.org>

British Medical Journal: <http://www.bmj.com/bmj/>

Global Health Network's global health information server discussion: <http://www.pitt.edu/home/ghnet/ghnet.html>

Online Journal of Current Clinical Trials: [htt://www.ref.oclc.org:2000](http://www.ref.oclc.org:2000)

2000

Physics server at Los Alamos National Laboratory: <http://xxx.lanl.gov/>

PosterNet: <http://pharminfo.com/poster> ■

Hot Web Spots

NII health award. In July, the National Information Infrastructure, a public-private consortium that grew out of the White House information task force, chose projects that exemplified information excellence in six areas of public life. The health site has links to the winner, INPHO (information network for public health officials), and information from the five finalists. <http://www.gii-awards.com/health.htm>

Dr. Wasserman's 'Parents Page.' Designed to fill the needs of his pediatrics practice, the page answers many parents' questions. A growing list of links to related resources. <http://www.gate.net/~lewis/parents/html>

CMA Online. Home page of the Canadian Medical Assn., with links to premiere medical sites, key patient-support and education resources, on-line medical periodicals, plus Canada-specific resources. French selectable. <http://www.hwc.ca:8400/>

Heart Surgery Forum [tm]. "New ideas, discoveries, surgical techniques and pertinent data from all sources." Moderated. Breaking developments, jobs, "monster cases," clinical warnings, What's Cool in Cardiac Surgery, and more. <http://www.hsforum.com/hearturgery/homehsf.html>

Sleep Medicine home page. <http://www.cloud9.net/thorpy> (Or, from the welcome screen, select: User home pages/thorpy.) Also at Cloud9 - an extensive psychology page, with numerous links to resources and pointers to discussion groups. Path: interlinks/topical resources/psychology.

MMWR news. Morbidity and

(See next column, bottom)

Physicians' Online

Physicians' Online is a relatively new electronic information service being made available to physicians free of charge.

There is no fee for the service as Physicians' Online is supported by pharmaceutical firms. Some of the available information is:

MEDLINE... 7 million references from 3,700 international biomedical journals dating back to 1966. Compiled by the National Library of Medicine and updated weekly.

AIDSLINE... More than 80,000 references about AIDS and related topics from 4,000 journals, also compiled by the National Library of Medicine.

QUICK MEDICAL REFERENCE (QMR)... A diagnostic tool that profiles more than 600 diseases and 4,600 clinical findings in internal medicine.

PHYSICIANS GenRx... Complete prescribing information on all FDA approved prescription drugs, including FDA Therapeutic equivalence evaluation, formularies and cost of therapy, updated monthly.

Physicians' Online allows queries to be made in "plain English." And, it ranks the articles that come up in order of relevance to your query. You can also send instant E-mail messages to any physician on the service or to anyone connected to Internet.

Call 1-800-332-0009 to order your free software. ■

Mortality Weekly Report is: <http://www.crawford.com/epo/mmwr/mmwr.html>. Abstracts are available on screen. Instructions for downloading the software (Adobe Acrobat) as well as the text files appear on-screen. ■



Welcome, new PCMS members

With the recommendation of the Credentials Committee and approval of the Board of Trustees, the following twelve physicians have been admitted for membership to the Medical Society. We welcome their participation and thank them for joining.

Brackebusch, Joyce M., MD
Otolaryngology

Practices with ENT & Plastic Surgery Assoc., Auburn
Med School: University of Oregon Health Sciences Center
Internship: St. Joseph Hospital, Colorado
Residency: University of Colorado

Corliss, Robert W., MD

Internal Medicine
Practices with Drs. Duffy, Leitz & Biljan, Sumner
Med School: Medical College of Wisconsin
Internship: Deaconess Medical Center
Residency: Sacred Heart Medical Center

Cull, Michael D., MD

Anesthesiology/Psychiatry
Practices at Puget Sound Hospital
Med School: Sidney University
Internship: Australian Royal Prince Alfred, Sidney
Residency: Stanford University Medical School (Psychiatry)

DeLeon, Felino B., MD

General Practice
Med School: Manila Central University
Internship: Hospital NG Manila
Residency: Paranaque Community Hospital

Daniels, Heather S., MD
Pediatrics

Practices with Dr. Plonsky
Med School: Oregon Health Sciences University
Internship: Madigan Army MC
Residency: Madigan Army MC

Ekland, David A., MD

Plastic Surgery
Practices with Dr. Kenevan
Med School: University of Michigan
Internship: Virginia Mason Hospital
Residency: Brooke Army MC
Residency: Walter Reed Army MC

Jackson, Michael N., MD

Family Practice
Med School: University of Washington
Internship: St. Clare's Hospital (New York)
Residency: Spokane Family Medicine

Magelssen, David J., MD
Ob/Gyn

Practices with Lakewood Clinic
Med School: University of Colorado
Internship: Madigan Army MC
Residency: Madigan Army MC

Mauney, Marc, MD
Pathology

Practices with Puget Sound Institute of Pathology
Med School: University of New Mexico
Internship: Penrose Hospital
Residency: University of New Mexico
Fellowship: Washington University (Surgical Pathology)

Samujh, Kamla D., MD

Pediatrics
Practices with Pediatric Associates, Lakewood
Med School: Fiji School of Medicine
Residency: Medical College of Wisconsin

Singh, Tejinderpal, MD

Internal Medicine
Med School: Mt. Sinai School of Medicine
Internship: Bronx Municipal Hospital
Residency: Bronx Municipal Hospital

Sudduth, Lynn S., MD

Dermatology
Practices with Dr. Robert Martin
Med School: St. Louis University
Internship: Tripler Army MD
Residency: Fitzsimmons Army MC

Neighborhood Clinic thanks volunteer care providers

Thanks to the generous efforts of Pierce County physicians, the medically indigent are provided with compassionate, quality health care at the Neighborhood Clinic located at 1323 South Yakima Avenue. Founded in 1983, funded by United Way, parish contributions, private grants (including a grant from the PCMS Alliance) and individual donations, the Clinic is open two evenings a week. The clinic offers free primary care and some prescription medications. Lab and diagnostic imaging services are provided by St. Joseph Hospital, Tacoma Radiology and AKE labs. Tacoma General Hospital Laboratory contributes lab supplies. The volunteer staff of physicians (two or three each evening), nurses, pharmacists and support people serve on a rotating basis - each volunteer comes about once every four to six weeks. Medicine at the Neighborhood Clinic has a style uniquely its own.

The clients come with a great appreciation for the work of the volunteer medical staff, the only paperwork is writing in the patients' charts, and there's a sense of camaraderie among the staff. A practitioner was intrigued that on one night she saw patients whose first languages included Amharic, Spanish, and Russian as well as English and whose ages ranged from 7 months to 92 years old.

Medical students come to observe and go away excited about primary care and community health. Pharmacists and pharmacy techs enjoy the collegial atmosphere among staff and the direct contact with patients. The patients have de facto support

groups in the waiting room and bring the staff thank you notes, cartoons and flowers.

The Clinic can do its work only because of the staff of faithful physicians, some of whom have volunteered since the Clinic's beginnings. They include: **David Acosta**, Timothy Dahlgren, Ann Diamond, **Kenneth Elam**, Robert Flack, **Kenneth Graham**, **Nancy Grubb**, **Joan Halley**, **Richard Harvey**, **William Holderman**, Thomas Mann, Anita Meyer, Chip Roser, Cecilia Singh, Lora Sherman, Kathleen Smith, Anthony Soboil, Jerry Sullivan, **John Van Buskirk**, **Kerry Watrin**, **Robert Yancey**, and **Amy Yu**.

Michael Lovy have volunteered to see patients. Most specialties are covered by our volunteers, but we have only one internal medicine specialist, **Dr. Diane Combs**, and no endocrinologists or psychiatrists to see patients or advise our family practice doctors. Whenever possible, we refer patients to Tacoma Family Medicine and Franciscan Family Care, which have sliding scale fees and charity-assistance programs. There is increasing need for the services of the Clinic. By July of 1995, the Clinic had served more people than it had the entire preceding year.

The Clinic can always use more

"The clients come with a great appreciation for the work of the volunteer medical staff."

Other physicians see patients referred by the Clinic, for limited visits in their office. This past year, the following doctors have generously provided this service: **Ron Anderson**, **Richard Baerg**, **Thomas Brown**, **Duncan Baer**, **Diane Combs**, **Glenn Deyo**, **John Goodin**, **Stevens Hammer**, **John Hill**, **John Hautala**, **William Holderman**, **Harry Lawson**, **David Lee**, Thomas Mann, **Robert Martin**, **Robert Modarelli**, **Neurology and Neurosurgery Associates**, **Richard Ohme**, **Howard Quint**, **William Ritchie**, **Tacoma Orthopaedic Surgeons**, **Tacoma Radiology**, **Charles Souliere**, **James Wagonfeld**, **Robert Yancey**, **Hsushi Yeh**, and **Amy Yu**.

Recently, **Drs. Nancy Karr** and

volunteer medical staff - physicians, nurse practitioners and physician's assistants. Doctors who are willing to see patients occasionally in their offices - one a month or one a year - can extend the work of the Clinic.

Donations of medications, medical, orthopedic, and hygiene supplies are always helpful. Sample medications most likely to be used are anti-hypertensives, antibiotics, and NSAIDs. The Clinic formulary is available on request.

If you're interested in finding how you might be a part of the work of the Neighborhood Clinic, call either co-coordinator: **Betti Ann Yancey, R.N.**, at 549-2349 or **Anita Bell, R.N.**, at 922-0524. ■

Immunization Pocket Guide Available

Up-to-date immunization information for health care providers is now available in one condensed, user-friendly piece -- the Immunization Pocket Guide. A CDC Immunization Action Plan grant project with the family practice residency at Medalia Family Medical Center in Seattle (formerly Providence Family Medical Center) produced this laminated card for distribution to providers throughout Washington State.

The card features the Recommended Childhood Immunization Schedule for the United States - 1995; and includes minimum age and dosage intervals, schedules for children previously not immunized and a guide to true/false contraindications.

The Guide was developed to increase the availability of immunization information for providers and increase immunization rates at Medalia Family Medicine, as well as other health care provider locations. Medalia's experience with the immunization grant project revealed that some incompletely immunized children were not being vaccinated at acute illness visits. Many of these patients actually were only mildly ill and could have received needed immunizations. Additionally, a recent chart audit at Medalia Family Medical Center showed that some children were being immunized before the minimum interval between vaccines - thus preventing full immunity.

The pocket-size format will help health care providers correct these situations by making immunization information conveniently available. To find out how to obtain the Immunization Pocket Guide, please contact Shannon Moulton, Immunization Coordinator, Medalia Family Medical Center, (206) 320-4784. Comments and input are welcome. ■



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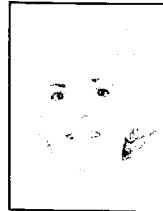
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Office Space



WANTED: Tenants for available space in the Pierce County Medical Society building. Prefer health care related business or association.

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Professional location, north of downtown. Building lease includes utilities, use of kitchen and conference room, janitorial service and parking space.

Secretarial services, office equipment, other business necessities available if needed.

Please call 572-3666 for more information.



The Uniform Health Care Information Act

The law on release of patient records

The Medical Society receives many calls from patients who are having difficulty having their records transferred. In July, 1991, the Uniform Health Care Information Act was passed. This law governs access to patient medical records and other health care information maintained by hospitals, clinics, nursing homes, physicians and other health care providers. It has helped to clarify patients rights and responsibilities. The Act is comprehensive and addresses such topics as examination and copying of records by patients, responding to subpoenas, and when it is appropriate to provide health care information without a patient's consent. (Health care providers are required to implement procedures concerning management of health care information.) The following highlights from the Act are most applicable to physicians offices.

DISCLOSURE WITH PATIENT AUTHORIZATION

A provider must provide a copy of the requested information, is allowed to charge a reasonable fee for the service, and in most cases must chart the disclosure upon receiving written authorization for release. With very few exceptions, a health care provider may not disclose information about a patient to any other person without the patient's written authorization. A valid authorization must be in writing, dated and signed by the patient. It must identify the nature of the information to be disclosed, identify the person to whom the information is

to be disclosed, identify the provider who is to make the disclosure and identify the patient. A valid authorization may not contain an expiration date of more than 90 days in the future. If no date is specified, the authorization expires 90 days after it is signed.

DISCLOSURE WITHOUT PATIENT AUTHORIZATION

A health care provider may disclose patient information without patient authorization to a patient's other health care providers and to those who require the information for administrative, legal, financial, or actuarial services to the health care provider. The Act also addresses disclosure without patient authorization to family members, to public health authorities and law enforcement officials and in situations where the disclosure will minimize an imminent danger to the patient or someone else.

EXAMINATION AND COPYING OF RECORDS

A health care provider must make records available to a patient for examination or copying within 15 days of receiving an authorization. If asked, the provider must also provide an explanation of any code or abbreviation used in the records. The Act covers situations where a health care provider may deny a patient access to his/her health care records. These include situa-

tions where the patient's health may be jeopardized; where another's confidential disclosure would be discovered; or where the information pertains only to quality assurance, peer review or other administrative processes. If a patient is denied access to his/her records by one provider, the Act allows for the patient to transfer the records to another similar health care provider for examination and copying. The provider who denied access to the records must inform the patient of this right.

NOTICE REQUIRED

The Act requires that health care providers who maintain patient records must create and display a "notice of information practices" such as the following:

We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it at _____.

A notice, as above, must be posted in your waiting or patient exam rooms.

If you have questions about patient records, would like additional information or would like a copy of the Uniform Health Care Information Act, please call the Medical Society office, 572-3667.



The Pierce County Medical Society

invites you and your spouse/guest to the

October General Membership Meeting

Tuesday, October 10, 1995

Social Hour: 6:00 p.m.

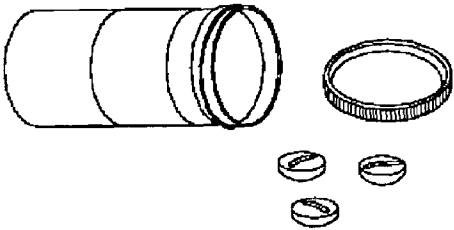
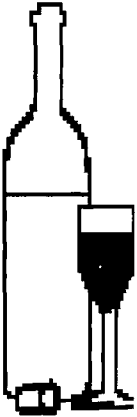
Dinner: 6:45 p.m.

Program: 7:45 p.m.

LaQuinta Inn, 1425 East 27th Street, Tacoma

'Addiction'

Everyone's Affliction



featuring:

Lynn Hankes, MD; Clinical Director
Washington Physicians Health Program
(formerly the Impaired Physician Program)

(Please return before Friday, October 6, to PCMS, 223 Tacoma Avenue South, Tacoma, WA 98402)

Please reserve _____ dinner(s) at \$15 per person (tax and tip included)

Enclosed is my check for \$ _____

I will be bringing my spouse _____ or a guest _____
(Please print name of guest for name-tag)

Signed _____

Thank you!

Report communicable disease sooner: Improve health, save lives

by Federico Cruz-Uribe, MD, MPH

Director of Health, Tacoma-Pierce County Health Department

Public health departments in counties to the north and south are facing challenges that easily could impact Pierce County.

Last month Thurston County reported an alarming increase in hepatitis A. Typically, that county will report 16 cases per year. This year the county has reported 63 cases of illness to date.

This month King County reported a dramatic increase in pertussis - 111 cases through August compared to 48 for all of 1994; 91 cases have been reported since June.

Although these figures are alarming, we don't have to resign ourselves to an increase in such diseases. We can get a handle on these and other communicable diseases by reporting suspect and confirmed cases quickly.

Enterics

Persons with active diarrhea should not prepare food for other people, either in the home or on the job. Severe, and in particular bloody, diarrhea should be cultured and definitively diagnosed because different treatments may be appropriate for different causes.

The State Department of Health noted more cases than normal of *Salmonella* infections this summer. In Pierce County there have been 38 cases so far this year compared to 26 at this time last year.

Antibiotic treatment for *Salmo-*

nella is indicated only for particularly susceptible people, including infants, elderly and those suffering from sickle cell disease or severe infection.

Most people with *Salmonella* don't receive antibiotics because the infection clears on its own and antibiotics may prolong the carrier state.

Salmonella is not easily transmitted from person to person. However,

extra precautions should be taken to prevent secondary transmission of *Shigella* and *E. coli*

O157:H7

as they may be transmitted readily through the fecal-oral route, particularly among children and in day care settings.

Antibiotic treatment will shorten the severity and duration of *shigellosis*; antibiograms should be done due to varying patterns of resistance. *E. coli O157:H7* infections should not be treated with antibiotics. It is believed that damage from *E. coli* is due to free toxin, and that killing cells with antibiotics only releases more toxins.



Hepatitis A

Already this year Oregon has exceeded the case-count for hepatitis A during the peak of the outbreak that occurred there in the late 80's. The disease could

travel up the I-5 corridor. It has made a splash in Thurston County and the numbers are climbing in Pierce County. So far this year there have been 79 cases in Pierce

**Nowhere is the
partnership
between physicians
and public health more
obvious than in
controlling
communicable disease.**

County compared to 48 cases at this time last year. Most of these cases have occurred among injection and non-injection drug users.

However, that is the same population first affected by the outbreak of hepatitis A that occurred in Pierce County in 1989.

Hepatitis A is problematic in food handlers and child care settings. When a suspect case is reported to the Health Depart-

(See Disease, page 14)

(Disease, from page 13)
 ment, we quickly administer immune globulin to those exposed, thus reducing the number of secondary cases. Although there is a worldwide shortage of immune globulin, we have been able to procure an adequate supply for outbreak control.

Meningococcal Disease

Another disease requiring heightened vigilance this year is meningococcal disease due to serogroup B *Neisseria meningitidis* isolates belonging to the enzyme type 5 (ET-5) complex. Increased rates of meningococcal disease occurred in the southwest Washington and Oregon beginning in 1993, with an eventual near tripling of rates in 1994.

The ET-5 strain of *N. meningitidis* appears to produce higher rates of septicemia, resulting in an increased death rate. Close contacts of patients with meningococemia should receive prompt antibiotic prophylaxis. Close contacts include household members, sexual contacts, and people who may have shared eating utensils or beverage containers with the patient.

Rapid onset of symptoms and the fact that there is no vaccine against the most common form of the disease make meningococcal infection particularly dangerous. Prompt reporting of suspect illness allows the Health Department to administer prophylaxis to exposed contacts before disease spreads.

Pertussis

Although intense illness can occur in infants, pertussis often goes undetected in adults and older children. Even though adults may have had the disease or been immunized against it, immunity wanes with age. Undiagnosed cases often are transmit-

ted to babies by family members or other care givers.

Pertussis should be considered whenever there is a persistent cough, particularly one that becomes worse at night or one that brings the patient to the point of vomiting. If pertussis is suspected or confirmed, the treatment of choice is a 14-day course of erythromycin. All cases are considered communicable until they have had five days of treatment. Contacts of patients with pertussis also need to be placed on a 14-day course of erythromycin, even if fully immunized.

For children who have received three doses of DPT, the efficacy of the vaccine is estimated to be about 80 percent.

Partners for Prevention

It may not always be easy for physicians to pick up the phone and call the Health Department as soon as communicable disease is suspected. But, in some cases, quick action may make the difference between an outbreak and an isolated case of disease. Nowhere is the partnership

between physicians and public health more obvious than in controlling communicable diseases. Both play vital, interdependent roles in protecting public health and safety.

The Health Department is responsible for knowing what diseases exist in the community and what populations are being affected by them. We keep track of reported cases, note trends, warn physicians of pending outbreaks, let them know what to look for when treating patients and recommend appropriate treatment protocols.

In short, we ensure physicians are aware of the diseases that threaten the community and that medications are available to treat them. We gather that surveillance information from physicians who diagnose and report illnesses.

CD Hotline: 591-6534

Please call our 24-hour communicable-disease reporting line at 591-6534 as soon as you suspect a patient has a communicable disease. It will reduce disease in our county and could save a life. ■

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Clinical Ethics and the Commerce of Health Care"

Making ethical decisions in the managed care setting

The Pierce County Ethics Consortium, in conjunction with the College of Medical Education, presents a two-day conference for health care providers. The conference, "Clinical Ethics and the Commerce of Health Care," is intended to explore the cost-conscious management of care as it impacts the ethics and quality of health care.

The conference will be held October 19 from 1:30-9:00pm (dinner provided) and October 20 from 8:00am-5:00pm (lunch provided). Registration is \$165.00 per person.

The new and often unprecendented ethical dilemmas present in a managed-care system will be addressed by national experts and conference participants. A unique feature of the conference will be a Town Meeting, Thursday, October

19 from 7:00-9:00pm. The public is invited at no charge. This is a chance for community members to express their beliefs in relation to the concept of futility, i.e., continuing, full, life support for patients who aren't likely to recover.

Three nationally recognized experts in medical ethics will speak:

E. Haavi Morreim, PhD, teaches medical ethics at the Health Sciences Center of the University of Tennessee-Memphis. She is the author of the controversial and noted book, *Balancing Act: The New Medical Ethics of Medicine's New Economics*.

Howard Brody, MD, PhD, professor of Family Medicine at Michigan State University, is well-known in Michigan for his recent leadership of special workshops

and seminars on the ethics in managed care.

Giles Scofield, JD, teaches law and health law at Pace University School of Law and health law and ethics for the Albert Einstein College of Medicine, Montefiore Hospital.

Regional resource speakers on the program include Dr. Mason Smith of Lynx Medical System; Dennis Hulet of Milliman & Robertson, a consulting firm for insurance companies; Dr. Thomas Preston of Pacific Medical Center; Dr. Peter McGough, president of the Washington State Medical Association; and Nancy Jecker, PhD, of the Department of Medical Ethics and History at the University of Washington.

For more information, contact the College of Medical Education at 572-3709. ■

Letter to the Editor:

Dear Editor:

For hundreds of years most people made a living by working hard in their occupations or professions. I presume that at all times there has been the odd man out making a living the strange way, some even the oblique way, until they were caught and hanged. It has been left to our great times to invent many more such outlandish ways to make a lucrative living in high style, e.g. getting paid millions of dollars for throwing a little ball; or for pouring a cup of hot coffee in our lap; or smuggling drugs; or founding savings & loan associations to raid them till they went bankrupt, etc. etc.

The modern medical profession remains not without strange ways of making a good living, e.g. the professional "medical experts" who testify for high-powered tort or defense lawyers in payment of many grands; lately, our US system of justice has opened a new pathway for gold mining, the professional advertisement. Some of these medical ads, I am sure, would make Hippocrates turn in his grave, could he see the ads. Hippocrates and most other physicians always thought that a good doctor does not need daily advertising in the newspaper.

One of the most remarkable ads has recently been published *daily* in *The News Tribune* (maybe in some other newspapers too). When I first was confronted by the picture of the ad, the torso of a young, slender female beauty in tiny underwear, I thought: WOW!, "The DejaVu Night Club has finally come up with a sexier advertising picture." On second look, I noticed it was an ad for *The Avalon Clinic*. Compared with the Avalon ad, the old newspaper ad of the DejaVu Club looked distinctly bland, uninteresting and boring. We sure live in interesting times.

Sincerely, Ernst W. Baur, MD

Pierce County well represented at WSMA Annual Meeting

Pierce County had excellent representation at the Washington State Medical Association Annual Meeting in Spokane, held September 28-30. The 106th meeting of the association was titled "Leadership and Vision for the 90s." With the monumental changes that have taken place in our health care system, this year's House of Delegates was challenged to help refine the physician direction for the remainder of the decade.

Representing Pierce County: Delegates: **Bob Alston, MD; Ulrich Birlenbach, MD; Keith Demirjian, MD; Stan Harris, MD; David Law, MD; Peter Marsh, MD; Joe Nichols, MD; Sandra Reilley, MD; John Rowlands, MD; Ron Taylor, MD; and James M. Wilson, MD.**

Alternate Delegates: **Mason Cobb, MD; Federico Cruz-Uribe, MD; Mark Gildenhar, MD; Tony Haftel, MD; Pat Hogan, DO; David Munoz, MD; Marilyn Pattison, MD; Vita Pliskow, MD; and Rebecca Sullivan, MD.**

Osteopathic Section: **Larry Larson, DO.**

PNW Gastroenterology Society: **James Wagonfeld, MD.**

Washington Section, ACOG: **David BeMiller, MD.**

WSMA Board of Trustees: **Peter Marsh, MD; Leonard Alenick, MD; Richard Hawkins, MD; Dick Bowe, MD; Jim Fulcher, MD; Eileen Toth, MD; Richard Hoffmeister, MD; and Bill Marsh, MD.**

Speak to any of these representatives and ask them how

the democratic process works with WSMA. Every member is invited to speak his or her piece at the Reference Committee meetings and to attend the House of Delegates sessions where representatives debate and define policy for the WSMA.

The WSMA membership continues to grow as does physician involvement in association activities. The WSMA pulls together physicians from all specialties, practice settings and geographical areas of the state to participate in the association's policy setting process. ■

Editor's note: As we go to press, the WSMA Annual Meeting is just starting in Spokane. Coverage of the meeting will be in the November Bulletin.

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Jeri Gilstrap, our EMC Professional Relations Representative, will be happy to provide the details. Just give her a call at 597-6516.



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Cryptosporidium warrants continual watch

Cryptosporidium is a pathogenic (disease causing) parasite that can infect the digestive systems of many warm-blooded animals. When humans ingest the oocyst, stomach acids break down its shell, releasing sporozoites (very small, worm-like parasites) into the digestive tract. These parasites reproduce, forming more oocysts that pass through the digestive systems of the host.

Symptoms usually start about one week after exposure and can include diarrhea, nausea, cramping, low-grade fever and vomiting. Symptoms usually last a week to ten days. The disease is uncom-

fortable for otherwise healthy individuals, but can be deadly to those with fragile immune systems. People with AIDS, or who are undergoing cancer therapy, or who have received organ transplants and are taking anti-rejection drugs, as well as the elderly and very young, are more likely to be seriously affected by this disease.

People can be exposed to *cryptosporidium* in several ways. Typical exposures include person-to-person (such as handling diapers from an infected child), animal-to-person (such as fecal contamination from an infected pet) and environmental (such as contaminated food or water). Water system contaminations pose particular concerns because they have the potential to infect many thousands of people.

Cryptosporidium has been found at least once in 96 percent of all surface waters and at least once in 50 percent of treated drinking waters. It is typically not found in groundwater sources (wells).

The Oregon Health Division started requiring physicians to report cryptosporidiosis incidents

in 1994 while Washington State's Department of Health does not require reporting.

Microscopic stool sample examination is the only way to confirm a case of cryptosporidiosis. It is costly and is not part of a routine stool examination for most patients.

Is there *cryptosporidium* in Tacoma's water? Testing, since November, 1993 indicates that *cryptosporidium* oocysts are present in Tacoma's Green River water supply.

The *cryptosporidium* found in Tacoma's Green River source is of concern to both the Tacoma City Water and the Tacoma-Pierce County Health Department. The organism has probably always been present and does not seem to be making people sick.

For more information or questions, please call Tacoma City Water at 502-8207 or the Health Department at 591-6470. Tacoma City Water and the Health Department are encouraging patients that have special medical needs related to a weakened immune system to call their physician. ■

Personal Problems of Physicians

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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

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Alliance Happenings.....

October Meetings Set

The Board meeting will be Monday, October 2, at 9:30 am in TOA #1 (basement of Mary Bridge).

The General meeting is set for Wednesday, October 18 at 7:30 pm sharp. It will be at Affairs Chocolate & Dessert Co. They will be demonstrating dipping chocolate types and techniques. We will dip strawberries, cookies and bars. It will be served as a sit-down buffet. It is looking to be fun.

Please join us this evening. ■

Executive Meetings

- October 2.....TOA #1
- November 6.....Mary Bridge LBR
- December 4.....Mary Bridge LBR
- February 5.....To be Announced
- March 4.....To be Announced
- April 8.....To be Announced
- May 6.....To be Announced

Holiday Sharing Card Alert

Can you believe it is almost that time of year again? We will be sending you information soon on how to be part of our 1995 Holiday Sharing Card.

This is an opportunity you can't afford to miss! Just imagine being able to make a tax-deductible donation to our local Pierce County charities and have someone else send out the cards for you.

Philanthropic is now in the process of selecting the charities that will be awarded your moneys. When you get your letter, please give generously. ■

Holiday Joint Dinner

Alliance members! We need your help and generosity for the upcoming Holiday Joint Dinner on Tuesday, December 12.

As you know, each year we raffle off a delectable holiday gourmet food basket. Please bring your non-perishable food item or cash donation to the November meeting.

On the night of the Holiday Joint Dinner, please bring a wrapped gift (identify contents) for a woman at the YWCA Support Shelter as well as an unwrapped gift for a child.

Thank you

Karen Dimant

Nominating

Patty Kesling is forming her nominating committee to work on the slate of officers for next year. Would you like to be an officer? Feel free to call **Patty Kesling** any time and mention a position that you would be interested in filling. If a member of the nominating committee calls you, please say "YES". ■

Future Choice Not Chance Volunteers

Preplanning the *Choice Not Chance* '96 must be completed immediately as no spring or summer planning meetings were held. The coordinators of CNC need to know what volunteer positions will be filled. Here's your chance to help the teens of Washington attend a health forum next May. Positions which need filling: become a CNC Committee member; volunteer at CNC in Ellensburg May 1-2, 1996; attend a committee meeting at Central Washington University in Ellensburg; or attend a Tacoma committee meeting. If you are able to help, contact **Alice Wilhyde** at 572-6920 or at 515 North C Street, Tacoma WA 98403. ■

General Meeting Schedule

October 18, Wednesday, 7:30 pm Chocolate demonstration by Affairs Chocolate & Dessert Co.

November 17, Friday, 11:00 am Fashion Show - Julia Ellen, Makeup by Savi at Brasfields, Canterwood (lunch)

December 12, Tuesday, 6:30 pm Holiday Dinner with PCMS

February 23, Friday, 11:00 am Speaker - Women's Issues, Home of **Toni Loomis**, Potluck and Babysitting

March 22, Friday, 11:00 am Floral Demo by Blitz and Co., Oakbrook Country Club, Lunch and Babysitting

April House of Delegates

May 17, Friday, 11:00 am Lunch Cruise on the 88 foot yacht Triton ■

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A message from President Toni Loomis.....

I encourage all of you to join the Alliance, whether it be in an active or passive way. Just joining and sending in your dues is a big help in carrying out our goals. The Alliance is the volunteer arm of the medical community. Our mission is to promote the health and welfare of the community. Please join us. ■



See article below for names of pictured

Officers present at PCMSA Board Meeting

The first board meeting of the Pierce County Medical Society Alliance was held August 28, 1995. Officers present as pictured above include: (back row from left) **Nicole Crowley, Kris White, Helen Whitney, and Mona Baghdadi.** (Middle row from left) **Alice Wilhyde, Patty Kesling, Sue Wulfestieg, and Leigh-Anne Yuhasz** and **Karen Benveniste.** Front row (from left) **Janet Fry, Toni Loomis and Karen Dimant.**

Programs for the year were discussed and the list of philanthropic applicants were submitted for committee review. Nominating is forming their committee to work on the slate of officers for next year. ■

\$2000 PACE Grant for Pierce County

Three Alliance members were awarded a \$2000 PACE grant to produce a bookmark for children which lists alternate activities to watching television. Pierce County's Public Library System will provide a graphic artist to recreate the artwork from a logo borrowed from California's bookmark program. Upon completion, the 16 libraries within Pierce County will distribute the bookmarks to over 400,000 library users. ■

Remy Hosts Top Social Event of Summer

Amidst elegant pillars, soaring ceilings, and marble floors at this year's Street of Dreams, Remy International Incorporated hosted their second annual Champagne and Dessert Reception. A two-piece band played in the background while over 100 people attended this Pierce County Medical Society Alliance fundraiser. "We wanted to create an ambiance of elegance that was pleasing to taste, sound and sight," says **Claude Remy**, president of Remy International Inc. and organizer of the reception. "What better way to make people feel like invited guests in a person's home than to sip champagne in this type of home."

Remy is a relative newcomer to the Alliance. A Tacoma resident since 1985, he oversees a real estate investment company as well as a residential and commercial mortgage company. When he joined PCMSA two years ago, he wanted to raise money for the Alliance as well as thank the doctors, their spouses and their relatives in this community who have supported his company. Despite his frequent international business travels, he located sponsors, including Pierce County Escrow Company and World Trade Mortgage and with the help of his wife, Ob/Gyn physician **Claire Spain-Remy**, crafted what has become the top social event of the summer.

"This is a great way to raise money for the Alliance. Each year gets better. The better it gets, the more money we can make for charity," says Remy. His vision for the future includes expanded attendance to include not only the medical community but other professionals and their friends and families. Black tie is also a possibility for future receptions.

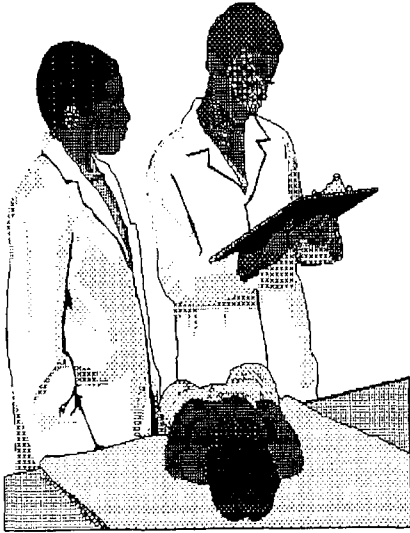
Enthusiasm for this event is high among Alliance members. **Patty Kesling**, past president of the Alliance relates, "It was so elegant and nicely done. We are very lucky for someone to come forward and do something so nice for the Alliance." ■



Pierce County Medical Society

223 Tacoma Ave. South • Tacoma, WA 98402 • Telephone (206) 572-3666 • FAX (206) 572-2470

Retired Physician Luncheon



Friday, October 20th
12:00 p.m.
Fircrest Golf Club

featuring

David Sparling, M.D.
Pediatrician

"Mary Bridge/Chelyabinsk Affiliation:
Physician to Physician Aid
in the Former Soviet Union"

Please join us

Please clip and mail in the enclosed envelope no later than Monday, October 16. Thank you!

Name _____ Address _____

City, Zip _____ Phone _____

Yes, please reserve ____ buffet lunche(s) for me at \$11.00 each (includes tax and gratuity)

My check is enclosed, made payable to PCMS. Name of guest _____

(for nametag)

Thank you! Call PCMS 572-3667 for additional information.

COLLEGE OF MEDICAL EDUCATION



Timely topics set for October 13 Common Office Problems CME

Registration remains open for the College's very popular CME program, Common Office Problems. The program will be held Friday, October 13 at St. Joseph's Hospital, rooms 3A&B. Topics will include:

Office Treatment of Skin Cancer

Pediatric Immunizations: Hepatitis B and Varicella

Psychiatric Illness in Pediatrics

ADD in Adults

Cost Effective Treatment of Angina and Hypertension

Lung Reduction Surgery: A Therapeutic Option

Shoulder Problems: The Role of Arthroscopy

Common Podiatric Problems

Movement Disorders: Parkinson Diseases and Dystonias

For registration information, call the College at 627-7137. ■

NOTE: Deadlines, early planning for Maui and Whistler CME programs

Registration is now open for both of the College's resort CME programs - Whistler and Maui.

As mentioned in the program brochures, attention to deadlines is important.

For CME at Whistler, the College's reserved block of rooms at the Sheraton Suites (with major savings) **WILL BE RELEASED AFTER DECEMBER 15, 1995.**

For CME at Maui, the reserved block of rooms at the Ritz-Carlton (also at major savings) **WILL BE RELEASED AFTER FEBRUARY 28, 1996.** Early plane reservations are also very important.

For further registration information, or assistance with making travel arrangements, please call the College of Medical Education office at 627-7137. ■

<u>DATES</u>	<u>PROGRAM</u>	<u>DIRECTOR(S)</u>
Friday October 13	Common Office Problems	Mark Craddock, MD
Friday December 1	Infectious Diseases Update	Alan Tice, MD
Thurs. & Friday December 7 & 8	Advanced Cardiac Life Support	College of Medical Education
Thurs.-Saturday February 1-3	CME at Whistler	Richard Tobin, MD
Friday February 23	Review of HIV Infections	Alan Tice, MD
Thurs. & Friday March 14-15	Internal Medicine Review, 1996	Greg Schlepp, MD
Monday-Friday April 1-5	CME at Maui	Mark Craddock, MD James Foss, MD
Friday & Sat. April 19-20	Surgical Update 1996	James Buttorff, MD
Friday April 26	Cardiology for Primary Care	Marilyn Pattison, MD
Friday June 7	G. I. Update	Gary Taubman, MD Richard Tobin, MD
Friday & Sat. June 20 - 21	Advanced Cardiac Life Support	College of Medical Education



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BULLETIN

November, 1995



Pierce County participates in the 106th WSMA Annual Meeting

Inside:

President's Page: Addiction-Everyone's Affliction	Page 3
"Brief Guide to Office Management of Domestic Violence"	Page 4
Pierce County physician affiliations up close	Page 5
PCMS well represented at WSMA annual meeting	Page 7
Editorial Board meeting nets excellent TNT Editorial on trauma	Page 9
Be careful about comments on another physician's care	Page 11
County Executive hear PCMS trauma concerns	Page 12

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Executive Director: Douglas Jackman

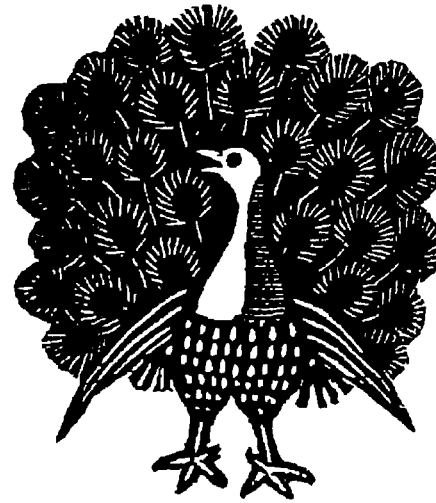
Committee Chairs:

Aging, Richard Waltman; **AIDS**, John Van Buskirk; **Bylaws**, Stanley Tuell; **Budget/Finance**, James M. Wilson Jr.; **CHCDS**, Charles M. Weatherby; **College of Medical Education**, Susan Salo; **Credentials**, Andrew Levine; **Emergency Medical Standards**, Anthony Haftel; **Ethics/Standards Of Practice**, David Lukens; **Grievance**, Peter Marsh; **Legislative**, William G. Marsh; **Medical-Legal**, Nicholas Rajacich; **Membership Benefits, Inc.**, Joseph Wearn; **Personal Problems Of Physicians**, John McDonough; **Program**, Stanley Harris; **Public Health/School Health**, Lawrence Schwartz; **Puyallup Fluoride**, William G. Marsh; **Sports Medicine**, John Jiganti.

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The **Bulletin** is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of 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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Happy Thanksgiving

Features

President's Page: Addiction..... 3
Physician affiliations up close 5
WSMA Annual Meeting recap 7
Seeking answers on trauma care..... 9
What MCOs say they want in recruiting physicians..... 15

Departments

Directory Changes 4
Applicants for membership 10
PCMS Alliance 18
College of Medical Education 21
Classified Advertising 23

News briefs

"Brief guide to office management of DV 4
Dave Ross, (KIRO) speaker at annual meeting.... 10
Be careful about comments on another's care 11
County Executive hears trauma concerns 12
Retired members keep active 17

Addiction -- Everyone's Affliction

by David Law, MD

This was to be the subject of last month's General Membership meeting that was cancelled because of lack of registrants. This came after a very successful September membership meeting featuring Internet on-line education.

The practitioners of the medical profession carry certain risk factors by nature of administering treatment to the ill. One of these is the risk of becoming an abuser of addictive substances whether it be drugs or alcohol.

An article published many years ago in one of the journals that cross our desks each month that I still remember reading made a great impression upon me. It was the sad story written by the widow of a physician about her husband's career. He had been a respected, successful surgeon in his early years and was sought after to lead medical meetings and organizations. When he was asked to be president of his county's medical society, he declined, thinking he would like to do it later in life after his practice was under better control and his mortgage and other financial obligations had been discharged.

Unfortunately when this time arrived, he had become an alcoholic and he no longer commanded the respect of his peers, though he still aspired to leadership. He went on to die of complications of his addiction, an unhappy and fallen individual.

Twice this year as President, medical personnel have approached me quietly out of concern that someone caring for a patient may have exhibited signs

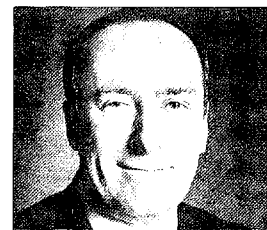
of inebriation. These are difficult situations to establish but there is friendly help available to deal with these problems if the person can be persuaded to voluntarily seek it. Patient safety must be kept the top priority, of course.

At the recent WSMA convention in Spokane, I was speaking with an Addictive Disease specialist. He assured me that health professionals are easy hosts of abusive substances because of their demanding environment causing stress in their lives. Also, abusive substances are readily available in an uncontrolled fashion if one is at all resourceful.

Drugs and alcohol are used as a release of stress and a reward for getting through difficult days. Self pity of one's exploited position coupled with the inability to vent frustration may tempt one into breaking the cardinal rule of not being one's own doctor and treating oneself.

In addition, self treatment is doomed to failure because of the lack of objectivity and monitoring of the problem. This Addictive Disease specialist made clear to me something which really seems to be common sense. All medical personnel should be held to the same standard of reaction response as an on-duty airline pilot. That means that no intoxicating substance should be consumed while on duty or while on call or within twelve hours of assuming such. Would we be willing to fly in an airplane or let ourselves be treated by someone who possibly has impaired judgment?

Dr. Lynn Hankes, who was to be our October's meeting speaker and is clinical director of the Washington Physicians Health Program (formerly the Impaired Physicians



Program), surely would have made many more pertinent points to this subject had there been more interest in addressing addiction in a membership meeting. The Medical Society has a committee, "Personal Problems of Physicians," where confidentiality is assured. These members are regularly listed in this publication or can be found by calling the Medical Society. If you feel we should reschedule Dr. Hankes, please let the Medical Society know. ■

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- Bill Dean 272-4013
- Ronald Johnson 841-4241
- Mrs. Jo Roller 566-5915
- Robert Sands 752-6056
- F. Dennis Waldron 272-5127

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Mercer Island, WA 98040

Ruckle, Jon, MD

Change address to:
NW Kinetics
1401 N 5th St
Tacoma, WA 98403
627-1020 phone
627-1564 fax

Simpson, Carroll, MD

Change status/address to:
Retiring on Nov. 30, 1995
P.O. Box 88872
Steilacoom, WA 98388

Souliere, Charles, MD

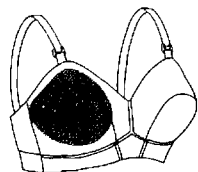
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"Brief Guide to Office Management of Domestic Violence" flowsheet developed by Richard Harvey, MD

This month's *Bulletin* includes a copy of the "Brief Guide to the Office Management of Domestic Violence." I developed this guide with the help of Dr. David Law and Doug Jackman from the Pierce County Medical Society. It is similar to existing protocols used in emergency departments, but is designed for the busy family practitioner. Hopefully it will serve to make asking patients about domestic violence a simple 3 step process.

I believe that as physicians we can no longer bear passive witness to the tide of violence that surrounds us. Instead we can acknowledge the trust that our patients have in our judgment, and ask about the possibility of violence in the family. In doing so we are helping to move society away from what amounts to a massive public health problem.

There is no breathalyzer test for domestic violence. We must ask about it. By doing so we will save lives and help to prevent untold amounts of misery and child abuse. As physicians, this is something that we can feel good about.

Richard Harvey, MD

Editor's note: The Brief Guide to the Office Management of Domestic Violence is inserted in this month's Bulletin. It is printed on yellow paper for quick recognition. Please feel free to make copies and distribute them to your colleagues. If you would like an original copy or have additional distribution ideas, please call the Society office, 572-3667. Thank you.

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Pierce County physician affiliations up close

PCMS Board of Trustees continues to meet with leaders of physician groups

Drs. **Rebecca Sullivan** and **Tom Herron** were invited to the October Board of Trustees meeting to comment on the composition, governance, and structure of their respective physician organizations, Puyallup Valley Healthcare and Medalia, as well as share their views of the future of health care in the Pierce County and Puget Sound area.

Tom Herron, MD, Southern

Region Medical Director of Medalia, defines the system as the combination of the outpa-



tient arms of Providence Medical Center and Franciscan Health Services. The Providence system began in the 70's and grew slowly, yet has doubled in the last two years. Franciscan Family Care developed from the acquisition of Western Clinic in 1993 which at that time had 23 physicians at three sites. In two and a half years they have grown to 57 practitioners (50 physicians, 7 practitioners) at nine sites.

In the summer of 1993, the two Catholic systems began discussions regarding joint venturing as the environment was compelling them to form larger systems for better contracting rates and negotiating clout. Competition was also increasing as Group Health and Virginia Mason linked and the alliance, Health Washington was formed. In winter, 1994,

consultant Joe Davis from Ohio, helped the two bodies organize and focus around a set of principles that included: 1) the need to create a new company, including a total commitment on both sides, 2) the need for a high degree of physician buy in and leadership, 3) community centeredness - or ability to use local hospitals and clinics in community settings, 4) the desire to maintain the uniqueness of the catholic system and their mission to the poor and the community, and 5) setup of the legal corporation structure with flexibility to allow for other organization contributors.

"There are a lot of challenges and issues that are currently being faced" admitted Dr. Herron. "One is diverse growth."

"There are a lot of challenges and issues that are currently being faced" admitted Dr. Herron. One is diverse growth. They now have 34 sites and 200 FTEs and four different computer systems. "Trying to get data that makes sense and working on a new computer system is extremely challenging" he noted. "We are also working on policies and procedures to be unified within the entire systems."

Another challenge is how Medalia relates with other organizations, including hospitals, laboratories, etc. "We are working on the development of an inpa-

tient team that will provide medical coverage for unassigned hospital patients."

When asked about physician reimbursement, he noted that the internal reimbursement is predominately based on productivity. Bonuses are available and base salary is a percentage of productivity. To date, there has not been a profit generated, but "we are doing better than our business plan," he happily reported.

"The Puyallup PHO (Puyallup Valley Healthcare) is different than any other in the state," reports **Rebecca Sullivan, MD**. It was started by a group of primary care physicians, who studied, organized and named officers. The officers developed goals and then attached dollar signs to these goals. "When they realized the costs involved, and that they would not be able to capitalize themselves, they went to

Good Samaritan Hospital" she reported. Shortly there-



after, the specialists joined together in their own IPA. Although less cohesive because of their diverse nature, they also felt a need to form some kind of organization. "Over the next year," she said, "the primary care physicians and the hospital met and worked on Bylaws and developed a foundation type model. They met with the specialists, met with

(See affiliations, page 6)

(affiliations, from page 5) a consultant and developed a primary-care, specialty PHO contract that was primary care driven in order to be more attractive to payers and have more leverage." The Board is set up for ten physicians; seven primary care and three specialists, with all committees chaired by a primary care physician except the specialty advisory committee. This Board is the governing board of Puyallup Valley Healthcare. The CEO of Good Samaritan Hospital sits in as a corporate member but there are no administrators on the board, only physicians. The organization is for profit under the umbrella of Good Samaritan Community Healthcare. Although they have purchased some practices and can do that, their main

goal is to negotiate contracts on behalf of its members, and to increase access in eastern Pierce County by setting up new clinics to achieve that goal. "We currently have 155 members; private practice physicians except seven who are employed," she reported.

Physicians are extremely involved, she noted. About 80 of the 155 are very active and they are currently working to open an urgent care clinic.

"The system requires lots of trust" she said, "and the PHO makes decisions that affect the

"The Puyallup PHO is different than any other in the state" reports Rebecca Sullivan, MD

We have a three prong operational agenda: 1) to increase access by building and renting clinics in Eastern Pierce County, 2) to offer a cafeteria style of MSO services to help cut costs and save dollars for member physicians, and 3) contracting, but only for capitated lives, as the risk must be shared.

economics of the hospital." But Good Samaritan Hospital believes their future depends on outpatient care provided by physicians. "And, as other groups, we are looking at information systems and finding this a frustrating task as most of the management software is for the gatekeeper, capitated system." ■

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PCMS has excellent representation at WSMA Annual Meeting

Pierce County was well represented at the WSMA Annual House of Delegates Meeting held in Spokane, Sept. 28-30. Dr. **David Law**, President, PCMS led a full delegation of delegates and alternate delegates to one of the least contentious annual meetings in years.

Issues were discussed in the four Reference Committees and moved onto the floor of the House of Delegates for quick approval or disapproval. The meeting was adjourned at an unprecedented 12:30 p.m., on Saturday. Normally, the meeting lasts until late Saturday and in the past used to adjourn about noon on Sunday.

Dr. Paul Elwood, health policy guru and founder of the Jackson Hole Group delivered the key note address on Thursday. He urged physicians to play a role in shaping the new health care system. A responder to Dr. Elwood's comments was **Dr. John Coombs**, PCMS member and now Associate Vice-President of Medical Affairs for Clinical System and Networks, and Associate Dean for Regional Affairs and Rural Health at the University of Washington. He addressed the impact market-driven change has had on medical education and training.

A resolution introduced by the Pierce County delegation asking that the operations of the Medical Quality Assurance Commission (MQAC) be reviewed was referred to the WSMA Executive Committee. The resolution addressed the Commission's publishing doctors names who have been charged, yet nothing proven. Also, the resolution was concerned with the intimidating tone of the letter that the MQAC sends to physicians

informing them of the charges.

Another PCMS resolution asked that WSMA encourage the Insurance Commissioner's office to seek resolution within 60 days of any billing disagreement between the physician's office and the insurance company and to seek a standardized reporting form.

Two resolutions introduced by PCMS dealt with tobacco prevention and cessation programs. Both were adopted with some amendments. They did create considerable debate on the House floor, but most members agreed that WSMA has a role to play in the anti-tobacco program.

A Bylaws amendment was adopted that stated, "A unified county society is one whose Bylaws mandate its allopathic

members to be members of this Association (WSMA) and its Osteopathic members to be members of this Association and/or the Washington Osteopathic Medical Association." Adoption of this amendment now places PCMS as a "unified" county. PCMS had amended its Bylaws three years ago to permit its osteopathic physicians to belong to WSMA or WOMA.

Dr. Peter Marsh, immediate past president PCMS, was installed as Vice President of WSMA for 1996. He had served the past year as Secretary-Treasurer. **Dr. Leonard Alenick** was re-elected to a two year term as AMA Alternate Delegate. **Dr. Richard Hawkins** was re-elected Speaker of the House for a one year term and **Dr.**

(See WSMA, page 8)

Pierce County delegates take their jobs seriously - left to right: Drs. John Rowlands, Stan Harris, Sandra Reilley, and Robert Alston, (David Munoz, James M. Wilson, and Ron Taylor in background)



The Doctors David, Munoz and Law, "leied" out at the WSMA President's 'Beach Party' dinner

"WSMA" from page 7)

James Fulcher was re-elected to trustee for a one year term. Re-elected to the WSMA Finance Committee for three years was **Dr. Charles Weatherby** who had recently served seven years as a WSMA Trustee.

Dr. Dick Bowe, who had served as WSMA Trustee for seven years stepped down from the Board as did **Dr. Eileen Toth** who had served one year.

The Medical Society expresses its appreciation to the above officers of WSMA and to the PCMS delegates who committed many hours to the organization on behalf of their colleagues. They took four days out of their practice and from their family to participate. Their time is appreciated.

Representing PCMS at the Spokane meeting were delegates and alternate delegates including:

- Robert Alston**
- L. Mason Cobb**
- Ulrich Birlenbach**
- Federico Cruz-Uribe**
- Keith Demirjian**
- Mark Gildenhar**
- Stanley Harris**
- Patrick Hogan**
- David Law**
- David Munoz**
- Joseph Nichols**
- Marilyn Pattison**
- Sandra Reilley**
- Vita Pliskow**
- John Rowlands**
- Rebecca Sullivan**
- Ronald Taylor**
- James M. Wilson, Jr.**



AMA Alternate Delegate Leonard Alenick, MD talks with outgoing WSMA President Peter McGough, MD



PCMS Secretary-Treasurer, James M. Wilson Jr, MD, ponders notions with Trustee Ron Taylor, MD



PCMS member John Coombs, MD addresses the House of Delegates about the impact of market driven change on medical education and training. He is the Associate V.P. of Medical Affairs for Clinical Systems and Networks and Dean for Regional Affairs and Rural Health at the UW



WSMA and WSMAA Past-President, Helen Whitney kept very busy with Alliance affairs at the Spokane meeting

"Seeking answers on trauma care"

Editor's note: The following editorial (9/24/95) was written by The News Tribune and appeared after an Editorial Board meeting attended by Drs. David Law and John Rowlands.

Pierce County's physicians have issued a collective prescription for the county's current headache over emergency hospital treatment for severely injured patients. What the doctors ordered - an adequately funded trauma care center - makes sense. The problem is how to fill the prescription.

An informal survey recently conducted by the 650 member Pierce County Medical Society indicates nearly three-fourths of the physicians believe the county should have what is known as a Level II trauma care center. The findings prompted the society's board of trustees to call unanimously for the creation of a "properly funded" center, preferably in Tacoma.

Unfortunately, the medical society can't make things happen. Nor can state Sen. Rosa Franklin (D-Tacoma), who has held a series of meetings in search of a consen-

sus solution from the county's emergency medical community. It is time for the county's political leadership to get involved.

"Crisis" may be too strong a word, but the county's medical safety net developed a big hole last summer when Tacoma General Hospital and St. Joseph Medical Center stopped accepting trauma patients. The hospitals acted after a group of surgeons, citing both financial and operational problems, cut back their availability for trauma calls.

As a result, trauma patients who would have gone to those two hospitals are now ferried by helicopter to Seattle's Harborview Medical Center - a 12-minute trip by air. Puyallup's Good Samaritan Hospital and Madigan Army Medical Center continue to accept trauma patients.

Harborview is a Level I facility - the state's best for trauma care. But a metropolitan area the size of Tacoma should not have to send its trauma victims to another county.

Helicopter flights may be delayed

or blocked by weather; such delays can cost lives. The recent fatal crash of a medical rescue helicopter near Bainbridge Island shows the risk of relying on airlifts.

Medical society spokesmen estimate the cost of a properly staffed Level II trauma center in Tacoma at \$3 million to \$5 million a year. They suggest a countywide tax levy, similar to Tacoma's emergency medical services levy, as a possible means of funding. Raising \$5 million would require an annual levy in the neighborhood of 17 cents per \$1,000 of assessed value.

There are complications. Under state law, any new, officially designated trauma center in Tacoma would also serve much of Southwest Washington. It's not clear whether or how a Tacoma center would be reimbursed for out-of-county patients. Thus a case could be made for some state support for the center, but that would require legislative action.

Another unanswered question is why Madigan couldn't take up the slack in trauma care, much as a similar Army medical center in San Antonio does.

These and other issues would be best examined by a county-level task force of knowledgeable medical professionals and local-government representatives. County Executive Doug Sutherland or County Council members should form the panel and set a deadline for specific recommendations.

As things stand now, the Harborview option would become the permanent solution by default. It could be worse, but Tacoma and Pierce County residents deserve better. ■

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Dave Ross, KIRO Radio Personality to be featured at PCMS December annual meeting

Dave Ross, nationally known radio host at Seattle's KIRO radio will be the center of the program at the Joint PCMS/PCMSA Annual Dinner Meeting. The annual Christmas event will be held on Tuesday, December 12, at the Sheraton Ballroom.

MARK YOUR CALENDAR...

It promises to be quite a meeting. Ross, who often substitutes for Charles Osgood on CBS radio with vignettes of poetry, song or commentary is one of the most talented personalities in radio today. His ROSSPAC is notorious for poking fun at the politicians (all of them). He promises us an evening of entertainment and laughs.

With his quick wit and creativeness, you won't want to miss this always festive, annual holiday event. Watch for the meeting invitation and registration information in early November. ■

Applicants for PCMS Membership

Aaro, Kenith, MD Internal Medicine

Medical school: Albert Einstein College of Medicine
Residency: Bronx Municipal Hospital

Banitt, Peter F., MD Cardiovascular Disease

Medical school: University of Iowa College of Medicine
Residency: Beth Israel Hospital
Fellowship: Brigham & Women's Hospital

Chamberlin, Thomas J., MD Endocrinology

Medical school: Oregon Health Sciences University
Internship: University of Wisconsin Hospital
Residency: Oregon Health Sciences University

Cox, Charles B., PA-C

Medical Education: Duke Univ.

Konicek, Steven J., MD Internal Medicine

Medical school: U. of Washington
Internship: U. of Iowa Hospital
Residency: U. of Iowa Hospital

Kubicka, Mariola B., MD Allergy/Immunology

Medical school: Medical University of Lodz (Poland)
Residency: Brooklyn Cumberland Medical Center
Graduate training: University of Rochester Medical School

Maslow, Arthur S., DO Maternal-Fetal Medicine

Medical school: Philadelphia College of Osteopathic Medicine
Internship: Youngstown Osteopathic Hospital
Residency: Madigan Army Medical Center
Fellowship: University of North Carolina ■

Editor's note: The above physicians have applied for PCMS membership. Their files are pending credentialing and approval of the Credentials Committee and the Board of Trustees.

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Be careful about comments on another's care

Editor's note: Members of the Pierce County Medical Society Grievance Committee occasionally see references made by patients filing a grievance that their physician has made a comment about another physician to the patient. The following article that appeared in the September WSMA Reports addresses this problem and makes suggestions on how to manage this sensitive issue.

Physicians may inadvertently encourage non-meritorious malpractice cases by making negative comments about another provider to a patient, a family member or an attorney. Such criticisms are one of the most significant causes of claims.

It's how you say it

The problem is less often what is said than how it is said. For example, when a subsequent treating physician indicates a different treatment is needed, that can imply the first physician was negligent. The law recognizes different schools of thought and courses of treatment, and allows for honest mistakes.

What to avoid

Questions such as "Who did this to you?" and comments like "I can't understand why Dr. Jones did that" or "How did this happen?" are unwise. Without knowing all the facts and circumstances you cannot adequately assess another physician's care.

Get those questions answered from the other physician. Also, beware of making subjective comments in the medical record. If you state or imply that a patient's medical condition was caused by another's omission or error you can create problems. Medical malpractice should never be condoned or covered up. But challenging another physician's care should not be done lightly.

Channels for complaints

If you believe criticism may be warranted, learn more about the facts. If you're satisfied there is a problem, contact the Medical Quality Assurance Commission, the county medical society or a hospital peer review or other quality assurance committee. ■

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County Executive hears PCMS trauma concerns

Dr. David Law, PCMS President was invited to participate in a meeting called by Pierce County Executive Doug Sutherland to determine if the county had a role to play in the current trauma issue. Sutherland was responding to an editorial in the *News Tribune* (see page 9) stating that he should form a task force to resolve the matter and halt the further transfer of all multiple system adult trauma patients to Harborview Hospital in Seattle.

Drs. **Law** and **John Rowlands** had met with the *Tribune* Editorial Board earlier on the issue.

At the conclusion of the meeting, Sutherland said he would call a meeting of Tacoma City Council members and Pierce County Legislators to look at funding alternatives available for the trauma program. EMS personnel did not believe that trauma could be included in an EMS levy effort. EMS has been a political football in Pierce County since its conception. Fire districts are very protective of their particular areas and do not support a centralized, county-wide levy effort. It is uncertain at this time if state funds are available.

Meanwhile, the County Executive has a full agenda in trying to solve the county jail problem and the county land-fill issue. ■

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Tacoma General loses Group Health contract

As has been reported recently in the media, Group Health Cooperative will shift its South Sound members' hospital care to St. Joseph Hospital from Tacoma General Hospital. The change is effective January 1, 1996.

Group Health, the nation's largest HMO has utilized MultiCare Medical Center facilities since the late 1970s. The most recent affiliation was the move to a multi-million building it constructed adjacent to Tacoma General Hospital.

Many questions remain unanswered about the shift but it is anticipated that Group Health will continue to admit patients to Mary Bridge Childrens Hospital.

Franciscan Health System-West operates St. Joseph Hospital in Tacoma, St. Francis Hospital in Federal Way and St. Clare Hospital in Lakewood. The use of the Federal Way and Lakewood facilities could be considered in future contract talks.

The shift in patient services means an estimated loss of 65,000 patients for MultiCare. ■

Puyallup, WA: Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 6 to 12 hour shifts. Hours are 12 noon to 12 midnight daily, outpatient only. \$50/hour, benefits available. Send letter of introduction and CV to After Hours Application, Puyallup Valley Healthcare, P.O. Box 1247, Puyallup, WA 98371-0192.

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News briefs...

Medical Society has new E-mail address

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pcmsnet@pcmsnet.seanet.com
Please make a note of it.

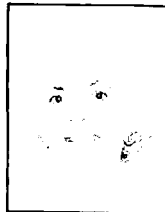
John Colen, MD heads Senior Physicians of Washington State

John Colen, MD, retired member, has been elected President of the Association of Senior Physicians of Washington State. **Dr. Colen** retired from his Tacoma allergy practice after 30 years of practice.

Kudos to:

Mohammad Saeed, MD and **Surinderjit Singh, MD** for serving on the faculty for the AAEM (Entrapment neuropathies-low extremities workshop at their annual meeting in Montreal, Canada on September 21, 1995.

John Colen, MD and **Arthur Vegh, MD**, for presenting a paper entitled "Characteristics of Individuals Dying from Asthma" at the recent International Congress of the European Academy of Allergology and Clinical Immunology in Madrid. The paper was co-authored by Dr. Vegh. ■



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What MCOs say they want in recruiting physicians

You've benefited from the finest medical training. Your patients appear to be well satisfied with the care they've received, and you take pride in the quality of your work. Isn't that enough to make you a competitive provider in the managed care marketplace? Surprisingly, the answer to that question may be no.

Many factors enter into the decision of a managed care organization to enter into an affiliation with a given provider-factors that may not all be directly related to the attributes of that provider. Still, managed care organizations have their own criteria when it comes to identifying physicians to add to and retain on their panels, and those criteria go beyond what may traditionally have been considered the characteristics of a good doctor.

To understand what it is that makes a physician an asset from the point of view of a managed care organization, Medical Practices & Managed Care asked representatives of several of the largest MCOs in the country to share with us the qualities and characteristics they seek in their physicians-and the clues they look for to tell them whether those qualities are likely to be present. Interested in becoming or remaining a managed care provider? Then it may be a good idea to consider how you measure up to what they say they want.

Although diverse both in terms of geographic location and type of MCO, the picture provided by the MCOs with which we spoke was remarkably consistent. Here's what they would have their ideal managed care physician bring to the organization:

Medical excellence: The ability to

provide high-quality care was, not surprisingly, a given. But it's clear that medical excellence is intrinsically linked in the minds of MCO managements with board certification, or at least board eligibility. An arbitrary indicator of the quality of a physician's clinical skills? Perhaps. But keep in mind that MCOs view themselves as brokers between consumers and providers, and, as Robert Larsen, MD, Vice President for Medical Affairs of FHP, Fountain Valley, CA explains, "That's one of the few measurements we have, and it's something that employers - the people who buy health care - understand and want." For that reason, he says, "boards are a must."

A shared sense of mission:

Genuine understanding of a commitment to the principles that underlie managed care appear to be as important to MCOs as the quality of care a physician provides. It's also, in the view of many, a good predictor of success within the managed care environment. As Oscar B. Camp, President and CEO of United Healthcare, Baltimore, MD, confides, "We're not interested in someone who joins a group out of fear of being left behind."

Noting the continuum of sentiment that exists among physicians in regard to managed care, Lisa Jetlands, Vice President, Health and Network Initiatives, Alina Health Plans Group, Minneapolis, MN, concurs. As for those who are negative or even hostile toward managed care, "The systems can no longer tolerate that kind of dysfunction or discrepancy," she insists. At Alina, she says, "We are seeking to align with those physicians who are

(already) on board, so that we can evolve together."

A commitment to continuous quality improvement:

Commitment to quality improvement would seem to be a corollary to commitment to the principles of managed care. But some MCOs may look for more than the payment of lip-service to the concept. Every practice is likely to insist that it cares about clinical quality, Lisa Jetlands points out. For that reason, she says, Alina is far more impressed by the practice that can demonstrate what it's done internally to monitor and improve quality before having such functions imposed on it by an MCO. Others agree that involvement in such activities as hospitals' quality and utilization review efforts speak more loudly than words when it comes to attesting to a physician's commitment to quality improvement. ■

Interested in an MCO positively? In addition to the important personal and professional characteristics MCOs look for, some of the subtle clues we send in personal encounters can count for or against us. Here's some practical advice from an MCO official who regularly encounters physicians in an interview situation.

■ *Wear appropriate business attire. "We like a doctor who looks like a doctor," our advisor says. Why? "Because that's what patients want."*

■ *If English is not your native language - and perhaps even if it is - consider testing the clarity of your speaking ability and acquiring tutoring, if needed. With effective physician-patient interaction so essential to good managed care, MCOs must be concerned about the quality of interpersonal communications.*

■ *For the same reason, be sure you're as good a listener as you are a speaker. Good listening skills are an invaluable tool for a managed care provider.*

Reprinted from: AMA Medical Practices & Managed Care, Volume 1, No. 7.



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Retired PCMS members keep active and in touch

Over 50 PCMS retired members, spouses, widows, and guests met for lunch at the Fircrest Golf and Country Club on Friday, October 20. While dining, conversations included reminiscing about old times as well as learning about current happenings in the lives of former colleagues. **Dr. Stan Tuell** had the pleasure of introducing his new wife, Lois; **Dr. Ken and Keaty Gross** talked of their recent move from their family home after 40 years; and **Dr. John Colen** spoke of his activities with the Senior Physicians of Washington State, including assuming the presidency of the group.

David Sparling, MD was the guest speaker for the luncheon and he showed slides and videos while narrating his most recent trip to Russia (*See August, 1995 Bulletin*).

The next retired member meeting will be held in early December. The group meets once each season of the year and all retired members, spouses, widows, and guests are invited to attend. ■

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Above: **Stan Tuell, MD** and his wife, **Lois**



Above: **John Colen, MD**, new president of the Association of Senior Physicians of Washington state

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Alliance Happenings.....

Have you heard?

If you have news concerning new babies, illnesses or deaths of Alliance members, family, or friends, please call Helen Whitney. Her phone number is 564-4345. Cards will be sent and people will be notified so we can support our friends in their time of joy or sorrow. ■

Nominating

Patty Kesling is forming her nominating committee to work on the slate of officers for next year. Would you like to be an officer? Feel free to call **Patty Kesling** any time and mention a position that you would be interested in filling. If a member of the nominating committee calls you, please say "YES". ■

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Holiday Sharing Card Alert

Can you believe it is almost that time of year again? We will be sending you information soon on how to be part of our 1995 Holiday Sharing Card.

This is an opportunity you can't afford to miss! Just imagine being able to make a tax-deductible donation to our local Pierce County charities and have someone else send out the cards for you.

Philanthropic is now in the process of selecting the charities that will be awarded your monies. When you get your letter to be a part of the Holiday Sharing Card, please give generously. ■

Holiday Joint Dinner

Alliance members!

We need your help and generosity for the upcoming Holiday Joint Dinner on Tuesday, December 12.

As you know, each year we raffle off a delectable holiday gourmet food basket. Please bring your non-perishable food item or cash donation to the November meeting.

On the night of the Holiday Joint Dinner, please bring a wrapped gift (identify contents) for a woman at the YWCA Support Shelter as well as an unwrapped gift for a child. These gifts will be collected under the tree at the PCMS annual meeting and delivered to the YWCA Shelter the next day.

Thank you.

Karen Dimant

November Meetings Set

The Board meeting will be Monday, November 6, at 9:30 am in the large boardroom at Mary Bridge Childrens Health Center. Sandra Green, state president and Maureen Faust, state president-elect will be our guests for the meeting.

The General meeting is set for Friday, November 17, 11:00 am at Canterwood Golf Club. We will enjoy a fashion Show by Julia Ellen including a raffle for a sweater. Lunch is included. ■

Executive Meetings

- November 6, Mary Bridge LBR
- December 4, Mary Bridge LBR
- February 5, To be Announced
- March 4, To be Announced
- April 8, To be Announced
- May 6, To be Announced

General Meeting Schedule

November 17, Friday, 11:00 am
Fashion Show - Julia Ellen, Makeup by Savi at Brasfields, Canterwood (lunch)

December 12, Tuesday, 6:30 pm
Holiday Dinner with PCMS

February 23, Friday, 11:00 am
Speaker - Women's Issues, Home of **Toni Loomis**, Potluck and Babysitting

March 22, Friday, 11:00 am
Floral Demo by Blitz and Co., Oakbrook Country Club, Lunch and Babysitting

April House of Delegates

May 17, Friday, 11:00 am
Lunch Cruise on the 88 foot yacht Triton ■

A message from President Toni Loomis.....

September has been a busy month for me. I attended the state board meeting in Spokane at the same time as the House of Delegates. It was nice to see some familiar faces from the medical community.

In October, Fran Thomas, president-elect and I attended the Annual Confluence which is the leadership training program put on by the AMAA. It was three very full days of educational sessions. Sandra Green, our state president, Maureen Faust, state president-elect, along with Lisa Woo and Linda Kutnerian who are co-presidents from Bellingham all attended the meeting and it was nice to get to know other people from our state as well.

It was great fun to talk to the different attendees and learn all the things they are doing in their counties. It made me proud that we in Pierce County are or already have in place many of the projects that some counties are just starting up.

It seems like a lot of the counties throughout the nation are having some of the same problems as us, i.e., getting and keeping members, a topic that was featured in one of the Confluence programs.

So, on that note, send in your dues! ■



(See article below for names of pictured)

Membership Phone-a-thon adds personal touch to recruitment

On September 26 the PCMSA had their annual phone-a-thon at the Medical Society office. Members present were (pictured above, clockwise from top left) **Mimi Jergens, Karen Dimant, Nikki Crowley, Fran Thomas** (president-elect), **Kathleen Smith, Janet Fry, Toni Loomis** (president), and **Sue Wulfestieg** (chair).

They began work at 6:30 pm calling past members and potential members to inquire about membership in the Alliance. There are presently 75 paid members. This was the first year people were able to put their dues on their credit cards.

There will also be a follow up mailing to those contacted who said yes or where a message was left. All physician spouses are welcome to join the Alliance. Dues for the 1995-96 year are \$75. ■

Philanthropic Fund applicants reviewed

The Philanthropic/Finance Committee met in September to investigate various applicants that have applied for philanthropic funds for the 1995-1996 year. The Committee recommendations for disbursement of funds were accepted by the board in October and will be presented to the general membership for approval.

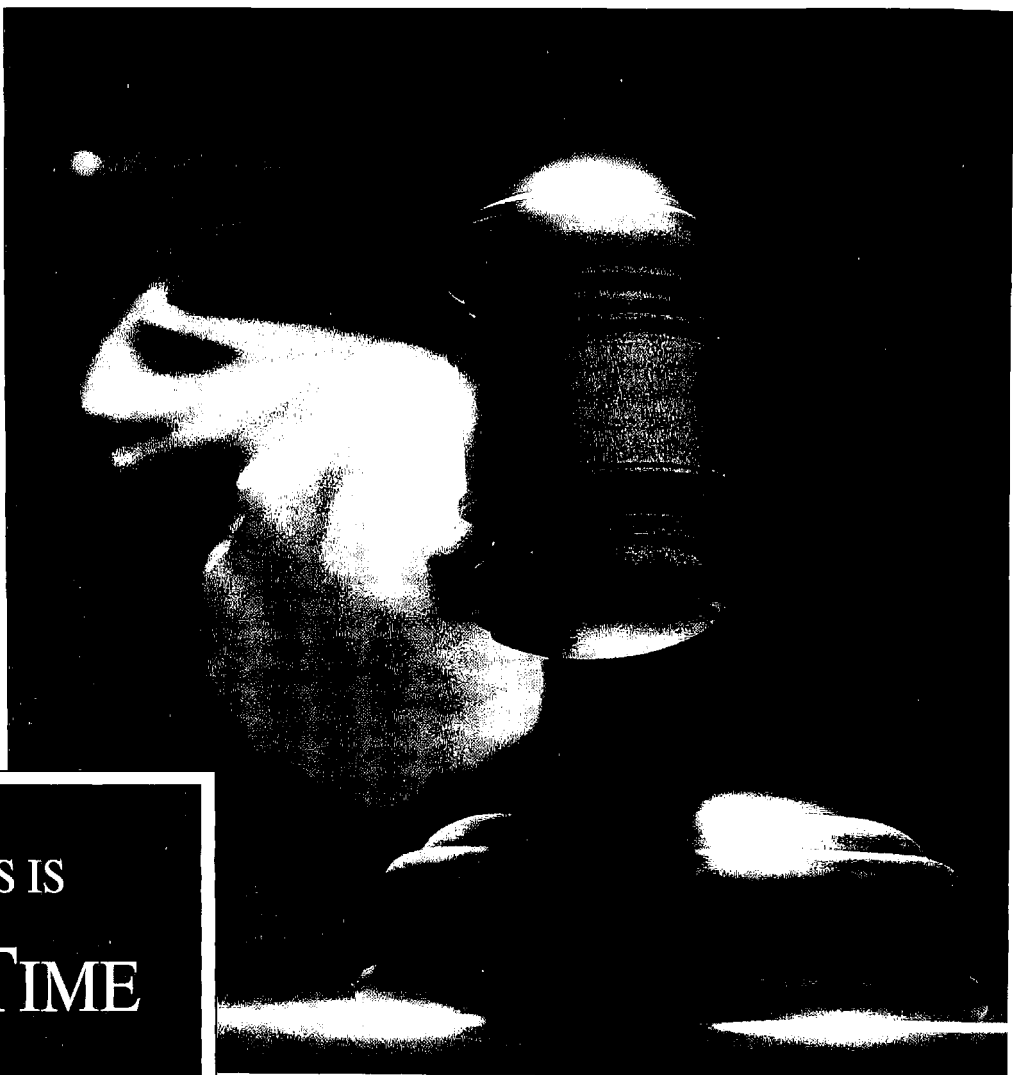
Neighborhood Clinic: A free medical clinic whose volunteers are local physicians and nurses. Requested funds for medical supplies and prescription medication.

Choice, Not Chance 1996: To provide health education materials and information to students and to the public through forums. Requested funds to be used for students and faculty to attend from Pierce County schools.

Trinity Clinic: To offer quality medical care to individuals who are otherwise not able to get the care they need. Funds to be used for prescription medication and supplies.

PLU Wellness Clinic: Primary health care in the Parkland-Spanaway community provided by Advanced Registered Nurse Practitioners. Funds to be used for medications and supplies for limited income clients.

Children's Museum of Tacoma - the exhibit, the Body Basic: Kids can participate in medical fields. Request funds for bringing in low income children who might not otherwise get to go. ■



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In response to a high reservation pace, COME negotiated a contract and made a substantial deposit to help protect room availability. According to the contract, our block of rooms will be released after December 15. As last year,

you may make your reservations by calling (800) 777-0185 and identifying yourself as part of the COME group.

The College selected the new Sheraton Suites in the new Town Plaza adjacent to the "Village" because of the very competitive lodging rates and the high quality of the lodging. Depending on the Canadian dollar, discount rates for a one bedroom suite should cost about \$110 U.S. dollars.

For additional information please call the College at 627-7137. ■

Infectious Diseases Scheduled for December 1

The annual Infectious Diseases Update CME program is set for Friday, December 1, 1995 in the Convention Center, Rooms A & D next to the Tacoma Sheraton Hotel.

The very popular program, directed by **Alan Tice, MD** will feature nationally recognized **Ellie J.C. Goldstein, MD** from Santa Monica, CA.

Drs. Tice, Marsh, Craven, McEniry and Schwartz, from co-sponsor Infections Limited, P.S. of Tacoma, will also present on common outpatient infections of interest to the Pierce County medical community. ■

ACLS Scheduled for December 7-8

The College's very popular Advanced Cardiac Life Support (ACLS) Provider Course is scheduled for December 7 and 8 at Jackson Hall.

Registration brochures were mailed out in October. For additional information, please call 627-7137. Early registration is encouraged as classes fill quickly. ■

<u>DATES</u>	<u>PROGRAM</u>	<u>DIRECTOR(S)</u>
Friday December 1	Infectious Diseases Update	Alan Tice, MD
Thurs. & Friday December 7 & 8	Advanced Cardiac Life Support	College of Medical Education
Thurs.-Saturday February 1-3	CME at Whistler	Richard Tobin, MD
Friday February 23	Review of HIV Infections	Alan Tice, MD
Thurs. & Friday March 14-15	Internal Medicine Review, 1996	Greg Schlepp, MD
Monday-Friday April 1-5	CME at Maui	Mark Craddock, MD James Foss, MD
Friday & Sat. April 19-20	Surgical Update 1996	James Buttorff, MD
Friday April 26	Cardiology for Primary Care	Marilyn Pattison, MD
Friday June 7	G. I. Update	Gary Taubman, MD Richard Tobin, MD
Friday & Sat. June 20 - 21	Advanced Cardiac Life Support	College of Medical Education



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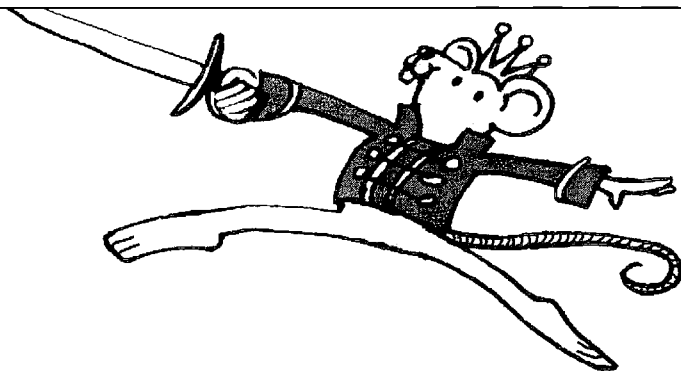
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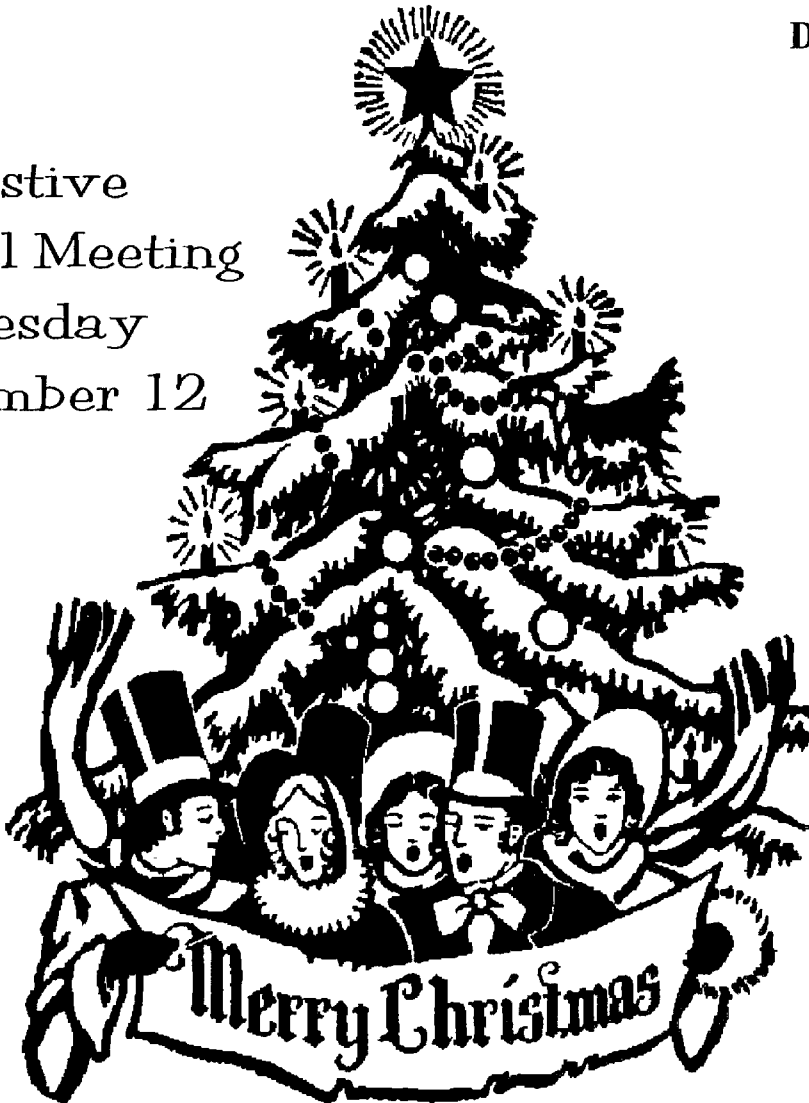
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BULLETIN

December, 1995

Festive
Annual Meeting
Tuesday
December 12



Inside:

President's Page: Sweet Sorrow	Page 3
KIRO's Dave Ross to highlight Annual Joint Meeting December 12	Page 5
After Hours Clinic sadly closes after ten years	Page 7
Patient medical records: who pays?	Page 7
Pierce County continues consideration of Health Department take-over	Page 10
World Wide Web Bookmarks	Page 12
How to contact your legislator	Page 15

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Features

President's Page: Sweet Sorrow 3
 KIRO's Dave Ross will highlight Annual Mtg 5
 After Hours Clinic closes after ten years 7
 Patient medical records - who pays? 7
 Mini-Internship - a popular program 8
 For-profit subsidiary (MBI) update 9
 Pierce County considering TPCHD take-over 10
 How to contact lawmakers 15

Departments

New Members 6
 PCMS Alliance 18
 College of Medical Education 20
 Classified Advertising 23

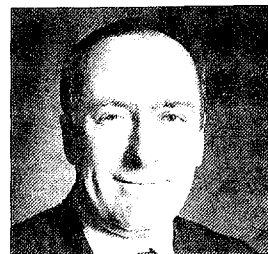
News briefs

WSMA to study NCQA office inspections 6
 Healthy Options Update 9
 Oregon Medical Electronic Network 11
 World Wide Web Bookmarks 12
 Family physician creates 'Superdoc' home page .. 13
 Ron Taylor, MD runs Minnesota and wins big 14
 WSMA/AARP Managed Medicare forums 16
 WSMA & Medical Group Managers affiliate 16
 Domestic Violence updates 17



Sweet Sorrow

by David Law, MD



Growing up in the orchard community of Wenatchee, I learned the "apple-box-full" measuring system. "Davey, would you get rid of two "apple-box-full" of *Boys Life* lying around the garage right now. Where are we going to store the winter tires?" The "apple box" no longer exists in the industry, having gone the way of the "bushel," "rod," and "cord" but in some circles the "apple-box-full" is still a valid unit of measure.

This has been a three "apple box full" term as president of Pierce County Medical Society. By this I mean that in my study at home this quantity of loose paper is piled neatly for easy access and to remind me of all the meetings, projects and correspondence that have transpired in the last twelve-month period of time. (E-mail came a year too late to my house.) One "apple-box-full" is just FAX messages!!! Spending a weekend sorting through this paperwork has been an excellent reminder to me of how strong and actively functioning is this Pierce County Medical Society.

The three goals I set out to accomplish at the beginning of the year have all been addressed. They were to foster pride in the medical profession, to influence control over the future of medicine and to heighten awareness of the medical profession in identifying domestic violence situations.

The active involvement of the many individual members in the Medical Society and Alliance activities this year has shown me that the heart of the medical

community is beating strongly and proudly. Some of these activities include doctors and Alliance members lobbying legislators on health care related issues, educating of community leaders through the Mini-Internship program, working on community-related problems such as the trauma issue and domestic violence programs as well as all those standing committees of the Medical Society

"The active involvement of the many individual members in Medical Society and Alliance activities this year has shown me that the heart of the medical community is beating strongly and proudly."

addressing the day to day problems of the community and the Medical Society. The Domestic Violence conference for medical care providers in May was also a considerable success. I am proud of all of these accomplishments.

None of this could have been possible without the dedicated support of the PCMS Board of Trustees which sets policy for this organization, as well as the highly competent staff of our Medical Society which carries out the programs. Finally, the outstanding support and involvement of the entire membership of the PCMS is what makes our medical community unique around the state.

I was given the position as President by you a year ago with the medical community going through major changes and a sense of fear on everyone's mind of what the future might hold.

The changes in medicine have not slowed down but I sense that outlooks have changed from fear to a positive attitude of adjustment to change, knowing that the rewards of working in such a fine area as health care are still as great if we can make proper

adjustments to the changes in society.

On December 12, I will with great confidence pass the President's gavel to **Dr. John Rowlands**, pulmonologist and statesman, at the Annual Joint Dinner meeting at the Sheraton Hotel Ballroom. Dave Ross, the popular and witty talk show host, will be our featured guest. He certainly will not pass up this chance to share his insights of the world with us. I promise you no long speeches from me because you have just read mine.

Thanks for the privilege and honor of serving as your President for 1995.

Happy Holidays!





The Pierce County Medical Society

and

The Pierce County Medical Society Alliance

announce the

Annual Joint Meeting

Tuesday, December 12, 1995
Sheraton Tacoma Hotel, Ballroom
1320 Broadway Plaza, Tacoma

Social Hour: 6:30 pm
Dinner: 7:00 pm
Program: 8:15 pm

featuring

Dave Ross

KIRO Radio Personality

Dave Ross is a talk show host who composes songs, writes poems and delivers commentary on KIRO Radio AM. He often substitutes for Charles Osgood on CBS radio. His quick wit and humor will top off a festive evening.

Please bring an unwrapped toy for a child and/or a wrapped gift for a woman for residents of the YWCA Shelter.



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Please reserve _____ dinner(s) at \$34 per person
Enclosed is my check for \$_____

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"Music provided by the Tacoma Youth Symphony Quintet"

KIRO's Dave Ross to highlight Annual Joint Meeting Dec. 12

Dave Ross brings his diverse talents to the microphone Monday through Friday from nine to noon on KIRO Newsradio 710 AM.

Dave joined KIRO Newsradio in 1978 as Afternoon Anchor. In September of 1987, he became host of The Dave Ross Show. Dave's strong news background and his penchant for fun make The Dave Ross Show an entertaining and informative interview show. His imaginative writing and instinct for news has won Dave dozens of local and national awards, including the coveted Clarion and Gabriel award. In recognition for his outstanding work in broadcasting, Dave was named Media Inc.'s 1992 Person of the Year. He has also achieved notoriety for his original song parodies, which he writes, arranges and unfortunately, performs as well.

In addition to his work on the air in Seattle, Dave has also traveled around the world gathering news for KIRO from areas of international interest. In 1982, he followed the Pope to Great Britain to cover the first papal visit to that country in 500 years. In 1987, he reported live from the Soviet Union about the political and cultural changes underway.

As the Berlin Wall fell in 1989, Dave was in Berlin and Prague to

witness the birth of democracy in Eastern Europe, and two years later was on hand for the fall of communism in the former Soviet Union. In August of 1990, he traveled from Jordan to Turkey to chronicle Operation Desert Shield and the beginnings of the Gulf War. In 1992, Dave brought

Show, which is heard on CBS affiliate stations throughout the United States.

Dave also writes and produces a syndicated feature on computers that is played on about 200 radio stations across the country, stars each summer in the Seattle Gilbert & Sullivan Society's annual stage

"He has also achieved notoriety for his original song parodies, which he writes, arranges and unfortunately, performs as well."

listeners news from another war-zone, south central Los Angeles, ablaze in the violence that followed the Rodney King verdict.

In the fall of 1992, Dave was selected by CBS to substitute anchor for The Osgood File while Charles Osgood was on vacation. He was the first non-network substitute for the feature. Dave wrote and anchored the four daily commentaries that were heard on the CBS radio network across the country. CBS received so many requests for copies of Dave's work that they asked Dave to become a permanent contributor to the network. In January of 1993 CBS began syndicating a daily 2-minute feature, The Dave Ross

productions, and has filled his home with inventions he created in his basement.

Dave was born and raised in Yorktown, NY. His radio career began in high school when he worked evenings and summers as an announcer for WVIP AM and FM in Mt. Kisco, NY. While attending Cornell University, Dave served as the news director of WTKO Radio, a small commercial station in Ithaca, NY. Dave began his full-time career as a reporter for WSB Radio in Atlanta where he worked until joining KIRO in 1978. Dave and his wife, Patti, have two daughters, Caitlin and Emilie. ■

Raffle drawings, Christmas music, add to annual meeting fun

The PCMS and PCMSA Joint Annual Meeting will feature many happenings in addition to guest speaker, Mr. Dave Ross from KIRO radio. The Alliance will be selling Entertainment '96 books and will raffle a gourmet basket and a fruit of the month basket.

PCMS will pass leadership to the newly elected 1996 Board of Trustees and officers. **Dr. Law** will award the 1996 Volunteer of the Year honor to a very deserving physician.

Past Presidents of both PCMS and PCMSA will be introduced.

The Tacoma Youth Symphony Quintet will provide dinner and reception music.

And, don't forget to bring an unwrapped gift for a child and a wrapped gift for a woman, to be donated to the YWCA support shelter from PCMS & PCMSA. ■

Welcome new PCMS members

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- Ronald Johnson 841-4241
- Mrs. Jo Roller 566-5915
- Robert Sands 752-6056
- F. Dennis Waldron 272-5127

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Bowers, James, MD

Internal Medicine
Practices with Donald Weber, MD
Medical school: University of WA
Internship: Good Samaritan Hospital (Oregon)
Residency: Good Samaritan Hospital (Oregon)

Caldwell, Robert, MD

Internal Medicine
Practices with Medalia Healthcare
Medical school: Tulane University School of Medicine
Internship: Charity Hospital of New Orleans
Residency: Naval Hospital, Oakland

Charbonnel, Thomas, MD

Pediatrics
Practices with Carl Plonsky, MD and Heather Daniels, MD
Medical school: University of Colorado School of Medicine
Internship: Letterman AMC
Residency: Fitzsimmons AMC

Judish, David, MD

Physical Medicine/Rehab
Practices with Patrice Stevenson, MD
Medical school: University of Tennessee
Internship: University of WA
Residency: University of WA

Odenthal, Allison, MD

Family Practice
Practices with Stuart Farber, MD and Christine Harmon, MD
Medical school: George Washington University School of Medicine
Internship: Silas B. Hayes Army Community Hospital
Residency: Silas B. Hayes Army Community Hospital

Robertson, Cliff, MD

Family Practice
Practices with Medalia Healthcare
Medical school: Ohio State University College of Medicine
Internship: Madigan AMC
Residency: Madigan AMC ■

WSMA Board votes for study to eliminate numerous office inspections required by NCQA

Managed care organizations (MCO) are required by the National Commission on Quality Assurance (NCQA) to conduct on-site chart and facility audits of physician offices and prepare reports necessary for the plans to meet NCQA standards. This could mean that all the MCO plans that a physician has a signed agreement with would be conducting office inspections.

The WSMA Board reviewed a description of a program the Oregon Medical Association (OMA) has launched in cooperation with the managed care community. OMA contracts with MCO plans to conduct the chart and facility audits. The Ambulatory Records Certification Program audits consist of two parts - an evaluation of six randomly selected charts based on 24 ele-

ments, and a review of office procedures and facilities.

The value to physicians will be significant in that their office will be disrupted by only one audit rather than one for every plan with which they participate. The WSMA Board gave a unanimous vote of approval to pursue a feasibility study. ■

After ten years, After Hours Clinic sadly closes the door

On December 22, 1995, the After Hours Clinic (AHC) will close its doors for the last time. After over 10 years of successful operation, managed care changes have made this move necessary. The AHC has been open continuously with hours of 6-10pm weekdays and 10-10 weekends and most holidays.

The clinic was set up and owned by the Independent Practice Association (IPA) of Pierce County to serve their patients after hours. The AHC is located at the north side of TG and has had a symbiotic relationship with Multicare. In the eyes of the IPA, the clinic did its job and also successfully competed with urgent care centers in the area. The AHC has been successful financially as well as serving the patients of the IPA members. Through the Pierce County Medical Society Alliance, it has donated to medically needy organizations in Pierce County on several occasions.

The IPA was formulated to inform and educate its Family Practice members about different private carriers in regard to their advantages and disadvantages in the early days of managed care. Approximately 50 members of this organization profited from this advice but "anti-trust" fears caused its value to decrease the last several years.

It is interesting that concerns regarding managed care were the reason for the formation of the IPA and subsequently the AHC, but now managed care is the indirect reason for its closure. Many members of the IPA are sorry for its closure.

The IPA wishes to thank its many members who worked in the clinic and also thank Multicare for its support through the years.

James M. Blankenship, MD ■

Patient medical records - who pays for them?

At its November meeting, the Medical/Legal Liaison Committee reviewed a pediatrician's inquiry on requests from the legal profession for copies of patients' medical records. His office receives numerous requests from attorneys where children are involved in accidents or divorce disputes and child custody is an issue. In these types of cases, documentation of medical history is essential.

Recently, the office had such a request from a local attorney's office for the full medical records of two sisters. The records were sent and included a bill that was in accordance with the legislature's guidelines for the allowable amount. The attorney responded by **requesting the doctor's office to direct the billing to the patients' mother.**

This, of course, places the physician in an adversarial position with the sisters' mother. The Committee, which is com-

posed of six attorneys and five doctors unanimously agreed that this was not an acceptable practice. Attorney co-chair, Rita Forster will notify the attorney of the Committee's decision.

Unfortunately, the attorneys on the Committee agreed, that with some law offices, physicians should request prepayment before submitting the records, agreeing to a deposition or agreeing to be an expert witness. Inform the attorneys what your reimbursement expectations are and request payment.

If you would like a copy of the **Memorandum of Understanding** between the Pierce County Medical Society and Tacoma-Pierce County Bar Association, Please call the Society office at 572-3667. The *Memorandum* outlines the duties of physicians and attorneys regarding medical records, fees, etc..

Physician members of the

Medical/Legal Liaison Committee are: **Drs. Nick Rajacich**, Co-Chair, **Pat Donley**, **Robert Kenevan**, **Bill Ritchie**, and **Guthrie Turner**.

The Committee meets on a need-be basis, which averages to about every other month to resolve disputes between members of the Society and Bar Association. ■

Puyallup, WA: Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 6 to 12 hour shifts. Hours are 12 noon to 12 midnight daily, outpatient only. \$50/hour, benefits available. Send letter of introduction and CV to After Hours Application, Puyallup Valley Healthcare, P.O. Box 1247, Puyallup, WA 98371-0192.

Mini-internship provides leaders a new look at medicine

"I was amazed at the number of patients seen and the organization that accompanies this" said Debbie Regala, 27th District Representative, when asked to tell about her recent participation in the PCMS Mini-Internship program. "The entire world comes into the doctors office and they see the entire spectrum of the world." The intership program provides an eye-opening experience for business and community leaders to look at medicine through the eyes of a physician. "This program provided lots of material for me to think about" concluded Representative Regala. And, that exactly, is why PCMS conducts the two day course twice each year.

With President **Dr. David Law** at the helm, four interns and physician faculty met for dinner to become acquainted and prepare for the two day internship experience. Interns, in addition to Representative Regala, were C.J. Knaggs, Legislative Representative, AARP and Pres-Elect, Pierce County Retired Teachers; Daisy Stallworth, Executive Director, Pierce County Community & Human Services; and Les McCallum, Program Administrator, College of Medical Education. Faculty included **Ken Bodily, MD**, Vascular Surgery; **Stan Jackson, MD**, Plastic Surgery; **Martha McCravey, MD**, Pediatric Critical Care; **Kevin Schoenfelder, MD**, Orthopedic Surgery; and **Theresa Terom, MD**, Colon & Rectal Surgery. **Dr. Law** made introductions, explained their schedules and prepared them for their two day medical career. Each faculty member hosts an intern for a half day medical experience.

"I can't believe how busy she




President David Law, MD awards Ms. Daisy Stallworth her Certificate of Appreciation for participating in the PCMS Mini-Internship program

was, and how many things she had to do at once" Daisy Stallworth said of Dr. McCravey. And, she added, "all these doctors need to be psychiatrists as well." At the debriefing dinner, each intern expressed amazement at the wide range of patients seen and the amount of teamwork that is required in providing medical care.





"Overall, I can't believe the pressure and stamina; and I didn't know medicine was as complicated as it is" concluded Mr. Knaggs. "I was very impressed."

If you have interest in serving as a faculty physician in the Mini-Internship program, please call Sue Asher or Doug Jackman at the Society office, 572-3667. The next program will be held in May. ■



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Joe Wearn, MD, updates PCMS Board on for-profit subsidiary

Editor's note: PCMS thanks Dr. Wearn and all MBI Board members for their commitment of time and expertise in serving on the MBI Board

Joe Wearn, MD, reported to the PCMS Board of Trustees at their November meeting that Membership Benefits, Inc., (MBI) the for-profit subsidiary, wholly owned by PCMS is in a solid financial position and has moved equity from cash savings to the building they own at 223 Tacoma Avenue South. **Dr. Wearn**, pediatrician, has served as MBI President for the past three years.

MBI's direction is to provide services to the membership as well as secure non-dues income. MBI operates the publication department which produces the monthly *Bulletin* and the annual Physicians Directory as well as a Pictorial Directory every three years. the PCMS Placement Service also operates under the MBI heading. In 1993, MBI started a temporary placement agency. The employing office pays MBI an hourly fee for employees and MBI pays all payroll taxes and carries the burden of responsibility for the employee. This business has grown rapidly in the first two years of operation and has proven to be financially successful. "It was risky" noted **Dr. Wearn**. "We had to take a leap of faith that it would work because we didn't want to start the business without liability insurance and that was an immediate outlay of \$8,000 for the first year. But, we knew how successful the service had been in Multnomah County (Portland, Oregon) and we also knew that the medical climate and staffing in physician offices was changing. We needed to respond to the change. Fortunately, it was the

right move at the right time."

When **Dr. Wearn** says "we" he means other Board members in addition to himself. They include, **Mark Gildenhar, MD; Keith Demirjian, MD; Peter Cannon, MD; Drew Deutsch, MD; William Shields, MD;** and PCMS Secretary/Treasurer **James M. Wilson Jr., MD**. The PCMS Secretary/Treasurer serves concurrently on both PCMS and MBI Boards. **Dr. Gildenhar** served as MBI President from 1989-1992. The MBI Board meets quarterly and reviews finances and operational activities of the subsidiary.

In addition to placements and publications, MBI acquires revenue from many sources. Conducting education programs such as the PCMB Clinical Guidelines Course and practice management seminars, credentialing services, administration of funds for a local foundation, rents from building tenants, etc. Since inception in

1978, MBI has seen financial ups and downs. With income derived from



advertising and book sales of Directories and employment fees, the business is very vulnerable to the economy of the medical community. This makes budgeting and financial planning difficult.

Dr. Wearn added that he will be turning over the presidential reigns to **Keith Demirjian, MD** as of January 1, 1996. **Dr. Wearn** will remain on the MBI Board of Directors and asks anyone interested in serving on the MBI Board (four one-hour meetings annually) to call him or Sue Asher at the Society office, 572-3667. ■

Healthy Options Update: Plans concept make patients their "property"

The Medical Assistance Administration recently held a hearing of plans and providers currently participating in the *Healthy Options* program. The purpose of the meeting was to hear opinions whether *Healthy Options* patients should be able to follow their doctor, if he/she wishes to leave a plan.

Existing policy of the Medicaid managed care program is that the patients "medical home" is considered to be the physician, not "property" of the plans. The plans are objecting to this policy.

One very large hospital/physician group is planning to leave a plan in the Puget Sound area and the plan is objecting to the patients going with the physicians.

Bob Perna, WSMA Associate Director, Professional Affairs argued very persuasively that continuity of care would be jeopardized if patients became "property" of the plans.

The MAA will reach a decision sometime in early December. Watch future issues of the *Bulletin* for updated information. ■

Pierce County continues to consider Health Department take-over

Pierce County government continues to investigate sole governance of the Tacoma Pierce County Health Department in light of legislation, effective January 1, 1996, that would give them this authority. The county has interest in taking control because it believes shared governance with the city an inefficient and ineffective way of conducting business. They also contend that the move will help provide regional services in addition to saving money. However, critics have cited it merely a power grab.

According to Seattle media, the Tacoma-Pierce County Health Department is the "model" structure. As reported in a *Seattle Times* editorial (11-8-95) "The law gives county governments great flexibility on the composition of the board. Tacoma and Pierce County, for example, chose to create a single board with both city and county officials. There is no reason King County cannot do the same. Instead, the County Council wants to name itself the region's health board, cutting out formal representation from Seattle and suburban cities." This is true in Pierce County as well.

Currently, Tacoma has two seats on the board, Pierce County has three, making them the bodies with the most influence. There is one small city/town representative and a seventh representative chosen by these six. Typically, the board has chosen a doctor recommended by PCMS. That physician is currently **David Sparling, MD**.

Many support the theory that shared governance provides very important checks and balances as well as a non-political basis for rendering health decisions and policy for the county. And, that sole county control would politicize the department and give power to one body which might lose sight of "health" as the decision making criteria. In Spokane, the health department is also facing take-over, and a citizens group has formed to oppose the change. "Public health decisions need to be made by people who are dedicated to public health issues," cited their leader. Secretary of the Washington Department of Health, Bruce Miyahara, also has concerns about counties taking control. "My concern is that

attention to public health responsibilities not get lost in what appears to be a political issue," Miyahara said.

The PCMS Board of Trustees has discussed this issue in detail and determined that they do not support county take-over of the department. They feel the Health Department is currently well run and efficient. They have re-focused traditional public health services to community focused issues such as domestic violence and child abuse. They believe the current governance, which rotates chair responsibilities annually between the city and county, provides an even balance of power and makes it health directed and not politically biased. An op-ed paper, written by David Law, MD, was recently printed in the *News Tribune* stating publicly the position of the Pierce County Medical Society.

It is difficult to defend disruption of a system that is working well. There are definitely more pressing problems for Pierce County to address than changing the structure and leadership of an organization that is currently doing a good job. ■

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WSMA Board hears about Oregon Medical Electronic Network

A: When physicians are connected electronically with colleagues, insurers, managed care organizations, IPAs, hospitals, laboratories, and pharmacies?

Q: What is "OMEN"?

Correct. "OMEN" is Oregon Medical Electronic Network, a program that was presented and described at the November meeting of the WSMA Board of Trustees. It is a program that electronically connects all the players in the health care arena. It reduces the time spent waiting on phones, producing faxes and writing letters by providing rapid responses to requests for eligibility verification, treatment referral and pre-authorization of procedures.

In addition, OMEN offers an e-mail connection between all Network users and electronic claims store and forward capability. In later phases, OMEN will enable confidential submission of aggregate outcomes data to physician-created and controlled clinical registries, laboratory order/entry and reporting as well as direct connections to pharmacies.

WSMA Board members were impressed with the presentation. Many commented on the length of time spent on phone calls that could be eliminated and how their office managers would "die" for such a system. The program works in conjunction with the current version of most existing practice management software and hardware. This means subscribers would be able to pass patient demographic information to and from the Network's interface, eliminating time-consuming multiple entries. It will also allow IPAs to establish an electronic communication environment with

members to exchange clinical, utilization review and billing information.

In Oregon, OMEN is supported by all of its users on an equitable basis. The fees provided to the WSMA Board appeared to be very

reasonable. The vote was unanimous that WSMA work with OMA and begin conversations with other participants in health care to determine if OMEN or a similar program could be implemented in Washington State. ■

Hot Spots... (Reprinted from AM News 11/20/95)

Week's top health news. C.W. Henderson, the world's largest producer of weekly health information, recently launched NewsFile. Includes top-story pick, with links to medical specialty newsletters. <http://www.newsfile.com/>

Minnesota consumers' satisfaction with health plans. Possibly the first such state information on the Web, from the Minnesota Health Data Institute. <http://www.mhdi.com/>



'Info-rich' HHS home page, according to Point Communications, which also rates it as rather undistinguished in presentation. <http://www.os.dhhs.gov/>

Not in the PDR? All 1994 and 1995 drug approvals from the FDA's Center for Drug Evaluation and Research, [gopher://gopher.cder.fda.gov/](http://gopher.cder.fda.gov/). Or select whatever you need from FDA's home page, <http://www.fda.gov/>

R.I.P., OTA. Among the Office of Technology Assessment's last reports, "Bringing Health Care Online: The Role of Information Technologies," discusses the relationship to new trends in the delivery system. Appendix on electronic information sources has numerous URLs. OTA went out of existence on September 30. Order stock number 052-003-01433-5 from the GPO, (212) 512-1800.

Malpractice watcher? Get your news, charts, facts and testimony from the Health Care Liability Alliance, a national advocacy coalition for federal liability reform. <http://www.wp.com/HCLA/>

Stressed out? Instructions for folding an origami paper crane in 20 simple, calm-restoring steps: <http://www.mit.edu:8001/people/baspitz/> and choose "howcrane."

	
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A Clinician's World Wide Web Bookmarks

Reprinted from National Network of Libraries of Medicine, Internet: nlm@u.washington.edu

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Yahoo: <http://www.yahoo.com/>

Lycos: <http://lycos.cs.cmu.edu/>

WebCrawler: <http://webcrawler.com/>

Search for Mailing Lists: <http://scwww.ucs.indiana.edu/mlarchive/>

Multi-subject Biomedical Lists:

NN/LM PNR Health Info. Resources Guide: <http://www.nlm.nlm.nih.gov/guides.html>

UW HealthLinks: <http://www.hslib.washington.edu>

MedWeb: <http://www.cc.emory.edu/WHSC/medweb.html>

Martindale's Health Science Guide: <http://www-sci.lib.uci.edu/~martindale/HSGuide.html>

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

Governmental Home Pages:

NIH: <http://www.nih.gov>

National Library of Medicine's HyperDoc: <http://www.nlm.nih.gov/>

CDC: <http://www.cdc.gov>

National Center for Infectious Diseases: <http://www.cdc.gov/ncidod/ncid.htm>

Washington State Department of Health: <http://www.doh.wa.gov/>

Textbooks and Journals:

The Whole Brain Atlas: <http://www.med.harvard.edu/AANLIB/home.html>

The British Medical Journal: <http://www.tecc.co.uk/bmj>

Journal of Image Guided Surgery: http://igs.slu.edu/igs/igs_home.html

Journal of Health Politics, Policy and Law: <http://www.pitt.edu/~jhpl/jhpl.html>

JAMA: <http://www.ama-assn.org/journals/standing/jama/>

Economist: <http://www.eneews.com/magazines/economist>

Medical Associations:

American Medical Association: <http://www.ama-assn.org/>

American Medical Informatics Association: <http://amia2.amia.org/>

American Society of Anesthesiologists: <http://dewey.anes.ucla.edu/>

Radiologic Society of North America: <http://www.rsna.org/>

Resources of Scholarly Societies (lists health associations): http://www.lib.uwaterloo.ca/society/healthsci_soc.html

Washington State Hospital Association: <http://www.wsha.org/>

Showcase of Interesting Sites:

Hospital Web: <http://dem0nmac.mgh.harvard.edu/hospitalweb.html>

Electronic Medical Record System: <http://www.chip.org/chip/projects/cws/cws.html>

Alternative Care Home Page: <http://www.tiac.net/users/altcare/>

UW Radiology CME: <http://www.rad.washington.edu/> ■

Robert Stuart, MD, Tacoma Family Physician, creates "Superdoc's Home Page" - invites use and feedback <http://www.harbornet.com/folks/superdoc>

I have posted a "home page" on the World Wide Web recently, named "**Superdoc's Home Page.**" I had sought in vain for some time to find some source on the WWW that would point me to web sites that are clinically relevant for physicians. Mostly what I have found are large directories that try to list everything, or pages that are too narrow in their scope. Pages of support groups and directories that obviously were assembled without any actual medical "editing" abound.

Therefore, I took it upon myself to learn to program in HTML (hypertext markup language) and assemble a home page that provides the information that I have culled from many different sources. In the process, I have only included links to other sites that I have actually used and thought to be of merit. If someone accessing my home page doesn't find what they want, however, I have provided links to a couple of the comprehensive catalogs. Admittedly, what I find clinically relevant is biased by my primary care specialty, but in cases where I have had a chance to review material pertinent to subspecialties, I have included it. My home page will become increasingly useful, however, if viewers will kindly e-mail me with requests for other material they would consider useful. The home page includes some cutting-edge programming and is best viewed with Microsoft Internet Explorer Version 2. There are restrictions on the page of acquiring and installing this program.

Reviews of medical CD-ROM's I have tested are a big part of the effort. After I posted the initial reviews, I have been contacted by publishers of others. They have offered to send their products for me to review so that they can refer prospective customers to an objective evaluation of their product.

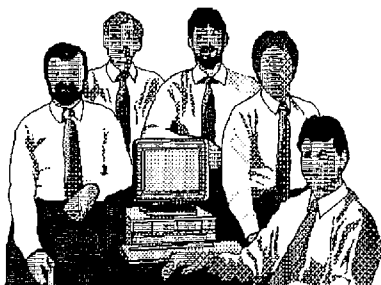
I will also include, from to time, links to non-medical sites that might be unusual or particularly entertaining. I hope you all enjoy it. Please send me your comments.

Robert E. Stuart, MD ■

Computer classes offered for PCMS members & staff

The Society office was inundated with faxes from members wanting to enroll in the computer classes that will be offered by Bates Technical School tailored specifically for PCMS members and staff. To-date over 90 members have asked to participate in classes geared for beginners and those who want to learn about Internet.

Dates and times for the classes are being studied by the Bates faculty. The Society should know before this *Bulletin* is mailed. All of those who requested to participate will be notified. If you missed the survey and are interested in attending computer classes, please call the Society office, 572-3667. The classes will be offered at \$7 per class hour. ■



Computer User Group will meet quarterly

The Computer User Group, chaired by **Sid Whaley, MD** will meet quarterly. The next meeting will be in January. The group meets to learn more about computers and offers something for everyone from the very beginner to the most advanced user.

If you would like more information about the group, have a program idea or want to be put on the mailing list, please call Doug Jackman at the Society office, 572-3667. ■

Society has new E-mail address

The Society had to move its server connection due to Tribnet going out of business. We had difficulties with our e-mail software during November and were not always able to respond immediately to messages that we received. We are now on-line with few problems. Please try us again. Our address is:
pcmsnet@pcmsnet.seanet.com ■

Physician On Line offers free software

PCMS has received many copies of Physician On Line software for both the IBM and Macintosh systems. This is a good starter program with e-mail and free, unlimited Medline access. You can log on immediately. Call the office at 572-3667 for a free copy. ■

From Minneapolis to St. Paul - a foot race

by Ron Taylor, MD

It's a matter of timing. That is, showing up when the competition doesn't.

October 8, it was 38 degrees and five mile per hour headwinds in Minneapolis when nearly 7000 runners, of which nearly 3000 were women, headed for St. Paul, 26 miles away.

The Twin-City Marathon was again the USATC Masters National Championship. The course is mostly flat though twists up amongst beautiful lakes and residential areas for 20 miles and

then goes uphill for the last six miles until a steep one-quarter mile downhill finish. I finished number 156.

I was chagrined to learn that 18 women beat me - including two (world-class) in their 40s - all of whom qualified for the Olympic trials.

With a little help from a younger runner that could read the computer printout results, I learned I had won the national championships by six seconds at a relatively



slow time of 2:49.06, that included five seeded runners.

I was awarded a gold medal, a free pair of Diadora racing shoes, and \$250 to be used for competing expenses only! ■

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How to contact state, national lawmakers

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

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

U.S. Senators: Senator Slade Gorton (R), 730 Hart Senate Building, Washington, D.C. 20510. Phone: 202-224-3441 (D.C.) or 553-0350 (Seattle). Fax: 202-224-9393.

Senator Patty Murray (D), 302 Hart Senate Building, Washington D.C. 20510. Phone: 202-224-2621 (D.C.) or 553-5545 (Seattle). Fax: 202-224-0238.

U.S. Representatives: Rep. Norm Dicks (D-6th District), 2467 Rayburn House Building, Washington D.C. 20515. Phone: 202-225-5916 (D.C.) or 593-6536 (Tacoma). Fax: 202-226-1176.

Rep. Randy Tate (R-9th District), 1118 Longworth Office Building, Washington D.C. 20515. Phone: 202-225-8901 (D.C.) or 839-8308 (Puyallup). Fax: 202-225-3484.

State offices: The telephone number of Gov. Mike Lowry's office is 360-753-6780, Olympia. Write to him at the Legislative Building, PO Box 40001, Olympia, 98504-0001. His Fax number is 360-753-4110 **Write to state representatives** in care of the Washington House of Representatives, PO Box 40600, Olympia 98504-0600. **Write to state senators** in care of the Washington State Senate, PO Box 40482, Olympia 98504-0482. The central Senate Fax number is 360-786-1999.

The status of legislation can be obtained by calling the **Legislature's toll-free hotline (800) 562-6000**. The hearing impaired may call (800) 635-9993. **Legislators, by district and Olympia phone numbers:**

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Sen. Marilyn Rasmussen (D), 786-7602

Rep. Tom Campbell (D), 786-7824

Rep. Scott Smith (R), 786-7912

25th District

Sen. to be announced

Rep. Grant Owen Pelesky (R), 786-7968

Rep. Sarah Casada (R), 786-7948

26th District

Sen. Bob Oke (R), 786-7650

Rep. Lois McMahan (R), 786-7964

Rep. Tom Huff (R), 786-7802

27th District

Sen. Lorraine Wojahn (D), 786-7652

Rep. Ruth Fisher (D), 786-7930

Rep. Debbie Regala (D), 786-7974

28th District

Sen. Shirley Winsley (R), 786-7654

Rep. Mike Carrell (R), 786-7958

Rep. Gigi Talcott (R), 786-7890

29th District

Sen. Rosa Franklin (D), 786-7656

Rep. to be announced

Rep. Steve Conway (D), 786-7906

30th District

Sen. Ray Schow (R), 786-7658

Rep. Maryanne Mitchell (R), 786-7830

Rep. Tim Hickel (R), 786-7898 ■

WSMA to Work with AARP on Managed Medicare Forums

In December the WSMA and the state chapter of the American Association of Retired Persons (AARP) will co-sponsor a series of public education forums to provide practical information to senior citizens who have or are considering enrolling in a Medicare managed care plan.

Called "Straight Talk About Medicare Managed Care," the forums will overview what managed care is, how managed care plans differ from the traditional Medicare Program and how seniors can determine if a plan meets their individual health care needs. Guest speakers include WSMA trustees and AARP representatives and a spokesperson from the state Office of the Insurance Commissioner.

Watch Out for Binding Clauses!

Physicians are urged to look for managed care company contract clauses that bind the physician to future products the company may offer without permission. The WSMA has received correspondence from more than one member regarding a recent managed care company's use of such a clause. Some have suggested the potential for companies to use such clauses as a way to promote new products without having to recruit physicians into a new network with the accompanying physician perusal of other terms and conditions.

The moral? **Read before you sign!** And, **use the WSMA's contract evaluation service.** It is free for members. Call Bob Perna at the Seattle office for details. ■

Physicians are urged to invite their patients to attend the forums, from 10:00am to noon in the following cities:

Seattle - December 4 (Shoreline Conference Center);

Spokane - December 7 (Downtown Public Library)

Tacoma December 5 (Tacoma Community College);

Yakima - December 8 (Providence Medical Center Auditorium).

For more information call Kari Leitch at the WSMA Seattle Office, 1-800-552-0612. ■

WSMA and Medical Group Managers Association Announce Partnership

The WSMA Board of Trustees and the Washington State Medical Group Management Association (WSMGMA) have approved a formal partnership to serve patients and our members on a broad array of fronts.

Effective November 1, the two associations have agreed to work together in areas of **patient and physician advocacy, member education, research and data base sharing and membership benefits and marketing.** The agreement

reflects our common goals, concerns and interests while recognizing the individual needs of both associations. Both organizations will maintain their own governance structures.

The WSMGMA and WSMA have closely aligned interests - upholding the quality of care, promoting public health, promoting reasoned policy related to the financing and delivery of health care services, educating members and maintaining the physician-patient relationship. ■

The above articles were reprinted from "WSMA Membership Memo," 11/9/95

Treating a **patient** who is **HIV Positive?**

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Tacoma-Pierce County Health Department

Domestic Violence a 'silent epidemic'

Editors note: This editorial is a reprint from the November 8, 1995 issue of the Seattle Post-Intelligencer

The Metropolitan King County Council should approve the request of Prosecutor Norm Maleng for \$175,000 to add two more deputy prosecutors to handle domestic-violence cases.

Felony domestic-abuse cases have increased by 400 percent over the past five years, and one-quarter to one-third of the county's homicides each year are the result of domestic violence. The increase in caseload is attributed to more effective laws, more vigorous enforcement and increased public awareness.

The average felony caseload in Maleng's office is 120 per year per deputy prosecutor. But the domestic violence caseload is 210 cases per year per prosecutor.

The increase in domestic violence is hardly unique to King County.

As if to underscore the seriousness of the situation, the American Medical Association Monday warned that a "silent, violent epidemic" of sexual assault and family violence that includes physical abuse and neglect of children and the elderly is devastating the nation's physical and emotional well-being.

More than 700,000 women in the United States are sexually assaulted each year, or one every 45 seconds. Two million to 4 million women are battered each year, and 1,500 of them are killed by their domestic partners. In addition, 1.8 million elderly people are mistreated and 1.7 million reports of child abuse are

filed, the AMA said.

The AMA rightly - if a bit belatedly - urged doctors to become more alert to signs of such traumas among their patients and issued guidelines for spotting

victims of such abuse.

If family violence is to be stemmed, it will take more than additional prosecutors. **Among other things, it also will require more active engagement of the medical profession. ■**

Pierce County marital permit now warns against abuse

Hard work and diligence pay off. Just ask **Kris White**, PCMSA Past-President and tireless leader in the battle against domestic violence. A member of the Pierce County Commission on Domestic Violence, a political spokesperson in Olympia at legislative happenings and the driving factor behind production of the very popular PCMS/PCMSA brochure "No one deserves to be hit", she has worked endlessly on domestic violence issues without public recognition of her efforts.

And, as of November 20, 1995 she has made another small step toward stopping the deadly violence of abuse. Pierce County has added an additional warning to their marriage application:

The laws of this state affirm your right to live within this marriage free from violence and abuse. Neither you nor your spouse is the property of the other. The laws against physical abuse, emotional or psychological abuse, sexual abuse, battery and assault are applicable to spouses and other family members, and violations of these laws are punishable by either fine or imprisonment, or both.

While admitting that this is certainly not enough to stop domestic abuse, Mrs. White believes that it is one small step. And this small step led to national recognition as Paul Harvey reported about the addition to the marriage certificate on one of his national broadcasts. "Raising awareness, educating the public, and just keeping the issue on the front burner are all very important aspects of this battle," noted Mrs. White.

The warning is very similar to one proposed to the State Legislature earlier this year. The bill passed the Senate 33-16 but did not receive action in the House. Senator Lorraine Wojahn (D-27) intends to try again in 1996.

Pierce County's success was made somewhat easier because of a state law that allows each county to add whatever items they want to license applications. Pierce County is the first in the state to add the language citing violence and abuse in marriage as against the law.

PCMS congratulates Kris for her accomplishments and thanks her for the endless hours of community service work on violence and abuse issues. ■

Alliance happenings, October, November & for the holidays..



On October 25th the PCMSA met at the Medical Society office to assemble and mail the Christmas card solicitation for this years holiday sharing card. Members present were, above from left, Mona Baghdadi, Fran Thomas, Beverly Cortliss, Nikki Crowley, Alice Wilhyde and Toni Loomis



On November 6 the Alliance had their board meeting at Mary Bridge Health Center. Guests present were the WSMAA President and President-elect. After the meeting it was lunch at Katie Downs. Pictured above, from left, Toni Loomis, Patty Kesling, Kris White, Fran Thomas, Nikki Crowley, Sandra Green, Helen Whitney and Maureen Faust

Holiday Sharing Card Alert

By now you may have received information as to how you can participate in the Holiday Sharing Card. This is an opportunity you can't afford to miss. Fill out the card you received and sign it the way you would like your name printed on the card, then mail it back to the Alliance. Imagine being able to make a tax deductible donation to our charities and have someone else send out your holiday cards for you. Pierce County Medical Society Alliance has been number one in supporting their local charities and we continue to do so with projects like this. ■

The holiday season is right around the corner and usually brings good cheer to everyone.

Everyone, it seems, except the last minute shopper. If you are looking for the perfect gift for a friend or relative and you have run out of time, here's a great secret: **Give an Entertainment Book** as a gift. It is filled with loads of valuable coupons, it is tax deductible and you can charge it. The Entertainment Book is guaranteed to bring a smile to whom-ever receives it. Call Toni Loomis to order one at 627-4115.

Don't forget the Holiday Joint Dinner with Pierce County Medical Society, scheduled for December 12, 1995. It will be an enjoyable evening and will give you a chance to visit with other friends from the medical community. PCMSA Board members are putting together a beautiful gourmet food basket again this year and it will be raffled off after dinner. On the night of the dinner, **please bring a wrapped gift (identify contents) for a woman at the YWCA Support Shelter and an unwrapped gift for a child.** It goes a long way to help brighten someone's holiday.

Alliance purchases can now be made with your Mastercard or Visa. What a great way to save time, money and effort with paying dues, attending an Alliance function or buying your Entertainment Books. ■

If you have news concerning new babies, illnesses or deaths of Alliance members, family, or friends, please call Helen Whitney at 564-4345. Cards will be sent and people will be notified so we can support our friends in their time of joy or sorrow. ■

A message from President Toni Loomis.....

Our General Membership Meeting for October was a great success. The chocolate dipping demonstration was held at Affairs Chocolate in Tacoma and a wonderful time was had by all. Owner and Chef Gay Landry provided an elegant "affair" complete with table service and warm drinks. Many thanks to Jerol-Ann Gallucci who organized this no-charge event. Indeed, Jerol-Ann Gallucci and Mona Baghdadi have worked hard this year to make sure our programs are enjoyable and we thank them.

President-elect Fran Thomas and I attended the 1995 Leadership Confluence in Chicago hosted by the AMAA. This event, held twice a year at the Drake Hotel, offers leadership training for county presidents and presidents-elect. Three days were filled with seminars, meetings and networking with other presidents, as well as dinner at Planet Hollywood. It is wonderful to know that our own Pierce County is deeply involved in the activities that some other counties are only beginning to tackle. Many thanks to all of you for your involvement.

In closing, send in your dues as soon as possible. It goes toward a good cause and will cut down on the phone calls we'll make at our next phone-a-thon. The holidays are fast approaching and family and work schedules will seem to reach a fever pitch. Take a minute to look around, count your blessings and lend a hand to someone in need.

Happy Holidays! ■



Above, Alliance members help themselves to the beautifully displayed desserts at their October general meeting

Chocolate desserts bring good attendance for October meeting

On Wednesday, October 18, the Pierce County Medical Society Alliance had their general meeting at Affairs Chocolate and Desserts for a demonstration in dipping chocolate.

It was a great turnout of about 20 people. There was a brief talk of chocolate types and techniques and a demonstration of dipping strawberries, figs, kiwi, bananas, nuts and other good things.

Cookies and bars, white chocolate tarts, chocolate dipped pecan bars, fudge cakes and buttercreams were just some of the decadent desserts served for our pleasure.

There was no charge (thanks to Jerol-Ann Gallucci) and lots of warm drinks were offered for the chilly evening. ■

Philanthropic fund recipients chosen

The Philanthropic/Finance Committee met in September to investigate various applicants that have applied for philanthropic funds. The Committee's recommendation for disbursement of 1995-1996 funds were accepted by the Executive Board and the general membership in October. The following will receive funds:

Neighborhood Clinic: A free medical clinic whose volunteers are local physicians and nurses. They requested funds for medical supplies and prescription medication.

Choice, Not Chance: This is a forum which provides health education and information to students and to the public. Funds will be used to pay for students and faculty from Pierce County to attend.

Trinity Clinic: This clinic offers quality medical care to individuals not able to get the care they need. Funds to be used for prescription medication and supplies.

PLU Wellness Clinic: Advanced Registered Nurse Practitioners provide care in Parkland and Spanaway communities. Funds will be used for medical supplies for low income clients.

Children's Museum of Tacoma - Their exhibit, the Body Basic is medically related and one in which children can participate. Funds will be used for low income children who might not otherwise get to attend. ■

Emergency Medicine CME Course January 19

Emergency Medicine Update, under the medical direction of **Tony Haftel, MD**, will be held on Friday, January 19, 1996. This continuing medical education program is designed for the practicing emergency department physician as well as the primary care practitioner and offers 6.5 hours of AMA Category I credit as well as American College of Emergency Physicians (ACEP) Category I credit.

Reserve Whistler Sheraton Condo by December 15

Those planning to attend the College's CME at Whistler CME program need to reserve their condos by December 15 to receive the negotiated reduced rate.

The NEW Sheraton Suites, a unique collection of suites and one-and two-bedroom luxury condominiums immediately adjacent to Whistler Village are available at about \$110 U.S. dollars a night - depending on the Canadian dollar discount rate.

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

ACLS scheduled for December 7-8

The College's very popular Advanced Cardiac Life Support (ACLS) Provider Course is scheduled for December 7 and 8 at Jackson Hall.

Registration remains open. For additional information, please call 627-7137. ■

The course, sponsored by the Pierce County Medical Society, St. Joseph Medical Center and the College of Medical Education features a slate of excellent topics and speakers. *Current Management of Acute Myocardial Infarction*: Peter Kudenchuk, MD, Associate Professor of Cardiology & Director of EPS, UW Hospital; *Respiratory Emergencies, Asthma and COPD*: Jeffrey Cary, MD, Director of Respiratory Care and Chief of Medicine, Swedish Hospital; *Infectious Diseases Update*: **Peter Marsh, MD**, Tacoma; *Current Management of Acute Strokes & TIAs*, **Patrick Hogan, DO**, Tacoma; *New*

Therapies in Toxicology: Steven Pace, MD, Faculty Physician, MAMC, Washington Poison Control, Associate Director; *The Evaluation of the Febrile Infant*, **Edward Walkley, MD**, Tacoma; *Third Trimester Emergencies*: **Larry Larson, MD**, Tacoma; and *CQI in the Emergency Department*: **Tony Haftel, MD**, Director of Emergency Services, St. Joseph Medical Center.

The course will be held at the Canterwood Golf and Country Club and includes continental breakfast and lunch. Registration fees are \$75 for PCMS members and \$100 for non-members. Call the Society office, 572-3709 for registration and more information. ■

<u>DATES</u>	<u>PROGRAM</u>	<u>DIRECTOR(S)</u>
Thurs. & Friday December 7 & 8	Advanced Cardiac Life Support	College of Medical Education
Thurs.-Saturday February 1-3	CME at Whistler	Richard Tobin, MD
Friday February 23	Review of HIV Infections	Alan Tice, MD
Thurs. & Friday March 14-15	Internal Medicine Review, 1996	Greg Schlepp, MD
Monday-Friday April 1-5	CME at Maui	Mark Craddock, MD James Foss, MD
Friday & Sat. April 19-20	Surgical Update 1996	James Buttorff, MD
Friday April 26	Cardiology for Primary Care	Marilyn Pattison, MD
Friday June 7	G. I. Update	Gary Taubman, MD Richard Tobin, MD
Friday & Sat. June 20 - 21	Advanced Cardiac Life Support	College of Medical Education

COLLEGE OF MEDICAL EDUCATION



Pierce County Medical Society

Air reservations for Maui urged by mid December

To assure you are able to secure seats and get a reasonable price, we urge you to make your reservations by mid December for CME at Maui next April.

The College is working with Marilyn at Olympus Travel in Tacoma. Olympus has booked a block of seats at group rates and has access to other special options at the best rates.

According to Marilyn, we will likely need to release our weekend seats to Hawaii (Saturday and Sunday flights on March 30 & 31 and April 6 and 7 by mid December if we do not have names or reservations for those seats. Already seats on Saturday to Saturday are nearly full and seats for Sunday to Sunday are filling.

Please call Marilyn at Olympus Travel, 565-1213. Hours are 8:30 a.m. to 5:30 p.m. weekdays; 9:00 a.m. to 4:00 p.m. on Saturdays. ■

Bargain Ritz-Carlton room rates accompany spring CME in Maui

Space is still available to join your colleagues and their families for next year's spring vacation in beautiful Maui, during the College of Medical Education's "resort" conference April 1-5, 1996.

Maui's lovely Ritz-Carlton has been selected as the site for the College's CME at Maui program. Located just 15 minutes north of Lahaina, the hotel was selected for a variety of criteria, but particularly the ability to secure a "world-class" hotel at greatly reduced rates. Rooms have been set aside for conference registrants starting at \$185 per night.

Room	COME Negotiated Rate	Regular Rate
Garden View	\$185.00	\$285.00
Partial Ocean View	\$205.00	\$325.00
Deluxe Ocean View	\$225.00	\$400.00

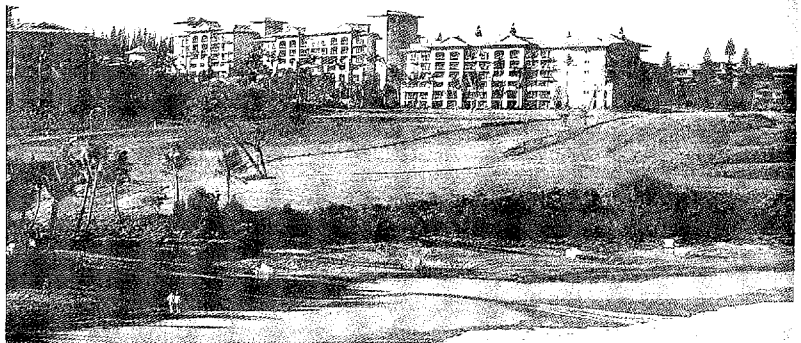
Testimonials from local physicians who have stayed at the Ritz-Carlton for CME events confirm that the negotiated rates are outstanding and the hotel is as attractive as described in publications.

The Ritz-Carlton is part of the 1,500 acre Kapalua resort, a secluded enclave famous for its presentation and nurturing of the island's natural beauty. The Ritz-Carlton offers luxury ocean-view rooms, gourmet and casual restaurants, baby-sitting, tennis, snorkeling and other amenities expected from a quality Hawaiian hotel.

Registrants are encouraged to stay at the Ritz and enjoy the conference activities with their colleagues and their families around the pool, on the beach, etc.

THE COLLEGE'S RESERVED BLOCK OF ROOMS WILL BE RELEASED AFTER FEBRUARY 28, 1996. Reservations can be made by calling the Ritz-Carlton Kapalua directly at 1-800-262-8440 or 1-808-669-6200. You must identify yourself as part of the COME group.

For information or a program brochure, call 627-7137. ■



COME has reserved exceptional reduced rates at the beautiful Ritz-Carlton at Kapalua in Maui for the resort spring vacation CME meeting. Accommodations are available at \$185 for rooms normally costing over \$285 or more per night



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Locum Tenens Opportunities.

Group Health Cooperative of Puget Sound is currently seeking locum tenens family practitioners willing to work in a variety of practice settings, including urgent care. Opportunities in Olympia, Seattle, Tacoma, Redmond, Everett, and Kitsap area may be available. For further information, call 1800-543-9323 or write to: Medical Staff Recruitment, 521 Wall Street, Seattle, WA 98121. Equal opportunity employer.

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