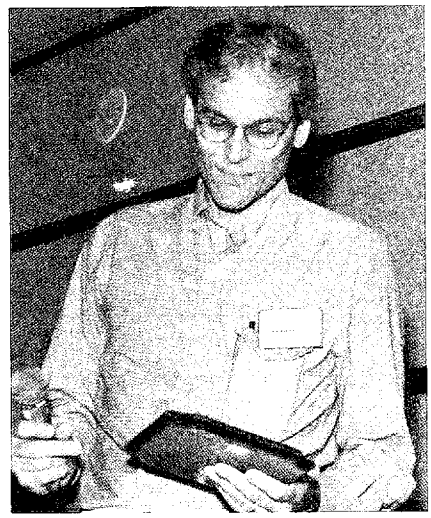
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

January, 1998

Stan Harris, MD, passes the gavel and PCMS Presidency to James M. Wilson, Jr., MD

See story, page 3



John Van Buskirk, DO chosen as 1997 Community Service Award recipient

See story, page 11

Inside:

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

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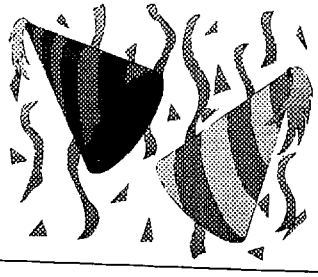
Features

Departments

News briefs



Happy New Year

1997 Annual Meeting features Tony Ventrella and lots of fun

On December 9, **James M. Wilson, Jr., MD** became the 110th President of PCMS. After receiving the presidential gavel from **Stan Harris, MD,** he thanked the officers and Trustees that will be working with him in 1998 (see page 9). He told his colleagues that under his leadership, he hopes to look at the workings of the Society "to make certain that we are doing what we can to meet the needs of the membership." He quoted William Arthur Ward in saying, "The pessimist complains about the wind, the optimist expects it to change and the realist adjusts the sails."

He noted that it is the physician, and only the physician that has the experience and expertise in the managment of patients, and that role must not be taken away. "**We must not yield to divisive forces seeking to turn one of us against another, one system against another, or even more worrisome, subspecialist against primary care physician. Our common goal remains the comfort and care of our patients, one at a time,**" he concluded.

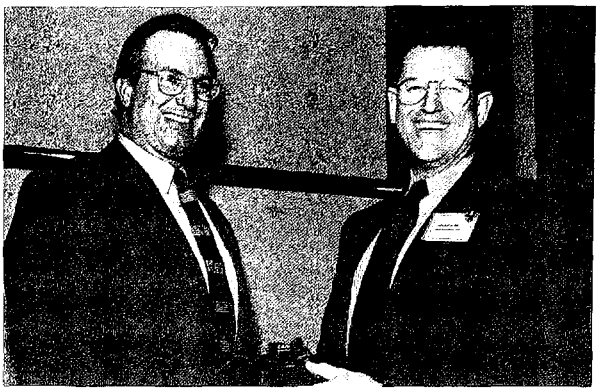
Nearly 200 members, spouses and friends attended the always festive and collegial event. Music was provided the the Tacoma Youth Symphony String Quartet.

Alliance President **Mona Baghdadi** urged member spouses to become involved in Alliance activities to enhance their philanthropic work in the community.

Dr. Harris expressed his appreciation to the 1997 Board of Trustees for their time and commitment to the Society. He asked for a moment of silence to honor colleagues who had died during the past year. He asked past-presidents in attendance to stand and be recognized. He extended gratitude to the many Society members who are active on many levels, committees, subsidiary boards, etc.

The guest speaker for the evening, Tony Ventrella, KIRO television personality, was a big hit. He was upbeat, positive, and focused on the importance of giving. Ventrella, long-time TV sports reporter arrived early and stayed late to visit with many of his admirers. One-half of his honoraria goes to support the Silver Lining Foundation, an organization he has created to assist needy families.

Other happenings during the evening included the raffle drawings for the Gourmet Basket and the Fruit package. Sue Asher, PCMS Assistant Executive Director won the Gourmet Basket and Mary Rowlands (wife of John) won the monthly fruit delivery.



Dr. Stan Harris (R) thanks Dr. John Rowlands for his many years of service to PCMS including his Presidency in 1996

Drs. Larry Larson (L) and Pat Duffy (R) visited with speaker Tony Ventrella before the meeting. Dr. Larson is President-Elect and Dr. Duffy served as President in 1984

Highlighting the evening was the presentation of the 1997 Community Service Award to **John Van Buskirk, DO,** for his involvement in providing medical care to the homeless and poor. After a lengthy standing ovation from the audience, he commented that the effort is a joint one and many people contribute to the accomplishments of St. Leo's Neighborhood Clinic. (See story page 11) However, without the leadership and direction of Dr. Van Buskirk, the Clinic would not be able to provide the care that it does each Monday and Thursday evening in the basement of St. Leo's Church on Yakima Avenue. ■

More Annual Meeting photos, page 4 and 5

Mona Baghdadi, PCMS Alliance President, with her husband Tarek, after the meeting. She thanked the medical community for all their philanthropic contributions

1998 President Jim Wilson, Tacoma internist, with his wife, Deana, before the meeting

Left to right: Drs. Charles Weatherby, Nick Rajacich and Bob Osborne seriously discuss something after the meeting (Editor's note: We think it is the Rose Bowl)

Left to right: Drs. Pliskow, Vita and Ray, anesthesiology and radiology respectively, with Stephanie Levine, wife of radiologist and out-going Board of Trustee Andy Levine, MD

Dr. David Law (L), President, 1995 visits with Dr. John Van Buskirk, winner of the 1997 Community Service Award

Physical Med & Rehab physicians Drs. Bruce Hilton and Mohammad Saeed with their wives before the meeting

Vice President, Charles Weatherby, MD, Tacoma family practitioner and his wife, Shauna, enjoy the evening

Outgoing Trustee, Andy Levine, MD, radiologist, and his wife, Stephanie take a minute to smile for the photographer

Bill Marsh, MD, Past-President (1991) with his wife, ErrolLynne. Dr. Marsh is a Puyallup family practitioner

Left to Right: Dr. Greg Zoltani, Lakewood neurologist, and his wife Lois; Penny Rooks and her husband Dr. Jim Rooks, Lakewood otolaryngologist and newly elected PCMS Trustee

Dr. Neville Lewis, orthopedic surgeon, and his wife Susan in front of the tree where presents were collected for mothers and children of the YWCA Shelter

Dr. John Van Buskirk, TFM Faculty member, visits with Dr. Bob Martin, dermatologist, at the social hour

Join WAMPAC today

1998 is an election year! All of the House of Representatives and half of the Senate are up for election. Control of the Washington State Legislature hangs in the balance!

WSMA's Political Action Committee (WAMPAC) helps the physician community play an important role in the election process. By making direct contributions, WAMPAC helps elect legislators who are supportive of organized medicine's issues. In addition, WAMPAC helps members get involved in their own legislative districts, whether it's hosting a campaign fundraiser or developing a grassroots campaign for a local candidate. These efforts are funded by your membership.

If you are currently a WAMPAC member, renew now. If you're not a member, now is the time to join. For more information contact Carl Nelson at the WSMA Olympia office,1-800-562-4546. ■

Legislative Health Clinic needs volunteers

Physicians are needed to staff the WSMA Legislative Health Clinic at the Capitol during the 1998 legislative session. The clinic is open weekdays 8:30 am - 12:30 pm.

The position provides opportunities to visit legislative sessions and tour the buildings. A beeper is provided so that staying in the clinic office is not necessary.

For more information contact Winnie Cline at the WSMA Olympia office (360) 352-4848 or (800) 562-4546. ■

Wagonfeld's book on local bike rides now available in book and bike stores

Judy Wagonfeld (Jim), a regular contributor to the *PCMS Bulletin*, has updated her 1993 book "Short Rides in Western Washington." It is a marvelous guide with superb maps, descriptions, histories of the area and locations of great bakeries.

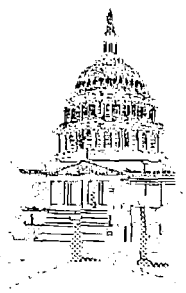
The book lists thirteen rides just in Pierce County. Even if you don't ride a bike, the book is worth purchasing ($13.95) for Judy's inimitable style of writing. In her description of a 15.8 mile ride of the Tacoma Historical Loop, the following is an example of the contents of the book.

"In 1866 Morton McCarver purchased Job Carrs 320-acre waterfront land claim here, believing he had the inside scoop on the Northern Pacific (NP) railroads terminus. Naming the claim "Tacoma" (from the Native American Tahoma for Mt. Rainier), he foresaw big bucks. Alas, the Northern chose "downtown," dropping the bottom from McCarver's investment. In what became "old Tacoma" (and later Oldtown), the Hanson-Ackerson Steam Sawmill created a busy lumber town until it closed and left a tranquil residential neighborhood of Victorian and bungalow homes. Locals walk to Cicero's Coffee, Grazie's Restaurant, The Spar Tavern (choice watering hole), and the waterfront."

The book is available at most book stores and bike shops. ■

Plan now to attend WSMA's 1998 Legislative Summit - January 27 "Medicine Serving the Community"

All members are invited to attend WSMA's annual Legislative Summit on January 27th in Olympia. A full day of activity is planned beginning at 8:00am, concluding with an informational networking session for legislators and WSMA members from 5:30pm to 7:30pm. Learn how legislation is made, gain helpful tips on how to effectively participate in the legislative process and useful insights on what lies ahead for physicians and health care as the 1998 Legislature gets down to work. In the afternoon, you will have an opportunity to meet with your local legislators. The WSMA Olympia office will make appointments with legislators for all members who are interested.



The Summit is free to WSMA and WSMGMA (Medical Group Management Association) members, as well as the membership of WSMAA. Attendance is limited to 300. Invitations to the Summit were mailed in December. Once received, please mail/fax your registration form to the Seattle office as soon as possible. For information, please contact Winnie Cline at the WSMA Olympia office, (360) 352-4848 or (800) 562-4546. ■

In My Opinion

Editor:

In keeping up with the controversies in the management of physicians and medicine, I read with interest your response to the Health Department's aggressive litigation against the tobacco companies or in their phraseology - "big tobacco" in the December *Bulletin*.

These suits that are being conducted by the various states are to reimburse the cost of treating DSHS patients with various smoking related diseases. Actually what I feel is only right is that when states actually receive these funds from the settlement, they use 75% of the funds to reimburse physicians for treating these patients because every physician in private practice knows that DSHS pays us only 25 cents on the dollar of our ususal and customary fees for treating patients. It is actually the physicians that are underwriting the care and very little of it is the state's money.

I myself was an orthopedic surgeon and expect to get very little of these funds but I would be willing to participate in any necessary class action litigation to help secure these funds for deserving physicians.

Duane Hopp, MD
Puyallup

A Limerick for a Doctor's Blues

Pierce County has great docs, I can say
though medicine has changed along the way
I miss those good old days
with longer hospital stays
I guess every dog has its day!

Was it the Feds or just an insurer
who called my patient a "customer"
The plot, it got wider
now I'm a provider
Why haven't we docs raised a furor?

Something else happened along the way
(I think it had something to do with pay)
I found out I was just
a proceduralist
not a cognitive guy, What can I say?

Then along came the RBRVS
(It was meant to be fairer, I guess)
and now no one could say
how unfair was their pay
though I think that we all took home less.

But now there really is quite a scare
It's this thing that they call managed care
and though I must confess
that to be paid more for less
is a system that doesn't seem fair.

I was really feeling down and blue
(Regence and Medicare cut me back too)
I was losing all hope
and feeling like a dope
so my mind really started to stew.

Reimbursement can be cut so low
that one's practice could be a "no go"
Rather than be a slave
one may have to be brave
and tell those third party payers "hell no!"

Now I really like the work that I do
and my patients are wonderful too
and for those doom and gloomers
remember the "baby boomers"
There will be a shortage of docs when they're through!

---

by Chris Jordan, MD

UPW Board moves to form company as a Network

In a recent letter to stockholders, participating physicians and other providers and group accounts, Unified Physicians of Washington (UPW) announced its intention to focus its business on operating as a statewide physician directed network beginning in 1998. Board Chair Dr. Ed Gray cited difficulties with the company's former third party administrator (TPA), an exceedingly price competitive market, poor margins, a delayed capitalization campaign, and newly mandated statutory financial reserve requirements as contributing to the company's current situation and subsequent decision to change its operators. ■

WSMA Board approves 1998 legislative priorities for short, 60 day session

The WSMA Board of Trustees approved the following legislative issues as priorities for the 1998 legislative session. They include:

•Continued support for universal access to health insurance - this includes expansion of the Washington Basic Health Plan to 200,000 enrollees and appropriate funding for the Medical Assistance Administration.

•Repeal of the Certificate of Need Program - the WSMA will continue its effort to repeal the Certificate of Need (CoN) Program that remains alive from last session. The bill, HB1952, proposes to repeal the CoN program for hospitals (except for tertiary services), psychiatric hospitals and ambulatory surgery centers. After meeting with both proponents and opponents of the repeal of CoN for kidney dialysis centers, the Executive Committee recommended - and the Board agreed - that the CoN requirement for these centers also be repealed. The WSMA has also advocated the repeal of CoN for home health and hospice, although these provisions were not included in last session's legislation.

•Opposition to increases in scope of practice by other health care providers.

•Support for the agenda of the Liability Reform Coalition (LRC) - the WSMA is a founding member of the LRC, a group of over 50 of this state's associations and businesses with keen interest in improving public policy dealing with tort law. ■

One MD's crusade

"I drive to work each morning.... dreading the day, filled with resentment about what's being done to my profession by the medical insurance industry."

Maybe many physicians feel this way, but this one started a website, "The Medical Burnout Home Page" **(http://home.earthlink.net/~austintxmd/)**. It's got calculations showing that a number of big health plans don't pay enough to cover the overhead in a typical medical office, and a running update called "The Latest Bad News."

The Austin, Texas family practitioner says he is doing the site anonymously because he continues to care for patients covered by the plans in question. ■

Reprinted from AMNews, 11/17/97

New PCMS Officers and Trustees take the helm for 1998

Pictured from top, left to right: Drs. James M. Wilson Jr., Lawrence A. Larson, Charles Weatherby, Nick Rajacich, Stan Harris, Maria Mack, Mimi Pattison, Jim Rooks, Susan Salo, Patrice Stevenson, Gary Taubman and Mrs. Mona Baghdadi.

James M. Wilson, Jr, MD, assumed the presidency of PCMS at the Annual meeting December 9 at the Sheraton Tacoma Hotel.

Dr. Wilson thanked the trustees and officers who will be serving with him and noted that he looks forward to working with them in efforts of meeting the needs of the membership.

Officers and trustees for 1998 include:

President, James M. Wilson Jr., MD, has practiced internal medicine in Tacoma since 1980. He completed his medical education at the University of Rochester in New York and his residency and internship at Madigan.

President-Elect, Lawrence A. Larson, DO, practices with Pediatrics Northwest, specializing in pediatric allergy/immunology/pulmonology. He graduated from the College of Osteopathic Medicine & Surgery in DesMoines, IA.

Vice-President, Charles Weatherby, MD is a family practitioner with MultiCare Medical Group. He received his medical degree from the UW Medical School. He recently served as WSMA Sec/Treasurer.

Secretary/Treasurer, Nicholas Rajacich, MD, is an adult and pediatric orthopedic surgeon. He completed his medical education at Johns Hopkins School of Medicine and a pediatic orthopedic fellowship at the Hospital for Sick Children in Toronto.

Past-President, Stan Harris, MD, is a general surgeon. He graduated from the UW Medical School, and after retirement from the military in 1989, as Chief of General Surgery and Residency Director, Madigan, he joined Cedar Surgical Associates.

Maria Mack, MD, practices anesthesiology at St. Joseph Medical Center. She received her medical degree from the University of Vermont School of Medicine and practiced at Madigan before joining Pacific Anesthesia.

Mimi Pattison, MD, practices internal medicine at Medalia. She graduated from the University of Washington Medical School and is board certified in nephrology.

James Rooks, MD, practices otolaryngology in Lakewood. He attended medical school at the University of Miami School of Medicine. He is a Fellow in the American College of Surgeons and American Academy of Otolaryngology/Head & Neck Surgery.

Susan Salo, MD, is a family practitioner with Group Health. She earned her medical degree from the UW School of Medicine and has practiced in Tacoma for 22 years.

Patrice Stevenson, MD, practices Physical Med and Rehab in Puyallup. She graduated from the UW Medical School and completed her internship/residency at the VA Medical Center in Los Angeles.

Gary Taubman, MD is a gastroenterologist. He received his medical education from Oregon Health Sciences University and completed a gastro fellowship at the University of Utah.

Mona Baghdadi is President of the PCMS Alliance. Her husband is **Tarek Baghdadi, MD,** ob/gyn.

Leaving the Board will be Past-President **John Rowlands, MD,** and Trustees **Andrew Levine MD** and **Don Russell, DO.** PCMS extends thanks and gratitude to Drs. Rowlands, Levine and Russell for their participation.■

Trauma System Planning Group reveals physician survey results

Physician concerns about adult trauma services in Pierce County were prioritized by a recent survey sent to physicians by the Trauma System Planning Group. The response rate was 20% with 150 out of 749 surveys returned. Of those, 87 physicians identified themselves as likely to be called to provide adult trauma care in their current practice while 63 said they were not likely to be called. From these two groups the following information was gleaned:

• **For those likely to be called to provide trauma care, 82% are "probably" or "definitely" willing to provide care for adult trauma patients.**

• The willingness of those physicians to provide that care, however, is contingent on the following factors (top three responses): 1) 82% ability of system to ensure acceptable quality of patient care, 2) 82% commitment from hospitals to provide adequate facility and personnel support, 3) 64% fair compensation for services rendered

• It is also important to these physicians that a trauma call schedule be reasonable in terms of days per month on call and coordinated with other hospital call schedules to minimize disruption to their private practices

•The physicians who said they were not likely to be called on to provide trauma care rated "community good" and making it "easier for family/friends to be available to support trauma patients" as the top reasons why it is important to have adult trauma care available locally.

The final draft plan will be presented to physicians via a series of breakfast forums in mid to late January. To reserve your space, please call Barb Young at 798-3370. Deadline to RSVP is January 5, 1998. ■

John Van Buskirk, DO, honored at Annual meeting as the recipient of the 1997 Community Service Award

John Van Buskirk, DO, received an extended standing ovation when he was awarded the 1997 Community Service Award at the PCMS Annual Meeting, December 9. Established in 1992, the award recognizes Medical Society members who have contributed their time and talent to the community. Previous winners have included: **Drs. George Tanbara, Charles Weatherby, Terry Torgenrud, Gordon Klatt** and **Patrick Hogan.**

Dr. Van Buskirk was honored for giving care to the homeless, the poor and the transients in our community. Every Monday and Thursday evening, 5:00 to 8:00, St. Leo's Neighborhood Clinic opens their doors to provide free medical care. Their numbers keep growing and they are seeing more children and families than ever before. The care at the clinic is provided by an all volunteer group of doctors and nurses. Guiding the clinic staff, finding necessary funding, recruiting volunteers, etc., for the past ten years has been Dr. Van Buskirk.

Van Buskirk received his medical degree from the College of Osteopathic Medicine of the Pacific and came to Tacoma to join the Puyallup Nation Health Authority Clinic. He joined Tacoma Family Medicine Residency Program to complete his family practice residency. Recognizing his talent and penchant for teaching, they retained him as a faculty member.

Dr. Van Buskirk has chaired the PCMS AID's Committee for the past three years and has served on the Pierce County AIDS Foundation's Board of Directors.

With help from Tacoma Family Medicine's Faculty Director, **Dr. Judith Pauwels**, and Dr. Van Buskirk's wife, Kitty Ann, he was in attendance at the annual meeting and was genuinely surprised by this prestigious honor of which he is so deserving.

John Van Buskirk, DO

Congratulations, Dr. Van Buskirk. ■

PCMS leaders meet with Senator Wojahn

PCMS President **Jim Wilson, MD** and Secretary/Treasurer **Nick Rajacich, MD** met with Senator Lorraine Wojahn (D-27) and ranking minority member of the Senate Health Care Committee. The purpose of the meeting was to discuss the difficult issue of care for the "chronic pain patient."

Physicians are unsure and fearful of what remains acceptable in treating the chronic pain patient. They see a colleague brought before the Medical Quality Assurance Commission (MQAC) for dispensing of opioids to the type of patient they all care for who, is in constant pain, yet can lead a productive life with monitored treatment. The fear is in prescribing of opioids without fear of injudicious discipline and being brought before the MQAC.

Senator Wojahn will be asking staff at the Department of Health for a review of the current guidelines. It is a difficult issue. Medicine does not want to protect those physicians who are abusing the system and who prescribe opioids too readily. Yet, they must protect the physician who is treating in an acceptable manner.

Important when treating for chronic pain are:

- History and medical examination
- Diagnosis and medical indication
- A written treatment plan
- Periodic reviews and modifications
- Consultation
- Documentation! Documentation!
- Assessment and monitoring ■

PCMS, LRC representatives meet with legislators

Greg Blackburn, MD, Puyallup Internist, represented PCMS when he and other representatives of the Liability Reform Coalition (Association of Washington businesses, insurers, cities, etc.) met with Representative Jim Kastama (D-25) concerning proposed legislation for the 1998 session.

They discussed joint and several liability asking Kastama's support for a proposal that will allow defendants to be held liable only for the proportionate share of fault for the plaintiff's damages. Currently, the defendant with the most financial means can be held responsible for 100% of the plaintiff's damages despite being responsible for only a very small percentage of them.

The second issue dealt with tort judgment interest rate which currently requires that interest be paid on judgments if the losing party appeals the decision of the court and loses the appeal. The proposal for 1998 eliminates the fixed rate of 12% in favor of the variable rate to better reflect the market interest rate.

The third proposal for the 1998 session urging Kastama's support was the Certificate of Merit issue. A Certificate of Merit statute would reduce the number of frivolous lawsuits. The Certificate procedure requires that within 90 days of the lawsuit being filed for professional negligence or product liability, the plaintiff must certify that a qualified expert has been consulted to determine the merits of the claim and will testify that negligence occurred to cause the plaintiff's injuries.

PCMS also met with Representative Scott Smith (R-2) and Liability Reform Coalition representatives. ■

Del Lambing, MD, retired endocrinologist dies

James D. Lambing, MD (Del), retired endocrinologist died at his Puyallup home on November 12, 1997. He was 77 years old.

Dr. Lambing was a teacher before receiving his medical degree in 1948 from the St. Louis University School of Medicine. He completed his internship at Tacoma General Hospital and began his practice in 1949 in Gig Harbor. He served as a Division Medical Officer in the Korean war. In 1962 he completed his residency in Internal Medicine at Virginia Mason Hospital in Seattle. In 1962 he moved his practice to Tacoma.

He resumed teaching in 1965 at the University of Puget Sound where he taught cardiology until 1972 when he became a clinical professor.

He was active in numerous professional organizations including the Washington State Heart Association, Tacoma Philharmonic, Pierce County Medical Society, Washington State Medical Association, Tacoma Academy of Internal Medicine, Pierce County Medical Bureau, AMA, American Diabetes Association, Tacoma Golf and Country Club and the Elks Club.

Dr. Lambing served as President of PCMS in 1968. He also served on the WSMA Board of Trustees from 1968-1972.

He is survived by his wife, Jane, of 56 years, two daughters, one son, seven grandchildren and three great grandchildren.

PCMS extends condolences to the family and loved ones of Dr. Lambing. ■

A simple sign in office may help forestall patient complaints

You know how it goes. A busy day in the office. Patients are waiting, phones are ringing, frustrations are high and tempers are short. As a result, sometimes the patient in the waiting room is forgotten, or at least not acknowledged.

In efforts to diffuse patient complaints, some offices have implemented a very effective measure - a sign in their waiting room, simple stating that, "if you have been waiting longer that 20 minutes, please see the receptionist." Easy, inexpensive, and best of all in most instances, effective.

Many patient complaints generated to the Medical Society and the Grievance Committee are of just such a nature, based on poor communication and lack of a simple acknowledgment of a problem or difficulty. Most patients understand and will accept a delay in scheduling, but if not informed and given the courtesy of an explanation, they might get angry and not be forgiving.

If you have been waiting longer than 20 minutes, please see the receptionist

Many grievance transactions can be avoided with better communication between the patient and the physician's staff.■

Alan Tice, MD honored by Pierce County AIDS Foundation at ten year anniversary

On World AIDS Day, December 1, the Pierce County AIDS Foundation, celebrating ten years of service in Pierce County, honored ten individuals and organizations for their exceptional contributions in the fight against AIDS in Pierce County.

Alan Tice, MD, an infectious disease specialist in Pierce County, was recognized for his contributions. The Foundation said, "Dr. Alan Tice has provided care to more people with AIDS than any other single medical provider. He is a force for provider education about AIDS, consistently encouraging acceptance for people with AIDS by other members of the medical community."

Dr. Tice founded and served as the first chair of the PCMS AIDS Committee. The Committee brings together community players in the struggle against HIV/AIDS. It is an opportunity for allied health providers to discuss issues of concern with physicians who care for HIV/AIDS patients.

Alan Tice, MD

Dr. Tice also directs the annual "Review of HIV Infections," CME course for physicians. The one day course is complimentary for local care providers thanks to the hard work of Dr. Tice and the College of Medical Education.

PCMS extends congratulations to Dr. Tice and thanks him for his years of hard work and support of PCMS and AIDS in Pierce County.■

Applicants for membership

Bloomgren, Gary, MD
Medical Director
Multicare Medical Group, 1901 S Union Ave, Tacoma 98405; 596-5117
Medical School: Baylor College of Medicine
Internship: Baylor Affiliated Hospitals
Residency: University of Utah
Graduate Training: University of Utah

Kozak, Maurie-Lynn, MD
Family Practice
Practices at Pacific Sports Medicine, 3315 S 23rd St, #200, Tacoma 98405; 572-8326
Medical School: University of Calgary
Internship: Misericordia Hospital
Residency: University of Alberta

Racette, John, PAC
Orthopaedics
Practices at Pacific Sports Medicine, 3315 S 23rd St, #200, Tacoma 98405; 572-8326
Medical School: Kirkwood College ■

PCMS welcomes new members

Agunbiade-Hart, Sabrina, MD
Family Practice
Practices with Community Health Care, 1110 Fryar Road Sumner 98390; 863-0406
Medical School: U of Washington
Internship: Glendale Adventist

Allison, Jon, MD
Internal Medicine
Practices with Medalia Healthcare 2111 S 90th St., Tacoma 98444; 593-9700
Medical School: New Jersey Medical School
Internship: University Hospital
Residency: University Hospital

Brack, Steven, DO
Orthopedics/Spine
Practices at 702-23rd Ave SE, Puyallup 98372; 845-0488
Medical School: College of Osteopathic Medicine and Surgery
Internship: Phoenix General Hospital
Residency: Oklahoma Osteopathic Hospital
Graduate Training: St. Mary's Spine Center

Cozart, Jennifer, PAC
Obstetrics/Gynecology
Practices with Mary Ann Lee, MD, 1624 S "I" St., #408, Tacoma 98405; 593-4428
Medical School: U of Washington

Hassan, Douglas, MD
Orthopedics/Hand Surgery
Practices with Neville Lewis, MD, 1624 S "I" St., #301, Tacoma 98405; 627-7000
Medical School: University of British Columbia
Internship: Toronto East General Hospital
Residency: University of Saskatchewan
Fellowship: University of Arizona

Kwon, Andrew, MD
Family Practice
Practices at 8907-D Gravelly Lk Dr SW, Lakewood 98499; 983-9000
Medical School: Univ. of Korea
Internship: Hudson Valley Family Practice

Mann, Thomas, MD
Internal Med/Pulmonology/CC
Practices with Vernon Nessan, MD 201-C 15th St SW, Puyallup 98372; 841-4378
Medical School: University of Rochester School of Medicine
Internship: Oregon Health Sciences University
Residency: Oregon Health Sciences University
Fellowship: Univ. of California

Mathews, Paul, MD
Anesthesiology
Practices at 314 MLK Jr Way, #302, Tacoma 98405; 594-1117
Medical School: Loma Linda Univ.
Internship: Loma Linda University
Residency: Loma Linda University

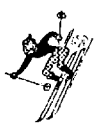
Matthys-Ollodart, Susanne, MD
Pediatrics
Practices with Timothy Jolley, MD at 1322-3rd St SE, #240, Puyallup 98372; 848-1572
Medical School: University of Basel/University of Zurich
Internship: Hahnemann University Hospital
Residency: Thomas Jefferson University/Alfred Dupont Children's Hospital

Saunders, William, MD
Family Practice
Practices at The Lakewood Clinic, 11311 Bridgeport Way SW, #100, Lakewood 98499; 581-6688
Medical School: University of Arizona
Internship: Dartmouth Family Practice
Residency: Dartmouth Family Practice ■

COLLEGE OF MEDICAL EDUCATION

Whistler CME registration remains open

It's not too late to register for the College's CME at Whistler program. Negotiated group rates on our block of rooms are still available based upon space availability.



A unique collection of single rooms, suites and one and two bedroom luxury condominiums just steps from the Blackcomb chair and gondola are available.

Reservations can be made by calling (800) 777-0185 or by fax at (604) 932-2176. You must identify yourself as part of the College of Medical Education group. ■

Maui CME registration open

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 6-10, 1998.

Registrants may benefit from our negotiated group rate for oceanview rooms at $160. A second adjoining room for children under 18 is available for $99.

Call the College at 627-7137 for further information. ■

Primary Care Cardiology CME scheduled January 23 at Washington History Museum

The College's Third annual program featuring subjects on cardiology for the primary care clinician will be held Friday, January 23. The course director is **Marilyn Pattison, MD.**

The conference will include cardiac evaluation and testing in the capitated environment and will emphasize case-based discussion and learning with small group discussion when applicable. The program is complimentary to all area physicians and has been developed with support from local pharmaceutical companies which will be acknowledged.

The program will be held at the Washington State History Museum and will include presentations on:

- Advances in CHF & Beta Blockers
- The JNC 6 Study
- Calcium Channel Blockers
- Contemporary Cholesterol Risk Management
- Diabetes Diagnosis and Treat ment

For registration information or a copy of the program brochure, call the College at 627-7137.

Although no registration fee is required, physicians wishing to attend must complete and return a registration form.

The conference is anticipated to fill, so early registration is encouraged. ■

Dates	Program	Director(s)
Friday January 23, 1998	Cardiology for Primary Care	Marilyn Pattison, MD
Wednesday-Sunday January 28-February 1	CME at Whistler	John Jiganti, MD
Friday, February 27	Review of HIV Infections	Alan Tice, MD
Thursday & Friday March 12 - 13	Internal Medicine Review	Vernon Nessan, MD
Monday - Friday April 6 - 10	CME at Maui	Mark Craddock, MD
Saturday, April 25	Surgery Update 1998	Allen Yu, MD
Friday, May 1	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 5	Nuts, Bolts & Innovation in Gastrointestinal Disease IV	GaryTaubman, MD Rick Tobin, MD
Thursday - Friday June 25 - 26	Advanced Cardiac Life Support	College of Medical Education

the **Pulse**
Pierce County Medical Society Alliance

Franklin Pierce High Schoool students and teachers thank Alliance for "Baby Think it Over" dolls given to their school

In a letter dated November 17, 1997, Wendy Sepic, Family & Consumer Science Department Head of Franklin Pierce High School said, "We are overwhelmed by your generous gift of seven "Baby Think It Over" dolls, the two infant car seats, the battery recharger, and the large number of birth certificates to be used in our Children and Parenting courses at both Franklin Pierce High School and Washington High School.....Thank you very much for making our program more realistic. ...In my 27 years of teaching neither my program nor I have ever received any gift for use in the classroom. I do appreciate your kindness.

Ms. Sepic's class,pictured at right, have found the babies to be a very realistic exercise in what it would be like to care for a baby. Many comments from students indicate that it does make them think about the amount of responsibility in caring for an infant. ■

Franklin Pierce students pose with "Baby Think it Over" dolls

Personal Problems of Physicians

Medical problems, drugs, alcohol, retirement, emotional, or other such difficulties?

For impaired physicians: your colleagues want to help

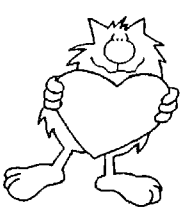
COMMITTEE MEMBERS

***John McDonough 572-6840**
Bill Dean 272-4013
Ronald Johnson 841-4241
Mrs. Jo Roller 566-5915
Robert Sands 752-6056
F. Dennis Waldron 265-2584
***Chair**

Confidentiality Assured

Special thanks extended to special people

Thanks, big time, to **Nikki Crowley, Toni Loomis** and **Karen Dimant** for all the time and attention given to the PCMS/PCMSA Annual Meeting. Nikki decorated the tables, Toni assembled the Gourmet Basket and Karen sold raffle tickets.



Also, special thanks are extended to the PCMSA Board of Directors for all their help. They include: **Alice Wilhyde, Sue Wulfestieg, Nikki Crowley, Kathleen Forte, Yolanda Bruce, Lynn Peixotto, Kathy Samms, Fran Thomas, Mary Cordova, Alice Yeh, Kris White, Ginny Miller, Karen Dimant** and **Helen Whitney.** ■

1998 Entertainment Books still available

South Sound $35.00
South Seattle $40.00

We are also able to order books for cities throughout the United States to send to friends and families. We take Mastercard or Visa. If you have any questions or would like to place an order, call **Fran Thomas** at 265-2774. ■

the Pulse
Pierce County Medical Society Alliance

President's Message

The Alliance wishes you a Happy New Year though we are actually in the middle of the Alliance year as our year begins in June. This year happens to be the 67th year Pierce County Alliance has been in existence.

I salute the women who have been a part of Alliance for all those years. In subtle and not so subtle ways we have made a difference. In the late 80's a combined effort by the Society and the Alliance members helped to get fluoride into the water in Tacoma. The Teen Health Forum was the project developed and run by Pierce County Alliance members. For eight years a one day forum facilitated 500 students and teachers from around our state on the campus of Central Washington University. National and local speakers addressed issues such as teen sexuality, anger management, and goal setting.

We continue to care and work for the citizens of Pierce County with your help and generous donations to the Holiday Sharing Card. Unfortunately, this may be our last year in existence because in order to maintain our 501C3 tax exempt status we need people to step forward and work on the Executive Board and its sub-committees. If you are interested and do not want to see the Alliance end please call me.

Please do not feel intimidated if you have not worked on a Board before. It is a fun experience as well as a growing experience. I have grown so much over the last eight years. I worked for many years on the Teen Health Forum and I learned so much that I felt confident enough to put one on at my daughter's middle school this past fall.

If you like hands-on projects there are plenty to choose from. If you just want to have social time or want to join some folks on the ski bus or investment club, there's all that too.

If we do not have enough positions filled to continue the Alliance, we will go out with a bang in May.

Feel free to call me at 851-6306 (home) or 279-2030 (cellular).■

Mona Baghdadi
President PCMSA

Kudos for donations to local charities

You did it! Our holiday sharing card income so far is well over $14,000. With your very generous participation we will be able to offer prescription medication for the Neighborhood Clinic, American Lung Association camperships for children, essential needs for the Pierce County AIDS Foundation, wheelchairs for training service dogs in the Prison Pet Partnership Program, lifelike baby dolls for pregnancy prevention program in local schools, books for the Tacoma Area Literacy Council's adult tutoring program and supplies for family rooms at the YWCA Support Shelter. More than 220 medical families have contributed to help improve the quality of life for Pierce County citizens. Thank you!

In addition to those listed on the printed insert in the holiday sharing card that was mailed to your homes, the following people have recently added to the funds available.

They are: **Len & Gail Alenick, Ted & Maryln Baer, John Colen, Mel Henry, Burt & Mildred Houglum, Ginnie Miller (Mrs. Ray L.), Stan & Julia Mueller, John & Mary Rowlands, Tom & Marilynn Simpson Miskovsky, Kenneth Sturdevant,** and **Barry & June Weled.** We are happy to accept donations, made to PCMSA, at any time to help with local health projects.

Sharing preparation of the card and mailings were: **Cindy Anderson, Mona Baghdadi, Mary Cordova, Nikki & Jim Crowley, Fran Thomas, Dot Truckey, Kris White, Helen Whitney, Alice Wilhyde, Sue Wulfestieg** and **Alice Yeh.** ■

Social Calendar - watch for details

In February we have Computer Night and an evening with our *own* **Dr. William Dean** who is a student of Deepak Chopra. Enjoy and learn how to relax and get to a place of peace.■

AMA launches redesigned, members-only website

The AMA has just announced the availability of the members-only website, which has been recently redesigned to meet the specific needs of the membership. Support and suggestions from users contributed to the successful completion of the site. Highlights of the redesign include:

•More interactive opportunities

•Post Office added to comment directly on any section of the site

•Discussion forums on the Members-only site

•Ethics section added for Council on Ethics and Judicial Affairs and Institute for Ethics

•Forty thousand AMA members submitted expanded web pages for AMA Physician Select

•The section about the AMA has been reorganized

•Member Profiles have been added to share medical and professional accomplishments of physician and student members with the public

•Board of Trustee biographies and photos added

•President's Message added to share Association news on a bi-monthly basis

•The section, For the Media, was added to provide the latest news from the Association

•Site map added to easily assist users in locating content

•Continuing tradition of providing authoritative information with JAMA, AMA's family of specialty journals, information centers on HIV/AIDS, Asthma, Migraine and select modules of Women's Health, AMA Health Insight for consumers, and KidsHealth

•Continuing sites on CME, accreditation, residency programs and other professional products and services

•Revamped appearance and greater user efficiencies

You are cordially invited to visit the AMA Website at **http://www.ama-assn.org** ■

Pierce County Medical Society

invites you and your spouse/guest to the

February General Membership Meeting

Tuesday, February 10, 1998
Social Hour: 6:00 pm
Dinner: 6:45 pm
Program: 7:45 pm

Landmark Convention Center
Temple Theatre, Roof Garden
47 St. Helens Avenue
Tacoma

Judith Lipton, MD

Co-author of: *Making Sense of Sex: How Genes and Gender Influence Relationships*

presents:

"Men & Women are from Earth"

Ever wonder?

Why are men so much more violence-prone than women?
Why are women more likely to favor romance than men?
Why do girls and boys play differently?
Why are the bodies of men and women so different?
What about brain differences of men and women?

Dr. Judith Lipton will answer these questions and more at the February General Membership Meeting.

Drawing on the latest developments in evolutionary biology, she will trace the multi-faceted gender gap to the basic, defining differences between males and females: the making of sperm vs. eggs. She will show how this distinction brings together fascinating evolutionary theory and examples from animal behavior. She will enliven theory and animal examples by real accounts of male-female differences and social stress derived from clinical experience.

The results will shed light on some of the most intimate aspects of our personal lives, things that are both intensely private and yet compellingly relevant to relationships, families, even public policy.

Dr. Lipton was a featured speaker at the 1997 WSMA Annual Meeting and was a big hit. You won't want to miss her entertaining and enlightening presentation. **Be sure to bring your spouse or a guest with you.**

(Registration required by February 6. Return this form to: PCMS, 223 Tacoma Ave S, Tacoma 98402; FAX to 572-2470 or call 572-3667)

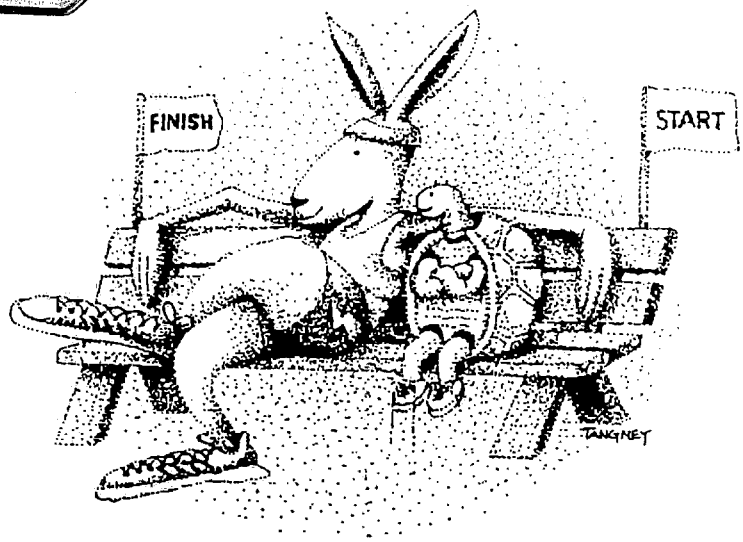
Please reserve _____ dinner(s) at $19 per person (tax and tip included)

Enclosed is my check for $ _____ or my credit card # is _____

☐ Visa ☐ Master Card Expiration Date _____ Signature _____

I will be bringing my spouse or a guest. Name for name tag: _____

Signed: _____ Thank you!



7TH ANNUAL AMA-ERF "ZERO" K MARATHON

Sponsored by the Pierce County Medical Society Alliance

Time: On Your Mark...Get Set...Now!
Date: March 1st Completion
Entry Fee: AMA-ERF Donation
Course: This easy course allows you to reach your personal best. Just fill out and return the enclosed form with your donation. No pain - a lot to gain!
Starting Line: Your contribution
Finish Line: Everyone is a winner by helping AMA-ERF raise funds that support medical school programs.

Thank you!

DONATION FORM

The Pierce County Medical Society Alliance
ANNUAL AMA-ERF "ZERO" K MARATHON

Contributor: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Amt. of Contribution: $_____ School to receive contribution: _____
(If no school indicated, your contribution will go to the University of Washington)

Fund to Receive Contribution (check one):

☐ **Medical School Excellence Fund** - provides funds for student activities and programs, equipment and research projects

☐ **Medical Student Assistant Fund** - provides funds for student financial aid in the form of scholarships, grants and loans

Signature _____ Date _____

Please note: Make your check payable to AMA-ERF
Please send to: AMA-ERF c/o Karen Dimant, 2518 72nd Ave Ct NW, Gig Harbor, WA 98335

V.I.P. News Release

For Immediate Release (Courtesy Copy)

Contact: Bruce Brandler
Administrator
(253) 474-0561

Dr. Charles V. Edmond, Jr. Affiliates with Puget Sound Hospital

(Tacoma, WA) "We are very pleased to welcome Dr. Charles V. Edmond, Jr., Otolaryngologist - Head and Neck / Facial Reconstructive & Plastic Surgeon, as an affiliate of Puget Sound Hospital," says Bruce Brandler, CEO. "Dr. Edmond's special interests, credentials and expertise exactly fit the type of care we look to provide to our patients."

"I am excited about my affiliation with Puget Sound Hospital," said Dr. Edmond. "They are committed to providing high quality, cost-effective medical and surgical services to their patients."

With a special interest in sinus disease, obstructive sleep apnea, head and neck cancer, facial reconstructive surgery, and allergy, Dr. Edmond enjoys all aspects of otolaryngology. Dr. Edmond was awarded his Medical Doctorate and Alpha Omega Alpha Honors in 1985 from Southwestern Medical School in Dallas, Texas. He went on to complete his Transitional Internship at Tripler Army Medical Center in Honolulu, Hawaii in 1986, and his Residency in Otolaryngology - Head and Neck Surgery at Walter Reed Army Medical Center in Washington, D.C. in 1991. Dr. Edmond then continued on to complete his Fellowship in Head and Neck Surgery / Facial Reconstructive & Plastic Surgery at Methodist Hospital in Indianapolis, Indiana in 1992.

Dr. Edmond is certified by the American Board of Facial Plastic Surgery, the American Board of Otolaryngology - Head and Neck Surgery. He holds fellowships in the American Academy of Otolaryngology-Head and Neck Surgery, the American Academy of Facial Plastic and Reconstructive Surgery and the American College of Surgeons. In addition, Dr. Edmond holds academic appointments at the University of Washington School of Medicine in Seattle, and has produced numerous publications and medical book chapters.

Dr. Edmond is in practice with Dr. Randall Bennett at 10317 - 122nd Street East, Puyallup. On October 7, 1997, he began seeing patients on Mondays and Wednesdays at the Soundview Medical Plaza, 3611 Pacific Avenue, Suite 8, Tacoma.

To schedule an appointment, call (253) 770-4099.

POSITIONS AVAILABLE

Orthopedic Surgeon. Group Health Cooperative of Puget Sound is currently seeking a full-time orthopedic surgeon interested in opportunities in our Tacoma facility. We require joint replacement skills; experience in arthroscopy would be helpful. Located in the Pacific Northwest for the last 50 years, we are a staff-model HMO with a strong emphasis on preventative medicine and quality management issues. We will soon be affiliating with Northwest Permanente as a medical group. For further information call Medical Staffing Services at 206-448-6543, or fax CV to 206-448-6191.

Family Practice. Group Health Cooperative of Puget Sound is currently seeking family practitioners for a variety of settings throughout the Pacific Northwest, including urgent care. We are a large HMO celebrating our fiftieth anniversary, with opportunities in teaching, research and administration in addition to our clinical positions. For further information, fax CV and cover letter to (206) 448-6191 or call 800-543-9323.

Anesthesiologists. Group Health Cooperative of Puget Sound is currently seeking anesthesiologists interested in locum tenens opportunities. Positions located in Seattle/Redmond facilities. The Medical Staff of GHC is currently becoming Group Health Permanente, and will be associated with the Kaiser Permanente organizations throughout the nation. For further information, please call (206) 448-6543 or fax CV and cover letter to (206) 448- 6191.

Tacoma/Pierce County, Outpatient general medical care at it's best. Full and part time positions available in Tacoma and vicinity. Very flexible schedule, well suited for career redefinition for GP, FP, IM. Contact Andy Tsoi, MD (253) 752-9669 or Paul Doty (Allen, Nelson, Turner & Assoc.), Clinic Manager (253) 383-4351.

Bremerton/Washington. Take a ferry ride west of Seattle to this picturesque community. Seeking Staff Physicians for 18,000 volume ED and 44,500 volume Primary Care Clinic with low acuity, 10 and 12-hour shifts, family practice resident and P.A. coverage. Must be BE/BC in EM or Primary Care Specialty with one out of the last three years EM or Primary Care experience. Contact: Lori Kerness, EMSA, 1-800-422-3672, Ext. 7456; FAX (954) 424-3270. EEO/AA/M/F

OFFICE SPACE

New office space available on 13th and Union. Up to 1400 sq. ft., ground level, lab and x-ray facilities in adjacent suite. Mountain view. Call Vernelle at 756-2182.

New office building, 3484 sq ft or 1742 with two heat pumps, sign, located in Fircrest. Northwest Investment Properties, Inc. 565-9790.

Pierce County Medical Society
223 Tacoma Avenue So.
Tacoma, WA 98402

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

February, 1998

City and County Hospital, 1891

Inside:

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.

Editor: David S. Hopkins MD
Managing Editor: Douglas Jackman
Editorial Committee: David S. Hopkins, (Chair) Stanley Tuell, W. Ben Blackett, Richard Hawkins
Advertising Representative: Tanya Miller
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Make all checks payable to: **MBI**
223 Tacoma Avenue South, Tacoma WA 98402
(253) 572-3666, Fax 572-2470

E-mail address: pcmswa@pcmswa.org
Home Page: http://www.pcmswa.org

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

February, 1998

Features

Departments

News briefs

On the cover: City and County Hospital, today known as Puget Sound Hospital. Printed with permission from the Tacoma Public Library.

Presidents Page.....

James M. Wilson, Jr. MD
President, 1998

Stan Harris' articles will be a tough act to follow! I have considered simply rewriting all of his President's pages from another perspective, but I have resisted the temptation to do so. I would like to congratulate him again for a successful year!

In preparation for the PCMS Board Retreat, many of you were kind enough to complete a questionnaire regarding the activities of the Medical Society. The results were mixed, as usual, but an overriding concern expressed by the membership related to the changes in medical care and the loss of collegiality in particular.

A greater percentage of our membership is now affiliated often by employment contract with hospital based integrated delivery systems (e.g., Medalia or Multicare), health care system sponsored practice associations (Puyallup Valley Physicians), or large IPA's (Northwest Physicians' Network). Physicians in such organizations often find after a time that they identify more closely with that organization than they do with the medical community as a whole. This is understandable since both their economic well-being, their contracting activities, and much of their professional activity is tied into this organization.

However, after a time they may feel disconnected, and realize that many of the activities of such organizations foster competitiveness and divisiveness rather than collegiality. The truth is that there are plenty of patients for all of us in most specialties and we would be best served by networking across all of the artificial barriers that these organizations create. What better forum for that networking than the Medical Society?

Yet, we have much to learn about meeting the needs of employed or otherwise affiliated physicians. Our historically low membership from Group Health physicians, emergency room docs, anesthesia and others speak to that. We do have the ability to help by referral for bylaws and contract review, our extensive committee structure deals with issues pertinent to all of our practices, our legislative activities support issues that are important to all of medicine and our membership meetings offer a forum for socialization and networking.

"The truth is that there are plenty of patients for all of us in most specialties, and that we would be best served by networking across all of the artificial bariers that these organizations create."

On the other hand, these are not activities that deal specifically with the problem. How, then, do we support the physician community? Do we provide collective bargaining units? (Has it really come to that?) Do we generate support groups which integrate "competing" groups? (Do we have time for more meetings?) Can we make our membership meetings more pertinent? (I think some of the responses to the questionnaire will help in this regard.)

These are issues that your Board will be discussing this year. We have made a commitment to be focused and proactive and we welcome your input. My personal voice mail is 552-4811 and my e-mail is **jwilson@multicare.com.** I'd love to hear from you! ■

Perinatal Hepatitis B Prevention information for providers

Nationally, an estimated 22,000 births occur to HBsAg-positive women each year, with an estimated 400 births in Washington state. These women can transmit the virus to their infants at delivery. The younger a person is when contracting HBV, the greater the chance of becoming chronically infected.

To strengthen the effort to reduce the incidence of perinatal hepatitis B in our state, the Washington State Department of Health, in conjunction with the Centers for Disease Control and Prevention (CDC), recommends testing all pregnant women for hepatitis B. Infants born to HBsAg-positive women need HBIG and Dose #1 of hepatitis B vaccine at birth, Dose #2 of vaccine at 1-2 months and Dose #3 at 6 months. ***All three doses*** of vaccine are critical to prevent HBV infection. Infants born to HBsAg-positive women also need post-vaccine testing 3-9 months after Dose #3 to confirm the vaccine conferred immunity and to confirm they did not become infected despite appropriate post-exposure prophylaxis.

Additionally, all ***susceptible*** household and sexual contacts of HBsAg-positive pregnant women need ***all three doses*** of hepatitis B vaccine to be fully protected.

For more information or free patient education materials available in many languages, please call the Washington State Department of Health, Hepatitis B Program at (360) 664-3878.■

Depositions - Reimbursement - Attorneys

One of the most common grievances brought before the Medical Society's Medical/Legal Liaison Committee is reimbursement for depositions.

If you are asked to set aside time to provide a deposition, the following questions should be addressed to the attorney requesting the deposition:

- **How much time is involved?**
- **What type of information will you be wanting?**
- **What your fees will be. (State how you arrive at your fee structure for search and chart review.)**
- **What are the expectations of the attorney?**
- **Will you be considered a witness of "fact"?**

It is strongly recommended that you state your fee up front and ask for it prior to the deposition. This will eliminate future difficulties with the attorneys involved.■

PCMS leadership "Retreats" to focus on commitment and results

PCMS Board of Trustees, Subsidiary Presidents and WSMA Representatives met on Saturday, January 10th for the annual Board of Trustees Retreat. This year, the focus of the retreat was an in-depth review of the Society, moderated by facilitator Chuck Heinrich. The goal was to prioritize issues facing PCMS in 1998. Data collected from the PCMS Membership Survey taken in December, (see page 9) were used to help prioritize issues and discussions. Participating members included, officers, **Drs. James M. Wilson, Jr., Larry A. Larson, Charles Weatherby, Nicholas Rajacich,** and **Stan Harris;** Trustees, **Drs. Gary Taubman, Jim Rooks, Maria Mack, Patrice Stevenson, Susan Salo,** and **Mrs. Mona Baghdadi;** WSMA Representatives, **Drs. Mark Gildenhar, Peter Marsh, Jim Fulcher, Richard Hawkins, Leonard Alenick** and Membership Benefits, Inc. President; **Keith Demirjian.**

The new format, introduced by President Jim Wilson was a proactive one. "This year, we will focus on team building and issue planning," explained Wilson. He noted a couple of themes that he would like to see addressed, one being the perception that "PCMS doesn't do anything for me," and the second an appeal to colleagues to not let the professional turmoil distance physicians from one another.

Mr. Heinrich explained that he would take the group through a where have we been, where are we going, and how are we going to get there exercise. The turbulence of the profession, including the economics, consolidations, mergers, etc. were recognized. Many issues that attendees thought important were brought to the table in a brainstorming session. Some included: insurance issues, helping members understand what is happening, information/data gathering, the patient/physician relationship, continuation of the Alliance, better ways to deal with the system, stopping the alienation and division of the profession, focus on community issues, have local meaning, rebuild the buddy system - a place to go to vent safely, help with feelings of isolation, create an avenue for personal connections/contact, focus on communication excellence, shift focus back to community issues when employed physicians have been pushed, demonstration projects, etc.

After in-depth discussions, a prioritized list of "results," or what the leadership would like to see take place in 1998 was developed. The list included:

- improved cohesion within the PCMS physician/family community
- stronger visibility for PCMS and its work (including strengthening strengths of communication materials and strategies)
- retained/increased membership

See "Retreat" page 6

Drs. Susan Salo and Jim Wilson listen intently to a colleague at the break

Dr. Mark Gildenhar and Mona Baghdadi discuss the issues

Drs. Jim Rooks (left) and Larry Larson visit at the break

Congressman Dicks' Legislative Aide meets with PCMS Leadership

Legislative Aide Pete Modaff, legislative director for Congressman Norm Dicks, Washington, DC. office, met with **President James M. Wilson, Jr.**, and **President-Elect Larry Larson** in mid-January to discuss the health care environment in Pierce County.

Wilson and Larson emphasized to Modaff that physicians need Congressional assistance in providing some anti-trust relief. Physicians' hands are often tied when dealing with insurers and health plans because of the inability to collectively bargain. Much time was spent on the current fraud and abuse emphasis that HCFA has placed on physicians caring for Medicare patients. The state of Washington has been selected as one of twelve states in the nation where a concentrated effort will be made by HCFA to root out fraud and abuse. Drs. Wilson and Larson explained that the manner in which this is being done will have an adverse effect on patient care. The system is so complex that it is difficult to follow all of the guidelines set forth by the Medicare administration. They fear that working with Medicare has become so onerous that some physicians may elect to no longer see Medicare patients, making access to care extremely difficult for senior citizens.

Modaff was also asked that Congressman Dicks and Congress not provide a safe haven for the tobacco companies as was originally planned in the Balanced Budget Act of 1997. ■

Olympia gets down to business

The health care system shouldn't expect too much out of this year's legislative session. With a short session (just 55 days left) and an election around the corner - the legislature is expected to do some house cleaning on the budget and go home. High on the legislative radar screen are the budget surplus and transportation issues.

Among WSMA's highest legislative priorities is:

• continuing support for universal access to health insurance

Governor Locke's supplemental budget proposal includes $14.6 million to increase access to the Basic Health Plan. This revenue will increase the number of spaces available in the subsidized BHP to 138,300 by July, 1998. Locke also included another $1.5 million to serve as state matching funds for the federal State Children's Health Insurance Program (SCHIP).

SCHIP coverage is intended for children in families up to 200% of the federal poverty level (FPL). Since Washington has already expanded Medicaid programs for children in families up to 200% of the FPL, SCHIP allows the option of further expansion for families with incomes up to 250% of the FPL. The Governor's expanded basic health program would provide access to insurance coverage for approximately 10,000 children in households with incomes from 200 to 250 percent of the FPL.

Other issues of concern to physicians that will be addressed during the next couple of months include stricter drunk driving penalties, including a proposal to lower the blood alcohol content level to .08 and scope of practice legislation including full prescriptive authority for nurse practitioners. ■

Reprinted from WSMA Membership Memo, 1/16/98

"Retreat" *from page 5*

- community service
- Alliance collaboration on vital projects

Specific issues discussed and selected for priorities in 1998 include:

1) positive movement on the trauma issue

2) positive movement on the Hospice Inpatient facility (see page 9)

3) Increase visibility of member-needs support services

4) Explore feasibility of community demonstration event (signature project)

5) Re-invention of the Alliance ■

Evaluation and Management Code Seminars well attended.... Medicare Fraud and Abuse inspectors working in Washington

Washington state has been selected as a "target state" by Medicare after pilot programs in other states have proven successful in reducing wasted health care dollars spent on fraudulent claims.

To help physicians in documentation practices, PCMS sponsored two sessions on Evaluation and Management Coding held at Jackson Hall on Wednesday, January 14. Both sessions were quickly filled and two additional programs have been scheduled for Wednesday, February 4.

Participants learned about fraud and abuse, how they are defined by Medicare, and examples of what they would include. Fraud is the intentional misrepresentation which an individual knows to be false, or does not believe to be true, and makes knowing that the deception could result in some unauthorized benefit to themselves or some other person. Abuse involves incidents or practices that are inconsistent with accepted sound medical, business or fiscal practices. These may directly or indirectly result in unnecessary costs to the Program through improper payment or payment for services that fail to meet professionally recognized standards of care, or services that are not medically necessary.

John Lindberg, MD, Medical Director, Medicare Administration, covered documentation guidelines. Included were general principles of documentation, what do payers want and why, and what is documentation and why it is important. Definitions and guidelines were provided for the three key components of care, history, examination and medical decision making while seven are recognized, including counseling, coordination of care, nature of presenting problem and time. Many questions were answered and attendees' comments implied that the sessions were worthwhile and educational, although frustrating. ■

Ten Ways to Meet the Inspector General

1) Delegate all billing responsibility to your office staff. Never ask what they are doing; never review their activities or have them reviewed by outside professionals (accountants, billing experts). Let them know all you care about is the bottom line. Never ask how they translate your services into claims.

2) Hire a billing service to handle all your billings; pay them on a percentage basis. Never ask what they are doing; never have them reviewed by outside professionals. Use a billing service with a track record of substantial increases in recoveries in every office for which they have worked.

3) Order large numbers of ancillary tests (blood, doppler, MRI) to be performed by entities in which you have a financial interest, or who "rent" space or otherwise pay you based in part on referrals.

4) Bill for services performed in hospitals by residents. After all, you probably talked to them about the case at some point, even if your name isn't on the chart.

5) Bill for hospital or nursing home visits when you have made no entry on the patient's chart. Or, better yet, bill your in-hospital patients on a routine system (e.g., five days out of every seven) without actual records of patients' visits.

6) Sign orders, prescriptions or certificates of medical necessity (CMN) for patients you haven't seen recently. The request probably wouldn't come into your office unless the patient really needs it.

7) Bill for technical services performed by "employees" who "work" for you whenever you call their company. Or let a non-physician use your number to bill for services which are not performed under your supervision.

8) Ignore complaints from your patients about bills. After all, it's not their money. Just have your office staff tell them insurance will pay for it and you will write off the balance.

9) Write whatever Medicare or the insurer needs to hear to pay the bill. Nothing is ever routine or a checkup.

10) Don't keep consult information or lab results in the same file as your patients' records; you'll remember it was done if you really need it. ■

Medicare begins prepayment audits of E & M claims

HCFA has directed the Medicare carriers to conduct random prepayment reviews of Medicare claims for Evaluation and Management (E&M) services; these audits began on November 1. HCFA will not allow the carriers to disclose the actual number of claims reviewed, but a 15% sample of selected E&M codes is required. Special "development letters" were sent to physicians' practices in November and December, soliciting chart documentation. The carrier reports that it only received a 50% response rate to its requests for this documentation. Absent that material, the carrier rejects those claims.

For those practices that did respond, the results were:

- only 1% of the codes were revised upward (the carrier believes the practice undercoded the service)
- 49% were accepted with the codes as reported
- 50% were revised downward (the carrier believes the practice overcoded the service) For these claims, the carrier approved a lower level of reimbursement than the practice was expecting. Special messages on the EOMB identify these claims.

These results underscore the importance HCFA now places on chart documentation in substantiating E&M services. A key concern: are the carrier's reviewers correctly interpreting the chart notes? If certain "key words" do not appear in the chart notes, reviewers may conclude that the higher level of service did not transpire, so the carrier "downcodes" the service. The WSMA has requested that the carrier give physicians specific details of how a "downcoding" decision was reached. This approach will hold the reviewers accountable and allow physicians to refute questionable decisions.

Many physicians also argue that the Documentation Guidelines are cumbersome and impractical. The WSMA is researching the creation of "tools" to assist physicians with coding their E&M services. (ASIM and AAFP already offer these coding guides) WSMA is working with the AMA to identify any simplifications to the guidelines.

Physicians and all staff involved in the billing and coding process should consider conducting their own comparison of chart notes to billed services to determine if their claims will stand up to Medicare's scrutiny.

For information call Bob Perna, 1-800-552-0612.■

New web site address for HCFA documentation guidelines

Some physicians' offices have reported problems in accessing HCFA's Evaluation & Management Documentation Guidelines via the Internet. The web site address of **www.hcfa.gov/medicare/mcarpti.htm** will take you directly to that document on the HCFA web page. You can also access that document through the WSMA's web site at www.wsma.org. ■

The two articles on this page were reprinted from WSMA Membership Memo 1/16/98.

PCMS surveying feasibility of Independent Hospice Facility

In February, 1997, **Dr. Peter Marsh** came before the Board of Trustees and described an independent, in-patient hospice that he had observed in Ft. Meyer, Florida. He was so impressed with this facility that he asked the Board of Trustees to look into the possibility of supporting a similar type hospice for Pierce County.

The Board discussed the proposal and **Dr. Stan Harris,** president, asked **Dr. Stu Farber** to chair a task force to look at the proposal in more depth. Dr. Farber convened a meeting of the Medical Directors of the four hospices in Pierce County. The groups included Franciscan, Group Health, Good Samaritan, and MultiCare.

Dr. Farber laid out the following four goals that he would ask of a freestanding, in-patient hospice that would be supported by all four hospices and should be built to achieve the following:

1) a center for excellence in in-patient care when needed for residence, symptom management, respite, and daycare

2) a place all can pool energy to provide education of staff, physicians, nurses, social workers, volunteers, spiritual, community, patients, families and professionals outside of hospice

3) a place that can set the standards for hospice care in our community, such as practice protocols, levels of care and levels of service

4) a goal of having one hospice with a large enough census to really serve the community

The Medical Directors of the four hospices agreed that this was a project that required further investigation and one that could serve the community. The Medical Directors and leadership of the four groups met in November at the Landmark Convention Center and discussed the proposal in more detail. The consensus of the meeting was that this is a project worth pursuing. A subcommittee was appointed to seek out a model hospice that is patterned after the criteria stated above. The group will be meeting in February to hear the director of a hospice from Michigan that has experience developing and organizing a collaborative, community effort.

The Medical Directors on the committee include Drs. Deborah Hammond, Group Health; **Jay Zatzkin,** MultiCare; **Ron Goldberg,** Good Samaritan; and **Frank Senecal**, Franciscan Health System and **David Munoz.** ■

Membership Survey results helpful in setting organization priorities

A big thank you to everyone who took time to complete and return the PCMS Membership Survey in December. There was an excellent response rate of 28%. Sixty percent of the respondents were in the 45-60 age group, with the most being in group practice affiliations.

When asked to rate membership services in order of priority, the top ten highest ranking benefits were:

1. **Annual Physician Directory**
2. **Educational programs (College of Medical Education)**
3. **Pictorial Directory**
4. **Political Representation/ Advocacy**
5. **PCMS Fax News**
6. **Affiliation with WSMA**
7. **Grievance Process**
8. **Temporary Personnel Service**
9. **Physician Referral Service**
10. **Permanent Placement Service**

One half had attended a general membership meeting in the past year.

The four most serious issues facing physicians currently were: Managed Care/HMOs, Health Care Plans, Capitation, and the Physician-Patient relationship.

The PCMS Fax News, a faxed report of pertinent medical news summaries, proved extremely popular with 80% reporting that they read it regularly. Eighteen percent reported sometimes while only three percent reported they never read it. Conversely, only four percent access the PCMS web site, while 30% sometimes do and 66% never do. (The address is www.pcmswa.org)

The number one priority for PCMS, according to respondents, should be, advocate for the physician and patient, followed by ensure the profession's standards and ethics; advocate for patient access to medical care; work with local/state/national legislators on key health care issues; and improve the image of the medical profession within the media and county.■

Next month's Bulletin will recap the individual comments that were submitted

Health law guide for Washington physicians answers many legal questions

The Washington Physicians' Guide to Health law is now available. Researched and written by Mary Spillane of the Williams, Kastner & Gibbs law firm, the jam packed volume of over 200 pages provides answers to a wide array of legal questions pertaining to the medical practice. It covers 84 different topics ranging from AIDS to Workers' Compensation.

A sampling of questions include:

- May an abortion be performed on a minor?
- Is patient consent required for HIV testing?
- How long is a patient authorization to release information valid?
- How long must a patient's records be kept?

A sampling of topics include: abortion, antitrust, confidential & privileged information, disclosure of health care information, involuntary commitment, health care directives, medical malpractice, powers of attorney, professional courtesy, retention of records, statute of limitations, subpoenas, unprofessional conduct, etc.

Published by the WSMA, books are available at a cost of $57.60 for WSMA members and $165.80 for nonmembers. Call PCMS, 572-3667 for more information.■

Computer User News

Recommended websites to visit

Managed Care Websites

Glossary of Managed Care Technical Terms. Annotated for modern healthcare.
www.bcm.tmc.edu/ama-mss/glossary.html

Guide to Health and Medical Economics. A guide to health and medical economics resources on the Internet. Serves those interested in healthcare management and health outcomes.
www.exit109.com/~zaweb/pjp/

Health Policy Page. Carries news articles, reports and other information about health care policy in America. The material is from policy research and advocacy organizations.
epn.org/idea/health.html

Health Services Research Journal. Provides advance information on trends in healthcare administration research and evaluation. Contains a ten year index of articles by author and subject plus abstracts. **www.xnet.com/~hret/hsr.htm**

Managed Care articles from Medscape. Features peer-reviewed articles, graphics, CME self-assessment tests, news, literature search and associated links. Produced by SCP Communications, Inc.
www.medscape.com/Home/Medscape-ManagedCare/Medscape-ManagedCare.html

Managed Care Forum Web Page. A weekly healthcare related poll questions designed to create national dialogue on the issues surrounding managed health care.
www.amso.com

NCQA Managed Care Performance Measurements. Managed care quality improvement activities, including accreditation standards and the Hetlis performance measurement set. Allows on-line search for the accreditation status of individual plans.
www.ncqa.org

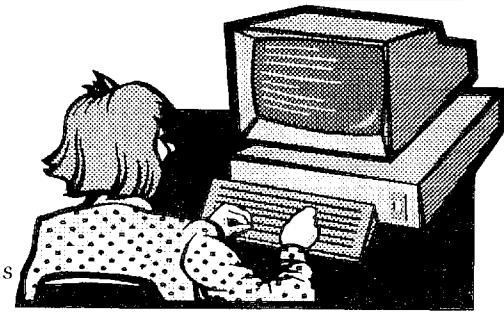
Medical Matrix - What's New? Searchable library.
www.uoeh-u.ac.jp/MML/MMS-e.html

New and exciting sites

History Channel Traveler. Take the kids or yourself on an American history vacation with help from the History Channel's guide to hotels, sites, and tours.
www.historytravel.com

Search more than 130 dictionaries at once with Onelook Dictionaries. Type in your word and the search engine will consult nine general dictionaries, including Webster's and WorldNet Vocabulary Helper, and hand you each dictionary's definitions with a link to each reference. You can also request lookups in pronunciation and spelling dictionaries, along with specialized dictionaries, including medical, business, technical, slang, sports and religious lexicons.
www.onelook.com

Medicinenet is the biggest general medical dictionary with 1,075 medical terms that you can search through in three categories: general medical terms, diseases and treatments and pharmacy terms. **www.medicinenet.com** ■



Send E-mail addresses to PCMS

The Medical Society would like very much to have your e-mail address. We promise no junk mail.

We have had a lot of recent e-mail messages bounce back to the office because of fatal addresses or addresses no longer in use. Particularly to those members who are using Physicians On-Line as a server. A typical address such as asgsmith@mem.po.com is not going through.

If you have a new address, please send us a note (e-mail) to pcmswa@pcmswa.org! Be sure and visit the PCMS home page at **www.pcmswa.org.** ■

Puyallup, WA: Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 10 hour shifts. Clinic hours are 12 noon to 9:30 pm Monday-Friday, 10:00 am - 7:30 pm Saturday, Sunday and holidays, outpatient only. $50/hr, benefits available. Send letter of introduction and CV to Urgent Care Center Application, Good Samaritan Community Healthcare, Attn: Kathy Guy, PO Box 1247, Puyallup, WA 98371-0192.

Congratulations to newly retired members at '97 year-end

As 1997 came to a close, so did the medical careers of many long time PCMS members. Retirees, as of December 31, 1997 included **Drs. Wayne Bergstrom, Harry Camp, Robert Eggen, Jacqueline Jorgenson, Robert Kapela, Edmund Lewis,** and **Clarence Virtue.**

Dr. Bergstrom, was a general practitioner in University Place. A Society member since 1967, he practiced in Tacoma for 30 years.

Dr. Harry Camp, Tacoma ophthalmologist, joined PCMS in 1958. He began his practice in Tacoma in 1957 and has now retired after 40 years.

Dr. Robert Eggen, pathologist, began his practice in Tacoma in 1975 with the Department of Pathology at Tacoma General Hospital. He has been a PCMS member for 22 years.

Dr. Jacqueline Jorgensen, practiced allergy in Tacoma since 1974. She practiced with Allergy and Asthma Associates.

Dr. Robert Kapela, pathologist, began his Tacoma practice at Tacoma General Hospital in 1971. He has been a PCMS member since 1972.

Dr. Edmund Lewis, radiologist with Tacoma Radiology, joined PCMS in 1981 when he began practicing medicine in Pierce County.

Dr. Clarence Virtue, joined PCMS in 1980. He began his Pierce County practice in 1971 with the Army. He practiced allergy-immunology in Puyallup.

Congratulations are extended to each physician on their retirement. And, a big thank you for long-time support, membership, and participation in Pierce County Medical Society activities. ■

- A Eulogy -
Harry W. Lawson, M.D.
1933-1998

I welcome you to the celebration of Harry Lawson's life. Harry's wife, Sharon, children, Carole Ann Lawson Wingo and Andrew S. Lawson and grandchildren Amy and Jenna, are most appreciative of your presence in honoring Harry today. I had the privilege of knowing Harry through the practice of pulmonary medicine in Tacoma since 1982. After working in the Department of Pulmonary Physiology at the University of Oregon, Harry was one of the first practicing pulmonary specialists in Tacoma when joining Jim Billingsley in 1975. Forever the scientist, he thoroughly enjoyed the mysteries and challenges of clinical medicine and the nuances of the pulmonary physiology lab. Whereas, we all knew Harry as a simple man, you would never know that from reviewing his orders. He would leave absolutely nothing to the imagination, covering every contingency and potential frailty of the human condition. Many a nurse and ward secretary got teary-eyed when hearing that a Dr. Lawson patient would be coming to their floor. There would be orders, plenty of orders. This attention to detail made covering his practice on the weekend an easy job. His patients benefited from this exacting diligence and quiet competence for over 22 years.

He was a man of magic. He delighted and amazed many a physician's child through the years at the Holiday Children's Party. And yet, he saves his best magic for last. Here last Friday, seemingly gone today. That is the illusion, for surely he is not gone. His memory lives in the hearts and minds of all gathered here today. Sharon, take comfort in the wonder of this truth.

I would forever remind Harry that I lived vicariously through the passion with which he pursued his loves of windsurfing and skiing. He shared these joys with Sharon and many friends, but was not reluctant to hone his skills in solitude in search of perfection. He was not afraid to test himself. There is that magic again. I am told, his skills defied the age, an illusion of near 65 years with many but half his age trying to chase him down the mountain or follow in his wake.

The year's Annual Medical Society Meeting was marked by our speaker imploring us to embrace life each day, to revel in the beauty of the world and in the blessings of family, friends, and good health. I know at least one person who lived that credo, one who, I believe, listens to us today. Harry, thanks for the simple lesson of life you kindly shared with us. All should feel the snowy breeze of winter's late day atop Crystal Mountain or feel the rush of the wind and current coursing through the Gorge. Yours was a life cut short, but ever so full. Many will miss you. ■

John H. Rowlands, M.D.

Share your expertise - serve as a mentor

The School to Career Summer Academy at Bates Technical College is looking for clinics and offices to provide mentorship for a high school senior who is exploring a career in the health field.

Selected students from nine school districts in Pierce County will participate in four weeks of college level training and two weeks of job shadowing. The Academy is seeking professionals who are willing to mentor a student from July 20-July 31, 1998.

Please call Lisa Edwards, Program Coordinator, at (253) 573-4624 for more information about how you can directly impact the life of a Pierce County student. ■

Arm, back injuries cost state $2.7 billion in seven years

Work-related back and arm injuries cost the state workers' compensation system $2.7 billion between 1989 and 1996 and caused 24.5 million days of absence from work - the equivalent of removing 12,250 employees from the workforce each year.

A study by the Department of Labor and Industries revealed that high-risk employees are those in nursing homes, construction, wood product manufacturing, logging, sawmills, wholesale meat dealers, and fruit and vegetable packing.

The study indicates that workers who use their bodies to lift, carry, push, or pull heavy objects have the highest risk of back or shoulder injuries. The risk of repetitive strain injuries such as carpel tunnel syndrome is highest among workers such as wholesale meat processors.

"This study provides compelling evidence that preventable back and arm injuries hurt people and profits," says L&I director Gary Moore.

"Business, labor and L&I have to step up efforts to protect workers and keep these injuries from happening." ■

from the "Business Examiner," 1/19/98

PCMS welcomes new members

Kwon, Andrew, MD
Family Practice
Practices at 8907-D Gravelly Lk Dr SW, Lakewood 98499; 983-9000
Medical School: University of Korea
Internship: Hudson Valley Family Practice
Residency: Hudson Valley Family Practice ■

Applicants for membership

Edmond, Charles V., MD
Otolaryngology
Practices with Dr. Randall Bennett at 10317-122nd St E, #E, Puyallup 98374; 770-4099
Medical School: University of Texas at San Antonio
Internship: Tripler Army Medical Center
Residency: Walter Reed Army Medical Center
Graduate Training: Methodist Hospital of Indiana

Lang, Timothy G., MD
Orthopaedics
Practices with Drs. Bosch, Ozolin, Stewart, Gray, Jiganti and Krumins at 2420 S Union #300, Tacoma 98405; 756-0888
Medical School: University of Illinois
Residency: Southern Illinois University School of Medicine
Fellowship: Connecticut Combined Hand Surgery Service ■

COLLEGE OF MEDICAL EDUCATION

Maui CME registration remains open

Space is still available to join your colleagues and their families for spring vacation in beautiful Maui, during the College's "re-sort" conference April 6-10, 1998.

Maui's lovely Aston Wailea Resort has been selected as the site for the College's CME at Maui program. Ocean view rooms have been set aside for conference registrants starting at $160 per night.

The COLLEGE'S RESERVED BLOCK OF ROOMS WILL BE RELEASED AFTER FEB. 15, 1998. Reservations can be made by calling the Aston Wailea directly at (800) 367-2960 or (808) 879-1922. You must identify yourself as part of the College of Medical Education group.

For help with airline reservations to Maui, please call Marilyn at Olympus Travel, 565-1213. Their hours are 8:30am to 5:30pm weekdays and 9:00am to 4:00pm on Saturdays.

For additional information or a program brochure, call the College at 627-7137.■

Timely topics to be featured in HIV Infections CME, February 27

The tenth annual CME program dealing with HIV infections and AIDS is scheduled for February 27.

The program, developed by local HIV expert **Alan Tice, MD,** will be held at St. Joseph Medical Center, South Pavilion, Rooms 3A & B.

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

This year's conference will include presentations on local HIV issues and will focus on elements of HIV management and treatment.

The following addresses are planned:

- local resources in HIV
- mandatory reporting of HIV
- opportunistic infections & HIV
- anti-retroviral therapy
- lessons in immunology from HIV
- case studies

For a conference brochure or additional registration information, please call the College at 627-7137.■

Dates	Program	Director(s)
Friday, February 27	Review of HIV Infections	Alan Tice, MD
Thursday & Friday March 12 - 13	Internal Medicine Review	Vernon Nessan, MD
Monday - Friday April 6 - 10	CME at Maui	Mark Craddock, MD
Saturday, April 25	Surgery Update 1998	Allen Yu, MD
Friday, May 1	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 5	Nuts, Bolts & Innovation in Gastrointestinal Disease IV	GaryTaubman, MD Rick Tobin, MD
Thursday - Friday June 25 - 26	Advanced Cardiac Life Support	College of Medical Education

the Pulse
Pierce County Medical Society Alliance

Spring in Victoria

Watch out for more info on our women's spring break to Victoria. Friday evening to Sunday afternoon. Tour the beautiful gardens, enjoy afternoon tea, shopping, spa treatments, and much more. ■

Support

Thank you to Alliance members who assisted with the memorial service for **Dr. Harry Lawson.**

Our deepest sorrows are extended to his widow, **Sharon Ann,** and family.

Sharon Ann is a past county and state Alliance President. ■

1997-1998 Board of Directors

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President Elect:
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2nd VP Membership: By committee
3rd VP Bylaws/Historian: Kathleen Forte, 759-6381
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Pulse/Bulletin:Mona Baghdadi, 851-6306 / Sue Asher, 572-3667
Student Recognition: Alice Yeh, 756-0578
Support: Helen Whitney, 564-4345

Special Events/Fundraisers

Holiday Sharing Card: Alice Wilhyde, 572-6920/Helen Whitney, 564-4345
Holiday Dinner with PCMS: By committee
Entertainment Books: By committee
Phone Reservations: Yolanda Bruce, 265-8190/Mona Baghdadi851-6306
Yearbook: Alice Wilhyde, 572-6920

Health Agencies/Coalitions

Domestic Violence Task Force: Kris White, 851-5552
Baby Think it Over: Fran Thomas, 265-2774

YWCA OutReach Programs

Support Shelter: Lavonne Stuart-Campbell, 841-3638
Encore Program: Ginnie Miller, 759-7434
Legislation: Nikki Crowley, 922-7233 ■

the Pulse
Pierce County Medical Society Alliance

President's Message

This past month I attended the annual PCMS Board of Trustees Retreat. I enjoyed the retreat and left feeling very positive. I was impressed with the energy and commitment the board members have to their fellow docs in a time of extreme frustration and uncertainty. There is no doubt a great need to focus on what draws doctors closer, almost on a spiritual level and that is the healing and comfort of the sick.

I am proud to be a part of this medical community because I know that the majority are people with integrity. The Society and Alliance working together on solutions can help support families, and be a source of information to help put the pieces of the insurance puzzle together for those struggling to understand the monster!

Doctors should not be enemies, but somehow with the onset of managed care and the insurance companies pitching one doctor against the other, the result has been very damaging to the unity within the profession.

It always helps to communicate, you soon discover you are not alone in your frustration or fears.

There are people who are not very comfortable sharing their concerns with each other in the work place. Please remember that Doug Jackman, at the Medical Society is someone you can trust to help, or to direct you to someone who can help.

I was approached by one of the Doctors on the Society Board recently, he requested that the Alliance consider arranging a forum on medical marriages. This is a great idea. Alliance successfully held forums on this subject in many states around the country. We will give the idea our full consideration.

In response to last months president's letter I have had members express a sadness concerning the possible end to Alliance as we know it here in Pierce County. If you are interested in a board position for 1998/99, please contact our nominating chair, Fran Thomas at 253-265-2774. ■

Mona Baghdadi

Alliance welcomes YOU! Please join us by sending in the dues statement below: If you have questions or would like additional information, please call Board Member, Kris White, 851-5552 or leave her a voice message at 596-8194.

If we don't see you at meetings, please be assured that your financial contribution (dues) is APPRECIATED and goes directly to philanthropic work in Pierce County. Thank you!

Pierce County Medical Society Alliance.....Dues Statement

Please circle one: Regular: $75 Widow, Retired: $56 Newcomer: $55 Student/Resident: $25

This year you can charge your dues on your credit card: ___Visa ___MC #_____

Expiration Date: _____ Signature: _____

Name: _____ Address: _____

Telephone: _____ Participating Member: _____Supporting Member: _____

Please make check payable to PCMSA and mail to Kathy Samms, 9007 Warren Drive NW, Gig Harbor, 98335

Local entities combine credentialing efforts

Northwest Practitioner Information Service (NWPIS) and MultiCare Health System have joined forces to centralize and simplify the gathering and verification of physician credential information. Since 1993, FHS has operated NWPIS to verify medical staff information. This type of service, known as a credential verification organization or CVO, is becoming increasingly popular nationwide as health care organizations and practitioners search for more efficient ways to handle paperwork.

MultiCare and NWPIS will collaborate to effectively reduce the unnecessary duplication of paperwork when medical staff apply for initial credentialing or recredentialing at FHS and MultiCare facilities. Since a large number of physicians practice both at FHS and MultiCare facilities, this is a natural partnership.

For more information or to receive a credentialing application, call NWPIS at 253-591-6852 or fax 253-404-6529, or the MultiCare Credentialing office at 253-552-1086.■

Physician volunteers needed in Olympia

Physician volunteers are needed to staff the WSMA Legislative Health Clinic at the Capitol. One physician is needed each morning for three hours to staff the clinic. A registered nurse will also be on duty to assist the doctor. Clinic hours are 8:30 a.m. to 12:30 p.m. weekdays.

You can wear a beeper and visit legislative sessions making the experience an eductional one as well.

Call Winnie Cline at 1-800-562-4546 for further information.■

POSITIONS AVAILABLE

Tacoma/Pierce County, Outpa- tient general medical care at it's best. Full and part time positions available in Tacoma and vicinity. Very flexible schedule, well suited for career redefinition for GP, FP, IM. Contact Andy Tsoi, MD (253) 752-9669 or Paul Doty (Allen, Nelson, Turner & Assoc.), Clinic Manager (253) 383-4351.

Anesthesiologists. Group Health Cooperative of Puget Sound is currently seeking anesthesiologists interested in locum tenens opportunities. Positions located in Seattle/Redmond facilities. The Medical Staff of GHC is currently becoming Group Health Permanente, and will be associated with the Kaiser Permanente organizations throughout the nation. For further information, please call (206) 448-6543 or fax CV and cover letter to (206) 448-6191.

Bremerton/Washington. Take a ferry ride west of Seattle to this picturesque community. Seeking Staff Physicians for 18,000 volume ED and 44,500 volume Primary Care Clinic with low acuity, 10 and 12-hour shifts, family practice resident and P.A. coverage. Must be BE/BC in EM or Primary Care Specialty with one out of the last three years EM or Primary Care experience. Contact: Lori Kerness, EMSA, 1-800-422-3672, ext. 7456; FAX (954) 424-3270. EEO/AA/M/F.

GENERAL

North-end, 5700 ft. colonial near TLTC, St. Pat's, and Annie Wright. Four large bedrooms up, nanny's quarters down. Large separate living and dining, kitchen, paneled study with fireplace, gas furnace, hot water, heat. Large basement with bar and rec. room. Private back yard and patio. Two-car garage. Call Tom West at (253) 383-4704 for details.

OFFICE SPACE

New office space available on 13th and Union. Up to 1400 sq. ft., ground level, lab and x-ray facilities in adjacent suite. Mountain view. Call Vernelli at 756-2182.

Overseas Opportunity

New Primary Care Clinic in Saigon

An Internist and a Pediatrician are needed to join the **American Clinic** at **Gia Dinh Hospital**. Positions include direct patient care as well as teaching Viet physicians and American med students. Some consulting and lecturing at local medical facilities is likely.

Salary is competitive and benefits provided on US standards. Room, board, and basic transportation provided. One year contract offered with the opportunity to stay and expand with this fascinating, rapidly modernizing country and our healthcare system

Call Dr. Mason Cobb, **206-298-1201** for details about this opportunity.

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

March, 1998

PCMS Alliance

serving the philanthropic needs of your community since 1932

Inside:

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.

Editor: David S. Hopkins MD
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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

March, 1998

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Presidents Page.....

"Kudos to Bill Roes"

James M. Wilson, Jr, MD
President, 1998

Last year I went to hear a Futurist speak - a real professional one unlike those guys that hang around the doctor's lounge all the time. The key message was interesting - that the consumer public would not put up with Managed Care over the long haul, but that it would be replaced by what he called Care Management. In other words, the largely financial concept of cost management would be supplanted by integrated case management with a marriage of both cost effectiveness and clinical outcomes.

What a concept!

Furthermore, who better to head the health care team and manage that care than a physician, usually the primary care physician, right? But are we prepared to do that? Unfortunately, that may be another loss for us and another thing that we are giving away.

For instance, look at our primary care practices. More and more of us are working from "nine to five" and not taking call, not following our patients to the hospital or to the nursing home. The result is predictable. The insurance companies, home health nursing services, hospitals or other parts of the health care team will have one variety or another of "case manager" whose responsibilities will be to steer patients through the system with various agendas, quality care and good outcomes among the other financial aspects of them.

Back to **Bill Roes** - I want to compliment him on that great picture of his back that made the paper twice last year.

"...who better to head the health care team and manage that care than a physician, usually the primary care physician, right? But are we prepared to do that? Unfortunately, that may be another loss for us and another thing that we are giving away."

Truly, he was effectively demonstrating the highest ideals of what our patients want us to be - "there for them - the leader of their health care team!" That photograph may have done more to restore some of our patients' faith in us and in the system than all the press for the year combined. It represented a commitment.

I think we need to think carefully about the new concept of "hospitalists" and about how we may be deserting our patients in other important parts of the health care system, notably the nursing home. I think we need to remind ourselves what the meaning of "primary care" is all about. Or else, we need to not complain when "case managers" become more of a constant in the care of our patients than we are. Meanwhile, thanks Bill for being among the best of us!

Don't worry, I've got one for the specialists too! ■ *JMW*

Membership meeting well attended, educational, entertaining

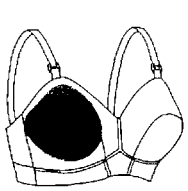
Judith Lipton, MD kept them laughing at the February General Membership Meeting, where she was the featured speaker. "Men and Women are From Earth," her topic for the evening, dove into the assumption that at the core of human behavior lies biology.

Dr. Lipton is a psychiatrist and her husband a professor of animal behavior at the University of Washington and a zoologist by training. "My husband was studying duck aggression and I was studying people in Woodinville," she said. "And, we were animal amateurists, with my husband being the only unneutered male on our huge farm of animals."

In comparing and contrasting animals and people, in relation to sex, she provided an evening of education and laughs, noting that pygmy goats and humans are the only two species where females desire non-productive sex.

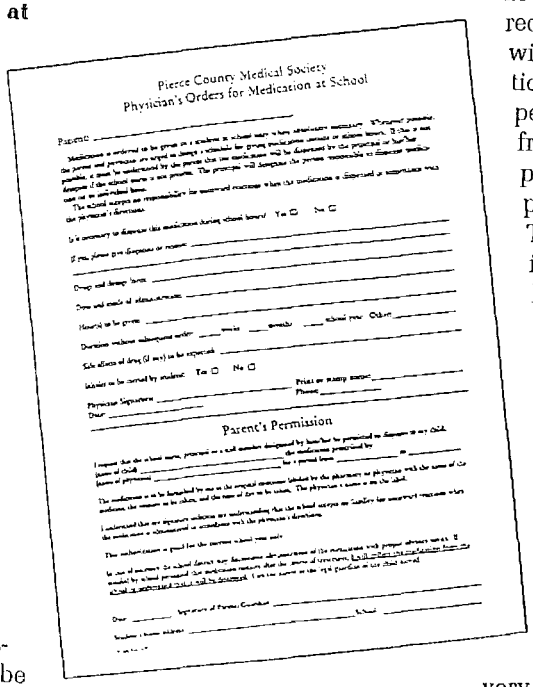
"The male/female roles have evolved over 4 million years and our culture has been trying to minimize the differences. There has been a revolution since ortho/novum," she said, noting the advent as a point change in history. "We are experiencing mixed up expectations and now dealing with very complex issues."

Dr. Lipton's book, "*Making Sense of Sex: How Genes & Gender Influence Relationships,*" is available at Borders Books, or on the internet at www.amazon.com.■



Administering medications at school requires permission; form available

The Public Health/School Health Committee, chaired by **Larry Schwartz, MD,** has an updated version of the **'Physician's Orders for Medication at School'** form. The form is recommended for use in all Pierce County School Districts.



Pierce County Medical Society
Physician's Orders for Medication at School

Parent's Permission

Signed by the physician and the parent, the form instructs school personnel when and how to administer medication during school hours. Dose and mode of administration, hours to be given and possible side effects to watch for are all included on the form. The authorization is good only for one school year.

Most school districts go to great lengths to not administer medication during school hours but will do so if required and with instructions and permission from the parent and physician. This form is very helpful in making sure that all three parties are involved and understand very specific instructions. Please call the Medical Society, 572-3667 and a copy of the form can be faxed or mailed to you.■

A Sleeping Giant to Making Policy Giant

Speaker of the House Clyde Ballard (D-Wenatchee) addressed the January 27 WSMA Legislative Summit in Olympia telling the 125 attendees that physicians could be making a tremendous impact in the policy-setting arena if they would become involved in the political process. He stated that the doctors are not making nearly the impact that they could be if they would become more involved at the local level with their individual legislators. Ballard and Senator Dan McDonald (R-Kirkland) addressed the gathering of statewide physicians attending the Legislative Summit.

As the issues in the 1998 Legislative Session are not as "burning" as we have seen in the past, attendance at the Summit meeting was not as great. Approximately 25 PCMS members attended and had the opportunity to meet with their legislators. WSMA had prepared issue packets for the attendees to prepare them for their meetings with the legislators. The issues had been prioritized by the Interspecialty Council and the Board of Trustees.

The top four were:

- Continuing support for universal access, particularly appropriate funding for the Basic Health Plan and expansion of access for children to 250% of the federal poverty level was a major prioity.
- Partial repeal of the Certificate of Need (CoN) which included non-tertiary hospital services, ambulatory surgery centers (ASCs), psychiatric hospitals, and kidney dialysis.
- Support for the agenda of the Liability Reform Coalition
- Opposition to legislation increasing the scope of practice or other health professional groups including ARNPS who wish to complete their prescriptive authority for controlled substances and optometrists who propose legislation allowing them to prescribe all drugs through any means.

Attending for PCMS were:

25th District - **Rebecca Sullivan**

26th District - **Arthur Vegh**

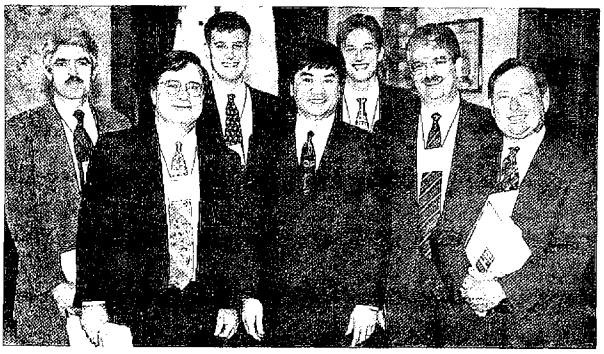
27th District - **Mian Anwar, George Noble, Don Russell, George Tanbara, James M. Wilson, Jr.**

28th District - **Mark Gildenhar, Maria Mack, Peter Marsh, Michael Olejar, Vita Pliskow, Charles Weatherby, Alan White, Michael Young**

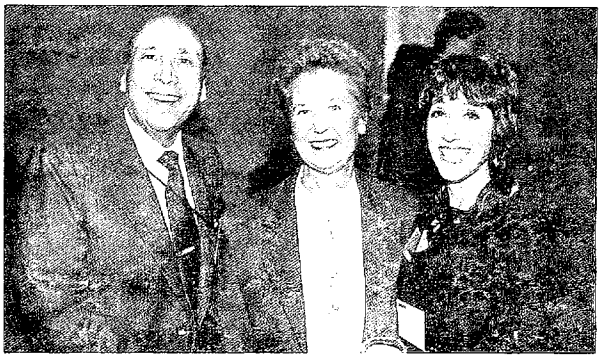
30th District - **David Judish**

31st District - Anne Meyer

41st District - **Christopher Kuntz** ■



Peter Marsh, MD, WSMA President (front, left) and WSMA representatives meet with Governor Gary Locke (front, center)



Anesthesiologists, Drs. Mian Anwar (retired) and Vita Pliskow flank Senator Shirley Winsley (R-28) at the legislative reception

From left, Drs. Don Russell, Mian Anwar, James M. Wilson, George Tanbara and George Noble meet with Senator Lorraine Wojahn (D-27), center, at the Legislative Summit

WSMA seeks nominations for officers, trustees and committee members

WSMA is requesting nominations from county medical societies for officer, trustee and AMA delegate/alternate delegate positions for 1998-1999. The Nominating Committee will meet in May to prepare a slate of nominees for presentation to the House of Delegates at its 1998 Annual Session, October 1-3 in Bellevue.

The Nominating Committee is required to present to the House of Delegates a slate of at least one nominee per open position. Additional nominations may be made from the floor of the House of Delegates.

WSMA council and committee appointments are also open. Suggested council and committee appointments will be forwarded to WSMA President-Elect Mark Adams, MD, for his review and action.

A sampling of Council/Committees include Bylaws Committee, Council on Professional Affairs, Finance Committee, Industrial Insurance and Rehabilitation Committee, Judicial Council, Medical Education, Medicare Liaison Committee, Membership Credentials Committee, Nominating Committee, Physician/Pharmacist Relations Task Force, Rural Health Committee, Scope of Practice Task Force, WAMPAC, as well as many others. For a complete list, you may call PCMS, 572-3667 and a copy can be faxed to you.

Suggested nominations must be returned to the WSMA Seattle office no later than Friday, April 24, 1998. A curriculum vitae or background information must be submitted with all suggested nominations. ■

Member climbs Mt. Kilimanjaro

Five Seattle based climbers made their way to Africa early in February to climb the 19,340 foot Mt. Kilimanjaro as a benefit for CARE, the international humanitarian organization.

Richard Wohns, MD, Tacoma neurosurgeon was one of the five, which also included a Starbucks manager, a retired cable company officer, a Medalia healthcare executive and the director of the local CARE office.

Each climber pledged to raise $10,000 from sponsors, with several local corporations donating footwear, gloves, and cash to rent a satellite phone to make daily transmissions back to their website, **www.mountainzone.com.**

This is the third year that the eight-day climb has been offered. CARE works to promote health awareness, build effective educational systems, improve the environment and help women start small business enterprises.

Congratulations, Dr. Wohns. ■

Medical Assistants group meets monthly

Medical Assistant's are healthcare's most versatile professionals. They are constantly in demand and often difficult to find.

The Pierce County Chapter of Medical Assistants (PCCMA) meets monthly to promote the professional growth of medical assistants through continuing education.

PCCMA meets the second Monday of each month (March 9) except for July and August, in the cafeteria of Allenmore Hospital. Continuing education credits are offered. The meeting starts with a guest speaker at 6:30 pm, followed by a short business meeting. The speaker for the March meeting will be Lisa Russell, CMA, talking about ICD-9 and CPT coding.

For more information about the PCCMA, including membership, please call Lori Stevens, CMA at 474-4878. ■

Pierce County Medical Society

invites you and your spouse/guest to the

April General Membership Meeting

Tuesday, April 14, 1998
Social Hour: 6:00 pm
Dinner: 6:45 pm
Program: 7:45 pm

Landmark Convention Center
Temple Theatre, Roof Garden
47 St. Helens Avenue
Tacoma

Third Party Payors: Coping Strategies

featuring

Andy Dolan, JD

Health care attorney
Experienced physician organization advisor

- Are you waiting an hour or more for pre-authorization calls?
- Have you experienced claim payments being delayed 5 to 6 months or more?
- Are your claims being rejected without good cause?
- Have you found cash flow problems as a result of payors not paying in a timely manner?

(Registration required by April 10. Return this form to: PCMS, 223 Tacoma Ave S, Tacoma 98402; FAX to 572-2470 or call 572-3667)

Please reserve _____ dinner(s) at $19 per person (tax and tip included)

Enclosed is my check for $ _____ or my credit card # is _____

☐ Visa ☐ Master Card Expiration Date _____ Signature _____

I will be bringing my spouse or a guest. Name for name tag: _____

Signed: _____ Thank you!

A day and evening with

Connie Podesta

International speaker, author, educator, counselor, playwright, comedienne, songwriter, actress

Wednesday, March 25, 1998

Pantages Theatre ⋄ Tacoma

Get ready for an energy-charged day and evening of insight, information, and entertainment as Connie Podesta explores some of life's most serious issues with humor and pizzazz...

Quality ⋄ Teamwork ⋄ Diversity ⋄ Leadership ⋄ Conflict Resolution ⋄
Customer Service ⋄ Empowerment ⋄ Dealing with Difficult People

In addition to her full-day program, Connie will present an evening performance of her own one-woman dramatization:
"Journey" — an adventure from childhood to retirement.

FULL-DAY PROGRAM
8:30 a.m. - 4 p.m. ($75 per person)
5 Hour CE Credits

EVENING PERFORMANCE OF "JOURNEY"
7 p.m. - 8:30 p.m. ($15 per person)
Both events are open to the public

For tickets or information, contact the Pierce County Dental Society at

(253) 274-9722

Presented by the Pierce County Dental Society

A day and evening with
Connie Podesta
Wednesday, March 25, 1998

Bulk Rate
U.S. Postage
PAID
Tacoma, WA
Permit # 23

Pierce County Dental Society
221-B Tacoma Ave. S.
Tacoma, WA 98402

"A Day and Evening With Connie Podesta," March 25, 1998

Yes, I want to attend! Please send me:

_____ tickets @ $75 each for **"A Day With Connie Podesta"** (8:30 a.m. - 4 p.m.)
(This program will provide 5 CE credits)

_____ tickets @ $15 each for **"Journey,"** A one-act play (7 p.m.)

Method of payment: ❑ check *(make checks payable to Pierce County Dental Society)*
❑ Visa ❑ Mastercard

Total payment: $_____

If paying by credit card, please provide the following information:

Name on card _____

Card number _____ Exp. date _____

Please send tickets to: *(please print clearly)*

Name _____

Street Address _____

City _____ State _____ Zip _____

Return this form with your payment to:

Pierce County Dental Society
221-B Tacoma Ave. S.
Tacoma, WA 98402
(253) 274-9722

EVERGREEN emc

Dear Physician,

It doesn't take a psychic to see that electronic claims processing is the wave of the future. But why wait until later 1998 ---- when Medicare makes it mandatory ---to start taking advantage of this incredible technology?

At EVERGREEN emc, we offer the following immediate benefits:

- Improved cash flow (direct payment within 14 days)
- Overnight confirmation of claims acceptance
- Fewer errors and rejections
- Lower overhead

But we won't just tell you about the advantages of electronic claims processing ---- we'll show you, with a 30 day FREE TRIAL OFFER! That's right, you can receive an entire month's worth of electronic claims processing on us. And if you're not completely satisfied, you're under NO OBLIGATION to continue---- and you'll owe us nothing!

So why not give us a call at (253) 847-0724 and start your free trial today. You'll be glad you did.

Sincerely,

Orville Hern
Customer Service
EVERGREEN emc

(paid advertisement)

EVERGREEN emc Suite 4397 Spanaway, WA98387
(253) 847-0724 FAX (253) 847-6743 or 800-475-0848 FAX 888 790-5564

"The Brown Recluse Spider Doesn't Live Here"

by Terry Whitworth, PhD Entomologist

The title of this article may seem strange, but the message needs to reach many physicians in Pierce County. At the recent Tacoma Home and Garden show, I spoke with literally hundreds of people who had spider encounters and many who said they were bitten. Most claimed their doctor told them the bite was from a brown recluse spider (loxosceles recluse) or its close relatives (loxosceles spp).

As a professional entomologist, I receive hundreds of spider identification requests each year. Many are brought to me as suspected brown recluse spiders. In 23 years of examining spiders collected in the Northwest, none have been the brown recluse. Over the years, a few specimens of brown recluse spiders have been collected from homes in the Northwest. In each case, they were associated with persons who had recently moved from the Midwest or South where these spiders are common.

The consensus among Northwest entomologists and arachnologists is that virtually all the suspected brown recluse bites in the Northwest are from the hobo spider (tegenaria agrestis) also known as the aggressive house spider. This spider is one of the most common house spiders in the Northwest. We have been aware of its venomous nature since the early 1980's although it has been in the Northwest since the 1930's.

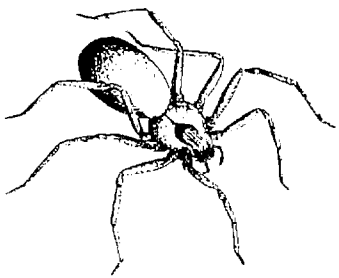
In recent years the range of the hobo spider has expanded and it has now been confirmed in Washington, Oregon, Idaho, Montana and Utah. Throughout its range there have been numerous confirmed bites, some with serious consequences including death and amputations.

It's important for physicians to correctly identify the species responsible for a spider bite. The recommended treatment for a hobo spider bite is different than that from a brown recluse. I realize that a physician will rarely see the spider that did the biting. If you must make an assumption, and the bite occurred in the Northwest it is almost certainly from a hobo spider. In addition, misinformed patients who have been bitten are looking for the wrong pest in their homes. Not all spiders are bad and it's not my intention to create a general dislike for them. However, the hobo population in Pierce County is at the highest level I've seen in my career here. They are a very real danger to people who don't know about them.

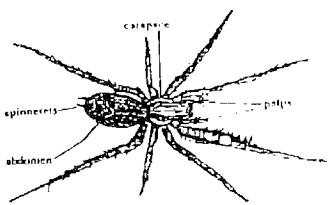
If you would like to learn more about the hobo spider, log on to Darwin Vest's **hobo spider website at http://www.ser.net/~dkv/hoboindx.html.** Darwin has been studying the hobo spider for 20 years. He has published numerous articles on it and his website includes detailed advice for physicians.

You can also get information on local spiders from Washington State University Extension Service bulletin "spiders" EB1548 and "the aggressive house spider" EB1466 by calling (253) 798-7170.■

The Brown Recluse:



Female Hobo, 3x life size:



Adults of both spiders are approximately 3/4" across

Physicians volunteer for staffing of legislative health clinic

The WSMA and WSMGMA have undertaken a pilot project in efforts to revitalize the volunteer physician participation in The Legislative Health Clinic. Northwest Physicians Network was the first organized group of physicians who stepped up to the challenge to provide these physician recruitments. Congratulations to Pierce County!

Michael Young, MD greets Senator Shirley Winsley (R-28) at the entrance of The Health Clinic

The Legislative Health Clinic is a small two-room facility located in the Capitol Building on the first floor directly beneath the office of the governor. Originally established twenty-some years ago by the University of Washington School of Medicine, it is open each weekday morning during the legislative session from 8:30 am to 12:30 pm. The volunteer physician is asked to be on duty between 9:00 and 12:00.

There are two salaried registered nurses who alternate duty during each session on a daily basis. Both are "seasoned" health professionals who are familiar with the Hill, its inhabitants and its peculiarities.

The clinic's services are free to legislators, staff and visitors to the Capitol. The only drugs available are OTC. Patients are required to pay for having any prescriptions filled. Any condition of a serious nature is referred out, and Medic I is available for emergent situations.

The parking is strictly VIP - the attendant at the entrance to the circle north of the Capitol Building welcomes the visiting physician and directs him/her to the parking space and to the clinic's location.

Family members are welcome to come along and participate in campus tours, sit in on hearings or watch floor action. The physician is provided with a pager to free him/her to leave the clinic when he/she is not busy with patients.

WSMA staff greets the Physician-for-a-Day in the morning and brings him/her up to date on legislative health care issues. Staff tries to arrange meetings between the physicians and their legislators. Most often the legislators just stop in at the clinic for a few minutes. All depends on how tight the legislators' schedules are on that day - and the patient load in the clinic.

For further details, contact Winnie Cline at 1-800-562-4546 or email **wmc@wsma.org.** ■

Mahmood Sarram, MD poses with Gigi Talcott (R-28), his Representative

IN GRATITUDE

I am deeply touched by the caring support shown by the medical community in the days following Harry's death.

I thank the Alliance President, Mona Baghdadi, and Alliance members for their generous contributions of food for the family and for the memorial service reception. The individual calls, cards, flowers and memorials were greatly appreciated, also.

I thank you for your loving kindness. Both of our families thank you, too.

Sharon Ann Lawson

The Invisible Hand.....

"The Fourteen Percent Fallacy"

There are three kinds of lies: lies, damn lies, and statistics. *Mark Twain*

Andrew N. Statson, MD

You know the argument: The health care industry represents 14% of the Gross Domestic Product and that is too high. There are several points made to back up this argument including;

❶ It is the highest percentage in the history of this country

❷ It is higher than in any other country in the world

❸ There are too many doctors

❹ The health care industry is inefficient and wasteful and

❺ Spending on health care can be safely reduced without affecting quality.

Since the basis of this argument is statistical I would like to start by discussing the statistics themselves. There are two questions about them - are they accurate and are they comparable?

I have no idea how accurate the 14% figure is. As a general rule statistics are only approximations. In medicine and biology we try to establish a significance level or a confidence interval with at least 95% probability that our conclusions are correct.

Government statistics are usually published without these confidence intervals. Yet there are two current discussions about the validity of government statistics. The reasons for these discussions are political and economic, not scientific.

The first one is the issue of the population census. We are starting to hear questions about the Census Bureau methods and the noise on this subject will probably increase as we approach the year 2000. If such a simple statistical endeavor as the count of the country's population can be put in question, what then about the much more complex data on the economy?

The second discussion has to do with the inflation level. The official point is that inflation has been overstated for a number of years. Since the tax brackets and Social Security benefits are indexed for inflation, a change in the index would make a difference of billions of dollars to the federal government and to the people.

In a recent meeting on the new Medicare regulations, the speakers made a big emphasis on fraudulent billings. The estimated overpayments by Medicare were close to 10% of the HCFA budget. Insurance fraud has been reported in a variety of fields, including car repairs for instance, so it probably is quite a problem. How accurate the estimates are is another story. Let us assume that 5% of the expenditures on health care are actually fraudulent, the services were not really provided. Did fraud exist in the past? Probably but when patients paid personally for their care they would have made sure they were charged properly.

An item probably not included in the 14% is the expense on "alternative medicine." Patients are much more open today than they were in the past so we hear more about it. I suspect alternative medicine has always been a significant part of the health care expenditures of the people.

An item included in the 14% is the overhead of the insurance companies. From the figures I have seen the most efficient companies use about 8% of their budget for operations and pay out 92% in benefits. The least efficient pay out only 70-75% in benefits. I could not find the figures for any government programs but I'll assume that overall 15% of the health care dollars go for the operation of the insurance companies. At the same time we, the physicians and the hospitals, spend an equal amount to meet the billing requirements of the government and private plans. My staff used to spend four hours a week on billing. Now it is more than 40. This does not include the cost of computers, programs and other modern needs imposed on us by the third party payors.

Finally, another item included in the 14% is our contribution to what I'll call "The Patients and Lawyers Compensation Fund". The liability premium I paid my first year out of residency was $360.00. Now it is one hundred times that much. The direct cost of insurance probably accounts for 7-8% of health care expenses. That does not take into account

See "Fallacy" page 10

"Fallacy" *from page 9*

the indirect costs - extra tests, procedures, examinations, consultations and recording we do "just in case" nor the time and effort spent preparing a defense when faced with a suit. There was an attempt to quantify the practice of "defensive medicine" but I don't remember it being successful. Defensive medicine is practiced at a subliminal, almost subconscious level. Overall I will estimate the expenditures brought about by the liability climate at 10% of the health care dollars. This is probably low, but I have tried to keep all my estimates on the low side.

Comparison with other countries would be even more difficult. One example of the difference in statistical gathering is the perinatal mortality rate. In the 1960s WHO came up with studies showing the U.S. with higher rate that most western countries. Yet reviewing the definition of birth showed that in some states any newborn over 300 grams was considered a birth and included in the statistics. In the remaining states the cutoff was 500 grams, while in some European countries it was 800 grams and in others no specific figure was given and the decision was left to the physician or midwife to declare the event a miscarriage or stillbirth if the patient made it to the hospital. If she miscarried at home, no record existed. The data on perinatal mortality was therefore not comparable even from state to state, let alone from country to country.

To conclude, according to my estimates, roughly 30% of the health care dollars are consumed by paperwork, 5% by fraud and 10% by defensive medicine, while when patients paid cash for their care very little, if any, of that existed. To compare the current 14% with the past we need to reduce it by 45%. So approximately 8% of the GDP is actually spent on taking care of patients, the remaining 6% on administration. In "The Statistical History of the United States" medical care does not appear as a separate category until the mid-1930s and data is very sketchy until about 1950. It seems health care represented about 6% of personal expenditures then. Now it is 8% higher, but not as high as we are led to believe. Still it is the highest in history. The reasons for that I'll discuss next month. ■ *ANS*

Applicants for membership

Allen, David D., MD
Family Practice
Practices with Multicare Physician Network, 7509 43rd St W, University Place 98466; 565-4477
Medical School: University of Texas at Houston
Internship: University of Texas
Residency: University of Texas

Ayars, Deborah J., MD
Pediatrics
Practices at 1901 S Union #B1010, Tacoma 98405; 572-5971
Medical School: Tulane University School of Medicine
Internship: Naval Hospital San Diego
Residency: Naval Hospital San Diego

Schoeppner, Harald L., MD
Gastroenterology
Practices with Digestive Health Specialists, 1901 S Union, #B4006, Tacoma 98405; 272-5127
Medical School: University of Wuerzburg (Germany)
Internship: Henry Ford Hospital
Residency: Henry Ford Hospital
Fellowship: Henry Ford Hospital

Trippel, Donald L., MD
Pediatrics/Cardiology
Practices with John McCloskey, MD at 314 MLK Jr Way, #202, Tacoma 98405; 552-1511
Medical School: University of Washington
Internship: Madigan Army Medical Center
Residency: Madigan Army Medical Center
Graduate Training: Medical University of South Carolina ■

Suggestions for Utilizing Vocational Rehabilitation Services (L&I)

The purpose of this document is to make attending physicians in Pierce County knowledgeable of claims management, the vocational process and clarification of the physician's role in facilitating communication with vocational counselors. These suggestions were developed by Mark Tomski, MD and Kirsten LePique, VRC, and reviewed by the PCMS L & I Task Force.

- Delivery of services in the workers compensation focus on returning the injured worker to work
- An industrial injury claim has two parts to be considered: 1) the medical portion and 2) vocational portion. The two are inseparable in the claims resolution process.
- The majority of claims are resolved with only the medical portion being considered because the worker returns to work rapidly, or misses no work at all.
- Up to 10% of claims, with diagnoses as common as low back strain or carpal tunnel syndrome, obstacles to return to the job of injury become the major financial driver in the system. These few claims account for over 80% of total costs.
- Time loss payment for lost wages accounts for 66% of the total costs of long term claims.
- Physicians must be aware of the seriousness of sanctioning time loss.
- If a worker is off work from an industrial injury for six months, the likelihood of returning to the job of injury is only about 50%. If a worker is off more than two years, the likelihood of returning to work is less than 2%.
- Retraining is appropriate in about 26% of claims referred for vocational assessment.

In accordance with RCW 51.32.095 through 51.32.250 and WAC 296-18A-420 through 296-18A-520 and guidelines from the Department of Labor and Industries, vocational services are provided in three phases:

I. Early Return-to-Work Intervention/Ability-to-Work Assessment:

- Initially it is the employer's prerogative to communicate with the physician regarding the patient's restrictions and any light duty possibilities. As the patient's length of time off work increases and the return to work issues become more complex, the claims manager assigns a vocational counselor.
- The vocational counselor's role is to determine whether the patient is able to return to work at a job held in the past, or whether the patient needs retraining. As part of this process, the following return-to-work priorities must be addressed:

  ❶Return to work with the employer at injury or current employer. The vocational counselor determines if the patient's previous job is available, whether it can be modified, and if a lighter duty position can be provided on a temporary or permanent basis. The counselor also facilitates the patient's return to work.

  ❷Ability to work at jobs held in the past 15 years for which the patient received past training.

  ❸Ability to work at a new job based on transferable skills from previous jobs.

- The vocational counselor must prepare a Job Analysis for each job being considered and obtain the attending physician's opinion regarding the patient's physical capacity to perform that job as outlined.
- If the patient is able to work according to any of the above return-to-work priorities, time-loss benefits are terminated when the assessment is completed or the patient returns to work.

See "Suggestions" page 12

"Suggestions" (from page 11)

- According to the industrial insurance laws, the wage and the desirability of a job are not contributing factors when determining a patient's ability to work.
- If the above return-to-work priorities are ruled out, only then is the patient eligible for retraining.

II. Return-to-Work Plan Development

- The vocational counselor works with the patient to develop a formal or on-the-job training plan that is within the Department's guidelines. The maximum length for a training plan is typically 12 months, and the maximum amount the Department will spend on a plan during that time is $3,000. Other funding sources may be used if necessary. In most training plans, the worker received time loss for the duration of training. In rare situations, extensions may be considered.
- The vocational counselor assesses the patient's ability to benefit from training by testing the patient's aptitudes and academic abilities.
- The attending physician is asked to address the patient's physical ability to participate in training and perform the duties of the job goal. A Job Analysis must be approved by the attending physician for the occupational goal of the training plan.

III. Return-to-Work Implementation

- This phase usually begins and ends on the dates that the patient begins the training plan.
- The vocational counselor monitors the patient's progress in the training plan and manages any complications in order to facilitate a successful completion.

Much like the physician's responsibility to handle issues and provide documentation on the medical side of a claim, vocational counselors are expected to complete the above services within specified time frames or be subject to a Department audit. Not only does a physician's timely response to Job Analyses and other correspondence help the vocational counselor stay within these time frames, it facilitates the rapid resolution of the claim process. Therefore, the patient receives appropriate services, timely wage loss replacement, and faster resolution of the claim. This decreases everyone's costs and avoids the always frustrating need for the bureaucratic practice of medicine which wastes time (remember, time is the enemy) and resources through unnecessary Independent Medical Exams, Physical Capacity Evaluations, and the like. Instead, we can forge a collegial and collaborative relationship with the vocational counselor and provide optimal service to our patients. ■

COLLEGE OF MEDICAL EDUCATION

Internal Medicine Review 1998 Scheduled for March 12 and 13

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 topics and was organized this year by **Vernon Nessan, MD.**

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

To register or for more information regarding this popular program, please call the College at 627-7137.

This year's program includes presentations on the following:

- COPD, Emphysema & the National Emphysema Treatment Trial
- Pain Management in the Ambulatory Setting
- Community Acquired, Hospital Acquired and Ventilator Associated Pneumonia
- HBP, End-State Renal Disease & Transplantation
- Endothelial Function in Ischemic Coronary Disease
- Hypertension - Special Considerations
- Hepatitis - New Therapies
- Management and Indications for Anticoagulation
- Acute Stroke
- Organ Recovery Program in WA
- Osteoporosis Management
- Type II Diabetes - Treatment Options
- Diabetic Complications
- Depression & Sexual Dysfunction ■

Maui CME registration remains open

Space is still available to join your colleagues and their families for spring vacation in beautiful Maui, during the College's "resort" conference April 6-10, 1998.

Reservations can be made on a space available basis by calling (800) 367-2960 or (808) 879-1922. You must identify yourself as part of the College of Medical Education group.

For help with airline reservations to Maui, please call Marilyn at Olympus Travel, 565-1213. For additional information or a program brochure, call the College at 627-7137.■

Allergy, Asthma & Pulmonology CME set for May 1

The College's CME program featuring subjects on allergy, asthma and pulmonology is set for Friday, May 1 at St. Joseph Medical Center. The course is under the medical direction of **Alex Mihali, MD.**

A brochure with details regarding the conference is scheduled to be mailed in late March. ■

Dates	Program	Director(s)
Thursday & Friday March 12 - 13	Internal Medicine Review	Vernon Nessan, MD
Monday - Friday April 6 - 10	CME at Maui	Mark Craddock, MD
Saturday, April 25	Surgery Update 1998	Allen Yu, MD
Friday, May 1	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 5	Nuts, Bolts & Innovation in Gastrointestinal Disease IV	GaryTaubman, MD Rick Tobin, MD
Thursday - Friday June 25 - 26	Advanced Cardiac Life Support	College of Medical Education

SUN, Great Skiing and Quality CME at Whistler AGAIN

CME at Whistler, the College's winter resort program was a huge success with great skiing and quality CME.

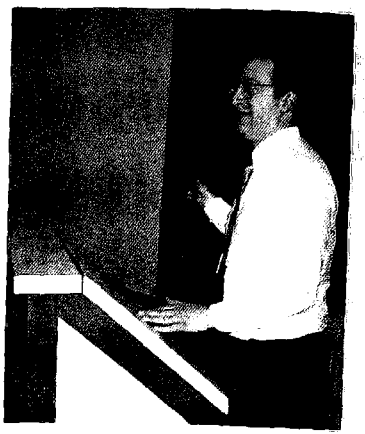
The program brought together a number of Pierce County physicians in British Columbia for family vacationing and quality CME. A number of physicians outside Pierce County also joined the group.

The program featured a potpourri of educational subjects of value to all medical specialties.

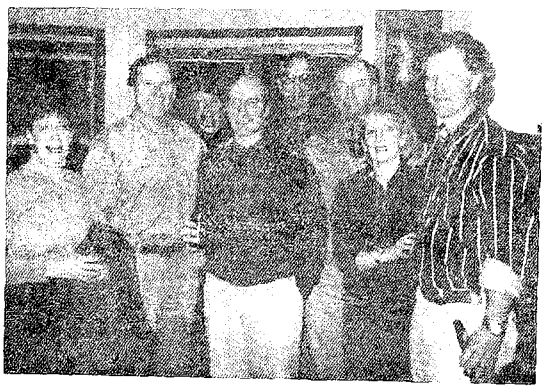
Conference attendees particularly enjoyed the rare opportunity to have in-depth discussions about clinical situations.

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

The College plans to offer a ski CME program next year and will likely return to the Whistler resort area. ■



Jim DeMaio, MD makes a point in his infectious diseases lecture

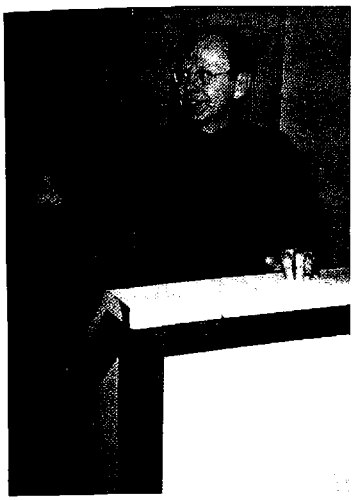


Anticipating great skiing are (from left) Karyl and Bill Martin, Debbie and Alex Mihali (back), John Lenihan (front), Bill Jackson, Donna Spadoni and Robert Osborne

Radiologist Drew Deutsch and daughters Hannah (left) and Molly enjoy the sun before skiing

Steve and Sheila Settle are all smiles looking forward to the next three days of great skiing

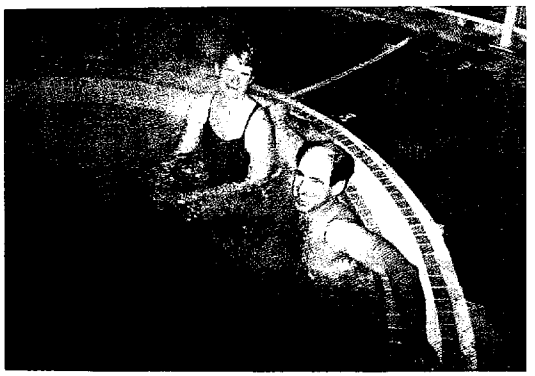
Greg Ostergren, Darlene (right) and Hanna are off to Whistler Village after a day of cross country skiing



Tim Schubert, MD, makes a point during his lecture, GI Potpourri

Matthew White, MD enjoyed the beautiful scenery while skiing

Conference Director John Jiganti, MD, and his youngest son, Kyle



Judy Pauwels, MD and Tom Truesdell enjoy the condo hot tub following a great day on the slopes

John Lenihan, MD, right, a conference speaker and friend Joe Loya head for the mountains

Stu Freed, MD former PCMS member and Mike Hansen, visit from Wenatchee

Mary Ann and Gary Bloomgren flank Alex Mihali while they take a break on the slopes

Nacht recipient of Community Service Award

Jeff Nacht, MD, Tacoma orthopedist, was honored at the 21st Annual Scholar-Athlete Awards Banquet on February 1, 1998. Sponsored by the Tacoma-Pierce County Chapter, national Football Foundation and Hall of Fame and the Tacoma Athletic Commission, the award program provides honor and recognition to Tacoma-Pierce County high school athletes for their scholarship, athletic performance and leadership ability. The program has national significance with more than 85 geographical chapters throughout the United States.

Presented in conjunction with the student awards is the Kurt Gegner Community Service Award. Each year a community leader is recognized for making distinguished contributions to athletics in Tacoma-Pierce County. The award is named in honor of Kurt Gegner, one of the founders of the local chapter and a person who exemplifies the highest ideals in the sports community.

Dr. Nacht follows other distinguished leaders in receiving the award, including Stan Naccarato, Dick Webster, George Nordi, John Woodworth and last year's recipient, Ray Magnuson. ■

Jack Mandeville, MD retired member, dies after extended illness

Jack Mandeville, MD, retired ophthalmologist passed away February 19 after an extended illness.

Dr. Mandeville was a PCMS member for 45 years. He began his private practice in Tacoma in 1952 and retired in 1986. He was a graduate of the University of Michigan Medical School and interned at Tacoma General Hospital in 1947-48.

As the *Bulletin* goes to press, arrangements have not been announced, but condolences are offered to his wife, Marilyn and their two children. ■

the Pulse
Pierce County Medical Society Alliance

President's Message

I trust you and your family have recovered from the nasty flu bug that was going around and what a great time of year it is to live in the Puget Sound area. Spring officially begins on the 20th and already the local nurseries are overflowing with tempting plants, shrubs and trees. Gardening is a fun and healthy way to reduce stress. Try it.

Alliance continues to work on projects great and small. Although our annual fundraiser is over our help is still needed in the community.

The women's shelter needs supplies all year round. Following our March program, we will be collecting items to take to the shelter. Suggested items include - cleaning materials, paper products, womens personal products and specialty foods like salad dressing as well as Mexican, Asian and diabetic goods.

Please remember our S.A.V.E. project has placemats and coloring books for children's preschool and kindergarten classes. If you would like to order some for your child's or grandchild's class please call me at 851-6306.

I will conclude with an Irish Blessing in honor of St. Patrick's Day.

May the Irish hills caress you.
May her lakes and rivers bless you.
May the luck of the Irish enfold you.
May the blessings of St. Patrick behold you.

Mona Baghdadi ■

Philanthropic Dispersement Update

by Fran Thomas

Thanks to a very successful Holiday Sharing Card we were able to disperse the following funds on February 9, 1998:

$1000 to the Neighborhood Clinic for much needed medicine

$500 to the Pierce County Aids Foundation for their Essential Needs Bank program

$500 to the American Lung Association of Washington to send two campers to Asthma Camp

$1050 to the Tacoma Area Literacy Foundation for instructional supplies

$1000 to the Prison Pet Partnership program to purchase two lightweight foldable wheelchairs

$4750 to the YWCA of Tacoma and Pierce County Women's Support Shelter to fix up several rooms

$5035 to the Baby Think it Over program. We have ordered 20 dolls of ethnic origins to be placed in two Tacoma middle schools - Jason Lee and Baker.

On Monday, February 9, I visited the Purdy Women's Prison and delivered two used wheelchairs donated by **Bob and Helen Whitney** to be used in their Prison Pet Partnership program.

I was also given a tour of the facilities by Carolyn Moyer who is the Executive Director of the program. I was hoping for a photo opportunity, however, my camera was checked at the gate!

Thank you again for your generous support to the community. ■

Women's Spring Break May 1-3

We will travel by ferry from Port Angeles to Victoria. Some of us plan to stay at the Pointe Resort as they have a wonderful spa and indoor heated swimming pool and hot tub.

I will have a detailed itinerary with prices in next month's *Bulletin*. Please mark your calendar. Call me if you need babysitting recommendations. Mona Baghdadi 851-6306 ■

Social Event

Friday, March 20th will be our next General Meeting at 10:00 am at the Washington State History Museum, 1911 Pacific Ave. Tacoma, 272-3500. We will tour the museum on our own.

We will have lunch at Grazie's Gift Shop and Restaurant across from the museum. Reservations are required.

RSVP by March 15 to Yolanda Bruce, 4822 105th Ave NW, Gig Harbor. 265-8190.■

Truisms to ponder

Lottery: A tax on people who are bad at math.

Puritanism: The haunting fear that someone, somewhere may be happy.

Few women admit their age. Few men act theirs.

We are born naked, wet, and hungry. Then things get worse.

Change is inevitable, except from a vending machine.

Why are there interstate highways in Hawaii?

Why do we play in recitals and recite in plays?

Why does your nose run and your feet smell?

Hermits have no peer pressure.

Why is it that when you transport something by car, its called a shipment, but when you transport something by ship, its called cargo?

What is a free gift? Aren't all gifts free?

If an orange is orange, why isn't a lime called a green or a lemon called a yellow?

I live on a one-way dead-end street! ■

POSITIONS AVAILABLE

Tacoma/Pierce County, Outpa- tient general medical care at it's best. Full and part time positions available in Tacoma and vicinity. Very flexible schedule, well suited for career redefinition for GP, FP, IM. Contact Andy Tsoi, MD (253) 752-9669 or Paul Doty (Allen, Nelson, Turner & Assoc.), Clinic Manager (253) 383-4351.

Bremerton/Washington. Take a ferry ride west of Seattle to this picturesque community. Seeking Staff Physicians for 18,000 volume ED and 44,500 volume Primary Care Clinic with low acuity, 10 and 12-hour shifts, family practice resident and PA coverage. Must be BE/BC in EM or Primary Care Specialty with one out of the last three years EM or Primary Care experience. Contact: Lori Kerness, EMSA, 1-800-422-3672, ext. 7456; FAX (954) 424-3270. EEO/AA/M/F.

Rheumatology. Group Health Permanente is currently seeking two rheumatologists. One position is a .8 permanent position in Tacoma, and the other position is a part-time locum tenens position in the Seattle area. We are a new physician-managed organization affiliated with two well-established HMOs, Group Health Cooperative of Puget Sound and Kaiser Permanente. For further information, call (206) 448-6543 or fax CV and cover letter to (206) 448-6191.

AMBULATORY CARE, Seattle area: $96K for 7 days biweekly. Pediatrics required. Includes liability, benefits, 3 weeks vacation, CME. 1-800-926-5773.

OFFICE SPACE

New office space available on 13th and Union. Up to 1400 sq. ft., ground level, lab and x-ray facilities in adjacent suite. Mountain view. Call Vernelli at (253) 756-2182. ■

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

April, 1998

President Jim Wilson (left) and President-Elect Larry Larson attended the AMA National Leadership Conference in Washington D.C.

See story, page 4

Inside:

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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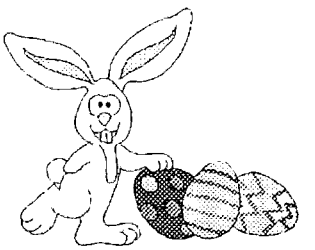
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN



April, 1998

Features

Departments

News briefs

President's Page.....

"Chronic Pain"

James M. Wilson, Jr, MD
President, 1998

Most physicians in almost any specialty of clinical practice face the difficult issue of caring for patients with chronic pain. Whether the diagnosis is fibromyalgia, chronic pain syndrome, irritable bowel syndrome, one of the headache syndromes, back pain, cancer pain, etc. these patients are among the most challenging and often frustrating patients we see.

We go to meetings with academic physicians who tell us about the various modalities for dealing with this - pain clinics, antidepressants, biofeedback, nonsteroidals, alternative medicine techniques and yes, opiods. After they wade through the others, the bottom line is always the same - we just don't use enough pain medicine to keep our patients comfortable. The risk of addiction is very low and we just don't use enough.

This message seems to fly in the face of the state statutes as interpreted by the Medical Quality Assurance Commission, formerly the State Medical Disciplinary Board, which uniquely has the roles of accuser, judge, jury and enforcer. We are promised due process but that has not been the experience of our colleagues who have faced accusations.

In fact, several members of our medical community have, over the last few years, been confronted by charges of inappropriate prescribing. Generally it has been a complaint from a patient, family or pharmacist which starts the cascade. Investigators then visit your office and find the charts of those difficult patients that most of us have. Then restrictions are placed on your prescribing habits which, in turn, may result in contracts with payors being withdrawn, thus decimating your practice before you have had any due process.

Also, review of some of these cases clearly shows that if there is a problem, it is most often with the documentation and not the care itself. Unfortunately, the Medical Quality Assurance Commission does not review this and suggest some improvement in documentation, they simply describe it as inappropriate prescribing. I suspect that they fear being criticized as a "good old boy" organization.

Does this behavior help with the perceived under-prescription of opiods? I think not. It runs the risk of making us paranoid about giving patients the analgesics they may need.

I urge you to protect yourself by clearly documenting on patients treated for chronic pain. The important issues are:

- The diagnosis
- The nature and level of pain
- Other - presumably non-narcotic modalities that have been tried
- The medication and dosage
- Document that the medication has helped and improved quality of life or function

Follow up on a regular basis

A chart form or a computer generated flowsheet may be helpful. Above all, we must provide for the comfort of our patients. ■ *JMW*

"We are promised due process but that has not been the experience of our colleagues who have faced accusations."

Representative thanked for liabilty reform efforts

Representative Tom Huff

Physicians in Pierce County should give thanks to Representative Tom Huff (R-26), prime sponsor of the 1998 liability reform issue that was supported by WSMA. Huff represents Gig Harbor, NW Tacoma and South Kitsap County in the state legislature.

Known as House Bill 1804 or the Liability Reform Package, the proposal included three parts of interest to physicians:

- Allow an employer who discloses job performance information about an employee to be presumed to be acting in good faith and to be immune from civil liability for the disclosure.
- Eliminate the fixed rate of 12% in favor of the variable rate to better reflect the market interest rate.
- Require that a plaintiff receive a certificate of merit that a qualified expert has been consulted to determine the merits of the claim and would be willing to testify that negligence occurred to cause the plaintiff's injuries.

Although the proposal was defeated, the efforts of Representative Huff should not go unnoticed. It is likely that he will see repercussions from the trial attorneys for his position on this particular bill.

Physicians are urged to remember his efforts and provide support for him at election time.

Thank you, Representative Huff. ■

PCMS leaders attend National Leadership Conference in DC

Drs. James M. Wilson and **Larry A. Larson,** PCMS President and President-Elect respectively, attended the AMA National Leadership Conference in Washington, D.C. in mid-March.

Appearing before the gathering of the nation's medical leaders was much of the power structure of the Capitol city.

President Clinton asked the doctors to support his proposal that would expand Medicare and the "Patient Bill of Rights" legislation that he said would, "...put medical decisions back into the hands of doctors and their patients. When a doctor spends almost as much time with a bookkeeper as a patient, something's wrong. If you have to spend more time filling out forms than making rounds, something's wrong, and when something other than the best interest of the patient is the bottom line, then something's wrong."

Senator Ted Kennedy called for congressional action to protect managed care enrollees. "It is time to take decisive action to ensure that patient care decisions are made by physicians, not insurance company accountants," said Kennedy.

House Speaker Newt Gingrich predicted that Congress would "pass some kind of patient protection bill" this year. "But it is not going to solve the problem," he said.

Senator Phil Graham also criticized consumer protection proposals. "I look at (the patient bill of rights) and I see very few rights, and I see a lot of costly mandates," he said.

Retired General Colin Powell spoke for over an hour to a captivated audience. He spoke eloquently of his youth in the South Bronx and the values his parents imparted to him. He was very well received.■

Please send your E-mail address to PCMS

The Medical Society would like very much to have your e-mail address. We promise no junk mail.

We continue to have a lot of e-mail messages bounce back to the office because of fatal addresses or addresses no longer in use. Particularly for those members who are using Physicians On-Line as a server.

If you have a new address, please send us a note (e-mail) to pcmswa@pcmswa.org!

Be sure and visit the PCMS home page at www.pcmswa.org.■

"Medical Discipline"

by Michael P. Young, MD

"No one is fit to be trusted with power...No one...Any man who has lived at all knows the follies and wickedness he's capable of. If he does not know it, he is not fit to govern others. And if he does know it, he knows also that neither he nor any man ought to be allowed to decide a single human fate."

Sir Charles Percy Snow
The Light and the Dark, 1961

Michael Young, MD

As one who has been through the gauntlet of medical discipline, there are three things I would tell you about the Medical Quality Assurance Commission (MQAC or "emquack" in the jargon).

•First, before the occasion ever arises, know <u>when</u> and <u>how</u> to pick an attorney.

•Second, if you ever do encounter the Commission, tell everyone you know everything you can about what is happening to you.

•Third, be aware that if you sign any Stipulation to Informal Disposition (STID), Agreed Order or other settlement with the MQAC you will lose provider contracts and memberships in insurance plans, HMOs, hospitals, specialty boards and other professional organizations.

These are three points you didn't need to know only a few years back. That you need to know them at all deserves a little more explanation.

Discipline is not a concept foreign to physicians, it is just not a concept we associate with medical practice. We all worship at the altar of continuous education, and we get that education in many ways. Besides courses, journals and Newsweek, much of what we learn comes from our colleagues. You can take a day for CME, but for my money, the curbside or telephone advice we get from our consultant who has synthesized all the relevant information and thoroughly knows the unpublished, real world treatment, can't be beat. We also learn from each other at meetings, whether the agenda is political, medical or just plain fun. We learn in more formal settings such as quality assurance and utilization management at hospitals, plans, practice associations and even from malpractice carriers. In all of these learning experiences we expect a collegial "give and take", a respect for our opinions, and a safe place to admit mistakes and explore new ideas. This system, as informal and patchwork as it might seem, works very well. Most patients receive the best possible care most of the time. But there is an alternative system at work, a dark side to this pastoral learning utopia.

Consider a system whose mission and duty is to protect and compensate the public. The secondary duty, only addressed after the first is satisfied, is to rehabilitate and punish providers. Add to this an extensive bureaucracy with formidable financial, administrative and legal resources. Now give oversight exclusively to the Governor's office and apply due process rules alien or unknown to most of us. Finally, add the term remedial to all educational efforts, change "discussing mistakes" to "admission of guilt" and delete "expressing your opinion" in favor of "failure to grasp the problem." You now begin to see the culture shock a physician encounters with the MQAC process. It is not like any QA you have ever experienced before.

You may encounter MQAC when you least expect it. A complaint must be made against you, but this is done anonymously (thanks to our whistle blower laws). Complaints must be made in "good faith", that is, in the belief that they are truthful, malicious intent not withstanding. When MQAC does make contact with you, you should act quickly with all other concerns put on hold. Your best chance for damage control is before the investigation is complete. Put simply, you want as much input as possible while the investigator is deciding whether there is enough evidence to make a case. It is too late when the investigator changes from finding evidence about a possible problem to an investigator seeking confirmation how serious the problem is. (i.e., going fishing vs. zeroing in on your prey).

So that is the "when" of getting a lawyer. The "how" must be quick and expert as well. First call your professional liability carrier. Decide what legal specialty you need based on the complaint. Look first to firms or individuals who have worked for physicians. The WSMA can give you several leads. Be proactive in your defense. Imaginative legal solutions are uncommon and imaginative <u>non-legal</u> and <u>common sense</u> solutions are almost unheard of from attorneys.

See "Discipline" page 6

Discipline from page 5

Your ideas have merit, and the inventiveness of necessity. Remember, you are the only expert on your practice.

Next, talk to your colleagues. You will quickly learn that there is a large body of experience and hard earned wisdom that may be more useful than any you can buy from an attorney. Talk to your representatives in the medical society, in your specialty society and in your district. Don't forget friends and family. The less isolated you are and the more spotlight you can bring to the process, the more likely you are to have a successful outcome.

Finally, the current reality in our market place is that a restricted license is equivalent to a suspended license. It is the not so subtle difference between not having a practice without a license and not having a practice with a license. If you are charged, do not sign away your right to a hearing without serious deliberation. This may seem an obvious point, until you are faced with the prospect of spending thousands of dollars, hundreds of hours and withstanding relentless and repeated investigations. Of course, you should take corrective action as soon as you are aware of a concern, but do not ignore your defense. Remember that MQAC is about protecting the public from wayward doctors. Whether your career is destroyed in the process is not the responsibility of the Commission.

Your medical society and the WSMA are valuable resources both for you individually and for all physicians collectively. MQAC is under scrutiny from the WSMA, just as the Medicare fraud and abuse initiative is under scrutiny from the AMA. Shedding light in dark corners is a very effective tactic, especially when the light comes from a medical society. Support your professional societies. It has never been more important. ■

Dr. Young, a family physician in Tacoma was disciplined in 1997 by the MQAC for over prescribing opioid analgesics to four patients with chronic non-malignant pain in 1994. He was released from restrictions on March 5, 1998.

PCMS Board of Trustees to meet with MQAC Representatives

If you have read Dr. Wilson's President's Page, "Chronic Pain" and Dr. Mike Young's article "Medical Discipline," about his personal experience, you will understand why the Board of Trustees has invited a representative of the Medical Quality Assurance Commission (MQAC) to meet with them at the May Board meeting.

There is widespread concern among the membership that Commission policy and procedures on treatment of chronic pain do not recognize some of the issues when treating the chronic pain patient.

A report of the discussion will be printed in the June *Bulletin.* ■

Tuberculosis Care in Pierce County

by James DeMaio, MD and Lawrence Schwartz, MD

The treatment of active tuberculosis cases in Pierce County has been a joint effort between the Tacoma-Pierce County Health Department and Infections Limited since November 1996. Infections Limited has been responsible for the workup of suspected active cases, initiation of therapy, and follow-up of complications. Our group has built a state of the art clinical facility which includes a negative pressure isolation suite with hepafiltration. This facility ensures the safety of both patients and staff. A physician is available 24 hours a day to answer patient questions and to handle complications of therapy.

The Tacoma-Pierce County Health Department has focused its efforts on critical public health issues in tuberculosis. A team of four outreach workers provide an aggressive directly observed therapy (DOT) program that is used to treat all tuberculosis patients in the county. Medications are administered either at the home, the workplace, or at a mutually convenient location. The outreach team also performs contact tracing in order to halt the spread of infection.

Positive skin tests and INH chemoprophylactic therapy are still handled by primary care providers. Indigent patients are eligible for INH chemoprophlaxis and follow-up through contracted providers in the county.

The new model of public health care in Pierce County has posed unique challenges. It has been essential to maintain excellent communication between the Infections Limited physicians and the TB outreach team. We have weekly meetings to review all cases and to maximize patient care.

Although the Pierce County model is a radical departure from the "traditional" health department, it is working well and has tremendous potential for increasing the quality of care while reducing cost. The new model allows private practitioners to do what they do best-provide quality health care with careful follow-up while freeing the health department to focus on critical public health functions - contact tracing, directly observed therapy, and epidemiological data analysis.

A review of the cases seen during the last year raises several important clinical points. They include:

❶ Tuberculosis is not uncommon in Pierce County. Forty-three active cases were identified in 1997. Although this number is a substantial increase from 1996, it differs little from the number of annual cases seen earlier in the decade. The State Health Department review of the 1997 cases found no evidence of clustering. Tuberculosis should be in the differential whenever a patient has prolonged cough, wasting, or fever of unknown origin.

❷ A substantial number of cases (75%) are among immigrants - primarily from Southeast Asia. Most of these cases represent reactivation of latent infection acquired before immigration. All immigrants who have not already received a PPD should be tested and offered chemoprophylactic therapy if appropriate.

❸ **A small number** of providers are still using the Tine test as an initial screen. This test is no longer acceptable and is outside the standard of care. Current CDC Guidelines are based upon the intradermal Mantoux test (PPD). We strongly encourage all providers to use the Mantoux test exclusively.

❹ There is a high degree of INH resistance (25%) within Pierce County. Because of resistance problems, **all** active cases should be started on a four drug regimen until susceptibility results have been obtained. There have been no cases of organisms resistant to more than two antimycobacterials during the past year.

The treatment of latent and active TB cases is relatively complex. We strongly encourage any provider caring for an active case to utilize the directly observed therapy program ensuring patient compliance as the best method for preventing future resistance. We are happy to assist with new active cases, PPD interpretation, or the use of chemoprophylactic regimens. Questions should be directed to either **Dr. Jim DeMaio** or **Dr. Larry Schwartz** at 627-4123.■

Remember This?

Washington Physicians' Union

(Please see accompanying article, "No More Fools for April 1" on page 9)

This commentary, by Nichol T. Iverson, MD, is reprinted from *The PCMS Bulletin* of September, 1985

Are you as happy about your practice of medicine as you were ten years ago? Do you envision a better climate for your practice ten years from now? My answer to these questions is a resounding NO. As a result of an article by Sanford Marcus, MD, "Trade Unionism for Doctors - An Idea Whose Time Has Come" (NEJM, Dec. 6, 1984), a Washington State Federation of the Union of American Physicians and Dentists (UAPD) is here to stay. This article by Dr. Marcus describes the current scenario in which we live and is must reading for all physicians who are unwilling to be pawns of the government, giant medical corporations or third party medical carriers.

Ironically under a "conservative" administration, a group of Americans has been told what they can charge for their services, is subject to fines, and is being coerced into making medical and ethical decisions based on government regulations. This "group" does not operate bulldozers for a living, but is subject to an increasing responsibility to provide more service and technology for less money, and continues to be held more liable for its decisions than at any time in history. The American Medical Association (AMA) was impotent in convincing the courts that the Deficit Reduction Act of 1984 violated the rights of physicians and patients across the land. Do we now sit on our collective "derriere" and accept these unprecedented laws and decisions or collectively lift our pens and refuse to write? Our signatures or lack thereof, represent our most powerful weapon to help direct the painful changes that we must ultimately face.

The stakes in this game are gigantic. Three hundred fifty billion dollars - approximately eleven percent of the gross national product is up for grabs. Physicians "grab" about ten percent of this total, yet are blamed for the whole cost. On the other hand multi-billion dollar corporations such as Hospital Corporation of America and Humana have run amok and have swallowed up community hospitals like hors d'oeurves. As these giants gain a large enough share of the market, they will be determining procedures, hospital staffing and will ultimately employ physicians. Although employment may seem like an anathema to many, the greater concern would be the lack of representation of the physicians and their patients, especially with regard to quality of care, ethical and moral issues, and utilization.

Another player in this game is the third party carrier. In Massachusetts a near monopoly exists with third party carriers, and physicians have been given "take it or leave it" contracts. Locally we see a barrage of PPOs, IPAs, HMOs and other confusing ventures which are loaded with strange legal language, and all these programs raise doctors' anxiety levels and usually physicians sign into these programs without proper legal advice.

Several of the local insurance programs have been reviewed by the attorneys at the UAPD office in Oakland and have all contained wording that may not be in the best interests of doctors and patients. (Who wrote the contracts?)

The Union of American Physicians and Dentists is not a panacea, but can provide us with some needed clout, legal advice at a bargain price - dues - and provide the collective strength to help shape the future of medicine. Unlike the medical societies, the union is protected by laws that allow for collective bargaining and provides for proper and legal channels that will return some bargaining power to physicians. The AMA has been called a "union" by many, but cannot legally call for collective action without violating antitrust laws. Times always change, but without balanced input from physicians we may be very unhappy with our new lot in life.

The union also encourages all physicians to join their local and national medical societies - there is no conflict of interest between the union and the societies - each has its place. Remember, together we stand, divided we fall, and medicine is no different from any other service in America - you get what you pay for! ■

Nichol T. Iverson, MD is temporary president of the organizing committee of the Washington State Federation of the Union of American Physicians and Dentists.

In My Opinion

"No More Fools for April 1?"

by Nichol T. Iverson, MD, FACP

Nichol Iverson, MD

Editor's Note: Dr. Iverson is writing in response to a Bulletin article that he wrote that appeared in the September, 1985 issue. It is printed, at left, on page 8.)

Sure I'm irate. Having just pulled out a commentary "Washington Physicians' Union," published in 1985, I became more upset as the day rolled on. Following B.R. Crats' book to the "T", medicine has abrogated its right to control its destiny.

Have you noticed that when one of your patients has changed to an HMO (acronym for "Hey, Mo!"), that the relationship changes from a cooperative agreement to an adversarial mess. I hate it. If I don't okay 57,417 chiropractic visits over the phone, I am a colonscope's entryway. Old friends as patients are becoming a thing of the past.

The other day my notebook was filled with entries of little pieces of paperwork that did two things. First, the paperwork took up an incredible amount of time for no reimbursement. Secondly, this garbage gives away giant pieces of the national budget to other bureaucracies that consume money that decreases my reimbursement. A sample of one day's free paper: diabetes school form, physical therapy form, group home form, ECF medicine list, adult day care form, home health form, request for L&I address change, then dealing with a family and social worker about a patient who was being discharged from the hospital. The family had talked to their lawyer first. After these I changed a prescription from Zestril to Prinivil (Merck makes better lisinopril), got a notification that we need to prepare for HEDIS 3.0 medical record retrieval project. Then a lawyer wanted me to change a letter about a patient who had declared bankruptcy six months ago, then we wrote off several hundred dollars of charges.

If I were a Medicare patient - a reality in twelve years - I would be scared to death. Access to a population where physicians can be committing fraud by one bullet missing its target, or using the wrong caliber bullet, will become a greater reality. The E/M Guidelines another acronym which stands for "Erotic/Massage" are another outrage. But before you decide to attend the last annual Lemming convention, perhaps there is another solution. We need to put down our pens and **just say NO!** ■

Hobo spider web address correction

The web site address printed in the article, "The Brown Recluse Spider Doesn't Live Here," was incorrect. The article was published in the March, 1998 edition of the *PCMS Bulletin.*

The article was submitted by Terry Whitworth, PhD Entomologist, and addressed the differences between the brown recluse spider and the much more common hobo spider.

Dr. Whitworth invited visitors to the hobo spider web site, but provided an incorrect address. The correct address is **http://www.srv.net/~dkv/hoboindx.html.**

PCMS thanks the many readers who noticed the error and provided the correct address.■

Medical Assistants meet monthly

The Pierce County Chapter of Medical Assistants (PCCMA) will meet on Monday, April 13 at 6:30 pm in the cafeteria at Allenmore Hospital. The group meets monthly to promote the professional growth of medical assistants through continuing education.

The guest speaker will be **Patrick Hogan, D.O.,** Neurologist. Dr. Hogan will speak about the external otoscopic exam.

Continuing education is offered at each meeting and credit is available through the AAMA for each session you attend.

For more information about the PCCMA, including membership, please call Lori Stevens, CMA at 474-4878.■

Applicants for membership

Hursey, Phyllis D., MD
Family Practice
Practices with James Dunn, MD
16218 Pacific Ave, #4, Spanaway 98387; 537-8667
Medical School: Howard University College of Medicine
Internship: San Bernadino County Medical Center
Residency: San Bernadino County Medical Center

Nelson, Karen M., MD
Ob/Gyn
Practices with Associated Women's Health Specialists, 314 MLK Jr. Way, Tacoma 98405; 627-0666
Medical School: Northwestern University Medical School
Internship: Walter Reed Army MC
Residency: Madigan Army MC■

Pierce County Medical Society

invites you and your spouse/guest to the

April General Membership Meeting

Tuesday, April 14, 1998
Social Hour: 6:00 pm
Dinner: 6:45 pm
Program: 7:45 pm

Landmark Convention Center
Temple Theatre, Roof Garden
47 St. Helens Avenue
Tacoma

Third Party Payors: Coping Strategies

featuring

Andy Dolan, JD

Health care attorney
Experienced physician organization advisor

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- Have you experienced claim payments being delayed 5 to 6 months or more?
- Are your claims being rejected without good cause?
- Have you found cash flow problems as a result of payors not paying in a timely manner?

(Registration required by April 10. Return this form to: PCMS, 223 Tacoma Ave S, Tacoma 98402; FAX to 572-2470 or call 572-3667)

Please reserve _____ dinner(s) at $19 per person (tax and tip included)

Enclosed is my check for $ _____ or my credit card # is _____

☐ Visa ☐ Master Card Expiration Date _____ Signature _____

I will be bringing my spouse or a guest. Name for name tag: _____

Signed: _____ Thank you!

PCMS Welcomes New Members

Bloomgren, Gary L., MD
Medical Director
Multicare Medical Group, 1901 S Union Ave, Tacoma 98405; 596-5117
Medical School: Baylor College of Medicine
Internship: Baylor Affiliated Hospitals
Residency: University of Utah
Graduate Training: University of Utah

Fisher, Eric, R., MD
Radiology
Practices with Diagnostic Imaging Northwest, 7424 Bridgeport Way W, #103, Tacoma 98467; 581-4333
Medical School: Tufts University School of Medicine
Internship: University of Washington
Residency: University of Washington
Graduate Training: University of Washington

Kozak, Maurie-Lynn L., MD
Family Practice
Practices with Pacific Sports Medicine, 3315 S 23rd St., #200, Tacoma 98405; 572-8326
Medical School: University of Calgary
Internship: Misericordia Hospital (Canada)
Residency: University of Alberta

Lang, Timothy G., MD
Orthopedic Surgery
Practices with Drs. Bosch, Ozolin, Stewart, Gray, Jiganti and Krumins, 2420 S Union #300, Tacoma 98405; 756-0888
Medical School: University of Illinois
Residency: Southern Illinois University
Fellowship: Connecticut Combined Hand Surgery Service

Lawson, Ian B., MD
Orthopedic Surgery
Practices with Pacific Sports Medicine, 3315 S 23rd St., #200, Tacoma 98405; 572-8326
Medical School: University of British Columbia
Internship: Royal Columbia Hospital (Canada)
Residency: University of British Columbia
Fellowship: University of Western Ontario

Racette, John W., PAC
Orthopedic Surgery
Practices with Pacific Sports Medicine, 3315 S 23rd St., #200, Tacoma, 98405; 572-8326
Medical School: Kirkwood College

Rynes, Richard L., MD
Rheumatology
Practices with Michael Lovy, MD, 1310 S Union Ave, Tacoma 98405; 756-2182
Medical School: University of Pennyslvania
Internship: Ann Arbor (University of Michigan)
Residency: Ann Arbor (University of Michigan)
Fellowship: Harvard Medical School

Sashko, John R., MD
Family Practice
Practices with Dr. David Kennel, 5900 100th St SW, #31,Tacoma 98499; 584-3023
Medical School: Temple University School of Medicine
Internship: Madigan Army Medical Center
Residency: Madigan Army Medical Center ■

The Invisible Hand.....

"The Highest in History"

Andrew N. Statson, MD

The produce of the soil maintains at all times nearly that number of inhabitants which it is capable of maintaining. The rich only select from the heap what is most precious and agreeable. They consume little more than the poor, and in spite of their natural selfishness and rapacity, though they mean only their own conveniency, though the sole end which they propose from the labors of the thousands whom they employ be the gratification of their own vain and insatiable desires, they divide with the poor the produce of all their improvements. They are lead by an invisible hand to make nearly the same distribution of the necessaries of life which would have been made had the earth been divided into equal portions among all its inhabitants; and thus, without intending it, without knowing it, advance the interest of the society, and afford means to the multiplication of the species.

Adam Smith, 1759

The title refers to the argument that the health care industry represents 14% of the GDP, the highest in history and therefore too high. Last month I discussed the statistical aspects of the argument. Today, I want to address the "highest in history" point.

As a civilization evolves its economy goes through several stages of development. At each stage there are certain economic activities which are dominant. These activities characterize that particular level of evolution.

For a primitive tribe of hunters and gatherers the quest for food was probably the primary concern. Yes, they did make tools and clothes. They maintained shelters of sorts. They left paintings on the walls of their caves. They also probably spent some time on activities such as trade, interpersonal services and entertainment. I'll venture to guess, unhampered by any data that at least 50% and probably as much as 80% of their economic activity was devoted to food.

The gradual shift into an agrarian economy brought about the need for permanent settlements and a new social structure. Housing became a much bigger part of personal expenses. Specialization brought about the development of the crafts and trades and also of some services the most important of which were defense, provided by government and science, provided by the priesthood. The crafts and trades, including the builders, became the major economic factor, overtaking food production in importance.

The next stage was industrial. Manufacturing became the predominant economic activity until recently, when we moved into the "post-industrial" economy, or the service economy.

Services now consume the major proportion of our resources. Government services alone account for about 40% of GDP. In constant dollars personal expenditures for durable goods went from 85 billion in 1970 to 632 billion in 1996, for nondurable goods from 270 billion to 1545 billion, but for services from 291 billion to 2975 billion. Even when we look at our food budget, a major part of the expenses is actually for food preparation services: we have frozen dinners, microwave popcorn, instant cream of wheat, minute rice, strained baby foods, the "China Express," and the huge restaurant business, etc.

If total expenditures on health care are higher than they have ever been it is because we are in a service economy. The proportion of all expenditures on services are higher than they have ever been. Our civilization has progressed to the point where food, clothing, shelter, household goods and transportation have become a small part of our budget.

A century ago it was fashionable among the rich to spend a month every year at the baths, soak their aches in mud and drink the water. Some of them may have spent as little as 5% of their annual income on such treatments, others as much as 50%. Yet for the immense majority of the population of Europe a month in Baden-Baden, Spa or Vichy was beyond reach. They had to treat their sore backs and joints with mustard plasters and depending on the region, with beer, wine or cider.

Today the very rich may spend much more in absolute amounts on their health compared with the middle class or the poor but in proportion to their income they probably spend less in spite of their higher utilization of cosmetic surgery and other elective medical or surgical treatments.

Yes, the expenditures on health services are higher than ever. The important question is where will they peak. This is hard to answer because the future is unpredictable. We could get an idea from the present pattern of health care expenses according to income. I have tried to find these figures but so far have not been able to. Of course health care expenses vary also according to age and to assets, so a detailed look at these figures would be helpful, but it would be difficult to gather. As an example, someone who earns $100,000 and spends $50,000 on health care uses 50% of his income, someone who earns $1,000,000 and

See "Highest" page 16

Tacoma Academy of Internal Medicine

In the fall of 1948 while consulting at Veteran's Hospital, Roger Dille, MD and Ralph Huff, MD originated the idea of a journal club for Tacoma internists. The first meeting was held in the office of Tracy Duerfelt with a total of six doctors attending.

In the spring of 1949, it was decided to form the Tacoma Academy of Medicine, later named the Tacoma Academy of Internal Medicine (TAIM). James Fairbourn, MD was the first president. Ralph Huff, MD was the program chairman. Monthly meetings were held at the Tacoma Club where members presented case histories and other topics after dinner.

It was later proposed to have an annual meeting with guest speakers which was open to other physicians. These meetings attracted visitors across the state. On the evening before the meetings, there was a dinner for members and guest speakers. The guests would discuss some of their current research, etc. At the morning session of the meeting, members of the Academy made case presentations. At the afternoon sessions, guests presented. The evening banquet was open to all physicians.

The quality of speakers over the years was exceptional. Jerome Conn, University of Michigan Professor was the first outstanding guest, others included Howard Lewis, University of Oregon Professor; Cecil Watson, University of Minnesota Professor; Huston Merritt, Columbia University Professor; E.J. Bell, Professor of Pathology at the University of Minnesota and several others.

The social evening during the holiday season continues to be an enjoyable event with the addition of music and dancing. ■

50 Years of TAIM

The Tacoma Academy of Internal Medicine (TAIM) presented its annual Internal Medicine Review on March 12 & 13, 1998.

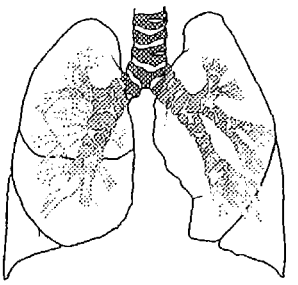
This year's meetings included speakers from the University of Washington, University of Oregon, UCLA, Stanford and Virginia Mason Medical Center. Membership is open to internists and internal medicine sub-specialists and features monthly meetings with dinner presentations/ discussions by current members, in addition to the annual meeting.

Current officers are **Needham Ward, MD,** President; **Vernon Nessan, MD,** Vice-President; and **Surinderjit Singh, MD,** Secretary/ Treasurer. ■

COLLEGE OF MEDICAL EDUCATION

Allergy, Asthma and Pulmonology CME scheduled for Friday, May1

The College's CME program featuring subjects on allergy, asthma and pulmonology is set for Friday, May 1. The course is under the medical direction of **Alex Mihali, MD.**



This is a one-day update designed for the primary care provider. It will focus on diagnosis and management of common allergy, pulmonology and asthma problems.

This program is complimentary to all area physicians. An annual conference, it has been developed with support from local pharmaceutical companies which will be acknowledged.

The program will be held at the **Washington State History Museum at 1911 Pacific Avenue in Tacoma.** It will include presentations on:

- ❖Issues with Inpatient and Outpatient Pneumonia
- ❖Treating Sinusitis: When to Refer
- ❖Update on Manage ment and Treatment of Asthma
- ❖Allergic Rhinitis
- ❖Drug Allergies in Atropic Individuals
- ❖Current Management of COPD
- ❖Leukotrienes: Current Status

For registration information call the College at 627-7137. Although no registration fee is required, physicians wishing to attend must complete and return a registration form. The conference is anticipated to fill so early registration is encouraged. ■

Surgical Update CME, April 24-25

The very popular dissections, demonstrations and lectures presented annually by the Tacoma Surgical Club are set for April 24-25. The programs will be held at Tacoma Community College.

On Friday afternoon, dissections and demonstrations on cadavers will be performed for health care providers and interested students. Beginning Saturday morning, several short lectures featuring the latest developments in surgery will be presented by local physicians and Army Medical Corps doctors. The 67th annual program is directed by **Dr. Allen Yu.**

College discontinues ACLS courses, referral available

The College's ACLS course initially scheduled for June 25-26, 1998 has been cancelled. The American Heart Association (AHA) has restructured ACLS delivery and established regional training centers to serve those seeking ACLS instruction and renewal.

The AHA - Washington affiliate is prepared to refer and direct those interested to local ACLS courses. Their number is (800) 562-6718.■

Dates	Program	Director(s)
Monday - Friday April 6 - 10	CME at Maui	Mark Craddock, MD
Saturday, April 25	Surgery Update 1998	Allen Yu, MD
Friday, May 1	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 5	Nuts, Bolts & Innovation in Gastrointestinal Disease IV	GaryTaubman, MD Rick Tobin, MD

Highest from page 13

spends $100,000 uses 10% and someone who earns $10,000,000 and spends $200,000 uses only 2%.

What does that mean to us? As the economy continues to evolve and we become more prosperous we will enter the next stage of economic development, that of the leisure economy. We will spend more on goods and services than we do now but in proportion to our total income it will be less. At that point leisure activities will represent more than 50% of our budget. The way to reduce the percentage of GDP devoted to health care is to allow the economy to grow. The less hindered it is and the faster it grows the sooner we'll get to the stage of the leisure economy. ■

AMA offers new Group Select program - an Internet group practice locator service

The AMA recently unveiled its new AMA Group Select program, an Internet-based group practice locator service that will help patients locate medical groups for their health care needs.

More than 19,000 groups which were on AMA's gold standard database will be featured on Group Select. All group practices are entitled to a listing including the group's name, address, specialty and telephone number, but only groups with 100% membership are entitled to additional features such as an office or staff photograph, listing of office hours, group practice philosophy and health care plan participation. Groups with 100% multi-year membership in the AMA will receive a customized web site design and a direct link to the group's existing web site.

To locate Group Select, access AMA's home page at **http://www.ama.assn-org** and click on Group Select under Information for Consumers. You can search for a group by typing city, state, zip code, specialty or group name.

For more information about Group Select you may call 312-464-5473. ■

the Pulse

Pierce County Medical Society Alliance

President's Message

Spring is truly upon us and that means convention time! WSMAA convention is April 27-29 at the Holiday Inn in Olympia. The convention highlights include:

- Meet with Coleen Adam, AMAA President-Elect
- Learn about women's health by the decade and what lies ahead. Local Ob/Gyn Dr. Donna Harfield will share her fascinating exploration of the physical, emotional and mental changes facing women in each decade of their lives.
- Enjoy a wonderful fashion show and visit with friends old and new
- Listen to confluence reports from county presidents
- Celebrate Jackie Jensen's installation as state president
- Hear representative Mary Skinner (past WSMAA president) discuss legislative and education issues
- Shop and explore downtown Olympia
- WSMA report

Registration deadline is April 15, 1998. I encourage you to attend. Olympia is just a short drive away and many of us are carpooling. Please call me if you have any questions, 851-6306.■

Mona Baghdadi
President, PCMSA

Women's Spring Break May 1-3

Spring Get Away in Victoria, BC May 1-3 at Ocean Point Resort & Spa. Prices are $174 for courtyard view but with entertainment card only $156. Space is limited so call me as soon as possible. ■

Mona Baghdadi 851-6306

Membership voted to accept slate of officers for 1998-99

Board of Directors executive committee nominees for 1998-1999:

President: Nikki Crowley
Vice-President: Sue Wulfestieg
Secretary: Mona Baghdadi
Treasurer: Kathy Samms

Standing committee:

Philanthropic Chair: FranThomas
Committee: Alice Wilhyde, Helen Whitney, Alice Yeh, Ginnie Miller and Mary Cordova. ■

Virus Warning!

If you received an email with a subject line of "Badtimes," delete it immediately without reading it! It is the most dangerous email virus yet. It will rewrite your hard drive. Not only that, but it will scramble any disks that are even close to your computer.

It will recalibrate your refrigerator's settings so all your ice cream melts and your milk curdles.

It will demagnetize the strips on all your credit cards, reprogram your ATM access codes, screw up the tracking on your VCR and use subspace field harmonics to scratch any CD's you try to play.

It will give your ex-boy/girlfriend your new phone number.

It will mix antifreeze into your fish tank.

It will drink all your beer and leave your dirty socks on the coffee table when there's company coming over.

It will hide your car keys when you are late and interfere with your car radio so that you hear only static while stuck in traffic.

Badtimes will make you fall in love with a hardened pedophile.

It will replace your shampoo with Nair and your Nair with Rogaine, all while dating your current boy/girlfriend behind your back and billing their hotel rendezvous to your Visa card.

Badtimes will give you Dutch Elm disease.

It will leave the toilet seat up and leave the hairdryer plugged in dangerously close to a full bathtub.

It will not only remove the forbidden tags from your mattress and pillows, it will refill your skim milk with whole.

It is insidious and subtle; it is dangerous and terrifying to behold.

It is also a rather interesting shade of mauve. These are just a few of the signs.

BE AFRAID! BE VERY AFRAID! ■

POSITIONS AVAILABLE

Tacoma/Pierce County, outpatient general medical care at it's best. Full and part time positions available in Tacoma and vicinity. Very flexible schedule, well suited for career redefinition for GP, FP, IM. Contact Andy Tsoi, MD (253) 752-9669 or Paul Doty (Allen, Nelson, Turner & Associates), Clinic Manager (253) 383-4351.

Rheumatology. Group Health Permanente is currently seeking two rheumatologists. One position is a .8 permanent position in Tacoma, and the other position is a part-time locum tenens position in the Seattle area. We are a new physician-managed organization affiliated with two well-established HMOs, Group Health Cooperative of Puget Sound and Kaiser Permanente. For further information, call (206) 448-6543 or fax CV and cover letter to (206) 448-6191.

OFFICE SPACE

New office space available on 13th and Union up to 1400 sq. ft., ground level, lab and x-ray facilities in adjacent suite, mountain view. Call Corinna at 756-2182.

New office building, 3484 sq. ft. or (1742) with two heat pumps, sign, located in Fircrest - Northwest Investment Properties, Inc. - 565-9790.

GENERAL

Let's Go Fishing - Sitka, AK. Big Kings, Silvers, Coho, Huge Halibut and variety of bottom fish. '97 Sea Sport Sea Master & quality equipment. Experienced Captain. Package includes lodging, meals, license and fish processing. Excellent prices! Call now to reserve your "Fishing experience of a lifetime." Denny's Guide Service 1-888-847-3659. ■

Office Space

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223 Tacoma Avenue South
Tacoma, WA 98402

256 square feet
private entrance
main level, faces Tacoma Avenue
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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

May, 1998

Inside:

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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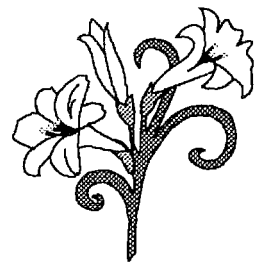
Home Page: http://www.pcmswa.org

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN



May, 1998

Features

Departments

News briefs

QualMed explains difficulties and promises improvement

In a ground breaking, two hour meeting with physicians, several office managers and billing staff, QualMed leadership promised that improvements would be made in access for referral and authorization as well as in claims payment for Pierce County physicians.

Organized by PCMS, with President **Jim Wilson, MD**, presiding, the meeting brought together top leaders of QualMed including Joe Gifford, MD and Art Sprenkle, MD, Medical Director and Asst. Medical Director respectively; Ann Koontz, Manager of Provider Services as well as directors of the claims service department in Pueblo, Colorado.

Dr. Wilson set the stage by summarizing the difficulties, which has resulted in many Pierce County physicians dropping QualMed as a provider. He noted that the poor service of QualMed hurts patients as well in that they are not able to be referred and/or they are dropped by physicians who will no longer accept patients covered by QualMed.

Dr. Gifford, a practicing Emergency Medicine clinician, gave the history of QualMed's formation, noting that they were formed ten years ago by seven physicians in Pueblo. For three years they suffered but eventually became successful. Twelve percent of QualMed remains physician owned.

This "success" he referred to was a result of QualMed being "cheap," he said. They made this their top priority in addition to giving excellent service. Then, in January, 1996 things changed. First, the company decided to "get modern." To help facilitate capitation, they changed their payment system. It didn't go well, they had major service difficulties. The second problem began in September, 1997 when they centralized their claims payment at their Pueblo offices. "It hasn't gone well and we don't like it," admitted Gifford. "We haven't lost data, or anything else like that, we are just having trouble with our claims payment system, and I promise you that we are not playing the float."

> "I apologize, this is not right, it will be fixed," said Gifford. He promised repeatedly that "claims will not be denied due to timeliness..."

In access for referral and authorizations, they just "screwed up," he said. "We received an unexpected membership boost of 20% which we were not prepared for. We had too many members, not enough phones, and we were ill-prepared. However, authorization times are improving and the problem is being fixed according to Gifford. Some office managers questioned if there had been any improvement in authorization call time. Many complained of the excessive staff time sitting "on hold" or not getting a call back.

Claims payment issues were discussed at length and QualMed did admit their shortcomings in this arena as well. "I apologize, this is not right, it will be fixed," said Gifford. He promised repeatedly that "claims will not be denied due to timeliness," in response to the many practice managers that told unending stories of submitting duplicate billings to avoid QualMed's policy of not paying a claim if not submitted within 90 days. The duplicate billings are submitted because the first claims are "kicked out" of the system because they are unable to be read so another must be submitted to avoid the "no payment" policy.

An issue that Gifford wouldn't apologize for is the big picture in general, or the managed care system that is upon us. "I guarantee you", he said, "the networks will be narrower, there will be administrative delays, we (doctors) won't get paid what we want, and the big players are coming and it is going to hurt even worse. They will probably give better service, but it will not be better." He added that doctors haven't managed care very well and didn't do anything to stop this from happening. "I would love to see it change, but I know it is only going to get worse," he said. Another promise he made was that authorizations are here to stay. They will not be going away, but he did agree to help Primary Care Providers from having to get pre-authorization for general care.

Dr. Sprenkle added that they got stuck in a system that they couldn't get out of. They recognized that it was an intolerable system and "it is embarrassing," he said. "We need to become user friendly, and we are sensitive to physicians staffing and the time issue." He noted that the support and commitment is there from QualMed for Pierce County physicians as this area as a region is important to them as they cover many lives in this area.

See "QualMed" page 10

Labor & Industries Director asks for input from physicians

Gary Franklin, MD, Medical Director, Department of Labor and Industries, met with the PCMS L&I Task Force at its April meeting. The focus of the meeting was Independent Medical Examinations (IMEs). Members of the Task Force have expressed their frustrations with L&I staff attending the task force meetings the past 18 months.

They told Dr. Franklin that the attending physician is often not informed that an IME is being ordered for their patient and if they are, they are not told the reason for the IME.

Case managers need to communicate with the attending physicians. The IME companies do not send the reports to the attending physicians nor involve them in the decision making process. Many of the patients undergo 2-3 or more IMEs. Getting approval for surgery has proven very difficult and cumbersome. With the delays, time-loss costs escalate for the employer and state.

Dr. Franklin is asking members of the Society to provide him with the 10 leading issues physicians and their offices have with IMEs. The Department has created a special committee to look at IMEs. Dr. Franklin thanked **Dr. Bill Ritchie,** the Task Force Chair and the group for its letter in December asking the Department to study some of the problems with IMEs. The Director of the Department saw the letter and has asked for changes to be made. Dr. Franklin's address is: Gary Franklin, MD, Office of the Medical Director, Department of Labor and Industries, PO Box 44321, Olympia WA 98504-4321. His phone number is 360-902-5020. ■

Important L & I telephone numbers

The Department of Labor and Industries Claims Management Section has undergone dramatic changes since last November. Many new claims managers are now on staff and phone numbers have changed considerably. Units G, J and #9 are responsible to Pierce County. Important phone numbers for the section supervisors follow:

Unit G, SherriLyn McClune
360-902-6413

Unit J, Carl Singleton
360-902-6445

Unit 9, Katherine Hudson
360-902-4742

If you are experiencing difficulty with a claim, it is recommended that you call the Unit Supervisor. The three listed above have been meeting with the PCMS L&I Task Force and encourage you to call to resolve any difficulties. If you would like a copy of all the phone numbers of claims managers in the Units, please call the PCMS office at 572-3667 and they will be faxed to you. ■

Dr. Anderson goes to (the other) Washington

by Ronald G. Anderson, MD

On a rainy mid-March Saturday morning, I found myself quietly listening to the President of the United States give his weekly radio address to the American citizens. His topic was Social Security and following his address, the individual families surrounding the Oval Office were invited to shake President Clinton's hand, while the White House staff generously agreed to take pictures. My family and I were directly across from the President's desk and within ten minutes, we found ourselves greeting the President and shaking his hand.

His question to me was directed at home state and city. He replied that Tacoma, Washington was one of his favorite cities and in fact, Washington state was one of his favorite states. He then inquired about my purpose in Washington D.C., to which I responded that I was visiting with my family, as well as representing the Washington State Urology Society in our annual ascent on Capital Hill to push issues that were before Congress and important to my specialty.

The President then turned directly toward me and one on one wanted to know what issues I was concerned about. We then went into a seven-minute dialogue discussing access to specialty care, practice reimbursement, and men's health, especially prostate cancer. He was well informed on the issues, was sympathetic to a physician's cause, and appeared to support the need for increased funding for prostate cancer research.

At the end of our conversation, he graciously thanked me for coming that morning to the White House and suggested I put the "squeeze" on our Washington State legislators in reference to the issues raised. We then had our pictures taken as a group and individually with the President and were escorted to his private secretary, Betty Curry, where again we had a very pleasant conversation. ■

PCMS and Puyallup Valley Healthcare team for Mini-Internship

For the third time since last fall, Pierce County Medical Society and Puyallup Valley Healthcare have joined together to sponsor Mini-Internship programs at Good Samaritan Hospital in Puyallup. The internship program is designed to allow community leaders, such as politicians, media representatives, lawyers, etc. to view medicine first hand from the doctor's side. The goal is for participants to gain a greater understanding and appreciation for the medical profession.

In April, seven interns spent two days watching physicians "think on their feet," as one intern described what amazed her most about the profession. "It makes me appreciate what doctors do for our community in general, because they really have to think on their feet," said Kathy Spence, Good Samaritan Hospital Board member and intern. Representative Joyce McDonald (R-25) was impressed not only about how much knowledge physicians must have, but that the ultimate responsibility of patient care falls on their shoulders.

Several interns commented on the age range of patients. "**Dr. Gildenhar** saw a three year old boy then a 99 year old woman, and he handled it beautifully," said McDonald. "He had to change his demeanor and his approach for each patient and his skill in dealing with people was in addition to all the medical knowledge required," she added.

From left: Senator Calvin Goings (D-25), Bob Yost, Michael Brook, MD and Dan Wiklund, MD; Rebecca Sullivan, MD, Kathy Spence, Stirling Smith, MD, Barbara Hyland-Hill, Representative Joyce McDonald (R-25), Mitch Dvorak and Wayne Duran, MD

The program was under the direction of **Rebecca Sullivan, MD,** CEO of Puyallup Valley Healthcare. Faculty members included, **Drs. Bill Adams,** Michael Brook, Michael Brown, Wayne Duran, **Mark Gildenhar, David Peizner, Stirling Smith,** and **Dan Wiklund.**

Interns included Mitch Dvorak, AMA Field Representative; Calvin Goings, WA Senator (D-25); Barbara Hyland-Hill, Good Samaritan Hospital; Joyce McDonald, WA Representative (R-25); and Good Samaritan Hospital Board Members Kathy Spence and Bob Yost. ■

Policy making with WSMA

Any Pierce County Medical Society or Washington State Medical Association member who wishes to influence policy may do so by submitting a resolution to the PCMS Board of Trustees. Once submitted, the resolution will be introduced to the WSMA House of Delegates. The annual meeting will be held October 1-3 in Bellevue.

The resolution will receive a hearing and debate at a "reference committee" meeting prior to going to the full floor of the House of Delegates. Interested members may speak at the reference committee in support or opposition to the resolution. The resolution also is debated and then acted upon (adopted with or without amendments, or rejected) during a formal House of Delegates session. Anyone wishing more information on resolutions should contact the PCMS office at 572-3667.

WSMA's adopted resolutions are translated into policy, procedures and a variety of work products by any of WSMA's thirty committees and councils which are chaired by members.

PCMS and WSMA welcome your input and participation in the democratic process. ■

Applicants for membership

Carrougher, John G., MD
Gastroenterology
Practices with Drs. Baerg, Lyons, Schlepp, and Priebe, 1112 6th Ave, #200, Tacoma 98405; 272-8664
Medical School: Uniform Services University of the Health Sciences
Internship: Madigan Army Medical Center
Residency: Madigan Army Medical Center
Graduate Training: Brooke Army Medical Center

Johnson-Becker, Nancy A., DO
Otolarngology
Practices at 101-2nd Ave NE, Auburn 98002; 833-6241
Medical School: College of Osteopathic Medicine of the Pacific
Internship: Phoenix General Hospital
Residency: Mt. Clemens General Hospital

Pratt, David, V., MD
Ophthalmic Reconstructive Surgery
Practices at 1901 S Cedar #204, Tacoma 98405
Medical School: University of Southern California
Internship: Portsmouth Navy Medical Center
Residency: Baylor College of Medicine
Fellowship: University of Utah ■

1998 Physician Directory changes

Please make the following changes to your 1998 Physician Directory. Changes will be noted each month in the "PCMS Bulletin."

Bertozzi, Peter, MD
Change mailing address to:
PO Box 7937
Tacoma, WA 98407-0937

DeLeon, Felino B., MD
Change office phone numbers to:
Main line: 474-7719
Fax: 471-8592

Hopkins, David, MD
Change mailing address to:
PO Box 3350
Federal Way, WA 98063

Kallsen, Robert A., MD
Change office phone numbers to:
Main line: 552-2960
Physicians only: 627-8455
Fax: 552-2961

Lee, Roger, MD
Change DSHS # to: 1088434

Lovy, Michael, MD
Change fax number to: 756-1663

Oh, Ki, MD
Add pager number: 502-9886

Rynes, Richard, MD
Change fax number to: 756-1663

St. Clare Hospital
Change Emergency Dept # to:
589-8700 (Page 222)

Schneider, Paul, MD
Change fax number to: 272-8955

White, Matthew, MD
Change cellular number to: 225-1177

Wight, Dennis, MD
Add the following:
Answering service: 620-4514
Pager: 309-5216

Wulfestieg, Carl, MD
Change office address to:
2201 S 19th St, #100
Tacoma, WA 98405
Phone: 627-5101
Physicians only: 274-0230
Fax: 274-0233 ■

Pierce County Medical Society

invites you and your spouse/guest to the

June General Membership Meeting (in Puyallup)

Tuesday, June 9, 1998 *Social Hour*: 6:00 pm; *Dinner*: 6:45 pm; *Program*: 7:45 pm

Best Western Park Plaza Georgian Room; 620 South Hill Park Drive, Puyallup

Directions: From I-5 north or south exit onto Highway 512 (Exit #127), heading east to Puyallup. From 512 exit at 9th Street SW. Turn left at the bottom of the exit and at the first light, turn right.

"Training Physicians for the Challenges of the Twenty-First Century"

featuring:

John B. Coombs, MD
Assistant Dean, VP of Medical Affairs
University of Washington School of Medicine

(Registration required by June 5. Return this form to: PCMS, 223 Tacoma Ave S, Tacoma 98402; FAX to 572-2470 or call 572-3667)

Please reserve _____ dinner(s) at $20 per person (tax and tip included)

Enclosed is my check for $ _____ or my credit card # is _____

☐ Visa ☐ Master Card Expiration Date _____ Signature _____

I will be bringing my spouse or a guest. Name for name tag: _____

Signed: _____ Thank you!

The Invisible Hand.....

"The Highest in the World"

Comparison, more than reality, makes men happy or wretched.
Thomas Fuller (1732)

Andrew N. Statson, MD

by Andrew Statson, MD

The title refers to the argument that health care represents 14% of the GDP, highest in the world and therefore too high. Let me look at a few comparisons.

A delightful Australian lady came to my office once a year for her checkup and estrogen prescription. Several years ago, on her way out of the office, she turned to me and said, "Doctor, I went back home to visit my friends and relatives. My girlfriends are my age and they all were stooped and shriveled. I was the only one with a straight back and good skin. I look much younger than they and feel much better. Over there they don't believe in giving women estrogen." I have heard similar comments from a few German ladies. When visiting back home they went to a doctor to get a refill on their estrogen and were told they didn't need it.

Along another line, the waiting time for elective procedures in Canada is about two years. In Great Britain it is about the same. The Canadians who can afford it come to the U.S. for treatment, including operations. In Great Britain a parallel system of health care has developed, with private insurance and private hospitals where people can obtain care and bypass the National Health Service. I recently heard that a similar system is developing in New Zealand. For those who cannot afford to go outside the public system, care is either denied, or it is delayed so much that in fact it is denied. A man has a hernia, he can wear a truss. A woman is bleeding, she can take iron. If she has a prolapse, she can wear a pessary.

A number of years ago American students who had spent several months in Japan told me that when one of their schoolmates got sick and had to be admitted to the hospital, they went every day to the hospital with a change of sheets, towels and food because the hospital provided only cots. That was years ago and things may have changed since then.

My personal experience in medicine spans both sides of the Iron Curtain and both sides of the Atlantic. When I came to this country what struck me most in the practice of medicine was that it was done at the convenience of patients and at their service. In Europe it was done at the convenience of the system. Only the few who could pay their own way would get the type of service American patients got as a matter of course.

In France, national insurance covered obstetrical at 100% if obtained at a public hospital. It allowed three antepartum visits, one per trimester, and the hospital stay for delivery. There were no postpartum visits. The great majority of patients were delivered by midwives without anesthesia. Very rarely a woman got 50mg of Demerol during labor. Episiotomies or perineal lacerations were repaired by the midwives with two or three through and through sutures, also applied without any anesthetic. The doctor was called for forceps applications, breech deliveries or episiotomy extensions to the rectum. These were done under cyclopropane anesthesia given by the midwife. I remember walking through a small private hospital in Paris where they showed me with great pride the most modern labor and delivery rooms. They were fully soundproof private rooms. With the door closed, the woman could scream to her heart's content and no-one on the outside would be able to hear her. Of course, that was many years ago and things may be different now.

I doubt very much that people in this country would put up for long with the kind of service patients in other countries get. Patients here grumble for much less and will strongly object if treated the way I have seen done in Europe. This is not a matter of quality of care because as a rule, patients in Europe get good quality care. It is a matter of personal service and convenience. It is a matter of consideration for and respect of the patient as a person.

What patients here, buy, is more control over how they are treated, the ability to schedule their treatment with the least disruption to their lives and those of the people close to them, help to get promptly back to normal activity with minimal loss to work and home. The cost of health care can be shifted to other fields: a family who has to take time off work, for instance. That may or may not reduce the overall economic cost of health care but it would show under a different statistical category.

See "Highest" page 12

Wanted: Acute Viral Hepatitis Cases

by Karen Mottram, RN; Nurse Epidemiologist
Tacoma Pierce County Health Department

Since 1979 the Centers for Disease Control and Prevention (CDC) has funded the Tacoma-Pierce County Health Department to conduct viral hepatitis research as part of their Hepatitis Branch Sentinel Counties Study of Acute Viral Hepatitis. The other three participating counties have been Denver (Denver, CO), Pinellas (St. Petersburg, FL), and Jefferson (Birmingham, AL). In 1995 Multnomah County (Portland, OR) was added to the study.

The primary purpose of the various research projects has been to more accurately define the incidence and epidemiology of all types of viral hepatitis. In recent years, major changes have occurred which are the result of patterns first documented in the Sentinel Counties.

For hepatitis A, subgroups in the population such as injection drug users and homosexual men were recognized as important sources of community-wide outbreaks. However, almost half of the persons with hepatitis A report no history of a known source for their infection; up to half of these have young children in their households who may be the source of infection but have unrecognized asymptomatic infection. Determining these sources of infection will be important for making recommendations for use of the hepatitis A vaccine.

For hepatitis B, the Sentinel Counties provided the only available data showing the increasing risk of hepatitis B among sexually active heterosexuals, which led the Immunization Practices Advisory Committee (ACIP) to recommend hepatitis B vaccine for this group. The data from these counties have also been a sensitive indicator of changes in high-risk drug and sexual behaviors affecting the incidence of hepatitis B among injection drug users and homosexual men. As with hepatitis A, a substantial proportion of persons with acute hepatitis B report no known source of their infection. Many of these individuals have characteristics associated with low socioeconomic level, a nonspecific indicator that makes disease prevention difficult.

The Sentinel Counties have been the primary source for data showing that the hepatitis C virus is the primary etiologic agent of non-A, non-B hepatitis. Further, stored sera from acute and chronic cases identified in these counties have been used to determine the sensitivity and specificity of newly developed assays for the detection of hepatitis C virus infection. The epidemiology of hepatitis C is still not well defined. The Sentinel Counties data is useful in providing information to further describe the role of infected sexual and household contact and the source of infection for those who deny any known source.

For this research to continue to be successful, your help is needed. Please report all confirmed or suspected cases of acute viral hepatitis by calling the Tacoma-Pierce County Health Department at 798-6410 (press "0") or by calling the 24-hour reporting line at 798-6534.

If you have any questions about the research or viral hepatitis, please do not hesitate to call. The health department does have an adequate supply of Immune Serum Globulin if needed for any of your patients. ■

Has your E-Mail address changed lately?

When the Medical Society e-mails its PCMS Fax News to those on its e-mail directory, it has been having about 30-40 returned. Ninety percent of them have a Physician On-Line address. We have changed them over to _____@pol.net, however, many are still coming back.

If you have a new address or server. please send us an e-mail and we will correct the directory. Our address is **pcmswa@pcmswa.org.** ■

Personal Problems of Physicians

Medical problems, drugs, alcohol, retirement, emotional, or other such difficulties?

For impaired physicians your colleagues want to help

Please call:

***John McDonough 572-6840**
Bill Dean 272-4013
Ronald Johnson 841-4241
Robert Sands 752-6056
F. Dennis Waldron 265-2584
***Chair**

Confidentiality Assured

QualMed *from page 3*

A big criticism of QualMed by physicians is the unwillingness of QualMed to even negotiate or come to the table in efforts to create a win-win environment. "We have been with QualMed from the beginning and it took many months to finally decide to drop QualMed," said a representative of a surgical practice in Tacoma that has dropped the plan. "The reimbursement is too low, the service is lousy, authorizations and payments are slow as molasses, and we tried to talk to QualMed to negotiate, and they wouldn't," she added. Another office manager with a radiology practice in Pierce County added that after 11 years with QualMed she has very recently met with success in talking to them. "Two representatives have been very helpful as of late," she said, "and I have been able to sit down with them and begin to talk and make some progress."

It was reiterated that doctors must take care of patients, and that is the bottom line that must be kept in mind. Money is a factor, but the only reason that many providers continue to tolerate QualMed business practices is for the patients that they have treated for many years and don't want to abandon. "We just can't break their hearts," said Dr. Wilson.

An agreement was reached that QualMed would communicate an improvement plan within 60 days and provide progress reports to the medical community through PCMS. They agreed to immediately solve accounts receivable difficulties older than120 days and they met with office managers individually after the meeting. ■

Retired members cruise the South Pacific

PCMS retired members and their spouses/guests, met for lunch at the Fircrest Golf Club on Friday, April 24. After a buffet lunch, **Dr. John Colen** introduced the afternoon speakers, **Dr. Clarence** and **Mrs. Betty Virtue.**

A newcomer to the group, Dr. Virtue retired on December 31, 1997, after seventeen years in private practice in Pierce County. He practiced Allergy/ Immunology in Tacoma and Puyallup after 25 years in the Army Medical Corps, several spent at Madigan Army Medical Center.

Dr. and Mrs. Virtue were on the last plane to leave Sea-Tac during the winter ice storm of 1996-97, flying to Los Angeles. From there they flew Qantas Airlines to Tahiti, a 4,000 file trip. After a seven hour plane trip, they arrived at 2 a.m. "I never realized how tall 747's are, said Dr. Virtue, until I had to walk down the stairs from the plane on to the tarmac."

Once aboard the ship, it took 12 hours to get to Bora Bora, which has the reputation of being the most beautiful island. "It was the model for Bali Hai, in the movie South Pacific," noted Virtue.

Mrs. Virtue raved about the many amenities aboard the ship, including the stability, which helped when they experienced very rough seas.

"It was a very elegant ship," she concluded. ■

Dr. Virtue, showing a picture of the ship from the Crystal Cruise Line

From left, Edith and Charles McGill, MD visit with Mrs. Lorna Burt (Robert) after the luncheon

From left, Mrs. Helen Florence (Robert), Mrs. Lorna Burt (Robert) and Mrs. Betty Virtue (Clarence) after the Virtues' talk about their trip

In My Opinion .....

"AMA Gets Lip Service from President Clinton"

by Nichol T. Iverson, MD, FACP

Nichol T. Iverson, MD

In April's *PCMS Bulletin,* an article appeared describing "the gathering of the nation's medical leaders (along with) much of the power structure of the Capital City." Bill Clinton, head of the Washington D.C. chapter of "Lips for the Common People," stated that if you have to spend more time filling out forms than making rounds, something is wrong. Out of his own administration, however, has come the E & M Guidelines to frighten physicians into psychological box cars to be shipped off to internment camps. These guidelines carefully crafted by the law firm of Yu, Cheatum, Alot, will create more paperwork and less patient-doctor time.

My suggestion is for every Medicare caregiver in the country to converge on Washington D.C. armed with sigmoidoscopes and ice water enemas to try and flush out some of the obstipation accumulating in legislators and administrators. Assuming that this sudden convergence would draw some media attention (not to mention channelers), we could crystalize our thinking and allow us a chance to talk to our fellow AMERICANS about their health care. By the way, who are the maroons who decided to remove porcelain levels from chemistry profiles?

While we have a brief stage, we can begin the diversionary campaign: Liberty and Justice for All, where we can expose the real problem in the U.S. - **LAWYERS.** Creation of the LCFA (Legal Care Finance Administration) pronounced "Lickfa," would bring our justice system face to face with the donkeys who created HCFA. The last time I read the Constitution, a document one millionth the size of Medicare's regulations, there was a sixth amendment provision to have the assistance of counsel. Nowhere does it say liberty and E & M Guidelines for all. When all legal care in the country is run by JMO's (Justice Maintenance Organizations) weirdos in high places, caught with their pants down, would get their primary care lawyer (PCL) pronounced "pickle" if they are lucky. Otherwise they get an LA - lawyer's assistant, until their defense sours on them. Since all cases will be reimbursed by the Acrimonious Related Groups "ARGs" huge settlements will no longer wind up in lawyer's pockets.

While lawyers begin frantically to defend our current legal system (not justice system), Clinton and other well irrigated types rush to talk to groups of physicians such as the AMA, ACFP, ACP, ACS and many others. After exactly 6.66 minutes of a speech, everybody in the audience would stand up and walk out quietly saying, "We've heard that crap before." ■

"Creation of the LCFA (Legal Care Finance Administration) pronounced "Lickfa," would bring our justice system face to face with the donkeys who created HCFA."

Highest *from page 8*

"You can't make American children just do something," grumbled a patient while sitting in my office. "You have to enlist their cooperation and they have to want to do it." They had recently returned from a year in Korea. While there, her eight-year-old boy had developed diabetes. She took him to a Korean doctor who outlined a treatment plan for them. She knew her boy would not do something in the plan so she asked for alternatives. "Just make him do it!" the doctor told her.

A British educated physician from the West Indies once told me American patients are the most spoiled in the world. He is right, but that is a very small facet of the whole picture. American consumers are the most spoiled in the world. We work very hard to meet the demands of our customers and when we assume that role we expect our demands be met or we take our business someplace else. That is what America is about. I suspect we like it that way.

Yes, we spend a higher proportion of our budget on health care. An easy explanation would be that we are further along in economic development and our economy is much more a service economy than that of any other country. That is true. Services, including health services, represent a higher proportion of our budget. We spend less of our income on goods than other countries do. As other countries advance and move into the stage of the service economy, they will devote a higher share of their income on services, including health care. ■

The new Physicians' Online Internet kit available

The new Physicians' Online (POL) Internet kit is now available. Designed with the busy practitioner in mind the kit offers:

- easy, convenient access to the World Wide Web (WWW)
- a private, professional physician community
- peer-to-peer clinical and general discussions
- top medical news updated and posted each morning
- the most comprehensive medical resources available

Updated daily, POL is convenient and easy to use. Each week tens of thousands of physicians rely on POL to stay current on the latest medical news and literature and to communicate in private discussions with colleagues. Each morning important news topics are posted on the POL home page. You can use POL to check a drug interaction, search MEDLINE, read a journal article or send an e-mail to a colleague or friend. POL also offers services to help you locate practice opportunities, order medical textbooks and earn CME credits.

POL offers toll-free access to technical support to answer any questions you may have about using the service or the WWW. Members receive free access software and a choice of discounted Web access plans.

For your free software, call the PCMS office, 572-3667. Please specify PC or Mac compatibility. ■

COLLEGE OF MEDICAL EDUCATION

G. I. Course designed for Primary Care Physicians

Registration is open for the complimentary G.I. course set for June 5 at the Sheraton Tacoma Convention Center. Co-directors of the course are **Drs. Gary Taubman & Richard Tobin.**

This one day course is designed for the primary care physician and should also appeal to the specialists and ancillary health professionals with an interest in abdominal and gastrointestinal medicine. The course emphasizes a practical and multi-disciplinary approach.

Specifically called "Nuts, Bolts and Innovation in Gastrointestinal Disease" this is the fourth offering of this popular course co-presented by the College of Medical Education and the Tacoma Gut Club.

The club members represent a diverse group of expert physicians from Seattle to Olympia, both in academic and private medicine. The following topics will be addressed:

- H Pylori and Malignancy
- Medical and Surgical Approaches to Gastroesophageal Reflux
- Diagnosis and Management of Virus and Drug Induced Hepatitis
- Advances in Imaging Techniques in the Abdomen ■

REMINDER: College discontinues ACLS courses

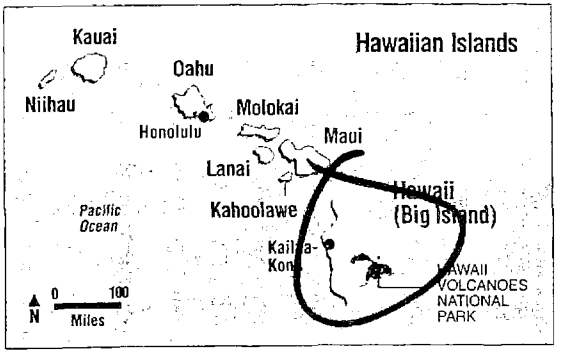
The College's ACLS course initially scheduled for June 25-26, 1998 has been cancelled. The American Heart Association (AHA) has restructured ACLS delivery and established regional training centers to serve those seeking ACLS instruction and renewal.

The AHA - Washington affiliate is prepared to refer and direct those interested to local ACLS courses. Their number is (800) 562-6718.■

Dates	Program	Director(s)
Friday, May 1	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Friday, June 5	Nuts, Bolts & Innovation in Gastrointestinal Disease IV	GaryTaubman, MD Rick Tobin, MD

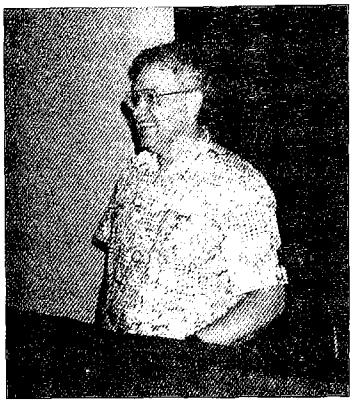
CME & HAWAII - MORE PICTURES AND WRAP-UP, PAGES 14 & 15

BEAUTIFUL SUNSET - Drs. Alex Mihali, Jim Rooks and Jim Wilson (left to right) enjoy the beautiful sunset during the conference's opening reception



"BIG ISLAND" IN 2000 - Plans have begun to visit the Island of Hawaii for the College's CME at Hawaii program in April of 2000. Mark your calendar now.

CME at Maui includes education, family, swimming, and sun



Dr. Michael Lyons fields questions concerning his talks on Esophageal Reflux Disorder and Hepatitis C

CME at Maui, a College of Medical Education resort program was termed a huge success by conference participants. The program brought together Pierce County physicians for family vacationing and quality CME on the island of Maui. A number of physicians from other parts of the United States joined the group as well. The program featured a potpourri of educational subjects of value to all specialties.

Conference attendees particularly enjoyed the rare opportunity to have in-depth discussions about clinical situations. Out of the classroom, conference participants and their families enjoyed exploring Maui, water sports and great weather.

This year's group included many families taking advantage of their school spring vacations. Participants enjoyed Maui's opportunities for sun, swimming, golf, surfing, windsurfing,

HEADACHE - Not in Maui! Dr. Overfield address 55 physician attendees on "Update on Stroke and Headache"

SURFING TRIO - From left, Drs. Mark Craddock, Dale Overfield, and Pat Hogan with their wind surfing board

ALL SMILES - JoAnn Overfield, (left, wife of Dale), with Emily and Kevin Schoenfelder, enjoy the opening reception

ENJOYING THE VIEW - Dr. David Magelssen and Penny, enjoy the ocean view from their balcony

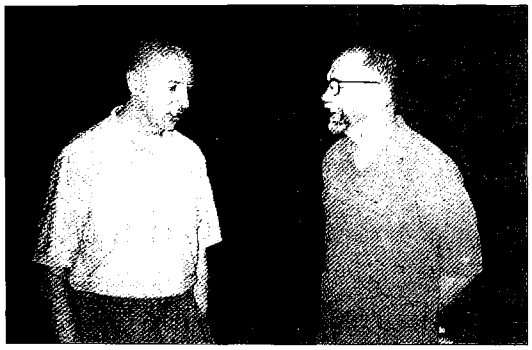
lounging, golf, great food, tennis, windsurfing, and more

tennis, exploring, great food and just relaxation.

The College continues to offer resort CME conferences both in ski locations and in sunny resort areas. The next ski program will likely be held again in Whistler, British Columbia in early February 1999. The next CME at Hawaii program will likely be scheduled for spring vacation of 2000 on the "Big Island" of Hawaii.■

ID IN MAUI - Alan Tice, MD discusses the latest issues in infectious diseases

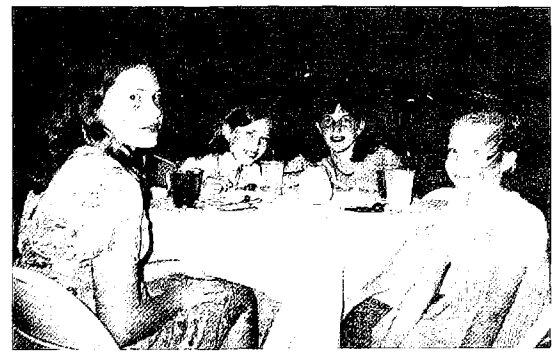
LOOKING GOOD - Carlo, Joseph and Mark Garcia, sons of Antonio Garcia, MD break from tossing the football



Dr. Frank Senecal (left) responds to a question from Dr. Jim Rooks after his presentation on immunology and cancer treatment

ENJOYING SMOOTHIES - Dr. Eileen Toth, with daughter Katherine and friend Brittany, out for a walk on the promenade

From left, Dr. Eileen Toth, Debbie Mihali (Alex) and Carolyn Hogan (Pat), enjoy one of many beautiful sunsets



From left, Kristen Rinker, Kate Craddock, Erica Overfield and Elizabeth Craddock, daughters of Drs. Rinker, Craddock and Overfield, take part in the opening reception

Internet musings - You might be a health care professional if:

- discussing dismemberment over a gourmet meal seems perfectly normal to you.
- when you are out in public you compliment strangers on their veins.
- you often utter such phrases as "What changed at two a.m. that made this an emergency after six months?
- you believe that "Too Stupid to Live" should be a diagnosis.
- you believe that "Shallow Gene Pool" should be a diagnosis.
- when you refer to "vegetables" you aren't thinking of a food group.
- you have been exposed to so many x-rays that you don't bother with birth control.
- you have heard the phrase "I have no idea how that got stuck in there" too many times to count.
- you have ever wanted to hold a seminar entitled, "Suicide..Getting it Right the First Time."
- you think unspeakable evil will befall you if anyone says, "boy, it sure is quiet around here."■

Lakewood orthopods present at professional meetings

Drs. Julian Arroyo and **Steven Teeny** of Lakewood Orthopaedic Surgeons, have recently given presentations for their professional associations and societies.

In March, Dr. Teeny presented "Current Concepts in Treatment of Articular Cartilage Defects," at the NWATA Clinical Symposium held in Tacoma.

At the American Academy of Orthopedic Surgeons, the Arthroscopy Association of North America and the Shoulder and Elbow Society annual/open meetings, Dr. Arroyo presented numerous papers including but not limited to, "Arthroscopic Treatment of Calcific Tendonitis: Long Term Follow Up," "Use of Indwelling Interscalene Catheter Anesthesia in the Operative Management of the Resistant, Stiff Shoulder," Early Glenohumeral Osteoarthritis Diagnosed at Arthroscopy for Impingement Syndrome and Rotator Cuff Disease," and "Overtightening of the Rotator Interval as a Cause of Failure of Shoulder Instability Repair."■

Peter Marsh, MD appointed to Governor's Search Committee

Dr. Peter Marsh, WSMA President, and PCMS Past President (1994) has been appointed to the Governor's Selection Committee for recommending the next Department of Health Secretary. The committee will review and comment on the job description, screen applicant resumes, interview the top candidates and recommend a list of finalists to the Governor. DOH Secretary Bruce Miyahara resigned his position in March after five years as the state health chief.■

the Pulse

Pierce County Medical Society Alliance

President's Message

by **Mona Baghdadi**

I have reached the end of my year as president and I am pleased to report that the Alliance will continue to play a role in the welfare of the citizens of Pierce County. I am very grateful to my board for their unyielding support during this past year. It was a pleasure to work along side women of true strength and integrity. Women who were challenged with changing times but chose not to throw in the towel. Together we came up with solutions to continue with the most important aspect to this organization.

"The Pierce County Medical Society Alliance is a nonprofit organization founded in 1932 to provide philanthropic funds and/or volunteers in health-related areas that affect the quality of life of Pierce County citizens." (Taken from our mission statement)

Our main focus will be philanthropic. We will discontinue our social events. However, we will work with the Medical Society on the December Annual Meeting, at which time our new president Nikki Crowley will give the annual report.

I wish Nikki and her board of 1998-99 a great year. Thank you for stepping forward to serve your community.

A BIG THANKS TO: Nikki Crowley, Yolanda Bruce, Karen Dimant, Kathleen Forte, Lynn Peixotto, Sue Wulfestieg, Kathy Samms, Kris White, Ginnie Miller, Fran Thomas, Alice Yeh, Helen Whitney, and Alice Wilhyde. What a team - Thank you for a great year! ■

Philanthropic Update

The Alliance delivered 30 Baby Think it Over Dolls to Tacoma middle schools in April. Jason Lee, Baker, and Stewart each received 9 regular babies and 1 drug dependent premie. Two realistic head babies were also delivered to Franklin Pierce High School - they had been back-ordered since October.

Thanks for your continued support in this program. Hunt Middle School, Foss High School, and Curtis High School would also love to be considered for future deliveries. ■

Fran Thomas
Philanthropic Chair

Congratulations!!!!

We have a new state president-elect, right from our county - **Kris White.** Kris was nominated for the position earlier this year and accepted the position at the March meeting in Spokane.

Kris is a past county president and has held positions on the local and state level for many years. She has been very active in the domestic violence arena. We are very proud of Kris and her work with the Alliance.

We wish her great success in her future work.

Congratulations, Kris. ■

Managed Friendship - A plan to meet your relationship needs

Taken from "Internet Humor"

Welcome to Managed Friendship, a whole new way of thinking about friends and relationships. The Managed Friendship Plan (MFP) combines all the advantages of a traditional friendship network with important cost-saving features.

How does it work? Under the plan, you choose your friends from a network of prescreened accredited Friendship Providers (FPs). All your friendship needs are met by members of your Managed Friendship Staff.

What's wrong with my current friends? If you're like most people, you are receiving friendship services from a network of providers haphazardly patched together from your old neighborhoods, jobs and schools. The result is often costly duplication, inefficiency, and conflict. Many of your current friends may not meet national standards, responding to your needs with inappropriate, outmoded, or even experimental acts of friendship.

Under the MFP, your friendship needs are coordinated by your designated Best Friend, who will ensure the quality and goodness of fit of all your friendly relationships.

How do I know that the plan's panel of friends it not made up of a bunch of losers who can't make friends on their own? Many of today's most dedicated and highly trained Friendship Providers are as concerned as we are about delivering quality friendship in a cost-effective manner. They have joined our network because they want to focus on acting like a friend rather than doing the paperwork and paying the high bad-friendship premiums that have caused the cost of traditional friendship to skyrocket. Our Friendship Providers have our rigorous standards of companionship and loyalty.

What if I need a special friend, say, for poker or fishing? Special Friends are responsible for most of the unnecessary and expensive activities that burden already costly relationships. Under the MFP, your Best Friend is qualified to pre-approve your referral to a Special Friend within the Managed Friendship Network (MFN) should your needs fall outside of the scope of his/her friendship.

Suppose I want to see friends outside the MFN? You may make friends outside the MFN only in the event of a Friendship Emergency.

What is a Friendship Emergency? The MFP covers your friendship needs 24 hours a day, 365 days a year, even if you need a friend out of town, after regular business hours, or when you Best Friends is with someone else. You might be on a business trip, for instance, and suddenly find that you feel lonely. In such cases, you may make a New Friend, and all approved friendly activities will be covered under the Plan, provided you notify the Managed Friendship Office (or 24-hour Friendship Hotline) within two business days.

What Friendly Activities are covered under the plan? Friendly Activities that are typically covered include: agreeing with you; appearing sympathetic; chewing the fat; dropping in; feeling your pain; gossiping; hanging out; holding your hand (up to 5 minutes per activity)*; joshing; kidding around; listening to you whine; partying; passing the time; patting your back; ribbing; sharing a meal; shooting the breeze; teasing; * up to 15 minutes under the Premium Gold Friendship Plan.

What Friendly Activities are not covered under the plan? Activities that would not be pre-approved include but are not limited to: bending over backwards; giving a hoot; going the extra mile; lending money; real empathy; truly caring.

How can I find out more about the Managed Friendship Plan? A simple call is all it takes. If you need a friend, just call our toll-free number or visit our website. Sign up for the MFP and rest easier that all of your appropriate friendship needs will be met.

Who decides what's appropriate for me? We do. Isn't that what friends are for? ■

POSITIONS AVAILABLE

Tacoma/Pierce County Outpatient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, MD (253) 752-9669 or Paul Doty (Allen, Nelson, Turner & Assoc.) Clinic Manager (253) 383-4351.

Family Practice. Group Health Permanente is currently seeking family practitioners for a variety of settings throughout the Pacific Northwest. We are a physician-managed organization affiliated with two well-established HMOs, Group Health Cooperative of Puget Sound and Kaiser Permanente. Opportunities in teaching and research are often available. For further information, fax CV and cover letter to (206) 448-6191 or call 800-543-9323.

Rheumatology. Group Health Permanente is currently seeking a rheumatologist. This is a part time position located in the greater Seattle area. We are a new physician-managed organization affiliated with two well-established HMOs, Group Health Cooperative of Puget Sound and Kaiser Permanente. For further information, call (206) 448-6543 or fax CV and cover letter to (206) 448-6191.■

Pierce County Medical Society
223 Tacoma Avenue So.
Tacoma, WA 98402

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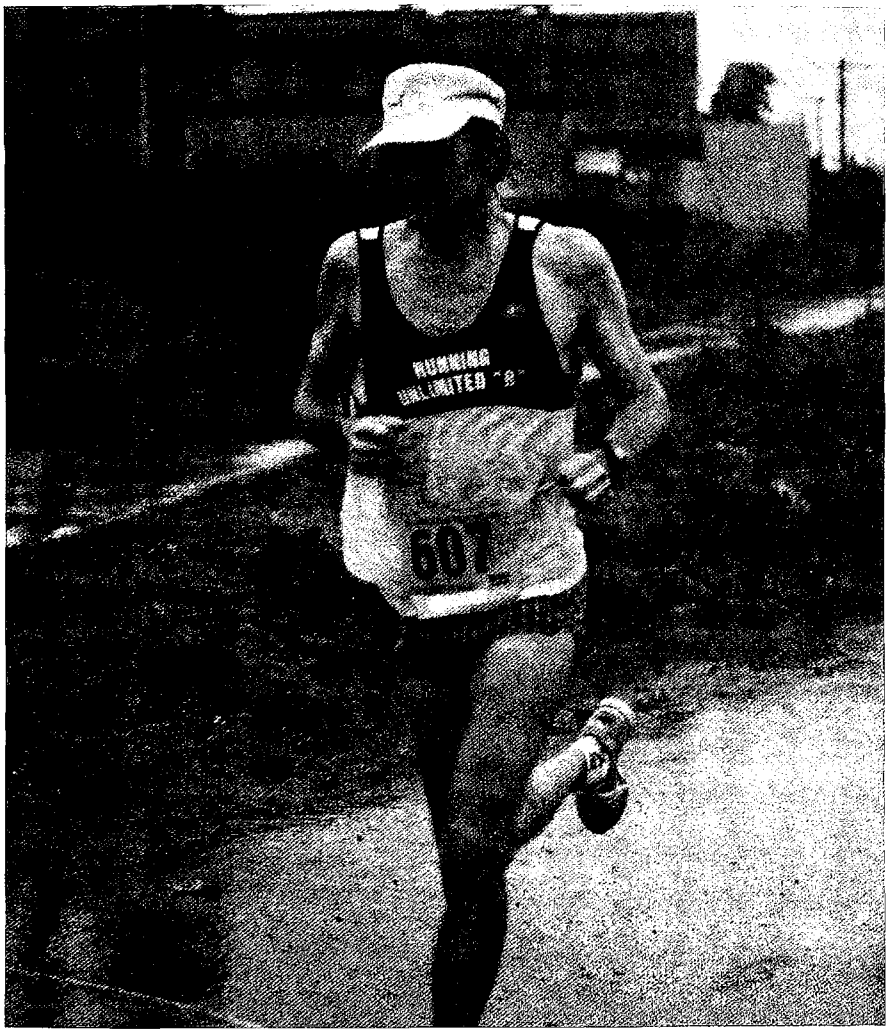
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

June, 1998



Inside:

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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Editorial Committee: David S. Hopkins, (Chair) Stanley Tuell, W. Ben Blackett, Richard Hawkins
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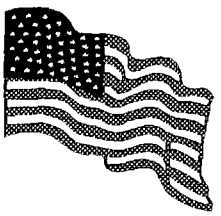
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN



June, 1998

Features

Departments

News briefs

On the cover:

Ron Taylor, MD, Tacoma General Surgeon will be running in the June 13, 26th Annual, Sound to Narrows 12K run that will attract approximately 10,000 runners. Taylor, who just captured first in his age category 50+ in the Olympia half marathon in May is expected to be a leader in his age group. His best time to date is 42:55. Not too shabby!!

President's Page.....

James M. Wilson, Jr, MD
President, 1998

The regional medical director of a health plan (a physician) was recently quoted as saying that "we (physicians) gave up all control of our destiny years ago, and we have absolutely no hope of regaining it. If you don't like what managed care companies have done to us thus far, just wait and see what they have planned for our future." When one studies the financial data, this is not difficult to believe - the top and middle-management heavy payers have taken a large hit over the last few years, and they have clearly identified putting the squeeze on physicians as the solution.

Hospitals and hospital systems have, in many cases, effectively flourished in this milieu. The unexpectedly high census and the focus in our society upon technology have contributed to this significantly. Also, I feel these systems have the depth to be aggressive in program development, whether it involves creating networks of physicians, employed or otherwise, or market-directed programs that are now evolving in areas such as trauma, cardiology, geriatrics, diabetes, wound care, etc. I suspect we will be seeing more such programs in the near future.

Are these programs a threat to us? It depends. If the physician remains at the core of the health care team with an improved organizational process to extend services and quality, the outcome could be highly beneficial. For instance, the proactive approach to the difficult trauma issue by **Dr.'s Jordan, White,** and **Rifenbery** is exemplary. On the other hand, such a program could undermine the fundamental physician-patient relationship as we have experienced in some home health or hospice situations.

In general, it is my feeling that, insofar as hospitals and health care systems share with us the mission of providing quality care and that our mutual success is inexorably intertwined, it is they who may provide the partnering we need to face payers. This is in contrast to payers who perceive the costs of care, whether preventative or interventional as "losses." The new and troubling reactionary stance that payers have taken in response to their financial position is of great concern.

Can we reassume control of our destiny? I believe so, but it will be a different kind of control. It will involve negotiated partnering and acceptance of leadership roles in a teamwork approach to care. We will need to step up to the plate and insist upon our rightful place as the leaders of healthcare.

What will be the role of organized medicine? The WSMA and other organizations are already providing negotiating support for physicians and groups who are seeking to protect or regain control. Also, we are learning that we have more clout than we thought in dealing with payers, and we will be exploring new avenues to exercise that. Remember that in the "divide and conquer" world, the Medical Society and the WSMA are the only organizations that unify and speak for all physicians. ■ *JMW*

Do we have your e-mail address?

Please send it to us at: pcmswa@pcmswa.org

MQAC* offers alternative strategies for long term opioid therapy

See pages 5 and 6

Guidelines for assessment and documentation in non-cancer pain

Alternative strategies for managing pain must be explored. If alternative strategies for managing the pain are unsuccessful, long term opioid therapy can be added. The goal is not merely to treat the symptoms of pain, but to devise pain management strategies which deal effectively with all aspects of the patient's pain syndrome, including psychological, physical, social and work-related factors. Documentation in the patient's medical record should include:

History and medical examination - A complete physical examination and comprehensive medical history should be part of the active treatment record including, but not limited to, a review of past pain treatment outcomes and any history of addiction risks to establish a diagnosis and treatment plan.

Diagnosis and medical indication - A working diagnosis must be delineated, which includes the presence of a recognized medical indication for the use of any treatment or medication.

Written treatment plan with recorded measurable objectives - The plan should have clearly stated, measurable objectives, indication of further planned diagnostic evaluation, and alternative treatments.

Informed consent - Discussions of risks and benefits should be noted in some format in the patient's record.

Periodic reviews and modifications indicated - At these periodic reviews, the provider should reassess the treatment plan, the patient's clinical course, and outcome goals with particular attention paid to disease progression, side effect and emergence of new conditions.

Consultation - The treating provider should be knowledgeable and competent in referring patients to the appropriate specialist if needed and noting in the patient's record the treating provider's interpretation of the consultation reports. Additionally, a new patient with evidence of at-risk patterns of opioid usage should be evaluated by a knowledgeable specialist.

Records - The provider should keep accurate and complete records documenting the dates and clinical findings for all evaluations, consultations, treatments, medications and patient instructions.

Assessment and monitoring - Some patients with chronic pain not associated with cancer may be at risk of developing increasing opioid consumption without objective improvement in functional status. Subjective reports by the patient should be supported by objective observations. Objective measures in the patient's condition are determined by an ongoing assessment of the patient's functional status, including the ability to engage in work or other gainful activities, patient consumption of health care resources, positive answers to specific questions about the pain intensity and its interference with activities of daily living, quality of family life and social activities, and physical activity of the patient as observed by the physician.

Physical dependence and tolerance are normal physiologic consequences of extended opioid therapy and are not the same as addiction. Addiction is a disease with behavior characterized by psychological dependence and aberrant drug related behaviors. Addicts compulsively use drugs for non-medical purposes despite harmful effects; a person who is addicted may also be physically dependent or tolerant. Patients with chronic pain should not be considered addicts or merely because they are being treated with opioids.

The physician is responsible for monitoring the dosage of the opioid. Monitoring includes ongoing assessment of patient compliance with drug prescriptions and related treatment plans. Communication between health care providers is essential. The patient should receive long term analgesic medications from one physician and where possible one pharmacy. All providers should be particularly cautious with patients with a history of alcoholism or other drug addiction when prescribing long term opioids. Consults with addiction specialists are recommended. ■

*Medical Quality Assurance Commission

Management of chronic pain issue for Board and MQAC

Because of a concern for the treatment of chronic pain patients, Dr. George Heye, Medical Consultant, Medical Quality Assurance Commission (MQAC) was invited to meet with the Board of Trustees and discuss the MQAC policy on management of pain. Board members expressed to Dr. Heye that MQAC policies are creating a fear and paranoia in physicians about treating patients with chronic pain. They fear that patients may now be undertreated for fear of retaliation by MQAC.

Dr. Heye and Mr. Smith, Chief Investigator for MQAC, said that **physicians should not fear MQAC, nor should they under-prescribe.** They emphasized that long-term opioid therapy can be utilized if alternative strategies for managing pain are unsuccessful. Smith noted that most complaints on overprescribing come from pharmacies. Smith said the average case investigation takes 80 days to complete and terminates with a "no cause for action." Those cases where litigation is involved do continue for a much longer period of time. Smith noted that the Commission is required to investigate every complaint they receive. However, he noted, 70-80% of cases are closed for "without cause."

Dr. Estelle Connolly, MQAC board member who also attended the meeting commented that **Commission members, when looking at a file, look for a diagnosis and treatment plan and emphasize the importance of documentation because record keeping is all the Commission has to go on.** All too often, the doctor has not followed-up on the rehabilitation recommendation and not recorded the necessary phone calls and notes in the chart. Dr. Heye said it often appears that the patient is in charge rather than the doctor. "And, yes, it is permissible for a physician to check up on a patient," he added. "They can talk to other physicians and pharmacies and if a patient won't answer your questions, particularly about drug and alcohol abuse, then you can dismiss the patient."■

See "Guidelines for Assessment and Documentation in Non-Cancer Pain," left, page 4.

MQAC thanks PCMS for discussing chronic pain issues and concerns

Editor's note: The following letter was sent to PCMS President Jim Wilson, MD, after the MQAC staff met with the PCMS Board of Trustees regarding treatment of the chronic pain patient.

Dear Dr. Wilson:

I wanted to thank you for allowing Jim Smith (Chief Investigator) and myself to speak at your recent Board of Trustees meeting. I found the feedback and questions from the members most enlightening and I will pass your members' concerns on to the Commission. It was certainly never the intention of the Commission to stifle the prescribing of controlled medications to those who legitimately need them. Nonetheless, I can appreciate how the actions and prior directives of the Commission have had a significant chilling effect on the practitioners in the community and why they respond to these apparently confused signals by taking a very safe and conservative stance, even to the detriment of their patients. It is our hope that practitioners will come to see the Commission's current pain guidelines as a statement of reassurance that they can appropriately treat their patient's pain without undue fear of losing their license.

In contrast to what may have been suggested at the meeting, the Commissioners are not so far removed from the everyday world of medical practice that they are unaware of the constraints that surround today's practitioners. The Commission is quite aware that preferred provider organizations often react negatively to actions by the Commission.

Over the past year I have personally spoken about this very problem with many practitioners who have come under Commission Orders. The Commission, however, has no direct or indirect control over what insurance groups do or don't do in response to their actions. The Commission has no input into the wording of insurance contracts and the execution of preferred provider "regulations" are wholly under the control of those organizations. The only time the Commission directly puts a doctor "out of business" is when they revoke a license or suspended without stay. When lesser Commission actions result in the doctor losing his preferred status and thereby most of his practice, the Commission is indeed concerned but the Commission cannot reasonably be held to answer for the basically economic decisions of third party payers and contractors. The Commission continues to search for

See "Pain" page 6

"Pain" from page 5

ways to move away from this disciplinary precipice but the Commission's primary mandate is to protect the public and they cannot back away from that responsibility just because the medical landscape is economically unsettled and sometimes hostile. I am sure you can appreciate how difficult a task the disciplinary process has become.

The Commission is always looking for physicians who might be interested in helping them do their job of regulating the competency and quality of the professional health care providers in the state. We are especially interested in getting members who are still in full or part time practice and just to set the record straight, at the moment half of our physician and physician assistant Commission members are still actively practicing. We would certainly welcome you or anyone else from the Society who has an interest in helping maintain the high standards of medical care in Washington.

Once again, thank you for the invitation to present the Commission's viewpoint on treating chronic pain. We would be glad to address the Society as a whole if you feel that would be helpful.■

Sincerely, George Heye, MD
Medical Consultant, MQAC

Home environmental audits provided by Asthma Prevention Partnership

Clear Air for Kids is a partnership between the Tacoma-Pierce County Health Department, American Lung Association of Washington, Tacoma Public School District, Mary Bridge Children's Hospital and the University of Washington-Tacoma. The primary goal of the partnership is to promote improved respiratory health among children and families in Pierce County.

To accomplish this, a group of volunteers will be trained as Master Home Environmentalists. These volunteers will conduct home environmental audits focused on identifying potential asthma triggers, and will assist families in making environmental and lifestyle changes to reduce exposure to environmental triggers. The audit takes approximately 1½ hours and is available at no cost. The first group of volunteers will graduate from the 30 hour training June 2, 1998 and will be ready to do home assessments immediately.

If you are interested in referring a family to this program, please call the central intake worker, Sarah Curran at (253) 798-2954.■

Perinatal Hepatitis B Prevention Program in Pierce County

The Tacoma-Pierce County Health Department (TPCHD) continues to participate in the statewide Perinatal Hepatitis B Prevention Program. The goal is to reduce the incidence of hepatitis B in infants born to infected (HBsAg-positive) mothers. Achievement of this goal involves identification and follow-up of HBsAg-positive pregnant women to assure that infants born to these mothers receive appropriate prophylaxis at birth. Household and sexual contacts are also identified and followed to make sure they get the appropriate testing and prophylaxis.

Under this program, state-supplied hepatitis B immune globulin (HBIG) and hepatitis B vaccine are available for all infants born to infected women regardless of payment source. If the household/sexual partners have no payment source, the health department will provide hepatitis B vaccine.

Every pregnant woman should be screened for HBsAg early in her pregnancy. Providers are requested to notify the Health Department of every HBsAg-positive pregnant woman so appropriate follow-up can be assured. Infants are followed from birth through the third dose of hepatitis B vaccine and until the post-vaccine screening (3 to 9 months after dose #3) is done to confirm immunity.

Infants born to HBsAg-positive mothers will need: High Risk Infant Formulation of the Merck Recombivax HB - 5mcg dose, 0.5ml dose, Yellow Top Vial OR Pediatric Formulation of the SKB Engerix-B - 10mcg dose, 0.5ml dose, Light Blue Top Vial.

For more information, call the TPCHD at 798-6410. To report a HBsAg-positive pregnant woman, call the 24-hour reporting line at 798-6534.■

Health Department provides Pierce County disease statistics

The Tacoma Pierce County Health Department compiles a report of diseases in Pierce County each month, as shown at right.

The report will be printed in the *PCMS Bulletin* to help keep physicians and care-providers abreast of disease activity. If you have questions regarding the report, please call the Communicable Disease Section of the Health Department at 798-6410.

And, please remember to call in reportable diseases to the 24 hour hotline, 798-6534.■

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
REPORTED CASES OF SELECTED DISEASES
FOR MONTH ENDING APRIL 30, 1998

Amended**
Military *

DISEASE	THIS MONTH		1998 TO DATE		1997 TO DATE	
ENTERIC DISEASES						
Salmonella	5		12		19	
Shigella	2		3**		3	
E. Coli 0157:H7	1		1		0	
HEPATITIS						
Hepatitis A	7		21		23	
Hepatitis B	3		5		7	
Hepatitis NANB	0		0		2	
INVASIVE DISEASE/BACTERIAL						
Meningococcal	0		2		5	
SEXUALLY TRANSMITTED DISEASES		*		*		*
Chlamydia	136	32	492	97	367	62
Gonorrhea	26	6	95	17	155	24
Herpes, Initial Infection	16	5	45	9	59	20
Syphilis, Early	0	0	0	0	0	0
Syphilis, Late	4	0	7	0	9	0
Pelvic Inflammatory Disease	5	0	29	1	42	0
Urethritis, Nongonococcal	1	3	11	48	18	21
TUBERCULOSIS	4	0*	16	0*	12	1*
VACCINE PREVENTABLE DISEASES						
Pertussis	5		29		20	
AIDS	2		18		37	
TOTAL AIDS CASES- 1983 to Present	702					

Communicable Disease Control (253) 798-6410

Confidential Fax Line: (253) 798-7666

24 Hour Reporting Line
(253) 798-6534

Welcome new PCMS Members

Allen, David D., MD
Family Practice
Practices with Multicare Physician Network, 7509 43rd St W, Tacoma 98466; 565-4477
Medical School: University of Texas
Internship: University of Texas
Residency: University of Texas

Ayars, Deborah J., MD
Pediatrics
Practices at 1901 S Union, #B1010, Tacoma 98405; 572-5971
Medical School: Tulane University School of Medicine
Internship: Naval Hospital -San Diego
Residency: Naval Hospital -San Diego

Belz, Michael K., MD
Cardiovascular Disease
Practices with Cardiac Study Center, 1901 S Cedar, #301, Tacoma 98405; 572-7320
Medical School: University of Kansas School of Medicine
Internship: Medical College of Virginia/McGuire VA Medical Center
Residency: Medical College of Virginia/McGuire VA Medical Center
Graduate Training: Medical College of Virginia/McGuire VA Medical Center

Hursey, Phyllis D., MD
Family Practice
Practices with James Dunn, MD at 16218 Pacific Ave, #4, Spanaway 98387; 537-8667
Medical School: Howard University College of Medicine
Internship: San Bernadino County Medical Center
Residency: San Bernadino County Medical Center

Nam, Charles C., MD
Internal Medicine
Practices at 201 -15th Ave SW, #A, Puyallup 98371; 848-6978
Medical School: University of Washington
Internship: University of Wisconsin
Residency: University of Wisconsin

Schoeppner, Harald L., MD
Gastroenterology
Practices with Digestive Health Specialists, 1901 S Union, #B4006, Tacoma 98405; 272-5127
Medical School: University of Wuerzburg
Internship: Henry Ford Hospital
Residency: Henry Ford Hospital

Trippel, Donald L., MD
Pediatrics/Cardiology
Practices with John McCloskey, MD, 314 MLK Jr Way, #202, Tacoma 98405; 552-1511
Medical School: University of Washington
Internship: Madigan Army Medical Center
Residency: Madigan Army Medical Center
Graduate Training: Medical University of South Carolina

Applicants for membership

Pride, Matthew B., MD
Family Practice
Practices at 3908 10th St. SE, #200, Puyallup; 848-5951
Medical School: University of Washington
Internship: Ventura County Medical Center
Residency: Ventura County Medical Center

Moravek, Carlos E., MD
Physical Medicine & Rehab
Practices at 1515 MLK Jr Way, Tacoma; 572-2663
Medical School: University of Washington
Internship: University of California
Residency: University of California

Pierce County Medical Society

invites you and your spouse/guest to the

June General Membership Meeting (in Puyallup)

Tuesday, June 9, 1998 *Social Hour*: 6:00 pm; *Dinner*: 6:45 pm; *Program*: 7:45 pm

Best Western Park Plaza Georgian Room; 620 South Hill Park Drive, Puyallup

Directions: From I-5 north or south exit onto Highway 512 (Exit #127), heading east to Puyallup. From 512 exit at 9th Street SW. Turn left at the bottom of the exit and at the first light, turn right.

"Training Physicians for the Challenges of the Twenty-First Century"

featuring:

John B. Coombs, MD
Assistant Dean, VP of Medical Affairs
University of Washington School of Medicine

(Registration required by June 5. Return this form to: PCMS, 223 Tacoma Ave S, Tacoma 98402; FAX to 572-2470 or call 572-3667)

Please reserve _____ dinner(s) at $20 per person (tax and tip included)

Enclosed is my check for $ _____ or my credit card # is _____

☐ Visa ☐ Master Card Expiration Date _____ Signature _____

I will be bringing my spouse or a guest. Name for name tag: _____

Signed: _____ Thank you!

Alan D. Tice, MD honored by ISID

Alan Tice, MD has been awarded the Pasteur Merieux Connaught award by the International Society for Infectious Diseases.

The award is for outstanding achievement in communicable disease epidemiology and reflects Dr. Tice's interest in the problems of antibiotic resistant bacteria in clinical practice and specifically the problems associated with *Streptococcus pneumoniae.*

The award is for the best abstract submitted for the Eighth International Congress on Infectious Disease, which took place in Boston last May. Dr. Tice will share the award with Vicki Luna of the Department of Pathology at the UW plus Dan Jernigan and Marilyn Roberts of the Washington State Health Department. ■

Unified Physicians of Washington placed into liquidation by the state OIC

Edmund Gray, MD, Board Chair of Unified Physicians of Washington (UPW), recently announced that UPW had been placed into liquidation by the Office of the Insurance Commissioner (OIC).

"Several difficulties, beginning with the fundamental failure of our former third party administrator (TPA) to perform contracted tasks - placed the company in serious jeopardy," he wrote. Other problems were an exceedingly competitive market, poor margins, a delayed capitalization campaign, and newly mandated statutory financial reserve requirements. The result was a move by the OIC to place the company in receivership. Instead, the UPW Board of Directors entered into an alternative arrangement with the OIC in an attempt to stabilize the company.

The objectives were to protect the insureds, the physician network and th investors. Management worked to reduce costs and reorganize. Unfortunately, it became impossible to fully pa out the remaining claims within the resources that were remaining. In early May, the liquidation proceeding began It also eliminated any hope that the company could go forward with its pla to operate as a network in partnership with Kitsap Physician Services.

"Ours was a bold initiative and it wa the right thing to do," noted Gray. "Physicians must continue to have a leadership role in managing change within the health care system, constantly seeking ways to work together effectively on behalf of our patients."■

"Coping with Third Party Payers: Don't be Road Kill"

by Judy Wagonfeld

Andrew Dolan admits he has a "slightly guilty conscience for giving bad advice about partnering with the business and insurance communities in the past. However, when popular notions turn to historical artifact overnight, movers and shakers assess and change direction.

During Dolan's PCMS "Third Party Payer" talk April 14, he delved into "coping strategies." Sure, when bandying around alternative insurance models in the 80's, working and insurance companies brought hope of redemption. Physicians would, after all is said and done, get their fair shake. But events and legislative actions made chopped meat of that view. Still, Dolan says, he's learned through his 20 years of legal practice and serving WSMA at the state legislature, that legislators don't fit neatly into categories of good and bad people.

"We have to get rid of that childlike view," he says. "We're drifting toward a cartelized and financially driven system." Physicians must work to prevent it from happening; they're losing control of patients. Physicians can halt this dive bomb, according to Dolan, by embracing the brilliance of the American system that operates in private spheres. He urges "re-establishing direct, close, convivial relationships with patients; the only place victories have ever been won."

Dolan believes physicians, "are better off in the courts than in the legislative branches." Quoting the *Godfather*, Dolan says, "None of this is personal - it's just business." And it's how physicians must now view medicine. Physicians, now as third in the food chain after insurance carriers and hospitals, must look out for their welfare. "No carrier volunteers to give you extra money, but enough is enough," says Dolan. "The House of Medicine has to keep it's own house in order."

That means making tough decisions and not being railroaded. He cites, as an example, the problem small practice groups have in dealing with as many as 300 insurance companies. When an office doesn't fill in a required box on a form, the carrier, instead of calling, rejects the claim. Rather than fight, physicians often, "let them off the hook of paying," he says. When carriers first sent out letters *telling* physicians of their new rate arrangements and contracts, frightened physicians dashed off a signature. Next time, says Dolan, despite further payment cuts, physicians signed fast, and "forklifts came and returned them." He jokes, half seriously, that eventually the carriers just said, "Hey Stupid, sign here and send in." The carrier's power of cutting at will and terminating without cause, according to Dolan, grows more draconian daily. "Our problem is the physician's promiscuous activity of signing contracts," he says. Dealing with so many carriers borders on crazy; it's not a sensible way to do business. He suggests, "never do business with people who don't make good economic sense. Walk away."

One solution might be a single payer system; if the payer is the government. Now, we have the opposite; government giving power to private entities which are less responsive to patients than a government might be. "I can see a situation of a single system reducing administrative costs (as opposed to current escalating costs) and tilting toward the patient (interest)." Such a system, he clarifies, would prevent the government from hiding behind the carriers in policymaking.

Carriers, physicians and hospitals bear common and disparate agendas. Physicians want unlimited check writing authority from carriers, obviously not a practical model. "If you have had kids in college," Dolan laughs, "you know that doesn't work." He admits that after many years, he bears a jaded view of the carriers. About the legislature, he says, "We (all) ask it to make us happy with relative disregard to others," but qualifies that statement, noting that physicians often testify alone for bicycle helmets, tobacco laws and other health issues and do so with regard to others.

Andy Dolan, JD emphasizes a point to Jacob Kornberg, MD after the meeting

Dolan refers to carrier mergers as cartels - oligopsonies - small numbers which ensure artificially high market power. He'd hoped that in a market driven arrangement, physicians would benefit but it's turned out that the government's merger with payers has put above market torque the tourniquet on providers - threatening the future of our medical care. Competing carriers offer little product differentiation. Patients, owned by carriers, identify with them, rather than their providers.

See "Coping" page 18

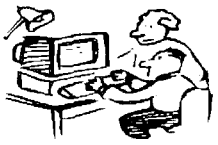
PCMS Alliance Philanthropic fund applications now available

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 obtain an application form by writing to: Fran Thomas, 3224 Horsehead Bay Drive NW, Gig Harbor, 98335.

Proof of 501C(3) IRS rating is required and all applications must be requested directly from Ms. Thomas.

Application deadline is September 1, 1998.■

Has your E-Mail address changed lately?



When the Medical Society e-mails its PCMS Fax News to those on its e-mail directory, it has been having about 30-40 returned. Ninety percent of them have a Physician On-Line address. We have changed them over to _____@pol.net, however, many are still coming back.

If you have a new address or server, please send us an e-mail and we will correct the directory. Our address is **pcmswa@pcmswa.org** ■

Many get medical advice on the Web

Below are just a few of the Web sites that patients are accessing for medical information. Check them out and see what you find. The addresses are listed below.

Medical World Search
http://www.mswearch.com

New England Journal of Medicine
http://www.nejm.org

American Hospital Association
http://www.ama-assn.org

FDA's Center for Drug Evaluation and Research
http://www.fda.gov/cder/index.html■

In My Opinion .....

"This is NOT a bill"

Nichol T. Iverson, MD

by Nichol T. Iverson, MD, FACP
Puyallup Internist

Unless you have been so depressed that you have not gotten your head above water lately, you have undoubtedly seen a "This is NOT a Bill" form from one of your patients.

These forms are generated in enormous numbers and will close every landfill extant in the continental United States by the year 2001. One of my relatives showed me one of these documents that revealed the cost for a leg brace that was gathering dust in the corner. The cost of the brace was 56 office visits at the 99213 level. Being a little slow at math, it took me about three weeks to realize that a signature taking 3.1416 seconds divided the Federal Pi by 28 patients per day for two days. Snooping around, I have generated a list of OCRA's (a disgusting vegetable forced down me by my health conscious, albeit well meaning mother, at age 7 until I learned to feed it to the dog mixed with meat juice).

Office Call Reimbursement Allowance ($32.15/call) OCRAS

- Light wheelchair "the only way to fly" $80/mo. for 10 mos. 2.5 or $950 total 29.5
- Oxygen at 2L with concentrator $208.89/mo. 6.5
- Add Linde Walker $38.53/mo. 1.2
- Hospital Bed $164.00/mo. 5.1
- Skilled Nursing In-Home $94.66 2.9
- Home Physical Therapy $102.37 3.2

Since my last article about Hickfa, the Feds have temporarily sidelined their attempts to impose the E/M guidelines but will likely redouble their efforts to pursue politically popular efforts to find FRAUD is rampant among all of us little brothers. My prediction is that there will be a large bureaucratic white rhino nosing around which will be the Federal Fraud Unit, a.k.a. the F/U. Having failed to cram a new system of medical record keeping down our pink, slightly erythematous, swollen and scummy throats, must have made these government flunkies furious. They will conjure up a new set of rules based on our current billings to create a system of Corrective Disciplines (C/D's). Only the acronym and phonetically challenged will fail to see what happens when the F/U delivers its C/D to your office door! ■

Mini-Internship program continues to build physician/community relationships

The PCMS sponsored Mini-Internship program that brings community leaders together with physicians for two days, continues to meet the very goal that it was designed to do. By spending two days following physicians from the office to the hospital, watching them on the phone, dictating notes, attending meetings, etc., community leaders learn first hand just how complicated the profession of medicine can be.

Left to Right: Dr. Maria Mack, Dr. Virginia Stowell, Rob Carson, Carole Pica, Sal Mungia, JD, Dr. John Mulligan, Dr. Jim Wilson and Maryanne Mitchell

Participating in the May program were interns: Rob Carson, Tacoma News Tribune reporter; Sal Mungia, JD, President-Elect, Pierce County Bar Association; Maryanne Mitchell, State Representative (R30); and Carole Pica, Catering Manager, Tacoma Sheraton Hotel. Physician faculty included: **Drs. Maria Mack, Virginia Stowell, John Mulligan and Peter Marsh.**

"I didn't understand what doctors really do anymore than they understand what I do," noted Maryanne Mitchell, State Representative from the 30th District, also adding "I couldn't believe the amount of paperwork."

"I understand the medical world better," noted Rob Carson, TNT reporter. "I was most amazed at the diversity of Dr. Marsh's patients. Behind each door was a separate and distinct drama yet to unfold."■

The Invisible Hand.....

"Home Health Care"

Life begins when the kids leave home and the dog dies.
Anonymous

by Andrew Statson, MD

Andrew N. Statson, MD

As an intern I was called to the ER late one evening. A man had brought his three year old daughter to be examined. "She's sick," he said. "What's wrong with her?" I asked. "I dunno," he replied. "How long has she been sick?" I asked. The experienced ER nurse looked at me, amused. "He doesn't know, he works!" she boomed. "What about at night?" I asked. "He doesn't know, he sleeps!" The man just grinned.

If I remember correctly, I recently read an item about the oldest practicing physician in the country, a pediatrician in Georgia. She was quoted as saying she did not prescribe cough syrup for children. "Let them cough. It won't hurt them." That may or may not be true, but some changes over the years have complicated matters. A hardworking man may be able to sleep even with a freight train going through the house, but a woman, hardworking or not, is usually awake at the slightest sound from her child. In the past she could sit in a rocking chair, holding her little one until, exhausted, they both fell asleep. Now most women work. Even though they might be superhuman they cannot be up with a sick child night after night and work day after day.

As things are now when the parents come home in the evening and find their child is sick they may try a few simple things to help, but if the child is not better within a few hours they go to the ER. They want something done so they and the child can sleep. They usually cannot take time off work. We occasionally see in our hospitals the problems caused by short staffing during the flu season. If the nurses had to take even more time off to care for their children it would be much worse.

Another problem is that most young parents don't know how to care for a sick child. Several generations ago people lived in extended and large families. The girls learned a lot about home health care while in their teens, by seeing and helping mother with the younger children, or sister with their nieces and nephews.

Now the extended families are no more. I have heard a few grandparents make the comment, "It's nice to see your grandchildren, play with them, tell them stories, but the best part is when they get cranky you can give them back to their parents. Out they go, and you can have your peace and quiet again." In the past people lived in extended families because individual housing was much too expensive. They couldn't afford to be on their own, so they had to put up with the inconvenience. As we became more and more prosperous this was no longer a problem. The same can be said about single parents. It may not be easy, but they can make it on their own. They don't have to live with that jerk. The result is that grandmother is not there to help the young couple and share her experience. On the other hand the young people have been exposed to all the hyperbole about the latest in childrearing that they don't even think to turn to grandmother and her "outmoded" methods. Frequently she is made to feel her help and advice is not wanted.

The care of the elderly is also affected by these changes. They like being alone because they feel independent, even though they are not able to take care of themselves. They need help, yet their children are too busy to do much for them. They don't look on nursing homes as an attractive solution and try to delay as much as possible their eventual confinement there. Besides nursing home care is not exactly cheap. The net result is an increased burden on the social services of the community.

In the past, home care was the major and frequently the only way to take care of the sick. Up to about two generations ago, physicians made house calls. They had no laboratory and imaging tests at their disposal. Instead they relied on their clinical skills and their knowledge of the patients and their families. They did not have much to offer except their presence, but they were there, day after day for as long as the patients and the families needed them.

Now ER visits have replaced those house calls. The physicians practicing there are faced with patients they may have never seen before and probably will never see again. The severity of illness ranges from none to life-threatening. The ability to treat is strikingly greater and the results much improved, yet the risk of litigation is also much greater. Follow-up care is unreliable so the problems have to be diagnosed and treated right then and there. No wonder the physicians are

Please see "Home" page 16

COLLEGE OF MEDICAL EDUCATION

G. I. Course emphasizes practical and multi-disciplinary approach

Registration remains open for the complimentary G.I. course set for June 5 at the Sheraton Tacoma Convention Center. Co-directors of the course are **Drs. Gary Taubman & Richard Tobin.**

THE CONFERENCE WAS INITIALLY SCHEDULED FOR THE CONVENTION CENTER BUT HAS BEEN MOVED TO THE BALLROOM OF THE HOTEL.

This one day course is designed for the primary care physician and should also appeal to the specialists and ancillary health professionals with an interest in abdominal and gastrointestinal medicine.

Specifically called "Nuts, Bolts and Innovation in Gastrointestinal Disease" this is the fourth offering of this popular course co-presented by the College of Medical Education and the Tacoma Gut Club. A hosted lunch is planned for attendees with presentations of case studies.

The club members represent a diverse group of expert physicians from Seattle to Olympia, both in academic and private medicine. An updated, complete list of addresses planned are as follows:

- H Pylori and Malignancy
- Medical and Surgical Approaches to Gastroesophageal Reflux
- Imaging of Appendicitis
- Imaging of Colorectal Carcinoma
- Ultrasound Diagnosis of Abdominal and Pelvic Hernias
- Diagnosis and Management of Viral Hepatitis
- Drug-induced Hepatotoxicity
- Magnetic Resonance Imaging of the Pancreatic and Biliary Ducts (MRCP)
- Advances in Endoscopic Ultrasound ■

Whistler/ Blackcomb CME dates set - January 27-31, 1999

The dates for the annual ski CME program in Whistler/Blackcomb have been set for January 27-31, 1999.

This year the COME has contracted so that all physicians can stay in the Aspens, also the site for meetings. More importantly, LODGING RATES WILL NOT INCREASE and will remain as they were in January of 1998.

A program brochure and more details will be available in September. Mark your calendar now! ■

CME and Mariners Spring Training being considered for March, 1999

The College of Medical Education is exploring offering a second CME and Mariners Spring Training in Phoenix next March.

The first CME program was held in Phoenix in 1997, combining physician education and the ability to observe the Mariners training in their Peoria facility. The program was very successful but the numbers were just short of those required to adequately fund the course.

It is likely the course will again be 10 credit hours with morning classes and free afternoons to view games or explore other activities. As before, the College will arrange for hotel rooms at reduced rates and book a number of airline seats.

A final decision should be made shortly. A program brochure should be available in early fall.■

REMINDER: College discontinues ACLS courses

The College's ACLS course initially scheduled for June 25-26, 1998 has been cancelled. The American Heart Association (AHA) has restructured ACLS delivery and established regional training centers to serve those seeking ACLS instruction and renewal.

The AHA - Washington affiliate is prepared to refer and direct those interested to local ACLS courses. Their number is (800) 562-6718.■

Dates	Program	Director(s)
Friday, June 5	Nuts, Bolts & Innovation in Gastrointestinal Disease IV	GaryTaubman, MD Rick Tobin, MD

"Home" from page 14

compelled to get all the laboratory and imaging tests they can to make sure they are not missing a serious problem. They cannot afford to leave anything to chance. As a result, ER care has become much more expensive and is a major part of health care expenditures.

In an effort to reduce ER visits several insurance plans have sponsored a self-care manual, "Healthwise Handbook", which they distribute to their subscribers. Another program is a 24-hour telephone line staffed by nurses to answer questions and triage patients before they are allowed to go to the ER. This telephone service follows an established and tested algorithm to counsel the patients, instruct them how to handle their problems and decide at what point they would need to go to the ER. These programs are interesting and may prove beneficial in the long run. The main concern of course is the possible delay in getting to the ER for problems such as stroke and myocardial infarction, in which aggressive early treatment, instituted within the first three hours from onset of symptoms, seems to significantly improve the prospect for long-term functional recovery of the patients.

Perhaps health care has become too complex to expect that a significant part of it can be rendered at home by untrained family members. Home care can play an important role in the management of stable chronic illnesses when the patient and the family have been taught to use technology and instructed how and when to call for help. ■

Consumer Price Index - April, 1998

Physician services prices, as measured by the seasonally adjusted Consumer Price Index for all urban consumers (CPI), increased 0.4% in April, 1998. During the 12-month period April, 1997 to April, 1998 physician services prices rose 2.7%. Services prices, in comparison, also rose 0.4% in April and 2.7% over the last 12 months. The prices reflected in the all items index increased 0.2% in April after seasonal adjustment; the 12-month change in the prices of all items was 1.5%. The all items less medical care index also increased 0.2%; the 12-month change was 1.4%.

Some physicians made annual adjustments to their fees in April. In addition some third-party payers increased their reimbursements. These factors contributed to the 0.4% increase in physician services prices. The annualized year-to-date change in physician services prices was 3.0%. The big jump in prescription drug prices was the result of large one time increase in the prices of some generic drugs. A 0.1% decline in energy prices kept overall inflation down. The core inflation rate (minus food and energy) was 0.3% in April. ■

ADDult Support Group of Washington will meet in July

"The Role of Support Groups" will be the topic on Wednesday, July 8th at the free monthly meeting of ADDult Support of Washington for Adults with Attention Deficit Disorder. Meetings are held at Jackson Hall, 314 Martin Luther King Jr Way, in Tacoma, across the street from Tacoma General Hospital. Meetings being at 7:00 pm and end by 9:00 pm. Call 253-759-5085 for more information or visit their web site at www.addult.org. ■

Pierce County Chapter of Medical Assistants to meet

Pierce County Chapter of Medical Assistants meet on the second Monday of each month, except July and August. They will meet on Monday, June 8 at 6:30 p.m. in the cafeteria of Allenmore Hospital. The speaker will be Jean Graves, CMA-A. Ms. Graves will address "CPT and ICD-9 Medical Coding."

If you have any questions or need additional information about the meeting or the association, please contact Jim Wagner, CMA, Chapter President at 253-874-2756. ■

"Coping" from page 11

Though a discouraging scenario, Dolan sees hope in sight. Intriguing developments concerning patient support float around but couldn't be defined because of confidentiality. In general, Dolan suggests physicians stop being "takers" and become "makers" of billing policies. In the past, physicians have protected patients from the facts; taking less than they bill and allowing patients to be taken from them and develop brand name loyalties to corporate entities. He recommends fighting back with advertising aimed at connecting with the patient. "Therein lies the only chance to reverse the chain of events."

Dolan dashes off a list of principles and strategies. "Get between the patients and the buyers," he says. "Force competition between carriers." Transforming these principles into action requires that physicians reassess themselves. Dolan suggests exploring relationships with the press and media to spread their message on the medical scene. "Go directly to consumers," he says, "by forming relationships with trade unions and linking up with patients." He recommends developing offensive plans such as a class action lawsuit. "Bring to bear your own information on payer and carrier transgressions and disputes and seeking legal redress funded by an organized defense fund.

Pay attention, he says, to "the mother's milk of the marketplace," the exchange of information as providers renew and cancel contracts, being scrupulous about conducting discussions lawfully. Follow the sentiment of applauding audiences everywhere, those who cheered the rather anti-HMO statement in *As Good As It Gets*, by "shaking hands with your friends." He believes in the initiative process; physicians appearing as advocates for patients by petitioning on street corners. And, since no one's looking out for you, take the Ipecac and re-enter the insurance field.

Dolan believes it's time small groups face up to their demise. To survive, physicians must exercise business judgment by enlarging and cutting overhead. Mergers are essential, he says, so show "intestinal fortitude" and do it. "Take the lead of behemoth mergers set by drug companies and Regence." He suggests, bargaining as a group, rather than digging in as "onesy, twosies." Or, he says ominously, "you'll be the road kill of the next decade." ■

POSITIONS AVAILABLE

Tacoma/Pierce County Outpatient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, MD (253) 752-9669 or Paul Doty (Allen, Nelson Turner & Associates), Clinic Manager (253) 383-4351.

Family Practice. Group Health Permanente is currently seeking family practitioners for a variety of settings throughout the Pacific Northwest. We are a physician-managed organization affiliated with two well-established HMOs, Group Health Cooperative of Puget Sound and Kaiser Permanente. Opportunities in teaching and research are often available. For further information, fax CV and cover letter to (206) 448-6191 or call 800-543-9323.

Rheumatology. Group Health Permanente is currently seeking a rheumatologist. This is a part time position located in the greater Seattle area. We are a new physician-managed organization affiliated with two well-established HMOs, Group Health Cooperative of Puget Sound and Kaiser Permanente. Significant opportunity for service, teaching and research with four rheumatologists. For further information, call (206) 448-6543 or fax CV and cover letter to (206) 448-6191.

Pediatricians. Group Health Permanente is currently seeking pediatricians for practices in the Seattle/Bellevue area of Washington state. We are a physician-managed organization affiliated with two well-established HMO's, Group Health Cooperative of Puget Sound and Kaiser Permanente. Teaching and research opportunities are often available in an area known for its recreational opportunities. For further information, call 800-543-9323 for fax CV and cover letter to (206) 448-6191.

Urologist. Group Health Permanente is currently seeking a locum tenens urologist to provide services in our Redmond facility beginning in October. For information, call (206) 448-6543 or fax CV and cover letter to (206) 448-6191.

Neurologist. Group Health Permanente is currently seeking a locum tenens neurologist to provide services in our Tacoma facility beginning in July. Hospital privileges at local hospitals would be required. For information, call (206) 448-6543 or fax CV and cover letter to (206) 448-6191.

GENERAL

Free! Two metal, double-sided, six-drawer file cabinets that fit half files. Please call **Dr. David Benson, 253-383-3300.**

Fish Sitka, Alaska! July-August Special ($200 discount, two person minimum). Big Kings, Silvers, Coho, Halibut and variety of bottom fish. Experienced Captain. Package includes: lodging, meals, license and fish processing. Call now to reserve your "Fishing Experience of a Lifetime." Denny's Guide Service 1-888-847-3659.■

Puyallup, WA: Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 10 hour shifts. Clinic hours are 12 noon to 9:30 pm Monday-Friday, 10:00 am - 7:30 pm Saturday, Sunday and holidays, outpatient only. $50/hr, benefits available. Send letter of introduction and CV to Urgent Care Center Application, Good Samaritan Community Healthcare, Attn: Kathy Guy, PO Box 1247, Puyallup, WA 98371-0192.

TACOMA/PIERCE COUNTY

Outpatient General Medical Care. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for GP, FP, IM.

Contact Andy Tsoi, MD (253) 752-9669 or Paul Doty (Allen, Nelson, Turner & Assoc.), Clinic Manager (253) 383-4351

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

July, 1998

Dr. Anderson went to Washington

Inside:

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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(253) 572-3666, Fax 572-2470

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Home Page: http://www.pcmswa.org

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

July, 1998

Features

Departments

News briefs

On the cover: In spite of one's political beliefs, capturing the time and attention of the President of the United States is an honor. While visiting the White House last March, Dr. Ronald Anderson found himself shaking hands and greeting the president. President Clinton asked him why he was visiting (WA State Urological Society) then wanted to discuss medical concerns such as access to specialty care, practice reimbursement and specifically, prostate cancer. "He was well informed on the issues and sympathetic to physicians' causes," noted Dr. Anderson. After Dr. Anderson's visit, the Clinton administration awarded $60 million for prostate cancer research!

President's Page.....

James M. Wilson, Jr, MD
President, 1998

University of Washington - friend or foe?

It was a pleasure to welcome back a colleague, **Dr. John Coombs**, whose message is well outlined elsewhere in this issue of the *Bulletin*, (see article, page 5). He remains a resident of our area and a member of the Medical Society and although controversial, the data regarding the supply and demand of physicians in the Northwest was helpful and interesting. However, when he was confronted with a direct question regarding any plans the University may have to expand its primary care system in the Pierce County area, he seemed anxious to change the subject.

We have heard the endless commercials in the media about the importance of having a "U-Card" and the resultant access to real specialists in the Seattle market. Furthermore, we have seen the growth of primary care satellites in the Federal Way area and more recently in Olympia. Presumably the reason for this growth is as an effort to generate a larger referral base for specialty care at the University.

Also, those familiar with the trauma issue are aware that a proposal was made by the University of Washington to provide the surgical and subspecialty components of that system in Pierce County. This would also result in the generation of referrals that would be sent north.

Certainly this is a response to the evolution of the various "health care delivery systems" here and elsewhere, and competition is healthy. However, Pierce County already has a superb primary care community supported by a terrific subspecialty network. We also have state of the art hospital systems and nearly all aspects of tertiary care. Certainly we need the consultation and educational support that only an academic institution can provide, but we do not need University of Washington clinics in Pierce County.■

-JMW

Do we have your e-mail address?

Please send it to us at: pcmswa@pcmswa.org

www.pcmswa.org
www.wsma.org
www.ama-assn.org

✓ **Check it out!**

Political websites

For those of you who like to be informed on the voting record of your congressman or how they are financed, here are three websites that are designed to help voters track money in politics.

Project Vote Smart has put together one of the most comprehensive websites on politics at:

www.votesmart.org

If you are not sure of your district representatives or congressman, it will find them for you, if you know your zipcode. This is an especially good site for finding which special interests support the politician and how the politician has voted, be it labor, business, health, agriculture and many others.

The National Institute on Money in State Politics is at:

www.followthemoney.org

Public Campaign can be found at:

www.publiccampaign.org

(Reprinted from *The News Tribune*)

In Memorium

Wesley C. Gradin, MD

Wesley C. Gradin, MD died in a scuba diving accident off Turn Island in the San Juan Islands, May 27, 1998. He was born in Laramie, Wyoming, April 2, 1953. He had recently celebrated his 45th birthday.

Dr. Gradin graduated from high school in Sheriden, Wyoming in 1971, where he was active in Boy Scouts. He had received his God & Country, Eagle, and Order of The Arrow awards. He attended Casper College and graduated from the University of Oregon in 1978, from Creighton University School of Medicine in 1982, followed by a year as affiliate in surgery at the University of Florida.

Dr. Gradin practiced medicine in Douglas, Wyoming from 1983 to 1987 prior to moving to Puyallup where he practiced until the time of his death. He was a family practitioner and served many obstetrical patients during his 11 year tenure at his Wildwood Family Practice. Dr. Gradin was past president of Washington State Obstetrical Association.

Memorial contributions may be sent to the Center for Whale Research, 1359 Smuggler's Cove Road, Friday Harbor, WA 98250, or Battered Women's Shelter, 405 Broadway, Tacoma, WA 98402, or Congregational UCCC, PO Box 122, Douglas, Wyoming 92633 or a charity of choice.

PCMS sends condolences to Dr. Gradin's family.■

Training Physicians for the Challenges of the 21st Century

How do we prepare them for their journey?

by Jean Borst

Regardless of projections, speculation and analysis regarding physician supply and demand in the future, **Dr. John Coombs** believes medical students should still base their career decisions on one very important guideline: "Follow your heart."

The Assistant Vice President and Assistant Dean of the University of Washington School of Medicine is often asked by graduating medical students for advice and guidance. "When students ask me about choosing a specialty, I tell them, "You can't base your decision on survey results that project where the jobs will be. Ten years down the road, after you finish your residency and you're out there and unhappy, you're going to look back and say, I should have followed my heart."

Still, the fact remains that the medical profession is dramatically changing, and as we prepare to enter a new century, questions about practicing medicine over the next few decades abound.

Addressing PCMS members at the June 9 General Membership Meeting, Dr. Coombs discussed the issue of "Training Physicians for the Challenges of the 21st Century," looking to PCMS members for their feelings, thoughts and insights regarding what elements are necessary to successfully practice medicine in the next 30 to 50 years.

■Where do we go from here?

The University of Washington School of Medicine (UWSOM) will soon begin a curriculum review for the first time in 30 years, so obviously the subject of effective training and education for the future is timely and vital. In discussing the upcoming project, Dr. Coombs pointed to three main issues:

1. Is the UWSOM on target for our production of physicians by specialty in the WWAMI region? (Washington, Wyoming, Alaska, Montana, Idaho) And beyond?

2. As we review the medical school curriculum, what will the physician of the future need to learn during training? How should we approach practice management education and training? Ethics?

3. UWSOM is known for community-based medical education. What challenges for the future do you see in assuring our continued ability to support this approach?

When Dr. Coombs last appeared before PCMS members two years ago, "we were at the peak of interest regarding the evolution of managed care," and looking at its implications on the physician work force. Physician projections made in 1996 for the year 2000 indicated an oversupply of physicians and specialists, about the right number of generalists and a continued physician distribution problem. The following is a review of those findings.

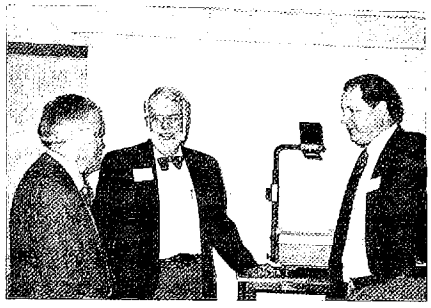
■The rapid acceleration of managed care

Western Washington has not really experienced as significant an increase as previously projected, according to Dr. Coombs. Previous projections indicated that 60 percent of U.S. citizens would be under managed care by the year 2000. Currently, between 25-30 percent of citizens in Western Washington are under some form of capitated care. In Portland, however, over 70 percent are under capitated care. Obviously, there is a great variance nationwide.

■Oversupply of specialists and a modest need for more generalists

The forecast for the year 2000 indicated a surplus of 165,000 patient care physicians; a balanced supply of primary care physicians; and a specialist supply that will outstrip demand by 60 percent.

See "Training" page 6



Dr. John Coombs visits with Dr. Bill Marsh (left) and Dr. Nick Rajacich after the meeting

From left, Drs. Sid Whaley, Randy Lindblad and Pat Duffy, chat before dinner

New members, Drs. David Judish (back) and Carlos Moravek enjoyed Dr. Coombs talk

"Training" from page 5

■The growth in managed care will have significant impact on medical schools/education and result in a decrease in financial support for medical education at undergraduate and graduate levels.

"We haven't seen much impact on medical schools as of yet, but there are some dramatic changes to come with the Balanced Budget Act of 1997," Dr. Coombs noted, which will result in caps on resident numbers, reduced IME payments to hospitals and reduced DME and "lidding" of resident count. The UWSOM anticipates a financial impact of $40 million over the next five years.

■Managed care growth will magnify deficiencies of the current educational system, yet will provide new and essential educational opportunities to improve physician training for their future role.

"This is where we experience frustration," Dr. Coombs said. "We're asking 'How do we change things?' How do we educate doctors?""

■Many barriers and few incentives by which problems related to the physician work force and medical education priorities can be addressed.

"There were actually few incentives to create change in the medical education system," Dr. Coombs noted, adding that this issue has also caused great frustration.

Dr. Coombs welcomed PCMS members' open and frank opinions regarding the 1996 projections. Some audience members felt the statement citing significant oversupply was inaccurate, particularly in Western Washington. One specialist described how offices are having great difficulty recruiting due to short supply of specialists in fields such as nephrology, pulmonology and critical care medicine. Others noted that with such tremendous changes in the last 10 years, many physicians are retiring early. How will that trend impact supply and demand?

1998 Survey Results

With the 1996 projections creating a base on which to look to the future, Dr. Coombs presented results of the 1998 Graduate Medical Education (GME) Follow-Up Survey (conducted by himself, Robert A. Crittenden, MD, MPH and Doug Schaad, PhD). The survey, (below) which was distributed to graduates of the UWSOM's 57 training programs in 17 clinical departments, posed the following: What type of practice do our graduates select and where? What demand for physician graduates did they encounter? What do they feel about the scope and content of their educational experience at the University of Washington School of Medicine? "The survey provided some excellent feedback for program improvement," Dr. Coombs noted. While the following reflects aggregate response rates, it should be noted that individual department outcomes varied.

■Opinions and perceptions from today's physicians

As the new century fast approaches and the medical profession continues on its changing course, medical schools such as the UWSOM will need to respond to develop strong future leaders in organized medicine. But how? "What will medical students need to prepare themselves for their journey into the profession?" Audience members shared some interesting views...

"Medical education is dealing with the wrong model - it has to incorporate 'spirit'. It needs to be an integrated model. I believe the current preparation is contrary to what practitioners are really doing." "We need to be lifelong learners." "Develop a different model, then make the patient responsible. There is not a preventive system at present; the patient is not participating, but only seeking advice. We need to develop a way to truly help patients be in a healthy, vibrant, enthusiastic, exuberant state."... "The model used to be focused on the person who is ill. The focus should be on keeping people from getting ill." ..."My concern regards physician integrity. What are their priorities and motives? Are they really concerned about their patients or only their own success and profit?"

PCMS members also voiced interest in the future presence of the

See "Training" page 8

Overall Response Rate	52%
Employment Issues	
Percentage in Private Practice	58%
Percentage in Full-Time Academic Positions	22%
Percentage Failing to Find Employment for Any Reson	3.8%
Percentage Failing to Find Employment Because Positions Weren't Available in Their Specialty	1.5%
Percentage Failing to Find Employment Due to Geographic Location of Positions Available	1.2%
Percentage Actively Recruiting Another Physician for Primary Care	28%
Educational Issues	
Percentage Indicating Inappropriate Preparation in Medical Knowledge	1.8%
Percentage Indicating Inappropriate Preparation in Procedural Skills	5.1%
Percentage Indicating Inappropriate Preparation in Communication Skills	18%
Percentage Indicating Inappropriate Preparation in Medical Ethics	18%
Percentage Indicating Inappropriate Preparation in Business Management	82%

Assistance available for HIV counseling & testing

Often the idea of providing HIV counseling and testing to our patients seems too time consuming and troublesome. It may seem easier to refer to an anonymous test site or community clinic. However, there are many valid reasons to offer this service to patients that may be at risk for HIV. With the advent of the new antiretroviral agents for HIV, patients are able to live longer and stay healthier. The sooner HIV is detected, the sooner treatment can begin. Certainly, every patient who presents requesting testing for sexually transmitted diseases should be offered HIV counseling and testing.

State law requires pre-test counseling to include risk assessment and risk reduction. This does not have to be time consuming. It may add only five minutes to the time spent with your patient. Much of the pre-test counseling can be handled with HIV information pamphlets and a risk assessment questionaire.

The Health Department can help you with the matierials, in addition to providing a free inservice on the minimum requirements needed to meet the State guidelines for HIV pre- and post-test counseling. This in-service takes 1 to 1½ hours at your place of business.

The face of AIDS is changing. There is a higher percent of women and persons of color becoming infected. which means it is vital to extend HIV testing services to as many of our patients as possible. If you are interested in more information or setting up an inservice, please call Ardythe at 798-2866. ■

Pierce County disease statistics

The Tacoma Pierce County Health Department compiles a report of diseases in Pierce County each month, as shown below. The report is printed in the *PCMS Bulletin* to help keep physicians and care-providers abreast of disease activity. If you have questions regarding the report, please call the Communicable Disease Section of the Health Department at 798-6410.

Please remember to call in reportable diseases to the 24 hour hotline, 798-6534. ■

Tacoma-Pierce County Health Department
Amended +
Military *
Reported Cases of Selected Diseases
for Month Ending May 31, 1998

DISEASE	THIS MONTH		1998 TO DATE		1997 TO DATE	
ENTERIC DISEASES						
Giardia Lamblia	10		23		13	
Salmonella	5		16+		29	
E. Coli 0157:H7	1		2		1	
HEPATITIS						
Hepatitis A	4		25		26	
Hepatitis B	0		5		8	
Hepatitis NANB	0		0		3	
INVASIVE DISEASE/BACTERIAL						
Meningococcal	0		2		6	
SEXUALLY TRANSMITTED DISEASES		*		*		*
Chlamydia	130	26	622	123	444	79
Gonorrhea	24	4	119	21	183	28
Herpes, Initial Infection	16	3	61	12	73	29
Syphilis, Early	0	0	0	0	1	0
Syphilis, Late	1	0	8	0	9	0
Pelvic Inflammatory Dis.(Acute)	7	0	36	1	45	0
Urethritis, Nongonococcal	4	5	15	53	22	30
TUBERCULOSIS	4	0*	20	0*	17	1*
VACCINE PREVENTABLE DISEASES						
Pertussis	13		42		20	
HIV DISEASE						
AIDS	2		20		38	
TOTAL AIDS CASES - 1983 to Present	704					
OTHER DISEASES						
Malaria	1		1		2	

Communicable Disease Control: (253) 798-6410
Confidential Fax Line: (253) 798-7666

24-hour Reporting Line:
(253)798-6534

Continuing Education on resistant pathogens offered

Antimicrobial Use and Resistance: Solutions to the Problem will be held on August 20, 1998 from 10:00 am - 12:30 pm at the Willard School Staff/ Resource Center, 3201 S "D" St.

This live, interactive satellite teleconference will provide an overview of the increasing problem of the emergence of resistant pathogens. Methods for surveillance, strategies to improve antimicrobial use and prevention and control of resistant pathogens will also be discussed. There is no charge to view nor to receive continuing education credit.

To register call the Health Department CD Control at 798-6410, ext. 0. ■

"Training" from page 6

UWSOM primary care clinics in South King and Pierce County. Dr. Coombs responded that there are no plans for that type of expansion at this time. "We would have to create a new system to assure that we have the availability of contemporary teaching places for all of our programs," he said. "Unlike a lot of programs, we have a very finite plan in respect to that." He went on to discuss the current paperless system, based entirely upon electronic medical records. "Students and residents training in the system receive a tremendous opportunity to gain understanding and knowledge about information management."

Without question, training and educating physicians to take them effectively into the next century will be a complex task requiring considerable research and consideration. At a recent meeting of UWSOM department chairs to discuss the new curriculum, Dr. Coombs expected a fair amount of debate about curriculum content. However, one of the strongest messages to arise was the need to prepare people to become lifelong learners.

"With the explosion of medical information," Dr. Coombs notes, "the challenge comes in finding a way to get that information to people and translate it into practice."

As PCMS members listened to and discussed perspectives on the current state of the medical profession and speculated on what is to come, one thing appeared certain: everyone - from long established physicians to graduating students entertaining career options - is looking toward the 21st century with interest, apprehension and curiosity. Dr. Coombs' presentation was an excellent opportunity to ponder the not-so-distant future. ■

Board of Trustees votes to support HIV reporting to public health authorities

"PCMS supports treating HIV as a reportable disease, as other communicable diseases," was the motion unanimously passed at the June 2, 1998 Board of Trustees meeting.

The motion was passed after the Board heard a presentation and discussed the issue with the Tacoma-Pierce County Health Department's Director of Health, **Federico Cruz-Uribe, MD.** Dr. Cruz-Uribe told the Board that he believed HIV should be reported as any other STD in the state. "Thirty-three states now report," he said, "and most remaining states are considering the change." It is an issue that has been discussed for a decade with opposition believing that confidentiality would be jeopardized.

The Washington State Medical Association adopted a resolution at their September, 1997 meeting that "the WSMA support the development of a systematic requirement for all practitioners and laboratories identifying persons with HIV infections to report all such cases to local public health authorities in a complete, timely and confidential fashion."

Cruz-Uribe believes that HIV disease has been too politicized, that confidentiality is not an issue and it is now time for Washington state to mainstream HIV with other communicable diseases. The issue will soon be presented to the State Board of Health for consideration. ■

Physicians well represented at Sound to Narrows 12K run

Nearly 10,000 runners and the Medical Society was well-represented in the finishers column for the 26th Annual Sound to Narrows 12km run that was held on June 13. The Medical Society's top finishers were **Drs. John Jiganti, Tom Herron, David Law** and **Karen Holdner,** all finishing extremely well. Dr. Jiganti with a time of 44:22 was sixth in his age category of 35-39. He ranked 44 overall of the top finishers. Dr. Herron did a 46:05 to finish eighth in the 40-44 age category and was the 82nd overall finisher. Internist David Law finished ninth in the 50-54 age category with a 53:07 time. Pediatrician Karen Holdner was 52 in the top 200 women with a time of 54:22. Dr. Jiganti's wife, Suzy, did the course in 1:01:05 finishing 198th out of the top 200 women. Other finishers were **Cordell Bahn, John Bargren, Lauren Colman 59:45,**

(Cont. on page 10-11)

John Jiganti, MD, was the 44th finisher of nearly 10,000 and placed sixth in his age division after running a remarkable 44:22

Tom Herron, MD placed eighth in the 40-44 age division and was the 82nd finisher overall with a time of 46:05

David Law, MD ran the course in 53:07 which placed him ninth in the 50-54 age division

John Hautala, MD, Fircrest pediatrician, had a great run but couldn't keep up with his son Eric, who finished 81st overall

Jim Rifenbery, MD, general surgeon and trauma supporter, didn't even slow down on the hills

Robert Corliss 59:46, Stephen Elder 53:57, Robert Ettlinger, James Furstoss, Kenneth Graham, Thomas Griffith, John Hautala (son Eric 45:52, finished 81st overall), **John Hill, William Jackson, Gil Johnston, Tim Lang 55:59, Ian Lawson, John Lenihan 58:05, Todd Nelson 58:47, Aksel Nordestgaard 56:29** (his wife, Lisbet 59:19), **Judy Pauwels, Jim Rifenbery, Craig Rone 57:18, Jim Rooks, Don Russell, Harald**

Craig Rone, MD, otolaryngologist, beat the hour and ran a terrific 57:18

Don Russell, DO, Puyallup pediatrician is still able to smile on the last hill

Aksel Nordestgaard, MD, ran a 56:29 and beat his last year's time of 57:53

John Bargren, MD, Tacoma orthopedist was looking forward to the finish line

Alan Tice, MD, Infectious Diseases, had a great run and enjoyed himself as well

John Lenihan, MD took one second off his last year's time of 58:06

Schoeppner 54:05, James Schopp 58:17, Mark Taylor, Alan Tice, Charles Weatherby (wife Shauna Weatherby), **Hsushi Yeh,** and **Michael Young.**

Bulletin staff may have missed a member - if so, please call the Society office at 572-3667 and corrections will run in the August edition. Time did not permit efforts to identify family members in the 12k or 5k run.■

Congratulations, runners!

Cordell Balin, ran his 26th Sound to Narrows, every one since the event started in 1972

Hsushi Yeh, MD, Tacoma ophthalmologist enjoying the 12k while other family members ran the 5k

Gil Johnston, MD waved to the PCMS photographer on his way to the finish line

Jim Rooks, MD, PCMS Trustee with a good stride going up the Vassault hill

Bill Jackson, MD, Tacoma radiologist, finishing strong one of his many Sound to Narrows runs

Ken Graham, MD, retired family practitioner, running in his 23rd Sound to Narrows

Gordon Klatt, MD receives Distinguished Citizen award

Gordon Klatt, MD, was honored on June 10, 1998 by the Municipal League of Tacoma for creation of the American Cancer Society City of Destiny Classic.

The event started in 1985 when he ran 83 miles and raised $27,000 by himself. The next year, hundreds of friends and colleagues ran and walked with him and raised $33,000. Today, the event is a celebration around the United States and 2,100 communities are expected to raise $85 million for cancer research.

Klatt practices with Mt. Rainier Surgical Associates in Tacoma and believes it is a therapeutic event for cancer patients and care-givers. He served as president of the American Cancer Society Pierce Unit in 1985 and as president of Pierce County Medical Society in 1990.

The Municipal League annually recognizes and honors individuals in Tacoma/Pierce County who have contributed to honesty, efficiency and responsiveness in the performance of local governments, or the betterment of the community.

Congratulations, Dr. Klatt.■

PCMS Alliance Philanthropic fund applications now 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 obtain an application form by writing to: Fran Thomas, 3224 Horsehead Bay Drive NW, Gig Harbor, 98335.

Proof of 501C(3) IRS rating is required and all applications must be requested directly from Ms. Thomas.

Application deadline is September 1, 1998.■

Has your E-Mail address changed lately? Let us know

When the Medical Society e-mails its PCMS Fax News to those on its e-mail directory, it has been having about 30-40 returned. Ninety percent of them have a Physician On-Line address. We have changed them over to _____@pol.net, however, many are still coming back.

If you have a new address or server, please send us an e-mail and we will correct the directory. Our address is **pcmswa@pcmswa.org**■

The Invisible Hand.....

"The Biological Imperative"

Nature has always had more power than education.
Voltaire (1739)

Andrew N. Statson, MD

by Andrew Statson, MD

Mother Nature has a peculiar way of doing things. She puts 4 million eggs in the female fetus hoping that four of these will eventually turn into fully grown adults. If two or three of them go on to have children of their own Mother Nature is happy. To achieve even this result she also had to instill in us her biological imperative: the strong drive to relieve pain, to prolong life, to procreate and to secure the survival of our offspring. Who among us has not heard the request: "Do everything you can, doctor!"

The better we get at relieving pain and prolonging life, the more is expected of us. The more we can do, the more we are asked to do. Of course, the more we do, the more it costs. The payors, those called "third party" payors, are objecting. They are trying to restrict services, to reduce payments, to cut costs.

The biological imperative assures the survival of the species. It is Motherhood and Apple Pie. No political individual or institution can openly oppose it, not in a democracy anyway; no health care organization, managed or otherwise, can openly control it. Even totalitarian regimes have only been able to temporarily subdue it before they themselves came tumbling down.

The pressure that has come to bear on the managed care companies is not new. Looking back at indemnity insurance we can see a similar process. When health insurance first came out it was just that: insurance. It covered high and unexpected expenses and protected people from ruin or bankruptcy. It paid for hospital and surgical treatments. Office visits, pregnancy care and electives were not covered. One of the first things to go was the gender differential in premiums. Initially men paid a lower premium because of lower utilization rate. Then complications of pregnancy became covered. Then coverage for pregnancy became available, but as a special rider and it was quite expensive. Next was the mandate for any family policy to cover pregnancy care. People complained they could not afford to take their sick children to the doctor, so office visits became a benefit. Eventually some mandates appeared to cover infertility services. As a result, indemnity insurance became more and more expensive. Now it is the turn of managed care.

"The managed care concept has a strong political backing. Many politicians and political economists hoped it would be the system that controls health care costs. Yet....it ignores human nature and its biological imperative."

The managed care organizations have been under attack on several fronts and their ability to cut costs is being eroded. The examples are those that have the strongest sympathy from the people, where biological imperative is expressed to the fullest: newborns, children, women and cancer, the latter because of the fear of a protracted, lingering, painful death. We now have mandated maternity and mastectomy hospital stays; the right of women to self-refer for reproductive care; the Medicare decision to pay for screening Pap smears, Gyn and breast examinations, mammograms, hemoccults and PSA tests. We also have the ban on gag clauses, the requirement to reveal financial arrangements, the requirement to give patients an appeal process when care is denied; and most recently the patients "Bill of Rights." The current battle is over the ability to take legal action against managed care companies.

The changes already enacted and those that will come over time will force the managed care companies to provide benefits similar to indemnity insurance, while being saddled with higher expenses for administration, therefore less money will be available

See "Biological" page 18

1998 Physician Directory changes

Archer, Bryan, MD (Retired)
Change address to:
24402-38th Ave Ct E.
Spanaway, WA 98387

Campbell, Samuel, MD
Moved out of state

Clabots, M. Teresa, MD
Change address to:
7424 Bridgeport Way W, #302
Tacoma, WA 98467
Phone: 588-6574

Dorey, Lee, MD
Change status to Retired

Duncan, Stephen, MD
Change phone # to: 445-7100
Change fax # to: 445-7106

Ehly, Jay, MD (Retired)
Change address to:
PO Box 7510
Tacoma, WA 98407-0510

Holdner, Karen, MD
Change address to:
34503 9th Ave S, #220
Federal Way, WA 98003

Killian, Robert, MD
Moved to King County

Kramer, Sarah, MD
Moved to King Co.

LaBorde, Pamela, MD
Change address to:
34503 9th Ave S, #220
Federal Way, WA 98003

Magelssen, David, MD
Change suite # to: 309

Ohme, Richard, MD
Change fax # to 573-9238

Sobba-Higley, Anne, MD
Moved to Wenatchee, WA

Vaccaro, John, MD
Change fax # to: 573-9238

Young, Michael, MD
Change address to:
5922-100th St SW, #26
Tacoma, WA 98499
Phone: 588-0756
Physicians only: 588-0884
Fax: 571-3787 ■

Applicants for membership

Arana-Domondon, Lady Christine, MD
Internal Medicine
Practices at 800 S Meridian, Puyallup 98371; 845-6645
Medical School: University of Santo Tomas
Internship: Univ of Texas at Galveston
Residency: Univ of Texas at Galveston

Chen, Min-Chun, MD
Oncology/Hematology
Practices at 1003 S 5th St., Tacoma 98405; 552-1677
Medical School: Taipei Medical College School of Medicine
Internship: Cook County Hospital
Residency: Cook County Hospital
Graduate Training: University of Illinois

Kim, Wayne W., DO
Family Medicine
Practices at 17416 Pacific Ave S, #B, Spanaway 98387; 536-2824
Medical School: Western Health Science University
Internship: Eastmoreland General Hospital
Residency: Eastmoreland General Hospital

Sundarum, Srini V., MD, MPH
Physical Medicine & Rehab/ Occupational Medicine/Int Medicine
Practices with Electrodiagnosis & Rehab Assoc of Tacoma, 2201 S 19th St #104, Tacoma 98405 272-9994
Medical School: Gandhi Medical College, Hydrabad, India
Internship: Univ of Illinois, Chicago
Residency: Univ of Illinois, Chicago
Graduate Training: University of Cincinnati, Ohio ■

Welcome, new PCMS Members

Buenaventura, Julio F., MD
Internal Medicine
Practices at 9601 Steilacoom Blvd SW, Tacoma 98498; 756-2934
Medical School: University of Santo Tomas
Internship: Deaconess Hospital
Residency: University of Iowa
Fellowship: Tulane University

Carrougher, John G., MD
Gastroenterology
Practices with Drs. Baerg, Lyons, Schlepp and Priebe, 1112 6th Ave, #200, Tacoma 98405; 272-2664
Medical School: Uniform Services University of the Health Sciences
Internship: Madigan Army Med Ctr
Residency: Madigan Army Med Ctr
Graduate Training: Brooke Army Medical Center

Edmond, Charles V., MD
Otolarngology
Practices at 10317-122nd St E, #E, Puyallup 98374; 770-4099
Medical School: University of Texas at San Antonio
Internship: Tripler Army Med Ctr
Residency: Walter Reed Army Medical Center
Graduate Training: Methodist Hospital of Indiana

Johnson-Becker, Nancy A., DO
Otolarngology
Practices at 101-2nd Ave NE, Auburn 98002; 833-6241
Medical School: College of Osteopathic Medicine of the Pacific
Internship: Phoenix General Hospital
Residency: Mt. Clemens General Hospital

McCormick, Susan E, MD
Gastroenterology
Practices at 1901 S Union #B7011, Tacoma 98405; 272-5127
Medical School: George Washington University
Internship: Letterman Army Med Ctr
Residency: Letterman Army Med Ctr
Fellowship: Walter Reed Army Medical Center

Moravek, Carlos E., MD
Physical Medicine & Rehab
Practices at 1515 MLK Jr Way, Tacoma 98405; 572-2663
Medical School: Univ of Washington
Internship: University of California
Residency: University of California

Nelson, Karen M., MD
Obstetrics/Gynecology
Practices with Associated Women's Health Specialists at 314 MLK Jr Way #400, Tacoma 98405; 627-0666
Medical School: Northwestern University Medical School
Internship: Walter Reed Army Medical Center
Residency: Madigan Army Med Ctr

Pratt, David V., MD
Ophthalmic Reconstructive Surgery
Practices at 1901 S Cedar, #204, Tacoma 98405
Medical School: University of Southern California
Internship: Portsmouth Navy Medical Center
Residency: Baylor College of Medicine
Fellowship: University of Utah

Pride, Matthew B., MD
Family Practice
Practices at 3908 10th St SE, #200, Puyallup 98374; 848-5951
Medical School: Univ of Washington
Internship: Ventura County Med Ctr
Residency: Ventura County Med Ctr

Perception of medical bills unchanged

Editor's Note: In the archives of the Reynolds Family history, the following "petition" of 1756 was found and submitted by PCMS member ***Glenn Reynolds, MD.*** *Joseph Turner's plea of poverty, as a Veteran in the French and Indian Wars, is unique. He was awarded the sum of 9 pounds, 11 shillings.*

Petition of Joseph Turner of Middleborough, Mass.

The petition of Joseph Turner of Middleborough. Humbly Shew that he was a Solger under Captain Samuel Clark of Braintree Destined for Crown Point. Went as far as Lake George and after I was Dismissed as I was Returning Home I was taken Sick in Bridgewater att Mr. Thomas Ranuld and their Lay Sick ten Weeks Bereved of My Reson Neare half the time So that their was Need of Mr. Ranuld Spending the Most of his time Geting Nurses and Watchers for four or five Weeks and a Nurse ten Weeks. Mr. Ranulds Bill of Charge and the Docktors Bill is heare With Ehibited Which Sume is More than all my Wages and More than I am Worth in the World. My Mother is a pore Widdow and Not able to Helpe Me. Theirfore pray that your Excclency and Honours Would Releve Me as you in your Wisdom think fit and I in Duty Bound Shall Ever pray ---- Joseph Turner

L9-11-0 Allowed by the Committee. Samuel Wilt p order

The Photostate Copy of this Petition is the courtesy of J. Colby Bassett of Boston, a member of the R.F.A. ■

A short history of medicine

I have an earache:

2000 B.C. -Here, eat this root.

1000 B.C. -That root is heathen. Here, say this prayer.

1850 A.D. -That prayer is superstition. Here, drink this potion.

1940 A.D. -That potion is snake oil. Here, swallow this pill.

1965 A.D. -That pill is ineffective. Here, take this antibiotic.

1976 A.D. -That antibiotic is artificial. Here, eat this root.

1998 A.D. -I don't care what hurts, payment denied! ■

COLLEGE OF MEDICAL EDUCATION

College Board announces 1998-99 CME schedule

The College of Medical Education's Board of Directors announced its CME schedule for 1998-1999 at their June meeting. The courses are offered in response to local physician interest and are designed and directed by local physicians. All courses offer AMA and AAFP Category I CME credit.

A course calendar identifying the course title, dates, brief description and course directors will be mailed in early September. For additional information on next year's offerings, please call the College at 627-7137.■

Dates	Program	Director(s)
Friday, October 16	Infectious Diseases Update	Alan Tice, MD
Friday, November 13	Common Office Problems	Mark Craddock, MD
Friday, December 4	Medicine & Mental Health: Depression, Anxiety, Dementia.....	David Law, MD
Friday, January 22	Cardiology for Primary Care	Marilyn Pattison, MD
Wednesday-Sunday January 27-31	CME at Whistler	John Jiganti, MD
Friday, February 26	Review of HIV Infections	Alan Tice, MD
Thursday-Saturday March (TBA)	CME & Mariners Spring Training	Richard Hawkins, MD
Thursday-Friday March 11 - 12	Internal Medicine Review	Surinderjit Singh, MD
Friday, April 23	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Saturday, May 15	Surgery Update 1999	David Magelssen, MD
Friday, May 21	Law & Medicine	Joseph Just, JD Nicholas Rajacich, MD

ID Update first Fall College CME

The eighth annual and very popular Infectious Diseases Update CME program will start out the College's Fall schedule.

The program, directed by **Alan Tice, MD** and involving Infections Limited physicians, is scheduled for Friday, October 16, 1998 and will be held, this year, at the Washington State History Museum. ■

Plan now for 1999 Whistler CME Program

The dates for the annual ski CME program in Whistler/Blackcomb have been set for January 27-31, 1999.

This year the College of Medical Education has contracted so that **all** physicians can stay in the Aspens, also the site for meetings. More importantly, LODGING RATES WILL NOT INCREASE and will remain as they were in January of 1998.

A program brochure and more details will likely be available in September.

Mark your calendar now! ■

"Biological" from page 13

for patient care.

The managed care concept has a strong political backing. Many politicians and political economists hoped it would be the system that controls health care costs. Yet like all other socialistic concepts it ignores human nature and its biological imperative. What I mean by socialistic is that the patients are not allowed to decide what is best for them. Instead, an outside entity is making the decisions and forcing them to accept it.

In 1997 alone about 1200 bills on managed care were introduced in the various legislatures and 250 of them were enacted. The main thrust was for direct access, point of service, continuity of care, standing referral and network adequacy provisions. The only explanation for such legislative activity is strong pressure from the voters. The hassle to which they have been subjected by the managed care companies did not sit well with them. Now we see the results.

At the annual meeting of the Society of Perinatal Obstetricians, a team from Johns Hopkins reported a study comparing the cost of maternity and infant care by their residents to that by a managed care group. Maternal costs for the managed care patients averaged $5721 versus $6468 for resident care. Infant costs were respectively $7844 versus $2614. Managed care infants had more admissions to the NICU and longer stays with a higher overall cost of care. If you remember studies of this kind demonstrated increased readmission rate for newborns after early discharge and led to the mandated minimum length of stay after delivery. It is easy to mandate length of stay but I wonder how Congress will mandate good quality prenatal care and at what cost.

For many years now the physicians have been blamed for driving up the cost of health care by pushing expensive treatments the patients did not need and did not really want, but did not know how to refuse. Thanks to managed care it has become clear that the patients are the ones who want the treatments and they have the clout to make sure they get them. When I was a resident one of my attendings told me: "Patients will never thank you for saving them money." Indeed the decision to save money is not ours to make. It rightfully belongs to the patients.■

POSITIONS AVAILABLE

Tacoma/Pierce County Outpatient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, MD (253) 752-9669 or Paul Doty (Allen, Nelson Turner & Associates), Clinic Manager (253) 383-4351.

Rheumatology. Group Health Permanente is currently seeking a full-time rheumatologist for our Seattle facility. Opportunities exist for teaching and research. Join a dynamic, physician-managed organization in one of the most desirable areas of the country. For further information, call 800-543-9323 or fax CV and cover letter to (206) 448-6191.

Urologist. Group Health Permanente is currently seeking a locum tenens urologist to provide services in our Redmond facility beginning in October. For information, call (206) 448-6543 or fax CV and cover letter to (206) 448-6191.

Neurologist. Group Health Permanente is currently seeking a locum tenens neurologist to provide services in our Tacoma facility beginning in July. Hospital privileges at local hospitals would be required. For information, call (206) 448-6543 or fax CV and cover letter to (206) 448-6191.

OFFICE SPACE

For Lease: Class A medical office space. 2093 sq. ft., ample parking, located at 16218 Pacific Avenue, Spanaway. High visibility, traffic count of 80,000+ per day. Call Bob York at 253-531-9400. Crescent Realty, Inc.

POSITIONS WANTED

Medical Transcription and Writing. Exceptional background and credentials for most specialties. Prompt and perfect. Free pick-up and delivery. Medical Writing Services. 253-925-3276.

GENERAL

Fish Sitka, Alaska! July-August Special ($200 discount, two person minimum). Big Kings, Silvers, Coho, Halibut and variety of bottom fish. Experienced Captain. Package includes: lodging, meals, license and fish processing. Call now to reserve your "Fishing Experience of a Lifetime." Denny's Guide Service 1-888-847-3659.

Austrian lady seeks nanny position. Excellent cook. Fluent English. 253-627-3862, Pat.

FOR SALE

1993 Lexus ES300, Excellent condition; all service records. 73,000 miles. Blue sapphire metallic, leather, sunroof, CD, anti-theft system, front-wheel drive. $17,000. **Dr. John Gallucci,** 552-4994, days.

Pierce County Medical Society
223 Tacoma Avenue So.
Tacoma, WA 98402

Return service requested

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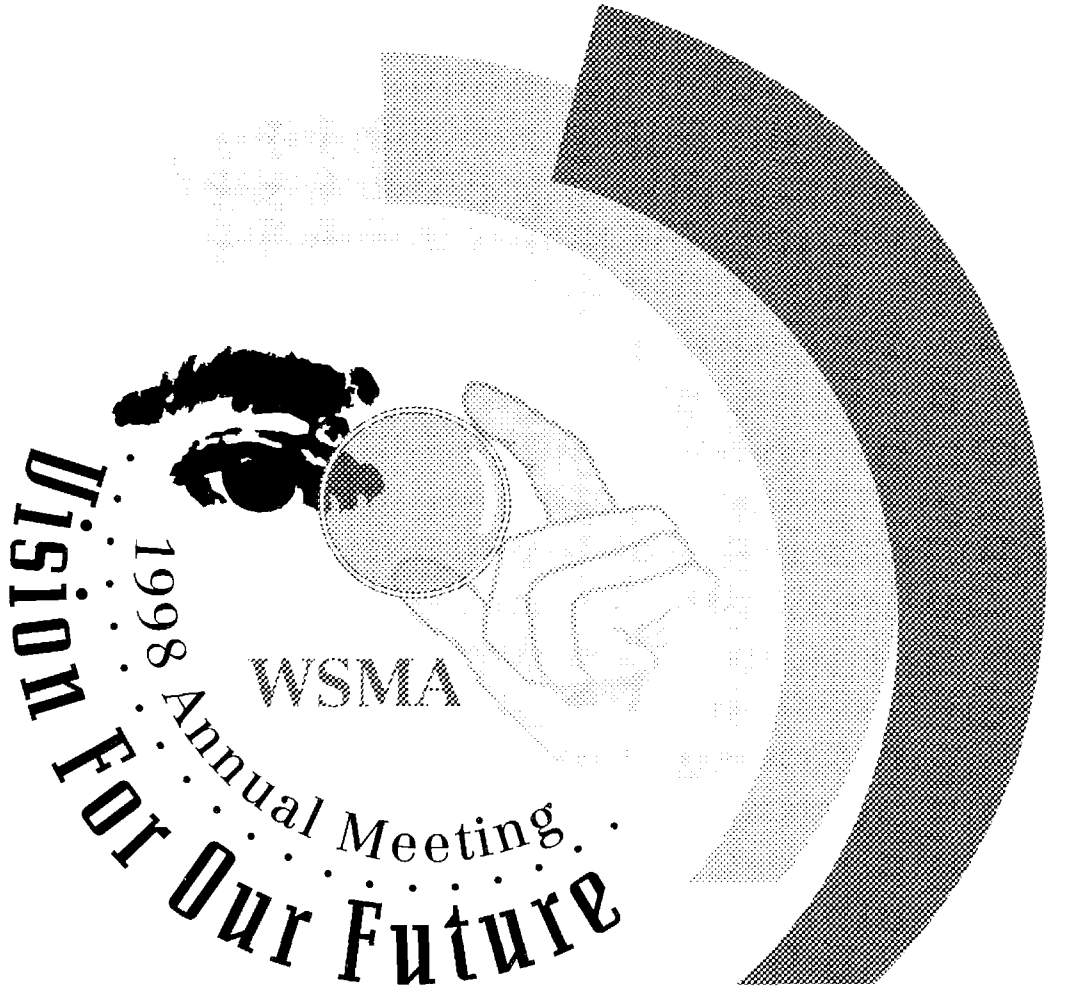
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

August, 1998



Inside:

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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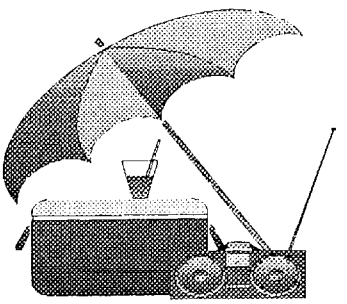
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN



August 1998

Features

Departments

News briefs

On the cover:

The WSMA Annual Meeting will be held October 1-3 in Bellevue at the Double Tree Inn. Please watch the September *Bulletin* for program details.

QualMed leadership contends services have improved

Editor's Note: Because PCMS received so many complaints about QualMed from physicians and physician offices, a meeting was arranged with their leadership to see if they were willing to make improvements on many issues that were of concern. The first meeting was held in April, the second, as reported here, in late June. Another meeting is scheduled for September. If you have concerns regarding your working relationship with QualMed, please call the Medical Society and let us know, 572-3667.

"Over the past two months, the QualMed Provider Services Department has been restructured. A new statewide manager and two new regional supervisors, located in Bellevue and Spokane, were hired in January. QualMed is committed to improving the services and relationships with our contracted providers."

So said the memo presented to PCMS representatives attending a follow-up meeting with QualMed leadership in late June to discuss how difficulties with delayed reimbursement, slow authorization and referrals, and poor customer service had improved.

PCMS President, Dr. Jim Wilson chaired the meeting, attended by numerous clinic/office managers and billing personnel from physician offices that had lodged particular complaints about QualMed. The meeting was scheduled after the same representatives met in April and were told that improvements would be made. "Our claims inventory has been decreased from 36,000 to 18,000," noted Ann Koontz, Manager, Provider Services. "We are making progress and heading down the right track. If you have problems, we will have a representative come to your office," she added. QualMed statistics report that last March the average number of unprocessed fax referrals per day end was 149 and in May it had improved to 80. Abandoned phone calls have dropped from 21% in March to 10% in May. Average telephone wait time for the referral line was 60 seconds and the longest wait time was one call at 10.2 minutes. "We have taken corrective action to decrease turn around times and improve communication with providers," said Koontz.

There was no argument that improvements have been made. Dr. Wilson said he had heard from several colleagues that there had been an immediate change in the telephone response time from the first meeting in April. However, follow-up to the phone calls seemed to be lacking. The PCMS office continues to get calls from offices, particularly ob-gyn offices that are frustrated in billing for healthy options patients. Calls to QualMed have not led to a resolution of the problems. One father called because of mass frustration with QualMed and it's billing practices. QualMed readily agreed that his daughter was covered, yet it took months, many phone calls, and potential loss of credit rating before a change was made.

> One physician's office manager agreed that the phone situation is somewhat better, that some old claims had been processed, but that network systems and larger groups continue to experience major problems.

The question of staying power was on everyone's mind. One physician's office manager agreed that the phone situation is somewhat better, that some old claims had been processed, but that network systems and larger groups continue to experience major problems. Another large clinic staff member reported over 50% of their QualMed claims were over 90 days old and most had been billed several times with no response. Many claims were from 1997 and even a few from 1996. Koontz promised immediate action for these offices; "see me right after the meeting," she said.

QualMed agreed to come back to the table in September and hopefully report continued progress.■

In Memorium

Marcel Malden, M.D.

Dr. Marcel Malden, Tacoma neurologist, died on July 16, 1998. He was born in Warsaw, Poland in 1924. He served with the British 8th Army in the Middle East and Italy, was injured and eventually evacuated to a hospital in England for recuperation.

In 1945 he enrolled at the University of Sheffield where he earned his medical degree in 1951. He completed several years of training in internal medicine and neurology in Derby, Manchester, and Sheffield, England.

Dr. Malden immigrated to the United States in 1958 and began his neurology practice in Tacoma. He became a U.S. citizen on October 1, 1958. In addition to his private practice, he taught at the University of Washington Medical School and was active in many organizations including the Tacoma Academy of Internal Medicine and the Pierce County Medical Society.

Dr. Malden was founder of the College of Medical Education, an independent, non-profit organization solely committed to conducting continuing medical education (CME) programs for physicians. Today, the College conducts several Category I accredited courses at low or no cost to Pierce County doctors.

Legal matters were of particular interest to Dr. Malden. He chaired the Medical/Legal Liaison Committee of the Pierce County Medical Society for several years. He was instrumental in the annual "Law and Medicine" CME course that brings together the two professions to learn about issues of mutual concern. He worked tirelessly to educate himself and his colleagues about the practice of medicine.

Dr. Malden died as a result of injuries that he received in an auto accident on April 7 in Boise, Idaho. He was on one of his many excursions to explore the wilderness of this country that he loved and appreciated.

PCMS extends condolences to Dr. Malden's wife of 49 years, Jean and sons Nicholas and Nigel and their families. ■

Pierce County Medical Society

Pharmacy Directory

Tacoma (All area codes are 253)

A & H Prescription 2603 Bridgeport Way W	564-0088	FX:564-4062
Albertson's 3905 Bridgeport Way W	565-7997	FX:460-0440
Albertson's 2401 N Pearl St	752-7919	FX:761-7730
Albertson's 8611 Steilacoom Blvd	582-4149	FX:582-8664
Allenmore Pharmacy 1901 S Union #A252	383-5519	FX:272-9324
Bridgeport Prof Pharmacy 7424 Bridgeport Way W	582-1662	FX:589-9698
Century Plaza 1708 S Yakima (#1)	591-6920	FX:305-6420
Chung Pharmacy 9122 S Tacoma Way #104	584-2484	FX:584-6094
Cost Less Prescriptions 5431 Pacific Ave	474-9493	FX:474-2369
Cost Less Prescriptions 1109 Regents Blvd (Fircrest)	564-5200	FX:564-6698
Cost Plus Prescriptions 204 N "I"	572-6473	FX:627-0158
Costco Pharmacy 3639 S Pine	475-2376	FX:475-0460
Franciscan Pharmacy 2111 South 90th	535-5615	FX:535-5717
Fred Meyer 7250 Pacific Ave	471-4710	FX:475-6082
Fred Meyer 4505 S 19th (#3)	752-9110	FX:756-9320
Fred Meyer 6901 S 19th	565-7585	FX:565-7971
Fred Meyer 5115 100th St SW	589-4433	FX:589-4442
Kmart 1414 E 72nd	537-6668	FX:539-8461
Lincoln Pharmacy 821 S 38th	473-1155	FX:473-1158
Long's Drug 5401 6th Ave	752-1484	FX:761-9430
Long's Drug 7901 S Hosmer	472-7488	FX:472-3789
Mai Linh Pharmacy 1211 S 11th	383-2576	FX:383-2598
Mary Bridge Clinics Pharmacy 311 S L St.	552-1411	FX:552-1745
Medical Center Pharmacy 1206 S 11th	383-5359	FX:383-4732
Mega Pharmacy 7911 S Hosmer	473-1919	FX:473-6528
MultiCare Clinics Pharmacy 521 ML King Jr Way	552-4920	FX:552-4856
Parkland Marketplace 13322 Pacific Ave	531-3711	FX:537-0993
Puget Sound Pharmacy 1112 6th Ave #101	272-1107	FX:272-7327
Rainier Pharmacy 1901 S Cedar #104	272-2293	FX:272-2294
Rankos Pharmacy 101 Tacoma Ave N	383-2411	FX:572-4329
RiteAid 3840 Bridgeport Way W	564-2255	FX:564-0189
RiteAid 9830 Pacific Ave	531-6533	FX:539-4383
RiteAid 5700 100th St SW #100 (#8)	588-3666	FX:588-1922
RiteAid 1415 E 72nd	473-0698	FX:474-4036
RiteAid 6414 S Yakima	474-1293	FX:472-1581
RiteAid 6802 S 19th	564-7223	FX:564-0206
RiteAid 15801 Pacific Ave	531-7427	FX:535-9279
RiteAid 2217 N Pearl	756-6707	FX:752-7611
RiteAid 4502 S Steele St	474-8355	FX:473-3949
Safeway 2411 N Proctor	759-9889	FX:756-6902
Safeway 10507 Gravelly Lk Dr SW	581-7181	FX:588-3658
Safeway 1302 S 38th St	471-5511	FX:471-9673
Safeway 1624 72nd St E	537-2435	FX:537-3019
Safeway 1211 S "M" St	572-7753	FX:272-9315
Soundview Pharmacy 3611 S "D" St	756-8585	FX:474-7874
Spanaway Drug 17703 Pacific Ave	846-0511	FX:846-0513
Tacoma Pharmacy 9115 S Tacoma Way #109	984-9580	FX:984-1294
Top Food & Drug 3130 S 23rd	591-3110	
Union Ave Pharmacy 2302 S Union	752-1705	FX:761-9315
Walgreens 9505 Bridgeport Way SW (#1)	582-2230	FX:582-0654
Walgreens 8405 Pacific Ave (#1)	536-3705	FX:536-4659
Walgreens 4315 6th Ave (#1)	756-5159	FX:756-5086

Bonney Lake (All area codes are 253)

Bonney Lake Pharmacy 18318 Hwy 410 #B	863-1044	FX:863-3091
Fred Meyer 20901 Hwy 410	891-7333	FX:891-7327
RiteAid 19520 Hwy 410	862-2822	FX:862-8430
Safeway 21301 Hwy 410	862-2533	FX:862-2173

Eatonville (Area code 360)

Kirk's Pharmacy 104 Mashell Ave No.	832-4700	FX:832-4520

Federal Way (King County) (All area codes are 253)

Albertson's 33620 21st Ave SW	952-3323	FX:822-2698
Costco 35100 Enchanted Pkwy	874-4431	FX:874-5773
Drug Emporium 2030 S 314th	946-1222	FX:946-4046
Family Pharmacy 30809 1st Ave S, #K	839-3100	FX:941-4310
Franciscan Pharmacy 34503 9th Ave S #110 (#1)	942-4040	FX:942-4046
Fred Meyer 33702 21st Ave	952-0133	FX:952-0142
RiteAid 2131 SW 336th St	952-2803	FX:952-0387
RiteAid 31009 Pacific Hwy S	941-5013	
RiteAid 29019 Military Rd S	941-3444	FX:946-4557
Top Food & Drug 31515 20th Ave S	839-9322	FX:839-9397
Virginia Mason South 33501 1st Way S	874-1650	FX:874-1665

Fife (All area codes are 253)

Fife United Drug 5303 Pacific Hwy E	922-0222	FX:926-2541
Fife Valley Mart 5306 Pacific Hwy E	922-8722	FX:922-0136

Gig Harbor (All area codes are 253)

Bartell Drugs 5500 Olympic Dr	858-7455	FX:858-7460
Cost Less Prescriptions 14218 92nd Ave NW (Purdy)	857-7797	FX:857-7679
Gig Harbor Rexall 3114 Judson St	858-9908	FX:858-7213
Olympic Pharmacy 4700 Pt Fosdick Dr NW #110	858-9941	FX:851-9942
RiteAid 4818 Pt Fosdick Dr NW	851-6939	FX:858-3203

Milton (All area codes are 253)

Albertson's 2800 Milton Way	952-8436	FX:952-8478
RiteAid 900 E Meridian	952-2680	FX:925-0685
Safeway 900 E Meridian	952-0390	FX:952-4354

Orting (Area code 360)

Cope's Orting Pharmacy 134 Washington Ave	893-2117	FX:893-8888

Puyallup (All area codes are 253)

Albertson's 16120 Meridian E	845-9617	FX:770-3578
Albertson's 11012 Canyon Rd E	537-3808	FX:539-3654
Beall's Pharmacy 618 S Meridian, Suite A	845-8444	FX:845-7114
Fred Meyer 1100 Meridian N	840-8183	FX:840-8177
Fred Meyer 17404 Meridian E (#3)	445-7873	FX:445-7867
Medicine Shoppe 1210 E Main	848-1597	FX:848-6268
RiteAid 1323 E Main	848-3564	FX:770-9187
RiteAid 3717 Meridian	848-1544	FX:841-4119
RiteAid 11012 E Canyon Rd	535-5660	FX:537-2201
Safeway 4301 S Meridian	841-6495	FX:841-6495
Safeway 10105 224th St E (Graham)	847-7634	FX:847-7635
Safeway 5512 161st E	531-5831	FX:536-5235
Summit Trading Co 10409 Canyon Rd E	840-2098	FX:840-0308
Top Food & Drug 201-37th Ave SE	770-7720	FX:770-7738
Walmart Pharmacy 310-31st Ave SE	770-9889	FX:770-9983

Sumner (All area codes are 253)

Mark's Pharmacy 1119 Main	863-6223	
Nicholson's Pharmacy 910 Alder Ave	863-8141	FX:863-3707

Hospital Outpatient Pharmacies (All area codes are 253)

Allenmore Hospital	596-5150	FX:596-5092
Good Samaritan Hospital	841-5899	FX:770-5655
Mary Bridge Children's Hospital	552-1076	FX:552-1558
Puget Sound Hospital (Ext #216)	474-0561	FX:472-8697
St. Clare Hospital	581-6410	FX:589-8294
St. Francis Hospital	942-4040	FX: 942-404
St. Joseph Hospital (#1)	591-6683	
Tacoma General Hospital	552-1076	FX:552-1558

Pharmacy Hotline ***253-846-0511***

The pharmacy hotline is for reporting fraudulent pharmacy activities

Numbers in parentheses are numbers to press at voice mail prompt for calls from physicians

Director of Health leads charge for named reporting of HIV

by Federico Cruz-Uribe, MD, MPH

On behalf of the Tacoma-Pierce County Health Department, I appreciate the support of the Pierce County Medical Society Board of Trustees in their unanimous decision to endorse named reporting of HIV. Including HIV seropositivity in the list of reportable communicable diseases and conditions will be a positive step in the effort to control HIV and other sexually transmitted diseases.

Currently, clinicians are required by law to report 54 communicable diseases and conditions. The most important reason to report is obvious: to control the spread of communicable disease. While we cannot "cure" every disease with treatments, we can do our best to prevent transmission of STDs, including HIV, by traditional public health activities which are set in motion by the receipt of case reports: tracing contacts, notifying them that they are at risk, testing, and providing counseling on disease prevention. Skilled public health workers, who are already working in this capacity to prevent the spread of other sexually transmitted diseases, will facilitate access to health and social services for those who test HIV positive, and will also provide an additional assurance that these individuals be given adequate information about how they can prevent transmitting the virus to others.

Dr. Federico Cruz-Uribe

The disease control and prevention activities carried out by our surveillance specialists (formerly known as disease investigators) and epidemiology nurses **must start with receiving timely case reports from providers.** Laboratories are also required to report, however, this does not negate the responsibility of the medical provider to file a case report. Labs are usually not able to supply public health workers the information necessary for case investigation and contact tracing. The process is relatively easy and not overly time consuming; providers may report by phone or mail. But accurate and timely reporting requires a solid commitment on the part of the medical community to

See "Reporting" page 12

Pierce County disease statistics

The Tacoma Pierce County Health Department compiles a report of diseases in Pierce County each month, as shown below. The report is printed in the *PCMS Bulletin* to help keep physicians and care-providers abreast of disease activity. If you have questions regarding the report, please call the Communicable Disease Section of the Health Department at 798-6410.

Please remember to call in reportable diseases to the 24 hour hotline, 798-6534.

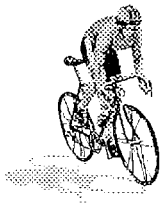
Tacoma-Pierce County Health Department
Amended + Reported Cases of Selected Diseases
Military * for Month Ending June 30, 1998

DISEASE	THIS MONTH		1998 TO DATE		1997 TO DATE	
HEPATITIS (acute)						
Hepatitis A	2		27		30	
Hepatitis B	1		6		9	
Hepatitis C/NANB	0		0		3	
SEXUALLY TRANSMITTED DISEASES		*		*		*
Chlamydia	102	11	724	134	527	82
Gonorrhea	25	0	144	21	212	29
Herpes, Initial Infection	18	1	79	13	90	29
Syphilis, Early	0	0	0	0	1	0
Syphilis, Late	1	0	9	0	11	0
Pelvic Inflammatory Dis.(Acute)	4	0	40	1	54	0
Urethritis, Nongonococcal	1	4	16	57	24	33
TUBERCULOSIS	0	0*	20	0*	20	1*
VACCINE PREVENTABLE DISEASES						
Pertussis	3		45		22	
HIV DISEASE						
AIDS	4		24		38	
TOTAL AIDS CASES - 1983 to Present			708			
OTHER DISEASES						
Kawasaki Syndrome	1		1		1	

Communicable Disease Control: (253) 798-6410 **24-hour Reporting Line:**
Confidential Fax Line: (253) 798-7666 **(253) 798-6534**

Members peddle 200 miles from Seattle to Portland

Several PCMS members, with various friends and family, joined 8,500 other bicycle riders in the annual 200 mile Seattle to Portland Bike Ride. The weather was warm, but wet, as many riders left the University of Washington parking lot about 5:30 a.m. on Saturday, July 11. Fortunately, the rain only lasted for about the first twenty miles.



Riding in the event were: **Steve Elder**, anesthesiologist; **Jim Fulcher**, emergency medicine, with son Tyler; **Ken Graham,** retired family physician; **Nick Iverson,** internist; and **Henry Retailliau,** internist. Most riders stay in Centralia (94 miles from Seattle) but most PCMS riders rode to Longview on Saturday covering 150 miles of the 200 during the first day. On Sunday, they rode the last 50 miles to Portland, arriving around noon.

The first seven miles of the ride were on the Seattle Expressway to the Kingdome. After that, the riders were always on the backroads and never on the freeways. Small towns such as Roy, McKenna, Napavine, Scapoose, etc. are sites for the many riders.

It is a fun event, especially when the weather cooperates as it did this year.

Congratulations, PCMS riders! ■

From left, Henry Retailliau, Tacoma internist, and Jerry Cufley, Kirkland gastroenterologist help Puyallup internist Nick Iverson get back on the road in Longview

Left to right: Dr. Ken Graham, retired family physician, Mr. John Loesch, and Drs. Jerry Cufley, Nick Iverson, and Henry Retailliau prepare to do the last 50 miles of the STP from Longview to Portland

Do we have your e-mail address?

Please send it to us at: pcmswa@pcmswa.org

The Invisible Hand.....

One Size Fits All

Andrew N. Statson, MD

Every central government worships uniformity: uniformity relieves it from inquiry into an infinity of details, which must be attended to if rules have to be adapted to different men, instead of indiscriminately subjecting all men to the same rule.

Alexis de Tocqueville (1839)

by Andrew Statson, MD

Under indemnity insurance the patients make the decisions about their health care. They choose their physicians and treatment options, and the time and place for their treatments. Even though they make their decisions on the basis of limited understanding of the incomplete information at their disposal, they know their own conditions better than anyone else. They usually make a very reasonable choice, even though perhaps on irrational grounds. They also judge the quality of care they receive and its value.

The managed care system takes away from them many of the choices. It also assumes the responsibility to assess the quality of care and its value. The methods it uses are site inspection and chart review. Investigation of patient complaints serves as a lead to further review. Utilization profiles and outcome measurement are methods of utilization review and only marginally help assess the quality of care.

For site inspection and chart review they have a list of items and a set of criteria which cover practices large and small, urban and rural, with some adjustment across the specialties. By necessity these assessments are indirect and statistical, therefore inaccurate in the most important aspect of health care, the personal interrelationship between patient and physician. My teachers frequently said, "Listen to the patient. He will tell you the diagnosis." If the patient cannot talk to the physician, or the physician cannot listen, if the patient-physician relationship does not "click", the inevitable result is a multiplicity of tests and procedures, both medical and surgical, chasing an elusive diagnosis, which could have been obvious had the patient talked and the physician listened, requiring perhaps some relatively simple tests for confirmation.

The following is from the book "Success with the Gentle Art of Verbal Self-Defense" by Suzette Haden Elgin. "Many people, particularly busy people, have had that list of nonlistening habits for so long that they are almost incapable of listening. If they had a listening gland, it would be atrophied from disuse. The results can be bizarre. For example, I was once sent to a cardiologist who decided that I needed an arteriogram. I told him I was convinced that my chest pain was due not to my heart but to my postpolio spine. He talked about his hypothesis. I talked about mine. In time the arteriogram was done; as I expected, it was normal. When I went to his office for the standard follow-up visit, he told me solemnly that my heart was fine but he had discovered the reason for my chest pain. It was, he announced, due to my postpolio spine. This man is a native speaker of English and he had indeed sat across the desk facing my direction while I talked to him but he was not listening.

Last December the "District Eight Gazette" (ACOG) reported that a health care economist named Jeff Goldsmith had described three stages in the implementation of managed care - cost containment, outcome and quality measurement and disease management. There are two problems with this description. One is the overlapping of the stages. Second, stages two and three are methods with the ultimate goal of cost containment, while stage one is the goal itself. I feel compelled to rewrite this description as follows: Managed care is a system of cost containment, designed to be implemented by three basic methods - gentle persuasion, outcome and quality measurement and disease management.

I will not discuss the first method. We have seen it at work. You all know how gentle and how persuasive it has been. Outcome measurement has led to the selection of "provider" panels for the managed care plans, based on the performance to cost ratio. This also is mostly in place. The third method has taken longer to develop. It consists in protocols for the management of certain conditions with the goal to reduce emergency room

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"Size" *from page 7*

visits, hospital admissions and length of stay.

Protocols may be helpful as guidelines if they give enough leeway so that we can adapt treatments to the individual patients and are updated frequently enough to allow for the rapid introduction of better treatment modalities. The practice of medicine does not stand still. Protocols take time to develop and even though they may be based on current literature they can become dated very fast. They are established for the treatment of diseases, but not of patients. The most obvious examples of this problem are the recent mandates for delivery and mastectomy length of stay. The point of view of the managed care plans tends to be if some patients can go home the day of their mastectomy, all patients should be able to do so and if some patients can go home a few hours after delivery, all patients should be able to do so.

The difference between actual practice and protocols is that in practice we treat patients, not diseases. Patients are not uniform. They come in all sizes, shapes and conditions. Both Laurel and Hardy can catch pneumonia, but the course of the disease in one is likely to be different from that in the other. When practicing medicine we have to have some latitude to use our clinical judgment. An English proverb says it best - one shoe does not fit all feet.■

Pierce County Medical Society

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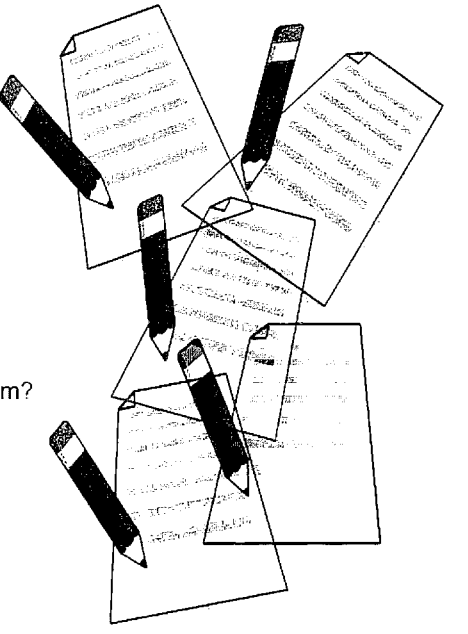
September General Membership Meeting

Tuesday, September 8, 1998, *Social Hour*-6:00 pm; *Dinner*-6:45 pm; *Program*-7:45 pm

Landmark Convention Center, Temple Theatre Roof Garden; 47 St. Helens Ave; Tacoma

Directions: From I-5 north or south exit onto I-705 (City Center Exit) and take Schuster Parkway to Stadium Way. Turn right on Stadium Way, take the first left on to 4th Ave and go up the hill 2 blocks to St. Helens. Turn right, go about 2 blocks and the Landmark will be on the right.

"The Insurance Blues"



- What is the legislative agenda regarding insurance regulation?
- Is there some way to reduce, or standardize all this paperwork?
- Should insurers be mandated to reimburse providers within 30 days?
- What are the insurance commissioner's views on a single payer system?
- Bring **your** questions and concerns to this important meeting!

featuring:

Deborah Senn

Insurance Commissioner, State of Washington

(Registration required by September 4. Return this form to: PCMS, 223 Tacoma Ave S, Tacoma 98402; FAX to 572-2470 or call 572-3667)

Please reserve _____ dinner(s) at $20 per person (tax and tip included)

Enclosed is my check for $ _____ or my credit card # is _____

☐ Visa ☐ Master Card Expiration Date _____ Signature _____

I will be bringing my spouse or a guest. Name for name tag: _____

Signed: _____ Thank you!

1998 Physician Directory changes

Allchin, Carol, MD

Change suite # to: 301

Benson, David R., MD

Additional office:

5920 100th St SW #8
Lakewood, WA 98499
Phone: 584-1777

Nyreen, Mark, MD

Change address to:
7424 Bridgeport Way W, #302
Tacoma, WA 98467-2543

Starr, Kirk, MD

Change address to:
316 MLK Jr Way, #212
Tacoma, WA 98405
Phone: 383-5777

Executive Committee meets with University of Washington Assistant Dean

John Coombs, MD, Assistant Dean and Vice President of the University of Washington Medical School asked to meet with the Executive Committee at its July 21 meeting to discuss PCMS President Jim Wilson's President's Page article in the July *Bulletin*. Dr. Wilson's column was titled, "University of Washington, friend or foe?"

Dr. Coombs wanted to clarify any misunderstanding on future plans of the UW Physicians network, particularly if their plans included establishing clinics in Pierce County. Dr. Coombs assured the Committee that there were no plans to create any clinics in Pierce County, UWPN currently has ten clinics in King County including Auburn and Federal Way.

Another area of concern was the establishment of a Children's Hospital clinic in Olympia immediately following a court decision that Mary Bridge Children's Hospital could continue to do pediatric cardiac surgery. Children's had sought to have MBCH discontinue cardiac surgery. Dr. Coombs said that Children's was separate and not part of the academic center.

All agreed that communications between the Seattle campus and the Pierce County medical community needed to improve. Dr. Coombs offered to meet with the Society once or twice a year to maintain good communications. His answers to the many questions Committee members asked will be featured in a future *Bulletin* article.■

the Pulse
Pierce County Medical Society Alliance

PCMSA has a new president and a new message

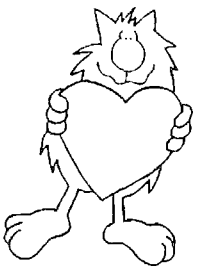
Hello and Happy End of Summer from your recycled president.

After 17 years I am once again president of PCMSA. We are in a state of transition - one of those terrible cliches I'm afraid, however; the focus of PCMSA is still on health related issues.

We are now a skeleton board (figuratively, that is!) which will focus on the most crucial issue for PCMSA. Philanthropy within our county is extremely well supported; we are therefor planning to continue to make the Holiday Sharing Card our main fund-raiser project and provide financial support for your community interests.

We will be scheduling some meetings to do the work of the philanthropic committee. The first will be August 18th and will be a mailing at the PCMS office. Call me at 253-922-7233 if you want to help. As the year goes along we will see how you respond to our open work meetings and we may set fun activities too. You will need to watch the *Bulletin* to see what's up!

If you haven't discovered us we are a unique organization. Your Alliance can be the extra set of arms and legs you need - with a great big heart! We care about each other, we laugh together and cry together with all the ups and downs. DO NOT UNDER ESTIMATE THE VALUE OF ALLIANCE. Ask those of us who have felt the touch of calls to help and just share time. Join us and see! ■



Nikki Crowley
PCMSA President

Official PCMSA Board 1998-99

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Secretary:	**Mona Baghdadi** (851-6306)
Treasurer:	**Kathy Samms**
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Philanthropy:	**Fran Thomas**
Holiday Sharing Card:	**Alice Wilhyde, Helen Whitney, Cindy Anderson**

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www.wsma.org
www.ama-assn.org
✓ **Check it out!**

PCMS Alliance Philanthropic fund applications now 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 obtain an application form by writing to: Fran Thomas, 3224 Horsehead Bay Drive NW, Gig Harbor, 98335.

Proof of 501C(3) IRS rating is required and all applications must be requested directly from Ms. Thomas.

Application deadline is September 1, 1998. ■

"Reporting" *from page 5*

actively participate in the public health process. Providers need to believe that public health is important, and they need to know that their input makes a difference.

Providing care to a patient who is HIV positive requires the clinician to have access to the most up-to-date information available. Providing *public health on the population level* also requires accurate and timely knowledge about trends in communicable diseases, including HIV. More complete reporting of all sexually transmitted diseases will contribute to practical disease control efforts, and will enhance our surveillance system. Public health uses disease data to track geographic and demographic trends in disease. This information is important to policy makers in allocating resources and targeting prevention efforts.

When named reporting for HIV seropositivity becomes a reality, the challenge will remain to develop methods and systems to ensure that reporting will be complete, accurate, efficient, and not burdensome to providers and staff. Public health agencies have an excellent track record in protecting confidentiality, and extra safeguards for HIV reports are in place. Working out the details of HIV reporting is an excellent starting point for a dialogue between private and public health about how we can better work together on communicable disease issues.

A few years ago, the Health Department turned over the responsibility of **HIV Intake and Referral** to the Pierce County AIDS Foundation. This service assesses the patients' needs and makes appropriate referrals to a wide variety of services. This is the best first stop for all your newly diagnosed HIV positive patients. Case managers can assist your patient to access the state drug program, help with food and housing issues, discuss support groups, make referrals to drug/alcohol treatment, and much more. There are several agencies to choose from for case management. Pierce County AIDS Foundation, Good Samaritan, and Olsten all provide this service. The **Intake and Referral** process at the Foundation is one of the first steps your patients can take to help them on the road to well-being. ■

COLLEGE OF MEDICAL EDUCATION

Mariner's CME firm, spring training to set program dates

The College of Medical Education is waiting for the actual spring training schedule to be announced by the Mariners before finalizing the Phoenix CME dates next March. The schedule for 1999 was to be announced in early July.

The College has selected the Embassy Suites Phoenix-North for conference headquarters. The large and beautiful hotel is conveniently located close to the Mariners Peoria stadium and offers reduced and competitive rates for complete two-room suites that include a private bedroom and separate living area with sofabed.

Plan now no matter how the team finishes this season. Start fresh with the Mariners in March, 1999.■

Common Office Problems CME November 13

The topics are set for the College's Common Office Problems CME scheduled for November 13, 1998 and planned for a space at St. Joseph Medical Center (possibly the new meeting space on the first floor). The course is set for November following the Infectious Diseases Update CME program scheduled for October 16, 1998.

The program is once again directed by **Mark Craddock, MD** and will offer 6 Category I CME credits. This year's course will cover

- •Diagnosis and Treatment of Impotency
- •Contraceptive Choices for the New Millennium
- •Ophthalmology: The Alphabet Soup
- •Management of Chronic Pain
- •Clinically Significant Drug Interactions
- •Treatment of Chronic Foot & Ankle Problems
- •Hepatitis C
- •Depression, Anxiety, Bipolar...in Children
- •Management of Congestive Heart Failure ■

Dates	Program	Director(s)
Friday, October 16	Infectious Diseases Update	Alan Tice, MD
Friday, November 13	Common Office Problems	Mark Craddock, MD
Friday, December 4	Medicine & Mental Health: Depression, Anxiety, Dementia.....	David Law, MD
Friday, January 22	Cardiology for Primary Care	Marilyn Pattison, MD
Wednesday-Sunday January 27-31	CME at Whistler	John Jiganti, MD
Friday, February 26	Review of HIV Infections	Alan Tice, MD
Thursday-Saturday March (TBA)	CME & Mariners Spring Training	Richard Hawkins, MD
Thursday-Friday March 11 - 12	Internal Medicine Review	Surinderjit Singh, MD
Friday, April 23	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Saturday, May 15	Surgery Update 1999	David Magelssen, MD
Friday, May 21	Law & Medicine	Joseph Just, JD Nicholas Rajacich, MD

Check out "Health Hippo" on the net

Health Hippo is a collection of policy and regulatory materials related to health care, with some graphics sprinkled in. Space for the Hippo is provided via FindLaw. The address is:
http://hippo. findlaw.com.

Hippo is "A large collection of health policy and regulation resources. Documents online include congressional testimony, legislation, and recent (court) decisions impacting managed care," according to U.S. News & World Report. "It's not every medical site that asks you to 'tickle the hippo,' but when you do it, you get the latest Web sites about health care policy from Congress to managed care ethics," said Lycos, who placed the site in the Top 5% award category. And, Rare Genetic Diseases in Children assessed that Hippo is "A fantastic compendium of policy and regulatory information related to health care. Essential!!

A sampling of topics include: Advance Directives, Antitrust, Diseases and Conditions, FDA, Fraud & Abuse, Infection Control, Insurance, Long Term Care, Medical Devices, Medicare & Medicaid, Public Health, Quality Assurance, Reproductive Rights, Rural Health, Tax Exempt, Vaccines, and many more.

Check it out!!■

Changes in New Hire Reporting law

Beginning October 1, 1998, new federal law requires employers to report information on all newly hired or rehired employees to the Division of Child Support within 20 days of hiring. Although the new hire reporting law has been in effect since 1990, former requirements were limited.

The New Hire Reporting program has three goals:

1) efficiently collect child support
2) reduce dependence on public assistance programs
3) detech unemployment insurance and L&I claims fraud

Reporting may be by magnetic media, internet, mail or fax. For more information you may call 800-562-0479.■

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Tacoma/Pierce County Outpatient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, MD (253) 752-9669 or Paul Doty, Clinic Manager (Allen, Nelson Turner & Associates), (253) 383-4351.

Rheumatology. Group Health Permanente is currently seeking a full-time rheumatologist for our Seattle facility. Opportunities exist for teaching and research. Join a dynamic, physician-managed organization in one of the most desirable areas of the country. For further information, call 800-543-9323 or fax CV and cover letter to (206) 448-6191.

WANTED CLINIC NURSE COORDINATOR: The Neighborhood Clinic is looking for a Clinic Coordinator with some outpatient experience to work approximately 15 hours per week. The Clinic is a free outpatient clinic that has been providing care for the medically indigent in the area for over 15 years. Located in the old St. Leo's School, we are open Monday and Thursday evenings. We have nursing and provider volunteers, but have a paying position for a motivated RN, LPN or MA. Please send your resume to The Neighborhood Clinic, 1323 S. Yakima, Tacoma WA 98405 (or you can call John Van Buskirk at 552-2933).

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

September, 1998

Women in Medicine

Meeting the challenges....

Reaping the rewards....

Building on our strengths....

Six Pierce County Medical Society women physicians share their views and insights about their gender and their profession

See page 5

Inside:

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

September 1998

Features

Departments

News briefs

President's Page.....

"I Need a Consult"

James M. Wilson, Jr, MD
President, 1998

Soon after the advent of the "Managed Care Era" most primary care physicians had the experience of a small number of patients calling to say that they had "signed up" to be our patients, but that they didn't really want to see us at all. What they would require is for us only to do the paperwork for the referrals they would need to see the physicians that really cared for them - the Cardiologist for their controlled hypertension, the Urologist to check their benign prostate every six months, the Rheumatologist who treats their degenerative joint disease, the Gastroenterologist who follows their hiatus hernia, the Endocrinologist who follows their hypothyroidism, not to mention the Podiatrist and the Chiropractor for...well, you get the picture.

Although these were exceptional, it seemed clear what the cost-focused payers were trying to do. They thought we as dreaded "gatekeepers" along with industry Medical Directors would reduce duplication and improve efficiency in health care delivery. Payers with red ink bottom lines and other indices over the last several years have tended to indicate otherwise. First, the overwhelming majority of patients were receiving efficient, quality care already - hospital stays are short here, and the coordination of care for the sicker and thus higher resource-consuming patients is superb. Second, we are not anxious to function in the punitive gatekeeper role - we want to make patients happy, after all - and so we generally do nearly all requested referrals.

On the other hand, the challenge remains to efficiently and cost effectively care for patients in the outpatient setting and define the roles of primary care physicians and specialists. We must do this in the context of new payer systems and in such a manner as to rebuild our sense of control over decisions regarding care, quality, and fairness in compensation for our services.

From the primary care perspective, it is frustrating to have difficulty getting patients in to see specialists in a reasonable time for conditions that patients perceive as urgent, yet knowing that these specialists are busy following some patients that might be as well cared for in the primary care setting. How many physicians does it require to follow an octogenarian with quiescent prostate cancer, for instance? - often three to four including the primary doc who found the problem in the first place. Also, how do we get a consult, as opposed to a referral? How do we get the post-MI patient back for risk factor management in the primary care setting? Maybe we need to prove that we can do a better job at it than we have in the past.

From the specialist perspective, it is often difficult to find a primary care physician willing to assume the care of new or particularly certain groups of patients (notably Medicare, DSHS, or others) or in special settings (the skilled nursing facility, for instance). Also, a good working relationship would need to include reassurance that those PSAs, lipid studies, or mammograms would really get done.

Clearly there has been a trend toward more of a teamwork approach to both illness-specific (eg cancer, diabetes, renal disease) or group-specific (eg pediatrics, geriatrics, women's health) models, opening the door for both joint ventures among physicians and other providers including hospitals. This also opens the door for further corporatization or franchising as we have seen in renal care and recently in wound care, for instance.

The implications of all of this on compensation will be enormous, and are beyond the scope of this short treatise. Suffice it to say that fee-for-service or other productivity-based compensation has been shown to be most successful in the primary care setting. It is my opinion that the same is not necessarily true in the specialty or subspecialty arena.■

JMW

Washington physicians take back the medical profession

This article was submitted by Stuart Jeanne Bramhall, MD and Sarah Weinberg, MD, King County Medical Society. It discusses a resolution to come before the 1998 WSMA House of Delegates meeting

In October, Washington physicians have the unprecedented opportunity to seize the initiative in the national debate over "managed care" abuses and the broader question of health care reform. The RESOLUTION TO TAKE BACK THE MEDICAL PROFESSION is being submitted to the October 1998 WSMA House of Delegates by Gretchen Blair, MD (Jefferson Co.), Chris Covert-Bowlds, MD (Whatcom Co.), Marc DiJulio, MD (King Co.), Robert Fithian (King Co.), Peter McGough, MD (Trustee) and Sarah Weinberg, MD (King Co.) and the Washington State Psychiatric Association. The resolution calls for the WSMA to convene a taskforce of physicians and other health care providers, health care consumers and representatives of business, labor and other stakeholder groups to seriously examine the global health care financing reform necessary to guarantee universal health care in our state.

We make no secret of our opposition to the concept of a "health care industry." The responsibility we accept as physicians for the welfare of other human beings is a sacred trust and totally incompatible with the demands of profit and the bottom line.

Under "managed care" 1998-style, we physicians find our professional relationship with our patients challenged at every level: with arbitrary lists of services we're expected to provide, with ever more restrictive reimbursement rules and the steady decline in reimbursement rates, with our patients being forced to change physicians when their employer changes health plans, with the loss of our right to make referrals without prior authorization and with the intrusion of insurance company employees inspecting our offices and charts. This is not what we promised when we took the Hippocratic Oath at the end of medical school.

We also absolutely dispute that so-called "managed care" is "free market" health care as we have been led to believe. In a true "free market" inferior goods and services are driven out of the market place because no one will buy them. Over the last two years private sector health care has been so unresponsive to the massive dissatisfaction of patients and physicians that Congress and state lawmakers have been forced to legislate basic standards of health care.

The "managed care" revolution was touted to the business and medical community with the guarantee it would lower health care costs, expand health coverage to the uninsured and increase preventative care. In reality it has done none of these things. Those of us who are individual policyholders have seen our own private insurance increase 60% in the last five years, while our practice revenues continue to decline. Big premium increases mean we now have 44 million uninsured nationwide, compared to 36 million 10 years ago. While the only preventive services covered by most insurance plans are those that are cheap or particularly good for marketing.

Under this new system we have fewer insured, less choice, less access to hospital care, less access to specialists, fewer mental health benefits, major interference in the doctor-patient relationship, less confidentiality of our medical records, less research, less accountability, less responsiveness to consumers and less holistic emphasis on wellness. Financing for medical school and post-graduate education has been decimated under "managed care." We don't have less expensive health care, and we don't get more preventive services or better management of chronic illness. Is it any surprise that patients are flocking in droves to alternative health care providers?

The reason the health insurance industry can't deliver the health care they promised is no secret. The "industry" is not really focused on health care delivery at all, but on the redistribution of health care dollars away from clinical care and into administrative costs and profits. Within the industry the amount spent on clinical care is referred to as "medical loss." Executives are expected to keep clinical costs to 70-80 percent of each premium dollar, while 20-30 percent goes to their administrative costs, including the highest executive salaries in the country (68 percent greater than in comparable industries) and into profits for stockholders.

Over the past decade Washington state has made an unparalleled effort to implement universal health care for all its residents. It has failed quite simply due to its inability to balance competing interests of health care providers and patients and the business community. Any successful health care reform measure must be fairly financed and not place undue financial burden on providers, consumers or employers. To insure fairness it must be crafted with input from the major stakeholders who will be affected by it.

Marketing of the managed care revolution has been extremely skillful and has caused many people to equate health care financing reform with socialized medicine and gov-

See "Physicians" page 6

Women in Medicine: Meeting the Challenges....Reaping the Rewards

by Jean Fitch Borst

The female physician is the focus in September as the AMA celebrates "Women in Medicine Month." With this year's theme of "Building on Our Strengths," it's an occasion to recognize the growth and achievements of women doctors across the country. Needless to say there's reason to celebrate.

Women comprise over 22% of all physicians and 42% of medical students. It is estimated that by the year 2010, 30% of all physicians and 50% or more of all medical students will be female. Women are firmly established at all levels of the profession, and they also make up the AMA's fastest growing membership segment and are represented throughout the organization's leadership. In 1997, the Women Physicians Congress was established to increase the participation and influence of women physicians, providing a forum for debate, support, mentoring and input into AMA policy and programming decisions. There's no question that women physicians have become increasingly involved and vocal on a local, state and national level. Yet, statistics indicate that they still join and participate in organized medicine in significantly lower numbers than male physicians.

In honor of Women in Medicine Month, six female members of the Medical Society offered to share their experiences as women physicians including the circumstances that brought them to the profession, the obstacles and rewards they've encountered along the way, their views on participating in medical organizations and the ever-present challenge of balancing their personal and professional lives.

Each physician has a different story to tell but many have similar views and concerns. Most important to note is that for this group, gender has not been an issue in their careers. They do not believe they have been denied opportunities because they are women, and most dismiss the reported high incidence of sexual harassment in medical schools and on-the-job as "overrated."

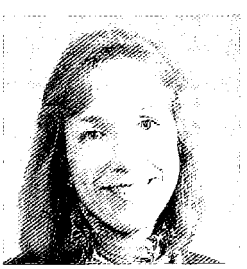
They are all involved to some degree in organized medicine but agree that women may be foregoing active participation because of the time commitment involved. With professional and personal obligations, how much time is left over for other activities? The issues affecting women in medicine today, they believe, are not gender specific but are the same ones their male colleagues are facing in the rapidly changing medical profession - insurance issues, more paperwork, increased managed care, greater responsibility and with the increasing demands of the profession, achieving and maintaining personal and professional balance becomes even more challenging.

Nancy Grubb, MD Family Practice

"The greatest challenge in being a physician is maintaining balance. I'm working part-time and job sharing with a male colleague so I don't think it's only an issue for women physicians."

Like **Dr. Marilyn Pattison, Dr. Nancy Grubb** is half of a two-physician household. She and husband **Dr. Mark Grubb,** a Puyallup pediatrician, work hard to maintain personal and professional balance in their lives. "We make a strong effort to spend time together."

Scheduling calendar time helps them avoid conflicts. "We really have to work at it and remember where our priorities are." It's challenging now, she says, and wonders what it will be like when they have children.



Her decision to practice part time at South Hill Family Medicine, job sharing with a male physician has provided her the flexibility and time she wants in her life. "Balance is a big issue for me right now," she said. "I deal with it day to day. I'm busy with my practice. I'm active in a number of things and it's easy to feel overextended. It's important for every physician to learn their limits as they go along - male and female. After all, the challenges that exist for women physicians are the same ones that male physicians are dealing with...managed care, increased paperwork, other issues and requirements."

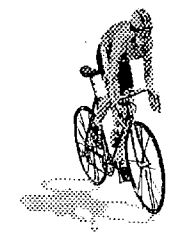
Grubb agrees that involvement in organized medicine might not be a part of the "balancing act" for many women physicians. "Everyone has a different outlook on life - men as

See "Grubb" page 8

AMA/Sunbeam settle lawsuit

AMA has paid $9.9 million to Sunbeam Corp., resolving a dispute that began when AMA pulled out of a marketing deal last year. Sunbeam filed a lawsuit in September 1997 when the AMA announced it would not honor a controversial endorsement agreement that was expected to earn both parties millions. The payment covers $2 million in out-of-pocket expenses, including Sunbeam's attorneys' fees and $7.9 million in damages. Sunbeam initially sought at least $20 million in damages but sources familiar with the litigation said they expected the company to ask for $40 million to $50 million at a trial scheduled to begin in November. That trial would have cost the AMA legal fees and bad publicity and would have proved a distraction to Sunbeam, which is confronting a host of its own legal problems.■

Dr. Aasheim completes STP



The August *Bulletin* neglected to include **Glen Aasheim, MD,** Tacoma Ob/Gyn as one of the PCMS cyclists that pedaled to Portland from Seattle with about 9000 other bicyclists in the annual Seattle to Portland bike ride. Dr. Aasheim, who does a lot of biking, rode to Longview the first day and on to Portland the second day. To get to Longview via the STP route is 150 miles from the U of W parking lot.■

Dr. Iverson completes RAMROD

Nick Iverson, MD Puyallup internist completed the annual RAMROD (Ride Around Mt. Rainier in One Day) bike ride. It is known as a 154 mile grueling, painful experience. Only 600 riders, selected by a drawing, participate. The ride starts and finishes at the King County Fairgounds in Enumclaw. The course goes through Eatonville, Elbe, Longmire, and Paradise. The downhill trek through Ohanapecosh is quite a thrill. However, "it was raining and I had to slow down on the downhill," said Iverson.The course then takes a 12 mile climb up Cayuse Pass before heading downhill to Enumclaw. Dr. Iverson completed the ride in 11 hours and 40 minutes and plans to do it again next year.■

Physicians from page 4

ernment run health care - as if our only two choices are Wall Street or socialism. Nothing could be farther from the truth. There are many examples, both here and in other industrialized countries, of public/private partnerships combining the innovation and efficiency of the private sector with the accountability and community oversight of the public sector.

The WSMA is clearly the appropriate body to assume leadership of this endeavor. Health care professionals led by physicians, not Wall Street, should be at the helm of health care delivery. Convening the proposed taskforce gives organized medicine the ideal opportunity not only to reassert their leadership, but to make good on their long-standing commitment to health care as a basic human right.■

Sale of Non-Health-Related Goods From Physicians' Offices

Editor's Note: This article, printed in the JAMA, August 12, 1998, is a Council Report on the Sale of Non-Health-Related Goods from Physicians' Offices, developed by the Council on Ethical and Judicial Affairs of the AMA

A number of physicians are engaged in the sale, from their offices, of such non-health-related goods as household products and magazine subscriptions. This report addresses certain important ethical problems with such sales and sets guidelines for the sale of such goods in those few circumstances when it is appropriate.

ETHICAL PROBLEMS WITH FOR-PROFIT SALES OF GOODS

Conflict of Interest

The for-profit sale of goods to patients by physicians inherently creates a conflict of interest. Physicians engaging in this activity have a direct financial interest in selling the goods to the patients, but the sale may or may not be in the best interests of the patients. Physicians may be tempted to sell items for profit even though their patients do not need the products. Even if most physicians are capable of resisting such temptation, the ethical course is for professionals to avoid placing themselves in temptation's way. This conflict of interest is particularly troubling in the office setting, where most patients appear because they need medical attention. In the ordinary market setting, consumers can be trusted not to purchase items they do not want; thus, a voluntary sales transaction is taken to be in the best interests of both parties. But in the voluntariness of any sale to a patient in a medical office setting is open to serious question.

Inherent Sales Pressure

The offer of goods in the treatment setting puts subtle pressure on sick and vulnerable patients to purchase them. Patients may purchase goods out of a misplaced desire to please or "get in good" with their physicians. They may feel that they have to purchase those goods in order to secure the physician's favor. These feelings, whether justified or not, may interfere with the open exchange and the level of trust between physician and patient.

Demeaning Medical Practice

Sale of goods in treatment settings also risks demeaning the practice of medicine. The basis of a good patient-physician relationship is trust. Trust is undermined whenever physicians, through their behavior, equate the office setting with the supermarket or the bazaar.

SALE OF GOODS AT COST AND FREE GOODS

Except in the case of the narrow exception noted herein, even at-cost sale of non-health-related goods from the office is inappropriate. Such sale has no health benefits to patients. Although it does not involve physicians in financial conflicts of interest, efforts at such sales can affect the quality of the patient-physician relationship and can distract from the practice of medicine.

Free distribution of non-health-related goods in the office is permissible, provided that it is conducted in a dignified manner. An example of undignified conduct may be the offering of free goods to patients and their families at a time when they are emotionally pressured by medical problems.■

PCMS publishes "Pharmacy Directory"

By member request, and complaints regarding the incomplete listing of pharmacies in the annual PCMS membership directory, PCMS has published a Pierce County Pharmacy Directory. The directory, was distributed in the August *Bulletin*, and is also featured as an insert in this issue.

The pharmacy name, address, phone and fax numbers are included. If there is an automatic answering machine with a voice menu, the number to select for a physician or physician office is also included.

Listings include pharmacies in alphabetical order, by city, including Tacoma, Bonney Lake, Eatonville, Federal Way, Fife, Gig Harbor, Milton, Orting, Puyallup, and Sumner. Hospital outpatient pharmacies are also included.

The pharmacy directory will be updated and printed whenever changes warrant - most likely once a year. The project was approved by the Membership Benefits, Inc. (MBI) Board of Directors including **Drs. Keith Demirjian (President), Drew Deutsch, Stephen Duncan, Mark Gildenhar, Arthur Maslow, Nicholas Rajacich, Timothy Schubert, Stephen Settle, and Joe Wearn (Past-President).** MBI is the for-profit subsidiary of PCMS.

We welcome feedback regarding the directory. Call Sue, 572-3667, at the Society office and let her know if you like the directory and find it useful. We welcome constructive criticism as well.■

Grubb *from page 5*

well as women. You have time and energy you put into your job and you have time and energy for the rest of your life. When looking at priorities, each person has to determine where their time goes. Perhaps being involved in organized medicine falls pretty low on the list."

The opportunities to work part time, if that's the choice a physician wants to make, are available Grubb believes, "but you have to look for them. They're not going to just fall into your lap. If you want to have a flexible work schedule, accept part time work or job share, you have to hunt for the opportunities." When Grubb served a three year term on a taskforce for women in medicine for the Washington Academy of Family Physicians, she was involved in creating a database of women physicians that could be utilized by other women physicians seeking information, ideas, opportunities, or resources or as a way to come in contact with someone else with similar circumstances. Creation of the database opened the door to a wide range of issues, including retirement planning, job sharing, ethnic and gender issues, having a physician as a spouse, etc. The service is now being heavily utilized via telephone and the internet.

But she still encourages anyone who wants to pursue medicine. "It's a very rewarding profession. The financial rewards are there and you get the benefit of caring for people in a much more intimate way than in any other service profession. My rewards come from the people I take care of. I have the benefit of ongoing intellectual stimulation. I have the flexibility I need and want."

Maria Mack, MD, Anesthesiology PCMS Trustee

"I've never felt like I could sit back and simply be an inactive member of the process. I've always participated. But it's difficult for many women. When you have a family and a practice, the first thing you cut to make additional time is other commitments. A physician's typical work week is 60 hours plus call time on the evenings and weekends. There's not much time left over."

"A medical career is something I always wanted, even as a kid," says **Dr. Maria Mack**, anesthesiologist and PCMS Trustee. But it didn't necessarily come without obstacles. In the first year of her premed studies, Mack left school when she and her husband were expecting their first child. After four years (and the arrival of a second child), Mack returned to school, finished her undergraduate degree, internships and residency and entered practice all while raising her children. "I never felt stress from having a family and pursuing a medical career at the same time," she recalled. A "tremendously supportive family" and the ability to study at home "with the world swirling around me" helped.

"There are times of difficulty for everyone in every situation," Mack said. "We all live complex lives. Over 60% of the women in the United States have jobs and families. I'm not unique."

Mack feels she had access to significant resources when she was preparing to enter the profession and that was helpful. She was a student during the Carter administration when many options were made available to women - day care costs were reimbursed and national health care loans were available. "I think there was much more available then than now," she said. "It can be difficult today, particularly in obtaining financial support. That could hurt women entering medicine now."

There are many types of women practicing medicine today, she notes. There are those who have chosen not to have children as part of their commitment to their career. Others make their families the No. 1 priority and are able to practice part time. Practice sharing options are available. Typically, she notes, male physicians are expected to put their careers first and devote themselves full time.

"Making the decision to work part time is okay but I'm concerned that women may tend to take less than their fair share for the work they're doing," Mack said. "They have to be careful not to shortchange themselves in this profession. After all, the appeal of practicing medicine is that we can be independent thinkers, have our own business and be a full partner in practice. Don't be afraid to reap the rewards, financial as well as emotional."

To women considering a career in medicine, Mack says, "Do it! Accept the challenge and throw away the self doubt. There are women firefighters, women police officers, women working in foundries. These are all difficult careers that involve difficult choices. Medicine offers wonderful benefits...and not just financially...there is a tremendous amount of self-satisfaction and accomplishment that comes with the job." *Continued, page 9*

Marilyn Pattison, MD Internal Medicine/ Nephrology PCMS Trustee

"There's no question that fewer women than men are involved in organized medicine. It's all related to time and responsibilities outside the profession. But I don't like to separate women from men doctors. We're all physicians, and all dealing with the same challenges."

Working in health care for 31 years, **Dr. Marilyn Pattison** has seen great changes in the medical profession, particularly for women. "When I was in college exploring career options, there were very limited choices presented to women and school counselors were not very encouraging when it came to so-called nontraditional careers for women. You became a nurse, a teacher or you got married."

Pattison became a nurse. "I found the nursing to be very rewarding and enjoyable," she says, "but I eventually realized I wanted to seek a better understanding of the science involved in medicine. I felt a career as a physician would offer greater long-term rewards."

She entered medical school at the same time she was raising her two young children as a single parent. "I took it day to day," she recalls. "It could be very challenging but there are tremendous rewards in being a parent. I believe those rewards diminished the intensity of medical school and in many ways, it helped."

Two of her children are grown now, and she has one young child at home. "There's no doubt that as a physician you give up time with your spouse and family." The challenge is two-fold in the Pattison household; husband Brad is an anesthesiologist. "We've made arrangements in our lives that have worked well for our family," she said. "But there are always challenges." Pattison recalls the effort of **Dr. Eileen Toth** in trying to organize a support group for women physicians, particularly those with young children. The group was short-lived, however. "We all had the same problem," Pattison said, "Time and child care."

Pattison notes particularly that the time demands of the profession can be difficult. "Three of my friends - one specialist and two primary care physicians - recently made the decision to leave medicine," she said. "The time demands drove them out. Both men and women are leaving the profession for that reason. The numbers of women departing medicine just seem more dramatic because there are fewer female physicians."

While Pattison acknowledges that there are options for women physicians that might cause the time constraints (i.e., part time work, job sharing, etc.), "I don't think medicine is very friendly to part time work. It can be difficult unless you have a very strong practice-sharing situation available. Patients want to establish a relationship with a physician...they want that physician available when they need them. And there are other issues that demand a great deal of time that are difficult to accomplish working part time, such as maintaining skills and expertise and CME and licensure requirements." Pattison noted that she has done part time clinical and administrative work before and found it difficult to keep up and participate at the same time.

As the profession changes and the demands accelerate, Pattison finds herself concerned about the future of the profession, particularly its affect on the patient/physician relationship. "There are many benefits that come with being a doctor, but the greatest is having an ongoing relationship with people and being able to care for them, particularly in the area of primary care. That might sound too simple but that's really what it's all about." Things are changing though.

"I'm not sure what advice I'd give to women thinking of medicine as a career," Pattison said. "They should understand what they're getting into and the commitment involved. They should consider what the future might bring. There is a lot of uncertainty right now with all the changes in how we practice medicine."

Susan Salo, MD Family Practice PCMS Trustee

"I didn't go into medicine for the money or the prestige. I went into it purely for the personal rewards. And I would strongly advise anyone going into the profession to do it for the same reasons."

"I'm not really sure why I chose medicine as a career," says **Dr. Su-**

See "Salo" page 12

WSMA Annual Meeting to explore changing environment

"Vision For Our Future" theme for state meeting in Bellevue

Peter Marsh, MD, WSMA President extends his personal invitation for attendance at the 108th annual session of the WSMA House of Delegates, October 1-3 in Bellevue. The annual meeting is a forum for all physicians to exchange ideas and to deliberate issues affecting the practice of medicine and the profession. The House of Delegates and reference committee meetings are excellent opportunities for such discussions. The House of Delegates determines policy for the statewide organization.

Vision For Our Future is the theme of the meeting which will include 13 delegates from Pierce County. They are **Drs. James M. Wilson, Jr., Larry A. Larson, Stan Harris, Charles Weatherby, Nick Rajacich, Maria Mack, Marilyn Pattison, Jim Rooks, Susan Salo, Patrice Stevenson** and **Gary Taubman.** Alternate Delegates include **Drs. Federico Cruz-Uribe, Ken Feucht, David Judish, Stephen Duncan, John Gray and Scott Kronlund.** WSMA Representatives are **Drs. Leonard Alenick, David Law, Richard Hawkins** and **Peter Marsh. Drs. David BeMiller** and **John Colen** will represent their respective specialty societies.

This is an extraordinary time for the medical profession. Physicians are being exposed on a daily basis to changing situations in the practice environment. The tensions in the delivery system today are very real. Consolidation is forcing change. Insurers are intruding more and paying less. The needs and expectations of patients are becoming increasingly sophisticated. For many, these demands and intrusions do not reflect what physicians expected when entering the honored profession of medicine many years ago. Yet, the issues are real and they must be dealt with.

The opening session of the House of Delegates, open to all WSMA members, will feature several speakers that will explore several questions, such as, how can physicians reassert themselves in the evolving health care market place regardless of practice setting and what additional work needs to be done so that physicians can better demonstrate accountability to the purchasers of health insurance for the services that are provided to our patients?

Please join your colleagues on Thursday, October 1, at the DoubleTree Hotel in Bellevue, 8:30 a.m. for insight on preparing for the future.■

Immunization Coalition formed to improve Pierce County immunization rates

The Pierce County Immunization Coalition is a collaborative and coordinated group of private, public and non-profit organizations. Their purpose is to improve health by achieving and maintaining full immunization of all two-year-old children in Pierce County.

In a household study conducted in Pierce County in 1993 and 1996, the percentages of two-year-old children who were found to be fully immunized were 62.8 and 57.7 respectively.

The Coalition has called a meeting for **Wednesday, September 23, 1998** between **7:00 am and 8:30 am at Jackson Hall** to discuss findings of the Pierce County surveys and to formulate a plan of action to address our low rates. Participation from the medical community is vital.

Please join in this important effort. If you have any questions call Cindy Miron at the Health Department, 798-6556 or Sue Asher at the Medical Society, 572-3667. For planning purposes, please give either Cindy or Sue a call to confirm your attendance.■

Are your patients at risk for STDs?

Patients who are at risk for sexually transmitted diseases, including HIV, are frequently seen by family practice physicians, gynecologists, urologists, pediatricians and in urgent care clinics and emergency rooms. In a recent study of primary care providers, only 39% reported asking new patients questions that were specific enough to assess for STD risk. Another survey of 961 physicians in the Washington DC area showed that 37% of the doctors asked new patients regarding sexual history and 60% of them did so for adolescents. Reasons typically cited for not taking a sexual history include pressure to see many patients in limited amounts of time, personal discomfort in asking specific questions, the assumption that the patient is not at risk, and a common belief that these issues are too sensitive and may offend the patient.

Recent studies suggest that patients may be more comfortable discussing sexuality than physicians may think. One study found that patients who were asked about their sexual history had more confidence in the quality of care from their provider. In a Boston based survey, 91% of respondents stated they felt that discussion between physician and patient concerning sexual health is appropriate.

Taking an adequate social history is important to assess risk factors for STDs. Sexual history practices, history of drug and alcohol use should be a routine part of a medical history. If practitioners only have time for one question, it might be something like, "What do you do to protect yourself from AIDS?" which, no matter how the patient responds, would open the door to examining risk factors and teaching safer practices. Many patients who are actually at risk for STDs, including HIV, do not perceive themselves to be at risk; therefore, it is up to the care provider to ask the questions.

Providers can get more information about taking the sexual history (including samples of questionnaires and patient education information) and STD care in general from Communicable Disease Control at the Tacoma-Pierce County Health Department, 798-6410 or on-line from the Seattle STD/HIV Prevention Training **<http://weber.u.washington.edu/~seaptc>** ■

Specialists Needed!

The Tacoma-Pierce County Health Department contract clinics need specialists who are willing to serve on a rotating list to accept limited numbers of referrals for low income clients with specialty care needs. Specialty needs include general surgery, ob/gyn, internal medicine, endocrinology, orthopedics, urology, cardiology, neurology, and dermatology.

Please call Allison Kemmer, RN at 798-4700 if you can help.

Pierce County disease statistics

The Tacoma Pierce County Health Department compiles a report of diseases in Pierce County each month, as shown below. The report is printed in the *PCMS Bulletin* to help keep physicians and care-providers abreast of disease activity. If you have questions regarding the report, please call the Communicable Disease Section of the Health Department at 798-6410.

Please remember to call in reportable diseases to the 24 hour hotline, 798-6534.

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
Amended + REPORTED CASES OF SELECTED DISEASES
Military * FOR MONTH ENDING JULY 31, 1998

DISEASE	THIS MONTH		1998 TO DATE		1997 TO DATE	
ENTERIC DISEASES						
Salmonella	5		27		38	
Shigella	1		5+		9	
E. Coli 0157:H7	0		2		2	
HEPATITIS (Acute)						
Hepatitis A	6		33		38	
Hepatitis B	0		6		9	
Hepatitis C/NANB	0		0		5	
INVASIVE DISEASE/BACTERIAL						
Meningococcal	2		4		7	
SEXUALLY TRANSMITTED DISEASES		*		*		*
Chlamydia	144	36	868	170	613	118
Gonorrhea	30	8	174	29	248	41
Herpes, Initial Infection	9	5	88	18	109	33
Syphilis, Early	0	1	0	1	1	0
Syphilis, Late	1	0	10	0	12	1
Pelvic Inflammatory Dis.(Acute)	4	0	44	1	65	0
Urethritis, Nongonococcal	2	13	18	70	27	57
TUBERCULOSIS	3	0*	22+	0*	25	1*
VACCINE PREVENTABLE DISEASES						
Pertussis	2		47		28	
HIV DISEASE						
AIDS	6		30		46	
TOTAL AIDS CASES - 1983 to Present			714			
OTHER DISEASES						
Yersiniosis	1		1		1	

Communicable Disease Control: (253) 798-6410 24-hour Reporting Line:
Confidential Fax Line: (253) 798-7666 (253) 798-6534

Salo *from page 9*

san Salo. "I was always interested in science and I knew when I decided to go to college, I wanted to aim for a challenging career." Attending school in the 60s Salo remembers the prevalent opinion was that women should go into teaching. "I ignored that," she said, "I was hoping to be a doctor. If that didn't work out I thought a biochemistry degree would be more useful and interesting to fall back on than an education degree."

The view that women might be better suited for the classroom than the operating room didn't deter Salo. Neither did it deter many other women at that time. Her medical school class had more women than ever before. "Personally I don't believe any of the obstacles I faced in becoming a doctor were gender based. I dealt with the kinds of personal obstacles that everyone faces."

Salo did become a doctor and didn't have to worry about falling back on the biochemistry degree. She also became a mother and pondered how to successfully blend her professional life and family. "Individuals have to make their own decisions and establish a balance that works for them," Sale notes. "What I did wouldn't work for everyone."

Sixteen years ago, when her oldest child was 4 years old, Salo decided she wanted to work half time. She found that Group Health in Tacoma was very willing to offer her a schedule that was accommodating. "Working three days a week gives me time I want with my family," she said. "A typical work day can be 12 hours long. I personally find that working half time is much more humane for everyone involved. I realize I could have more money if I was working full time and perhaps I could be perceived as more successful but the decision I made has worked well for me. When I decided to become a doctor it was never based on having money or prestige."

Salo would like to see more flexibility offered to both men and women physicians. "You see the opportunities more for women," she said, "but I would like to see men pursue the option as well. Of course, I don't know how many men would make the choice to work half time."

As a Group Health employee, Salo has found that women physicians who are employed rather than self-employed might be less likely to get involved in organized medicine. "Membership in professional organizations is important for maintaining a patient base," she offered. "It brings physicians in contact with specialists and other physicians. I think that type of networking is less vital if you are employed by a group and many women are."

She added having an active network locally that offers support for women physicians would be helpful but she admits, "there's not a lot of free time left over in the day."

Patrice Stevenson, MD
Physical Medicine and Rehabilitation
PCMS Trustee

"I've never seen myself as a 'woman physician' just a physician period. Gender has never been an issue. I grew up with parents who encouraged me to be anything I wanted to be. And I can't recall any obstacles that arose along the way because I was female."

When **Dr. Patrice Stevenson** volunteered as a candy striper at Good Samaritan Hospital in ninth grade, it's doubtful she thought at the time she'd still be there today. Even when she was working as a board clerk in the rehabilitation unit during her undergraduate studies, her career aspirations were going a different direction. "At the time I was a history major planning to be a social studies teacher," she recalls. But the area of physical rehabilitation was pulling her and she made the decision to go into the field as a doctor and was accepted to the UW School of Medicine in 1978. "The combination of people and science was appealing to me," she said.

She knew her goal was to return to the Good Samaritan rehabilitation center as a physician. "It was a good center," she said. "I knew there wasn't a better place for me to be." The unit was expanding in the 70s and 80s and through the efforts of founding physicians Drs. Heath and Winkel, the facility doubled in size. The decision was made to hire a third physician and a fourth was needed as well. They held the spot for Stevenson. She's been there 13 years "and I have no plans to leave!"

Stevenson is practicing in a very narrow specialty that includes a higher percentage of women than men. She is one of only 125 "physiatrists" in the state of Washington and was involved in the establishment of the Washington State Physical Rehabilitation Society in 1989. "The only members willing to

See "Stevenson" page 13

Stevenson from page 12

step forward in leadership roles at the time were women," she recalls. She was one of them. "I've always felt I should be involved," she said. It's an excellent way to stay connected, informed and in touch."

That's on top of work and family responsibilities. Stevenson is married, has three young children and has made the decision to remain on the job full time, as well as stay involved in organized medicine. Her husband chose to stay at home with the kids and thanks to his color-coded calendar listing each family member's activities, they are able to keep organized. "You alone determine the amount of time you want to devote," she said. "Personally, I don't think family obligations are a reason not to be involved to some degree."

Stevenson said the statistics indicating women are not as involved in organized medicine as male physicians may be true. One reason, she offered, might be that many women are joining organizations specifically suited to their specialty and are therefore getting involved with women's interest groups via that avenue. Another reason might be money. "Paying multiple dues for local, state and national organizations can be very expensive," she notes. "Younger women coming out of school have financial pressures, they might feel they don't have time to be involved or they might question the benefits of belonging to a professional organization." She doesn't think gender is the issue, however, "While some people might think there's an 'old boys school' that exists on the national level, that isn't evident at all locally," she said, applauding the efforts of the Pierce County Medical Society.

For Stevenson, gender has never been an issue (although she still recalls being the only girl in a high school physics class). "It was not an issue for me in becoming a doctor and it's not something I ever think about when I'm treating patients," she said. Are there issues specifically affecting women in medicine today? "I don't think so," Stevenson said. "In general, all doctors are concerned about the same things - insurance issues, increased paperwork, managed care. We're all dealing with multiple issues that affect our profession. It's not about being a female physician or a male physician."

Virginia Stowell, MD
Surgeon

"All women physicians have to work hard to maintain the status quo. It's very difficult and we run out of time to devote to other activities within organized medicine. It's a tough question... 'Do I want more play time with my daughter or do I attend a meeting?' But balance can be achieved. If you work hard enough toward a goal you can accomplish anything you desire."

"I was always interested in medicine," says **Dr. Virginia Stowell.** "I wanted to do good for people, have an impact and choose a career that would be a life-long challenge. Medicine gives me that."

Being a woman pursuing a traditionally male-dominated specialty wasn't an obstacle for Stowell but there were other issues. "Finances were a concern when I was going to college," she said. "I relied on scholarships and held down a couple of jobs just to get through my undergraduate studies. When it came to medical school, the question was, 'How do I survive?'" The answer for Stowell was to join the army, apply for an army scholarship and fulfill her military obligation.

The decision was a good one for her. "The experience was very rewarding and helped me develop self confidence. I have absolutely no regrets." From her army residency training, Stowell went on to become

the only permanently stationed surgeon in Central and South America. "It was very interesting and challenging," she said. "It certainly made me appreciate being an American."

If the challenges of being a woman in medicine are difficult, what about the issue of being a woman physician in the military? "There are no gender lines," Stowell said. "In the military, we were all green so there really wasn't much of a problem." However, she did find that having a normal family life was difficult, especially when she was attached to a combat support hospital at Fort Bragg during the last 18 months of her service. "I was always on alert, always had my duffle bag packed knowing I could have been shipped out on a moment's notice. That can be very difficult on your private life."

But that changed. While stationed at Madigan Army Hospital, Stowell "fell in love with the Pacific Northwest" and was able to relocate to the area and begin private practice with Cedar Surgical Associates. Stowell says she now feels settled and happy and is relishing a new

See "Stowell" page 14

Stowell from page 13

role in her life - as a parent to a recently adopted baby girl. "I feel blessed. Everything has worked out well for me." Her personal and professional lives mesh well together, she notes. "My family really puts things into perspective. If I've had a hard day in the office, perhaps having to tell someone they have cancer, I can come home to a happy smiling face and realize that life does go on."

Maintaining that balance between work and home can be challenging, though having time left over for additional activities can be hard. Having a better support network for women physicians, Stowell believes, would help. "I think that's something we should work toward in order to offer women an avenue to discuss local issues. Finding the time would be difficult," she notes, "but perhaps meeting one morning a month would be realistic."

The issues women physicians are dealing with are not much different that women in other professions face, Stowell notes. "Women are still trying to make their mark professionally and I do believe that there are instances where women have to work harder and prove themselves more," she said. "How many women CEOs of large corporations do we have in this country? The obstacles for women in medicine might still exist, but I don't believe men are sitting back and saying, 'Let's find a way to keep women out of these roles.' There's no doubt it's going to take time for women to evolve, in medicine as well as in corporate America. It's just going to be a long and gradual process."■

Medical offices vulnerable to glitches of year 2000 computer bug

Someone else's mistake, your problem. Here's a prediction that we would be perfectly happy to be proven wrong about - The medical community can expect some serious technology problems starting at 12 a.m. on January 1, 2000.

The culprit will be the year 2000 computer bug, increasingly known as Y2K, a striking object lesson in not planning ahead. Programmers who expressed years by just the last two digits have left a legacy of software and imbedded computer chips that can't tell the difference between 1900 and 2000. When that happens, systems will crash or go haywire.

All the evidence points to the conclusion that the vast and technologically interdependent health care system is not only especially at risk but is also lagging behind other industries in addressing the problem. Not enough has been done in either the public or private sector to prepare, and there is not enough time to fix it all by that millennial witching hour. Recent testimony before a Senate committee studying Y2K problems underscores that point.

Since Y2K is expected to set a new benchmark for paperwork foul-ups, we'll start there. For the Health Care Financing Administration, Y2K is a matter of checking 49 million lines of its own and its contractors' computer code -- only a fraction has been done -- as well as other problems. If not fixed, "enrollment systems might not function, beneficiaries could be denied services because providers may not be able to confirm eligibility and providers could have cash flow problems because of delayed payments" -- HCFA's words, not ours. Even less is known about private-sector health plans and networks.

More ominously, the FDA is finding out that many computerized medical devices manufacturers aren't willing to say if their products are compliant. At mid-year, less than a fifth of the roughly 2,700 manufacturers of devices that likely could have a Y2K problem had responded to FDA queries (the FDA's Y2K website is **http://www.fda.gov/cdrh/yr2000/year2000.html).** Liability fears appear to be a major factor in their reticence (you may well find yourself stonewalled when you ask about your own office computers, software and equipment). At its worst, Y2K could even be fatal. A British government survey reportedly estimated that Y2K problems could be a factor in the deaths of up to 1500 people in that country.

The AMA is working to warn and inform the government and the profession. It has testified before Congress about the issues both in terms of clinical ramifications and in the equally complex area of payment and administrative systems. HCFA has made some positive adjustments as well as some ominous changes, such as delaying year 2000 Medicare payment updates.

The AMA also has created a Y2K seminar program as well as a special website to offer help **(http://www.ama-assn.org/not-mo/y2k/index.htm).** At AMNews, we're posting our most recent Y2K coverage on the web and will add stories as they appear **(http://www.ama-assn.org/sci-pubs/amnews/pick_98/y2k98.htm).** Physicians need that help. One survey has

See "Y2000" page 16

Pierce County Medical Society

invites you and your spouse/guest to the

October General Membership Meeting

Tuesday, October 13, 1998
Social Hour - 6:00 pm
Dinner - 6:45 pm
Program - 7:45 pm

Landmark Convention Center
Temple Theatre Roof Garden
47 St. Helens Ave
Tacoma

Directions: From I-5 north or south exit onto I-705 (City Center Exit) and take Schuster Parkway to Stadium Way. Turn right on Stadium Way, take the first left on to 4th Ave and go up the hill 2 blocks to St. Helens. Turn right, go about 2 blocks and the Landmark will be on the right.

"Mountain Altitude Sickness"

featuring:

Ian Wedmore, M.D.

Emergency Medicine

Madigan Army Medical Center

(Registration required by October 9. Return this form to: PCMS, 223 Tacoma Ave S, Tacoma 98402; FAX to 572-2470 or call 572-3667)

Please reserve _____ dinner(s) at $20 per person (tax and tip included)

Enclosed is my check for $ _____ or my credit card # is _____

☐ Visa ☐ Master Card Expiration Date _____ Signature _____

I will be bringing my spouse or a guest. Name for name tag: _____

Signed: _____ Thank you!

Y2000 *from page 14*

found that 9 of 10 doctors are simply not in touch with their own Y2K risk.

Make Y2K awareness a part of your professional life now. A rough time could be right around the corner. If changes aren't as bad as we think, then there'll be one more good reason to pop open that bottle of New Year's champagne. One way or the other, we'll all find out in fewer than 17 months.■

From AMA, AMNews, August, 1998

The Invisible Hand.....

"Medical Necessity"

Andrew N. Statson, MD

"Necessity is the argument of tyrants, it is the creed of slaves."

William Pitt the Younger (1783)

by Andrew N. Statson, MD

"How important is a pap test?" asked the young woman in my office. She was a working girl on a limited budget and had not seen a physician for several years. I offered to get a pap test during her examination. I would not charge for it but she would get a bill from the lab for eight dollars. Her question startled me so I answered with another question, "How important is it to live?" "Not very," she responded. Obviously the information she could expect from the pap test was less important to her than other things she could do with eight dollars.

Recently the News Tribune had several articles on the subject of Viagra, insurance coverage and medical necessity. As various plans are establishing their policy on this drug the issue of medical necessity has come to the fore. The military health service estimates its annual cost of Viagra will be 100 million dollars. They are considering a co-pay and have limited the benefit to six doses a month. What they are saying in fact is that Viagra is a treatment for a medical condition up to six doses a month and meets the requirements for medical necessity. Beyond that it becomes a recreational drug and will not be covered. This decision is about as arbitrary as can be and highlights the problems with the issue of medical necessity in general.

Over the years various procedures have appeared on the list of "unnecessary." At one time appendectomies were under fire. In the early years of the MRI there was much noise about these expensive toys we had with which to play doctor. There was a "certificate of need" for scanners. Whether such measures really reduced health care costs is questionable. Patients who were denied MRI scans had to use less accurate technology and perhaps required longer admissions for observation, more exploratory surgical procedures, or delayed treatment because of inaccurate diagnosis. These restrictions probably delayed the development of the technology and increased its cost.

"The best out there is that medical necessity is whatever the reviewer of the case says it is. I have heard attorneys discuss a point of law and finally say the law is what the judge says it is. Medical necessity is something like that.

During the early 1970's, the indications for hysterectomy and cesarean section were greatly expanded. While cesarean sections were previously done primarily for maternal indications the new stress on results put fetal indications in the forefront. Quality of life became an important issue and a valid indication for hysterectomy. Prior to that we had the rule of three and the rule of 120. The rule of three meant that women needed to have three D&C's because of bleeding before they became eligible for hysterectomy. The rule of 120 required that the age of a woman multiplied by the number of children she had equaled at least 120 before she could have a hysterectomy for prolapse, pain or other reason. Such rules would have been hilarious had they not condemned women to years of suffering.

Most women who went to the operating room knew exactly what they wanted and had no reservations about it. One patient stands out in my mind. She came to my office with the complaint of menorrhagia and dysmenorrhea. After the examination we talked about the options. She had tried birth control pills and did not like them. Aspirin bothered her stomach and made her bleed more. What about a D&C? "Is it really going to help, doctor?" Maybe, maybe not. The only other option left is a hysterectomy. "Whatever you say, doctor."

At its annual meetings ACOG had a program called "The Great De-

See "Necessity" page 18

Necessity from page 17

bate." One year the topic was "Is sterilization a valid indication for hysterectomy?" The fellowship was divided on the issue. I think most of us would have liked to see some other problem in addition before proceeding to hysterectomy, but the option was available to the patients.

Such a change was bound to bring about some opposition and articles about unnecessary hysterectomies appeared in the magazine. Occasionally a patient would ask: "Is this operation really necessary?" My pat answer was no operation is really necessary. Indeed until the 19th century we hardly did any. Somehow humanity managed to survive. We like to think most operations are beneficial, even though a few may be detrimental. That can be said of all methods of treatment. Frequently we wouldn't know until afterwards whether a treatment helped.

What is medical necessity? I have not been able to find a straightforward definition. I suspect Medicare and the various insurance companies must have tried to write one and could not do it. The best out there is that medical necessity is whatever the reviewer of the case says it is. I have heard attorneys discuss a point of law and finally say the law is what the judge says it is. Medical necessity is something like that.

As a general concept necessity, or the lack of it, is abstract. The question my patient asked is much more relevant. How important is it? Now we can list the options and let the patients rank them in order of importance. They have to make the final decision because they'll have to live with the consequences. A patient who had twins told me she was planning to deliver by cesarean section. She wanted her babies to have the easiest delivery possible. She was going to be the trouper, she said. Perhaps in her situation a section was not "necessary" but it certainly was very important. I don't know what the incremental risk to the babies would be were they to deliver vaginally, perhaps one in a thousand, perhaps one in ten thousand. Would you let your child cross the street if the risk of being hit by a car and killed were one in a thousand? One in ten thousand? How important is it to cross the street? Is it necessary? If so, do risk and cost matter?

By definition necessity is fixed for a set of conditions. Importance varies from patient to patient, from day to day. Patients with similar findings and even similar complaints can have an attitude towards their problem from total indifference, to minor bother, to major discomfort, to I want something done about this right now. I don't know what is the medical necessity of a treatment for a certain set of signs and symptoms. I always know what is important because the patients tell me.

Patients who submit to the necessity decisions of their insurance plans become enslaved to a certain degree. Americans, however, don't play the role of slaves very well. They know how to cut tyrants down to size.■

In My Opinion .....

Nichol T. Iverson, MD

"Your Business is Important to Us"

by Nichol Iverson, MD, FACP; Half Norwegian Puyallup Internist

Having just pored through my 3717th insurance formulary, my mind is abuzz with the prospects of developing the Uff Dah insurance company, owned only by those of Norwegian descent. Being Norwegian has its benefits, as we are so stupid that we do not recognize the benefits of lying to the public without any guilt feelings. Rather than no coverage for Viagra, we will have rebates! Creation of patient information packets will be easy, as there are already 67,007 companies each with its own formulary committee and legions of frustrated English majors generating identical information for each company.

Plagiarism will serve us well. We can find any idiot to be CEO, provided we offer ten million dollars and no risk to him or her. The rest of the company will be selected from those who have scored well below the lowest score possible on the SAT test, and retired civil service workers.

The real success of this company, however, will be to develop an automated telephone referral system through which patients must pass to do anything. An office call, routine immunizations or other primary care type service will require patients to obtain a requisition number from the central data bank to schedule appointments in a few weeks if they are lucky. Referral to specialists will require two PCPs (phencyclidines) to agree to allow patients to call the Uff Dah terminal hold referral line. There patients will listen to "please hold, your business is important to us" while listening to the most obnoxious music available on the planet. Unbeknownst to callers, there will be no people at all! Computers will send callers from one mail box to another in an endless and hopeless maze that will drive them crazy. As their frustration and anger grows, they may eventually find on page 1776 of their insurance manual that they go to the nearest Last Resort After Hours Clinic, overlooking Dire Straits, located on the one way Dead End street. There they will be treated only after accessing their 57 digit personal patient identification number and having their retina scanned by laser beams to see if they match the one they were supposed to get if they followed the directions on page 1777 of their insurance manual. Too bad, honey. You gotta pay money. Talk about a low overhead insurance company! Physician PM-PM (acronym for "nighty night") reimbursement will be the highest on the market.

This scam will never work for long you cynics are saying. But by the time patients find out that there are insurance systems worse than most of the ones they are currently using, the dumb Norwegians will all be in Oslo starting up the Uff Dah desiccated ice cube company. They will be living off their multimillion dollar CEO salaries and bonuses they picked up before the company was bought out by our existing HMOs, eager to incorporate this new "virtual insurance" technology into their own bureaucratic jungle■

Applicants for membership

Baker, Bruce K., DO
Family Practice
Practices at 19820 Hwy 410, #101, Bonney Lake 98390; 862-5285
Medical School: College of Osteopathic Medicine of the Pacific Internship: Madigan Army Med Ctr
Residency: Madigan Army Med Ctr

Cammarano, Clare L., MD Obstetrics/Gynecology
Practices at 314 MLK Jr Way, Tacoma 98405; 272-5572
Medical School: Georgetown University School of Medicine Residency: University of California, San Francisco

Dowd, Michael T., MD
Radiology
Practices at 3402 S 18th St, Tacoma 98405; 383-1099
Medical School: Univ of Chicago
Internship: Swedish Medical Center
Residency: Univ of Washington
Fellowship: Univ of Washington

Eidt, David W., MD
Family Practice
Practices with Multicare Health System; 596-5116
Medical School: Univ of Michigan
Internship: Menorah Medical Center
Residency: Martin Army Hospital

Elam, Erik A., MD
Radiology
Practices at 3402 S 18th St, Tacoma 98405; 383-1099
Medical School: Loyola Stritch School of Medicine
Internship: Sinai Hospital of Baltimore
Residency: University of Arizona
Fellowship: University of California San Francisco

Lauer, Eric C., PA-C
Family Practice
Practices at 3921 Alameda Ave W, Fircrest 98466; 564-7701
Medical School: University of North Dakota

Logerfo, Peter E., MD
Family Practice
Practices at 16515 Meridian Ave E, #104A, Puyallup 98375; 840-1859
Medical School: University of Washington
Internship: University of Arizona
Residency: University of Arizona

Louie, Jeannie, MD
Radiation Oncology
Practices at 1003 S 5th St, Box Q1-RADT, Tacoma 98405; 552-4994
Medical School: Oregon Health Sciences University
Residency: Univ of California-Davis
Residency: Univ of Washington

Luber, Jr., John M., MD
Cardiothoracic Surgery
Practices at 1802 S Yakima, #102, Tacoma 98405; 272-7777
Medical School: Tulane University School of Medicine
Internship: Oregon Health Sciences University
Residency: Oregon Health Sciences University
Fellowship: Children's Hospital-Boston
Fellowship: Cleveland Clinic Foundation

Tran, Khai A., MD
Radiology
Practices at 3402 S 18th St., Tacoma 98405; 383-1099
Medical School: Dartmouth Medical School
Internship: Hitchcock Med Ctr
Residency: Univ of Washington
Fellowship: Brigham & Women's Hospitals ■

COLLEGE OF MEDICAL EDUCATION

Primary Care CME Program November 13

The registration brochure for the very popular Common Office Problems CME course designed for primary care physicians will be mailed soon.

The topics are set for the course which is scheduled for November 13, 1998 and planned for a space at St. Joseph Medical Center (possibly the new meeting space on the first floor).

The program is once again directed by **Mark Craddock, MD** and will offer 6 Category I CME credits. This year's course will cover:

- Diagnosis and Treatment of Impotency
- Contraceptive Choices for the New Millennium
- Ophthalmology: The Alphabet Soup
- Management of Chronic Pain
- Clinically Significant Drug Interactions
- Treatment of Chronic Foot & Ankle Problems
- Hepatitis C
- Depression, Anxiety, Bipolar...in Children
- Management of Congestive Heart Failure ■

ID Update CME set October 16, requires early arrival at program

The annual Infectious Diseases Update CME is set for Friday, October 16, 1998 and will be held this year at the Washington State History Museum.

This year's program will feature the use of an Audience Response System which is designed to link the speaker and the audience. Accordingly, participants are urged to arrive on time to become acquainted with its operating procedures.

This year's program includes the following subjects:

- Emerging Infections
- Rabies and other Zoonoses
- The ABC's of Hepatitis
- The End of Antibiotics
- Immunizations for Adults
- Central Nervous System Infections ■

Dates	Program	Director(s)
Friday, October 16	Infectious Diseases Update	Alan Tice, MD
Friday, November 13	Common Office Problems	Mark Craddock, MD
Friday, December 4	Medicine & Mental Health: Depression, Anxiety, Dementia.....	David Law, MD
Friday, January 22	Cardiology for Primary Care	Marilyn Pattison, MD
Wednesday-Sunday January 27-31	CME at Whistler	John Jiganti, MD
Friday, February 26	Review of HIV Infections	Alan Tice, MD
Thursday-Saturday March (TBA)	CME & Mariners Spring Training	Richard Hawkins, MD
Thursday-Friday March 11 - 12	Internal Medicine Review	Surinderjit Singh, MD
Friday, April 23	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Saturday, May 15	Surgery Update 1999	David Magelssen, MD
Friday, May 21	Law & Medicine	Joseph Just, JD Nicholas Rajacich, MD

1998 Physician Directory changes

Aaronson, Barry, MD
Change address to:
315 MLK Jr. Way
MS A5-NADS
PO Box 5299, Tacoma 98415-0299
Cell voicemail/pager: 905-5945

Kirkegaard, Lance, MD
Delete address: Puget Sound Medical Research

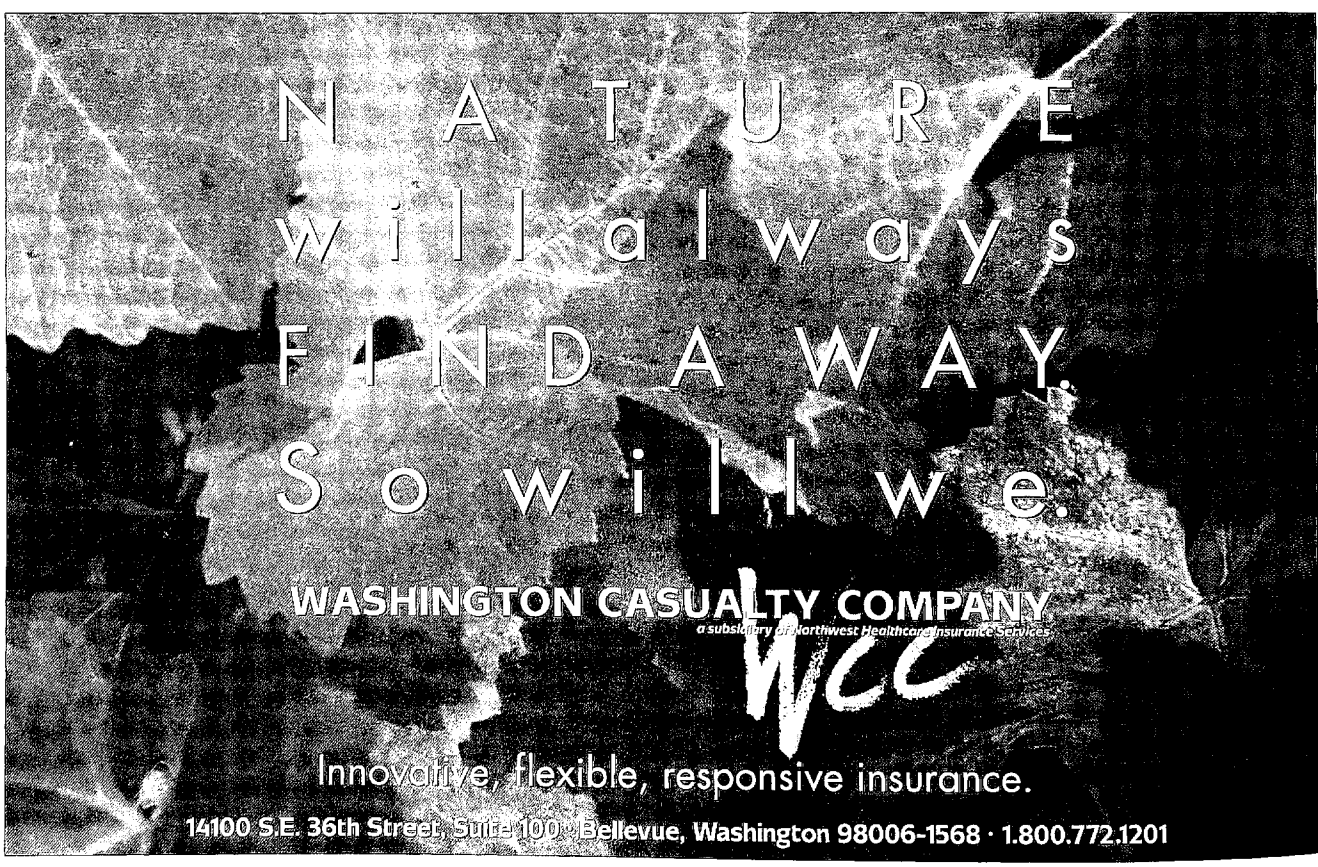
Kirkwood, Kenneth, MD
Change address to:
2624 S 38th St, Tacoma 98409
phone: 475-5908
fax: 475-5958

Sarram, Mahmood, MD
Change status to: Retired 7/31/98 ■

Minnesota Center Against Violence & Abuse

http://www.umn.edu/mincava

The Minnesota Center Against Violence & Abuse, University of Minnesota, St. Paul, is one of the most useful Web sources for information about domestic violence, child abuse, elder abuse, same-sex abuse, human rights abuse, violence in the workplace, men's issues, school violence, violence in the religious community, media violence, and teen and gang violence. It includes extensive bibliographies, course curricula and training resources, news groups and discussion lists, legal reports, scholarly papers, funding agencies and written exercises with links to many of these sites.■



POSITIONS AVAILABLE

Tacoma/Pierce County Outpatient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, MD (253) 752-9669 or Paul Doty, Clinic Manager (Allen, Nelson Turner & Associates), (253) 383-4351.

Rheumatology. Group Health Permanente is currently seeking a full-time rheumatologist for our Seattle facility. Opportunities exist for teaching and research. Join a dynamic, physician-managed organization in one of the most desirable areas of the country. For further information, call 800-543-9323 or fax CV and cover letter to (206) 448-6191.

Wanted-Clinic Nurse Coordinator. The Neighborhood Clinic is looking for a Clinic Coordinator with some outpatient experience to work approximately 15 hours per week. The Clinic is a free outpatient clinic that has been providing care for the medically indigent in the area for over 15 years. Located in the old St. Leo's School we are open Monday and Thursday evenings. We have nursing and provider volunteers, but have a paying position for a motivated RN, LPN, or MA. Please send your resume to The Neighborhood Clinic, 1323 S. Yakima, Tacoma, WA 98405 (or you can call **John Van Buskirk** at 552-2933).

BE/BC internist needed for multispecialty clinic in Renton/Kent area. Great opportunity for ambitious physician to join very successful physician-owned group. Please forward C.V. to: Don Robertson, Valley Internal Medicine, 4011 Talbot Rd S, #500, Renton, WA 98055. Fax (425) 271-2561.

General Physicians and Internists: Salary range from $77,256 to $103,884. Western State Hospital is a fully accredited (JCAHO) and certified (HCFA) 1002 bed hospital serving adult, geriatric and forensic populations. The hospital is associated with the University of Washington. Western currently has a physicians' staff of 54 including 36 psychiatrists and 13 other nonpsychiatric physicians. Excellent benefits, including hospitalization/medical insurance, retirement, vacation estimated equivalence at 30%, plus optional deferred income plan. Send CV to Jerry Dennis, MD; CEO; Western State Hospital; 9601 Steilacoom Blvd. SW; Tacoma, WA 98498-7213.

OFFICE SPACE

1400 square feet, Allenmore Medical Center. Already furnished with x-ray and office furniture. Ready to move in for orthopedic surgeon or family practice. Call Dr. Lee Dorey (253) 536-9967.

Lakewood, medical space available 11/01/98. Two suites 750 square feet each. One suite 2900 square feet. MultiCare Urgent Care leaving space which has been occupied by an urgent care facility since 1980. Building is a medical-dental facility next to Albertsons. 8509 Steilacoom Blvd. Call Dr. Ken Ring at 584-6200 or 582-5856.

GENERAL

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Medical Transcription and Writing. Exceptional background and credentials for most specialties. Prompt and perfect. Free pick-up and delivery. Medical Writing Services. 253-925-3276.

Puyallup, WA: Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 10 hour shifts. Clinic hours are 12 noon to 9:30 pm Monday-Friday, 10:00 am - 7:30 pm Saturday, Sunday and holidays, outpatient only. $50/hr, benefits available. Send letter of introduction and CV to Urgent Care Center Application, Good Samaritan Community Healthcare, Attn: Kathy Guy, PO Box 1247, Puyallup, WA 98371-0192.

Pierce County Medical Society
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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

October, 1998

Read before you sign

See page 3

Inside:

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

October 1998

Features

Departments

News briefs

Insurance Commissioner Senn talks with PCMS membership

Members question Regence contract, role of insurance carriers in the practice of medicine

by Jean Borst

Insurance Commissioner Deborah Senn came before PCMS members at the September 8 general meeting to talk about her office's health care-related activities and address questions and concerns from Pierce County physicians. She did just that. And as a result, Senn has now joined with WSMA leadership in a heated debate over the new Regence contract.

While the contract was one of several issues raised at the meeting, it was no doubt a point of great concern among PCMS members, and Senn voiced assurance that she would look into the matter and respond. Just over a week later, on September 17, Senn and the WSMA held a press conference to announce their dissatisfaction with the contract. WSMA Executive Director Tom Curry said the group has identified 23 questionable issues. Of central concern are sections of the contract that state Regence has final authority to make medical decisions for the patient, and Regence must approve the explanations doctors could give consumers if the physicians terminated their contract with the insurer. There are also concerns regarding language in the contract that may change the timing of payments to doctors and about the dispute-resolution process doctors use when they have problems with Regence. Additionally, Senn noted, language in the contract indicated that Regence is not subject to the insurance code. "That's wrong," she told members, "and we're rectifying that immediately."

While Regence representatives insist the medical decision making will be left to the doctors, physicians are wary and Senn's office is concerned. As it stands, Regence has agreed to suspend the contract it has on the table until September 30 while Senn reviews the language of the contract for possible violations of state insurance regulations and attempts to resolve disputed terms. While the OIC has the authority to approve or reject health care service contracts, it cannot strike specific items from a contract unless they violate laws. Regence Associate Medical Director Donald Storey has stated that the company will work with Senn to make any necessary changes and will settle the concerns physicians might have. Regence has more than 1.1 million policy holders in the state. The new contract would affect up to 12,000 doctors in Washington. It is due to take effect July 1999.

PCMS members are worried, frustrated and fed up and shared their concerns with Senn at the PCMS meeting. "There is a sense of a police state with this contract," one physician said, adding, "Regence is saying, 'Sign this or you lose 25% of your patient base. Sign this or you can't practice.' And we have no recourse. These are strong-arm tactics."

From another physician, "Most of us are just trying to practice medicine and bill honestly. Under a contract such as this, we live in fear that someone will come in and review

See "Senn" page 7

Deborah Senn, address a concern of Jeff Nacht, MD after the program

Drs. Vita Pliskow and Robert Wright speak with John Coniff, (left) Deputy Insurance Commissioner, Managed Health Care

Jonathan Hurst, MD, left, and Dr. and Mrs. Tim Schubert visit before the meeting

PCMS members lobby for HIV named reporting

New HIV reporting law will go into effect January 1, 1999

With the support of many PCMS members such as **Drs. Peter Marsh,** WSMA President, **James M. Wilson, Jr.,** PCMS President, **Alan Tice** and **Dave Sparling, Dr. Federico Cruz-Uribe** convinced the Tacoma-Pierce County Board of Health to become the first county in the state of Washington to require physicians to report HIV infected persons by name. The Board of Health voted 5-1 to pass the plan that was opposed by the Pierce County AIDS Foundation and other AIDS organizations.

A major concern of opponents was the issue of confidentiality while the major concern of proponents was public health. The plan will "protect at-risk sexual partners and track disease," said Dr. Peter Marsh at a preliminary hearing before the Board of Health meeting. And, added Dr. David Sparling, Board of Health member, "we have confidence in the Health Department in confidentiality issues" addressing the opponents' concerns.

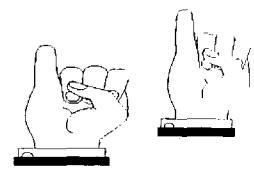
The Board took almost three hours to finalize the specifics of the plan, which included guaranteeing at least one site in Pierce County where people can be tested anonymously. They also opted to exclude from the reporting requirement the names of HIV-positive people who had been diagnosed before the regulation is adopted. PCMS President Dr. James Wilson was busy during the three hour meeting answering many questions and helping with specific reporting practices and procedures in physician offices.

The new HIV law will go into effect January 1, 1999 and will require doctors, laboratories and insurers to report the names of HIV infected people to the health department within seven days of the diagnosis. Patients will then be required to disclose their sexual and needle-sharing partners to the health department confidentially so the health department staff can contact their partners. All information will be kept confidential. ■

PCMS offers Interpreter Program

PCMS has organized a program for physicians and their staff on the Washington State Medicaid Interpreter Program. It will be held on Wednesday, October 21 from 9:00 a.m. to 11:30 a.m. at Jackson Hall auditorium.

The presenter will be Martha Wagner of the Medical Assistance Administration(MMA), a division of DSHS of Washington State. DSHS is the state agency which administers the Medicaid program. Ms. Wagner's agenda will include federal and state interpreter assistance requirements, when do I need to have an interpreter, where do I find one and who pays them, MAA interpreter services program history and budget constraints and benefits of interpreter services. Medical provider and interpreter rights and responsibilities will also be covered.



Cost to attend is $20 for PCMS members and their staff or $40 for non-members. For registration information you may call 572-3709. ■

Board of Health seeks input on revision of Notifiable Conditions Reporting

The Washington State Department of Health (DOH) is revising its notifiable conditions list for diseases and is seeking input from the medical community. The DOH believes it important that notifiable conditions undergo periodic revision as the scope of public health practice is expanding to include new infectious diseases, many noninfectious disease processes, injuries and violence. In addition, the epidemiology of specific conditions and available public health interventions are changing.

In 1997 the DOH began a comprehensive evaluation and revision of the notifiable conditions regulation. As an initial step, a diverse work group used a set of 12 criteria to prioritize conditions for reporting. The group developed a draft list of notifiable conditions and also identified conditions to be deleted form the current list.

Over the next eight to ten months, DOH plans to discuss the draft list with stakeholders to obtain input about feasibility, acceptability, cost, and usefulness of the data and to get ideas about implementation. Until that time, the health care provider should continue reporting diseases as currently required by WAC 246-100. To obtain more general information about the project you may contact Greg Smith, 360-236-3704, visit the Notifiable Conditions Revision web site at http://www.doh.wa.gov/OS/Policy/nc.htm, or call PCMS and a copy of the full proposal will be faxed to you on request.■

Trustees support EMS Committee resolution

"The Pierce County Medical Society Board of Trustees strongly reaffirm the ethical and time-honored practice of response by specialty practitioners to support emergency care at hospitals at which they have privileges.

Further, that the Medical Society remind all physicians of their responsibility to serve the community in which they live and practice by sharing the responsibilities of care in areas in which they have expertise and which they earn their living.

Further, that withholding care, which they can best render, fails in moral and ethical duty to their community."

The above resolution was passed unanimously by the PCMS Board of Trustees at its September 1 meeting. The Emergency Medical Standards Committee presented the resolution to the Board, which has been greatly concerned with certain specialties not responding to calls from the emergency rooms when on call. The Committee was not addressing just trauma call, but everyday operations.

The emergency room physician is left making many calls and wasting valuable time and of major concern is the patient's welfare. As stated by a board member, "This is what medicine is all about. This is why we went into medicine, we realized then that we would be on call and have our sleep interrupted at times."

Some specialists contend that they have not kept abreast of the latest techniques and it is best to transfer the patient to Seattle. In many situations the patient cannot be transferred or the hospital will be charged with "dumping." Some specialists no longer have or need hospital privileges and will not participate in an on-call schedule. It was stated that the hospitals need to work together to bring a system into being so there is equitability in the process.

On January 1, 1999 the Level II designed trauma center for Tacoma will become a reality. This issue of not taking ER or trauma call will need to be resolved or the potential for failure will be greatly increased.■

Pierce County Hospitals continue to support organ donation

With over 60 people in Pierce County and over 60,000 nationwide on the transplant waiting list, the need for organ donation continues to grow. Physicians are encouraged to follow their hospital policy for referring potential organ donors-patients who have suffered a serious brain injury and may become brain dead - before withdrawing support. This allows the organ recovery agency, LifeCenter Northwest, to evaluate the potential for donation and coordinate with hospital staff to offer the option of donation to the patient's family. Since January 1998, 4 organ donors have been identified and recovered in Pierce County hospitals, saving the lives of 12 people with end stage organ failure. Many more tissue and eye donors have given the gift of sight and increased quality of life to patients here in Pierce County.■

In Memorium

Marcel Malden, MD

With the sad passing of **Dr. Marcel Malden** on July 16 little known details of his personal life emerge as a fascinating addition to one's rich personal memories during a 40 year association.

His remarkable odyssey started during the turbulent and terrible years of the second world war. With both his parents physicians and surgeons and his father a cavalry officer with the Polish army, it was first the Germans he escaped and then it was the Russians who interned him in Siberia. His determination and intelligence were shown not only by his early school records but by his travels across the Soviet Union to Tehran, to Baghdad and finally it was in Cairo that he joined the British Eighth Army under General Anders. His astonishing ability to survive stayed with him in the fighting up Italy as far as the bloody campaign at Cassion where, attempting to remove German land mines an explosion seriously wounded his left shoulder. Having been taken to England for successful treatment he managed to enter British medical schools particularly the University of Sheffield where his neurological training was followed by immigration to the United States. With the cooperation of his wife, Jean, he had translated Russian papers in order to finance the journey for his family to our practice in Tacoma.

The passion for life shown by this tough and resourceful man provided him with continuing success in his new surroundings. Traditional values in addition to the facilities offered by a new and vigorous medical community promised a rewarding medical practice. In the partnership climate of neurosurgery and neurology his fascination with clinical medicine and the people it involved was obvious. One was also aware that his clinical and teaching skills were no less than his readiness to go anywhere to those who needed his services. He enjoyed people enormously. His associations with the University of Washington, the legal profession and his enthusiasm and success for teaching always testified to that. His many personal relationships were also enhanced by his strong and unusual sense of humor. Smiles and frequent chuckles were as much part of him as was concern for the welfare of others. Thus instead of "Christmas Disease" being presented one December as a blood disorder he described all the stress, tribulations and anxieties that beset so many people at that time of year. His later concerns for the chronically disabled and his management of the Pain Clinic at St. Joseph Medical Center were a logical addition to his love of clinical medicine.

As much as he enjoyed the solitude of the wilderness he frequently drove in a whole procession of jeeps during his exploits in Utah. He excelled in photography, successfully studied short-wave radio and even rocketry in addition to the less esoteric pastimes of skiing and boating.

The irony of trauma producing three months of paralysis and fluctuating consciousness could not have been lost on him. On my last visit to the nursing home, Mike, one of his nurses, told me how much he enjoyed looking after this patient. He recalled that as he attended to him he was told, "Mike, I shall never forget you." Reflections of Marcel's multi-talented father are seen in his sons, Nicholas, an industrialist and Nigel, an attorney. This must satisfy him as would Napoleon's words that "there is no immortality but the memory that is left in the minds of men."

Stevens Dimant, MD

Insurance Commissioner Sean talks with PCMS membership (cont)

our files and possible place huge fines on us or send us to jail. It might be easier for me to say 'Forget it,' and leave medicine altogether."

Another member added, "It may take weeks or months for a patient to get in to see a specialist. When they finally get in the door and the physicians wants to do a procedure, the doctor has to go through a preauthorization process, spend a great deal of time on that with no compensation."

When asked for advice in dealing with the Regence issue, Senn said, "The Office of the Insurance Commissioner is here to serve the public...you and your patient." Needless to say, physicians in Pierce County and around the state will be watching the developments closely.

The Role of the Insurance Commissioner

The Insurance Commissioner's Office has responsibility for all insurance business in Washington under the authority granted by the insurance laws of the state. The office was created by the first state legislature in 1889-1890 with the office first administered as an adjunct of the duties of the Secretary of State. In 1907 it became an independent state office with the first insurance commissioner elected in 1908. Deborah Senn, elected in 1992, is the first woman to hold the position.

The Insurance Commissioner and Health Care

In regards to health insurance, Senn noted, managed care and access to care are the major issues her office is dealing with at present.

"Physicians are beginning to feel the pressure of managed care," she said, "and our office is hearing many comments, complaints and scenarios." For example: a group of 125 emergency room physicians from King and Snohomish counties asked to meet with Senn's staff because they were having so much trouble getting their care covered by insurance carriers. In one instance, the staff had saved the life of a "Jane Doe" brought into the emergency room unconscious. The claim was filed and denied because there was no prior authorization.

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A major King County hospital contacted the Insurance Commissioner's office because it can no longer get oral surgeons on call during the night because referrals were being routinely denied by carriers and reimbursements were not made.

A deputy in Senn's office was slated to have an operation, obtained prior approval, had the operation and then the insurance carrier wouldn't pay the claim.

Senn's own cousin, a urologist practicing in another state, has an ultrasound machine in his office. An insurance carrier came into the office, asked to see 10 files, reviewed them and determined that 40 ultrasound procedures were unnecessary. The doctor was asked to reimburse the carrier $123,000. Senn noted that she has recently heard similar stories out of Washington state.

"I cannot tell you how concerned we are and how sympathetic we feel," Senn said. "You became physicians to practice medicine. Not to be accountants, lawyers, advocates or claims collectors."

So what specifically is the office doing to represent physicians? "As much as we can in the context of what we can do in Olympia within the parameters of the legislature," Senn explained. Specifically she noted the office is currently focusing on network adequacy, grievance procedures, provider payment and the issue of revocation of prior authorization.

Network Adequacy: The office is currently looking at a number of cases around the state and are seeing two notable problems: networks with an inadequate number of physicians or networks that are not functioning adequately. The office is working to identify and rectify the problems.

Grievance procedures: Senn's office is working to establish an internal grievance process for patients turned down by carriers for treatment that would be fair to the patient and the doctor. In addition, Senn's office is setting a standard that carriers must have solid reasons for denying treatment. "It is not our desire to get involved in the medical decision-making process," she explained. "It is our desire to create a process so that you, the physicians and your patient can be treated fairly and speedily." Senn added that many states have passed laws in which there is an external

See "Senn" page 9

John McCloskey, MD talks to Rotary

John McCloskey, MD, Director, Pediatric Cardiology addressed the Downtown Rotary 8 Club in September giving the nearly 400 Rotarians a great history of Mary Bridge Children's Hospital and the growth of the pediatric cardiology unit.

He related how in 1954 pediatric surgeon **Tom Murphy** and a young pediatrician named **George Tanbara** performed the first cardiac catherization in Washington. McCloskey noted that on February 5, 1998 the first open heart surgery was done at Mary Bridge.

The cardiac unit had anticipated doing about 100 surgeries the first year. To date, 71 cardiac surgeries have been accomplished without any fatalities and they now project about 120 surgeries for the first year.

Dr. McCloskey thanked the community and Rotary for their tremendous support of Mary Bridge through participation in the Festival of Trees and the Courage Classic.■

Marilyn Pattison, MD selected for regional training session on end of life issues

Marilyn Pattison, MD has been selected to participate in a regional training session on end-of-life issues November 13-15 in Boston. The American Medical Association (AMA) and its Institute for Ethics recently began implementing a comprehensive, long-term initiative to educate the nation's physicians on how to better care for dying patients. The initiative, the EPEC Project (Education for Physicians on End-of-Life-Care) is a national train-the-trainer program funded in part by the Robert Wood Johnson Foundation. The EPEC curriculum will address topics such as advance care planning, delivering news of a life-threatening diagnosis, patient assessment in end of life care, responding to requests for physician-assisted suicide, and others.

Dr. Pattison was selected via a specialized application process which included submitting a description of a proposed plan for using the EPEC curriculum. She is well known in our local community for her tireless work on ethics and end of life issues. She has been a PCMS Trustee for the past three years.■

Insurance Commissioner Senn talks with PCMS membership (cont)

review body to review grievances and that she expects that type of legislation to be introduced in Olympia this session.

Provider Payment: "There will be legislation dealing with the time limit on provider payment," Senn told the audience. "We are going to adopt rules over the next several months that will require carriers to layout specific parameters for payment." Senn cited the current Regence contract which apparently says the carrier will try to pay within 30 days...maybe.

"There are no issues that will be raised in this legislative session about whether or not HMOs are liable for negligence, which is a major issue nationally, as well," she added.

Other Concerns from PCMS Members

With the announcement the same day as Senn's appearance that Regence is purchasing Sister of Providence Health System, Senn was asked about the ramifications of the purchase. "We are currently looking at Regence to determine if Providence subscribers will be getting comparable coverage and that physicians and networks are adequately available to subscribers," Senn explained. The buyout, which will effect 75,000 individuals, is scheduled to go into effect January 1, 1999 if all goes as planned. "While it looks as if the deal will go through, our office still needs to complete its investigation," she said.

Senn noted that there is a tremendous amount of merger and acquisition activity in the marketplace, pointing out that Regence is not only consolidating in our state but has also associated with BlueCross of Oregon, BlueShield of Idaho, BlueCross of Utah and is also looking at Montana.

"When health care reform passed, economists told us the market was going to shake out and we were going to see a lot less carriers," she said. "When it was repealed in 1995, the market continued doing the same thing. The question is, 'How much control do we have over it?' Not a great deal. The Holding Company Act in the State of Washington does allow the Commissioner to have approval over the acquisitions and mergers involving out-of-state companies, and we're particularly concerned with out-of-state companies coming in and taking over smaller Washington companies. Our hands are somewhat tied, though, but to the extent we can, we take a very close look at and scrutinize what is happening."

Insurance Carriers and Treatment Decisions

A primary concern expressed at the PCMS meeting was the issue of insurance carriers roles in determining patient care. In short, at what point is the carrier interfering with the patient's ability to obtain care? **"I strongly believe, and have believed since I first took office, that doctors should make the decisions about health care with their patients," Senn said.** "The decision should not be made by those who are economically invested. I am very concerned with and opposed to interference by the carrier in the doctor/patient relationship. We have to find a way to contain health care costs without affecting the quality of care."

An Invitation to Work Together

Senn stressed throughout the evening that her office intends to do all it can to represent physicians and their patients and invited PCMS members to join with her in

See "Senn" page 12

Did you hear the one about.....?

While no one disputes the seriousness of the medical insurance issue, Insurance Commissioner Deborah Senn succeeded in lightening up the issue briefly with some "managed care humor."

Q. *What's the difference between an HMO, a PPO, a PSO and the PLO?*

A. The PLO will negotiate with you.

Q. *I just joined a managed care plan and my primary doctor says she can do a heart transplant in her office. Is that true?*

A. No, but if all you're risking is a $10 co-pay, why not give her a shot at it?

Q. *I just joined an HMO - how difficult will it be to choose a doctor?*

A. About as difficult as choosing your parents....there are two types of doctors to choose from: one who is on the list but can't see you, and one that can see you but isn't on the list.

Contacting the Insurance Commissioner

If you'd like to contact the Insurance Commissioner's office, here's how:

Consumer questions & complaints (800) 562-6900 in WA only or (360) 753-3613 direct

Statewide Health Insurance hotline (800) 397-4422

Deputy Insurance Commissioner, Managed Health Care:

John Coniff (360) 664-3786

Main switchboard (360) 753-7300

Company supervision division (360) 407-0542 (info on examinations, purchasing groups, risk retention groups, HMOs, HCSCs, filing of financial statements, etc.)

Health care employers top Pierce County and Washington State

Editor's Note: The following information is excerpted from "The Top 100 Employers of Washington," a feature in the August 2, 1998, The News Tribune.

Once-a-year *The News Tribune* conducts an annual survey of the state's top 100 employers. Publicly and privately held corporations doing business in the state are rated on the basis of the number of jobs they provide. In the sixth annual review, the Boeing Company once again topped the list as it had for the previous five years. The lists reveal a lot about the state's economy and it is being featured in the *PCMS Bulletin* due to the large numbers of health related businesses that are included.■

Washington's largest (health care) employers

97 Rank	96 Rank	Employer	WA Emp	WW Emp	Year Inc
6	7	Sisters of Prov	8,504	21,800	1859
10	9	Group Health Coop	5,185	5,785	1945
22	35	Virginia Mason MC	4,101	4,101	1920
32	36	MultiCare	3,369	3,369	1882
33	26	Swedish Health Sys	3,199	3,199	1910
38	27	CHI (Franciscans)	2,759	2,759	1990
39	51	SW WA Med Ctr	2,700	2,700	1858
40	45	Sacred Heart MC	2,687	2,687	1886
50	64	Regence BlueShield	2,191	2,191	1997
52	58	Peace Health	2,093	25,409	1976
57	81	Premera(Blue Cross)	1,940	2,100	1945
62	53	Fred Hutch Cancer	1,781	1,781	--
63	68	Good Samaritan	1,753	1,753	1952
72	55	Childrens Hospital	1,498	1,498	1907
73	47	Empire Health (Deaconess)	1,474	1,474	1985
76	82	Quad C	1,250	1,250	1981
80	72	Overlake Hosp MC	1,191	1,198	1960
81	94	Northwest Hosp	1,167	1,167	1960
86	93	Harrison Memorial	1,051	1,051	1942

Health care employers see earnings drop/gain

Employers with the largest one-year earning drop were Group Health (4th), Virginia Mason (15th), CHI-Franciscans (18th) and Sisters of Providence (21st). Earning drops for 1997 were -10.38, 6.09, 21, and 71.76 million respectively.

Largest one-year revenue gains were seen by Swedish Medical Center (19th) at 379.1 million and Virginia Mason Medical Center (24th) at 377.38 million.

The largest one-year earning gain was Swedish Medical Center (13th) with 29.1 million.

Chart information on the Top 100 Employers of Washington State is available on the Internet at **www.tribnet.com.** ■

Pierce County top private sector employers

'97 Rank	'96 Rank	Employer	1997 # Emp	1996 # Emp
1	1	MultiCare	3,039	2,929
2	NR	Franciscan	2,197	2,400
6	2	Good Samaritan	1,718	1,750
8	9	Quad C	1,166	1,150
24	NR	Regence	491	355
27	25	SoundCare	450	500
28	5	Group Health	448	1,300
41	40	Tacoma Luth Home	320	320
55	38	Puget Sound Hosp	350	331

Pierce County Medical Society

invites you and your spouse/guest to the

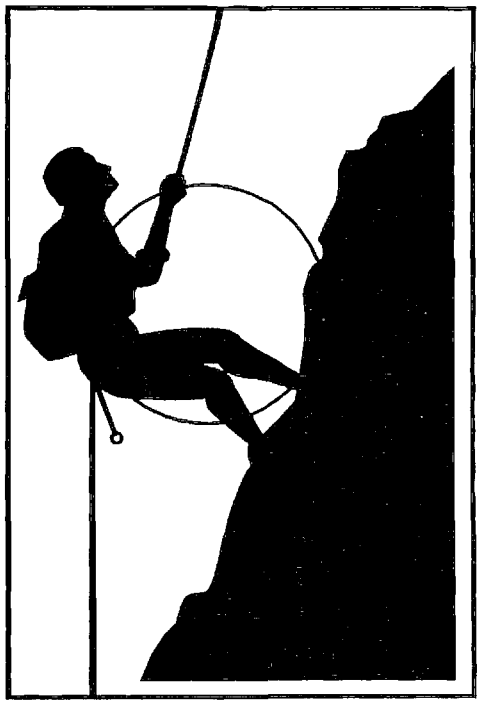
October General Membership Meeting

Tuesday, October 13, 1998
Social Hour - 6:00 pm
Dinner - 6:45 pm
Program - 7:45 pm

Landmark Convention Center
Temple Theatre Roof Garden
47 St. Helens Ave
Tacoma

Directions: From I-5 north or south exit onto I-705 (City Center Exit) and take Schuster Parkway to Stadium Way. Turn right on Stadium Way, take the first left on to 4th Ave and go up the hill 2 blocks to St. Helens. Turn right, go about 2 blocks and the Landmark will be on the right.

"Mountain Altitude Sickness"



featuring:

Ian Wedmore, M.D.

Emergency Medicine

Madigan Army Medical Center

(Registration required by October 9. Return this form to: PCMS, 223 Tacoma Ave S, Tacoma 98402; FAX to 572-2470 or call 572-3667)

Please reserve _____ dinner(s) at $20 per person (tax and tip included)

Enclosed is my check for $ _____ or my credit card # is _____

☐ Visa ☐ Master Card Expiration Date _____ Signature _____

I will be bringing my spouse or a guest. Name for name tag: _____

Signed: _____ Thank you!

Senn from page 9

the process. "We need to work with you during this session in Olympia so the legislators understand the types of problems you are facing in your practices," she noted. "We need to get you back to your job of treating patients and not spending hours and days on the phone with insurance companies fighting to get treatment that you were always able to get in the past. We can't do it without you. I believe that if we put together an alliance of patients and physicians, we can have a tremendous impact on this legislature and the next session." She added that insurance lobbyists are extremely powerful in this legislature. They can kill just about any bill they want to.

"In 1993, doctors were against health care reform. They were fearful, concerned and non-supportive. There have been a whole different set of dynamics in the last year. Things are happening state by state that are very much a part of advocacy, influence and creativity of physicians. It is becoming very apparent that if there is to be health care reform of the managed care system in this country, it is the doctors who are going to make it happen."■

Immunization Coalition formed in Pierce County to improve rates of two-year-olds

The Pierce County Medical Society and the Tacoma Pierce County Health Department recently partnered to form an Immunization Coalition for Pierce County. The mission of the coalition is to improve immunization rates of two-year-old children. Pierce County has only a 57% children's immunization rate whereas King County is 85% and statewide it is 82%.

The first meeting of the coalition was held on September 23 with over 40 interested persons attending. **John Gray, MD,** CHC family practitioner and chair of the coalition worked with **Larry Schwartz, MD,** infectious diseases, on the organization committee with Health Department and Medical Society staff in planning the first meeting. Attendees included physicians, school nurses, pharmaceutical representatives, etc. PCMS members attending included **Drs. Don Russell, Joe Wearn, Rachel Dawson, Suzanne Matthys, David Estroff, Tom Charbonnel, George Tanbara, Bruce Davies, Carl Plonsky, Dan Neibrugge, John Gray,** and **Federico Cruz-Uribe.**

After a brief orientation and presentation on the Pierce County pre-school immunization coverage survey conducted by the Tacoma/Pierce County Health Department Office of Assessment, participants split up into one of three sub-committees for detailed discussions. The sub-committees were provider education, tracking/registry and outreach. Each sub-committee set goals and action strategies and set a future meeting date to discuss how best to implement their ideas. A report of each sub-committee is scheduled for around the first of November.

From the provider education group many ideas were discussed for physicians and physicians' staff. It was agreed that there are numerous "missed opportunities." Difficulties included lack of coverage by insurance companies, difficulty in getting vaccine, retrieving records, lack of a "system" for tracking in the physician office and lack of parent involvement to name a few.

If you would like to be involved in the Pierce County Immunization Coalition, please call Sue at the PCMS office, 572-3667 or Cindy at the Health Department 798-6556.■

Vaccination guidelines for rapidly approaching influenza season

The time has come to begin vaccinating your patients against influenza. Hopefully providers have completed the preparations for flu prevention activities, such as ordering supplies of this year's vaccine, flagging charts of patients who should receive the vaccine, and/or sending recall notices and announcements to patients.

Each year's vaccine formulation contains three virus strains (usually two type A and one type B) which represent the viruses that are likely to circulate in the U.S. in the upcoming winter. The effectiveness of the vaccine varies, depending on the age and immunocompetence of the recipient and the degree of similarity between the virus strains included in the vaccine and those that are circulating during the flu season. When a good match exists, the vaccine is approximately 70-90% effective in healthy people < age 65. One study of healthy working adults has shown that those who receive vaccination had 25% fewer respiratory infections, 43% fewer sick days, 44% fewer clinic visits for respiratory sickness.

In the elderly, the vaccine is most effective in decreasing disease severity, rather than preventing the illness. Studies of elderly recipients have indicated that the vaccine can be 50-60% effective in preventing hospitalization and 80% effective in preventing death; however, its efficacy in preventing disease is approximately 30-40%.

The best time to vaccine for flu season is usually from October through mid-November. This remains the recommendation for the 1998-1999 season, although an outbreak of influenza occurred this summer in Alaska and the Yukon Territory. In the U.S., influenza usually peaks between late December and early March. Children under age nine who have not been vaccinated previously should receive two doses of vaccine at least one month apart, with the second dose administered prior to December, if possible. Avoid vaccinating too early, because anti-body levels fall with time. Vaccine can be offered throughout the flu season.

During flu season, the Tacoma-Pierce County Health Department collects information about disease trends through surveillance activities which include sentinel physicians and sentinel long term care centers. In addition, the Health Department requests schools to report absentee rates of 10% or more. Information about the flu vaccination clinics is available by calling the Public Health Information Line at (253) 798-2987.■

Pierce County disease statistics

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
Amended + REPORTED CASES OF SELECTED DISEASES
Military * FOR MONTH ENDING AUGUST 31, 1998

DISEASE	THIS MONTH		1998 TO DATE		1997 TO DATE	
ENTERIC DISEASES						
Salmonella	1		28		46	
Shigella	2		6+		10	
E. Coli 0157:H7	1		3		6	
HEPATITIS (Acute)						
Hepatitis A	3		36		44	
Hepatitis B	1		7		10	
Hepatitis C/NANB	0		0		5	
INVASIVE DISEASE/BACTERIAL						
Meningococcal	0		4		8	
SEXUALLY TRANSMITTED DISEASES		*		*		*
Chlamydia	101	20	969	190	732	137
Gonorrhea	21	1	195	30	287	45
Herpes, Initial Infection	7	0	95	18	115	38
Syphilis, Early	0	0	0	1	1	0
Syphilis, Late	1	0	11	1	14	1
Pelvic Inflammatory Dis.(Acute)	4	1	48	2	73	1
Urethritis, Nongonococcal	1	24	19	94	29	68
TUBERCULOSIS	4	0*	26	0*	33	1*
VACCINE PREVENTABLE DISEASES						
Pertussis	7		54		30	
HIV DISEASE						
AIDS	2		32		46	
TOTAL AIDS CASES - 1983 to Present	-		716		-	
OTHER DISEASES						
Malaria	2		3		6	
Typhoid Fever	1		1		0	
Vibriosis	1		1		4	

Communicable Disease Control: (253) 798-6410 24-hour Reporting Line:
Confidential Fax Line: (253) 798-7666 (253) 798-6534

The Tacoma Pierce County Health Department compiles a report of diseases in Pierce County each month, as shown at left. The report is printed in the *PCMS Bulletin* to help keep physicians and care-providers abreast of disease activity. If you have questions regarding the report, please call the Communicable Disease Section of the Health Department at 798-6410.

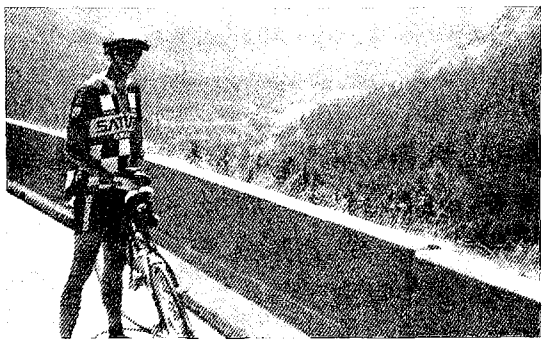
Please remember to call in reportable diseases to the 24 hour hotline, 798-6534.

Specialists Needed!

The Tacoma - Pierce County Health Department contract clinics need specialists who are willing to serve on a rotating list to accept limited numbers of referrals for low income clients with specialty care needs. Specialty needs include general surgery, ob/gyn, internal medicine, endocrinology, orthopedics, urology, cardiology, neurology, and dermatology.

Please call Allison Kemmer, RN at 798-4700 if you can help.

Courage Classic: a popular bike ride and fund raiser



Henry Retailliau takes a break to enjoy the scenery

Drs. Karen Holdner, Pam LaBorde, Richard Ory and Dan Niebrugge, with spouses and friends. All had a great ride

Several PCMS members took part in the popular Mary Bridge Children's Hospital fund raiser, the Courage Classic, a three day, three mountain pass bike ride in the Cascades, covering 160 miles.

Pediatrician **Richard Ory, MD,** General Surgeon **Bill Martin, MD** and wife Karyl, Internist **Henry Retailliau, MD,** Pediatrician **Pamela LaBorde, MD** and husband Bill LaBorde, Pediatrician **Karen Holdner, MD** and husband Robert Ory, MD, Orthopedist, **Jack Stewart, MD** and wife Teri and Pediatrician **Dan Niebrugge, MD** all participated.

The ride begins at North Bend and up Snoqualmie Pass to Cle-Elum the first day. The second day up Blewett Pass to Leavenworth and the third day up Stevens Pass into the town of Skykomish where buses wait to transport participants and their bikes back to North Bend.■

Jim Fulcher, MD and son ride 190 miles on bikes from Seattle to Portland

Jim Fulcher, MD, Emergency Room physician at St. Joseph Hospital and his 15 year old son, Tyler crossed the finish line of the Seattle to Portland (STP) Bike Ride holding hands. Although this was the third STP for Tyler, it was a first for Dr. Fulcher who began riding this year.

Emergency physician, Dr. Jim Fulcher, right, and his son cross finish line together

On their ride they stayed in Winlock the first night, which means they rode 120 miles that day.

They rode for two days with members of the Pierce County Sheriff's SWAT (Special Weapons and Tactics) Team of which Dr. Fulcher has been a member for five years.■

Save The Date

The Edwin C. Yoder Honor Lectures

Friday, November 20, 1998

Presenting: Jerome Lowenstein, M.D.

Jerome Lowenstein, M.D. is the Professor of Medicine, Co-Director of Nephrology, and Director of the Program for Humanistic Aspects of Medical Education at NYU Medical Center in New York City.

His reputation as a writer and a speaker points to his eminence in both the fields of humanistic studies and the issues of body chemistry, about which he has published and taught. His recent publication, "The Midnight Meal and Other Essays About Doctors, Patients, and Medicine", revisits the calling of physicians and the importance of being a "caring" doctor in a time when emerging technologies encourage physicians to know more of the cause of disease and its effect.

Location: *St. Joseph Medical Center*

Physician Lectures: This course is accredited for 2.0 Category 1 hours.

12:30 P.M. *Complimentary Luncheon - Reservation Required*

1:00 P.M. *"The Midnight Meal: A Metaphor for Communication in Medicine"*

3:00 P.M. *"Of Men, Molecules, and Metabolic Alkalosis"*

Invitations will be mailed in October. For more information, call Dr. James Billingsley at (253) 589-4386 or the Office of Academic Affairs at (253) 207-6035.

"As an organization accredited by the Washington State Medical Association Medical Education Committee to provide continuing medical education, Catholic Health Initiatives, Western Region certifies that this course meets the criteria for 2.0 hours of Category 1 CME to satisfy the relicensure requirements of the Washington State Medical Quality Assurance Commission and for the Physician's Recognition Award of the American Medical Association."

Personal Problems of Physicians

Medical problems, drugs, alcohol, retirement, emotional, or other such difficulties?

For impaired physicians your colleagues want to help

Please call:

***John McDonough 572-6840**
Bill Dean 272-4013
Robert Sands 752-6056
F. Dennis Waldron 265-2584
***Chair**

Confidentiality Assured

Applicants for membership

Day, Lila M., MD
Family Practice
Practices at 19820 Hwy 410, #101, Bonney Lake 98390; 862-9969
Medical School: St. George's University School of Medicine
Internship: Hamot Family Practice
Residency: Hamot Family Practice

Duncan, Lael C., MD
Internal Medicine
Practices at 1624 S "I" St, #402, Tacoma 98405; 627-4123
Medical School: University of Washington
Internship: Dartmouth-Hitchcock Medical Center
Residency: Dartmouth-Hitchcock Medical Center
Fellowship: Albany Medical Center

Hamill, Nicholas J., MD
Otolaryngology
Practices at 915 6th Ave, #1, Tacoma 98405; 627-6731
Medical School: Loyola University
Internship: Johns Hopkins Hospital
Residency: Milton Hershey Hospital
Fellowship: Michigan Ear Institute

Hasse, Mihaela M., MD
Internal Medicine
Practices at 21120 Meridian E., Graham 98338; 847-9166
Medical School: University of Bucharest
Internship: LAC-USC Medical Center
Residency: LAC-USC Medical Center

Kiesling, Jr., Victor J., MD
Urology
Practices at 1901 S Union, #A221, Tacoma 98405; 572-6835
Medical School: Oregon Health Sciences University
Internship: Letterman Army Medical Center Residency: Letterman Army Medical Center

Lake, Jack F., PAC
General Practice
Practices at 6040 20th St E, #A, Tacoma 98424; 922-5262
Medical School: George Washington University

Mian, Atif M., MD
Internal Medicine
Practices at 6040 20th St E, #A, Tacoma 98424; 922-5262
Medical School: Aga Khan University Medical College
Internship: Baylor College of Medicine Residency: Baylor College of Medicine

Tart, Gary C., MD
Pediatrics
Practices at 1628 S Mildred, #101, Tacoma 98465; 564-8005
Medical School: Oregon Health Sciences University
Internship: Mt. Zion Hospital
Residency: Mt. Zion Hospital ■

1998 Physician Directory changes

Benson, William, MD (Retired)
Change address to: PO Box 8247
Black Butte Ranch, OR 97759

Moore, Jane, MD
Change address to:
2603 Bridgeport Way W, #I
Tacoma, WA 98466-4724 ■

The Invisible Hand.....

"Patient Education"

Education, n. That which discloses to the wise and disguises from the foolish their lack of understanding.

Ambrose Bierce (The Devil's Dictionary)

by Andrew N. Statson, MD

Andrew N. Statson, MD

One good thing about managed care plans is their effort to educate patients. This is at least partly prompted by HCFA, which I think has a mandate to that effect for the Medicare plans. They have concentrated on the high expense items, such as diabetes, asthma, heart disease and hypertension. They use visiting nurses and other methods to teach patients about their disease and how to take care of themselves. They also check on patient compliance. The Healthy Options plans have visiting nurse programs for pregnancy care. They assess the home environment and help with instructions in proper diet and hygiene. Their feedback has been valuable and I have had to call on them for assistance in some problems with compliance or abuse of services. The purpose of these education programs is to reduce costs by helping patients take care of themselves at home and avoid emergency room visits and hospital admissions.

The Healthwise Handbook distributed by some plans has missed the mark I am afraid. The stated goal of this book is to teach patients to take care of minor emergencies at home. It also urges them to discuss options for treatment when they visit their physicians and to inquire about costs and risks of the proposed treatments. The discussion of costs however is too blatant to be very effective. Most people are concerned about health care costs in general and would like to see them lower. That concern disappears when the subject becomes their own health care. At that point their only concern is their personal out-of-pocket expenses. Patients who have received this handbook have told me they felt their insurance company did not care about them and was telling them: "Read this book and don't bother us."

"People in general have considerable interest in health issues and a book written with their best interest in mind, as a general textbook on health care, without any mention of costs, probably would be better received. Teaching them to take care of themselves so they would feel better indirectly may lead to lower health care expenses. The main questions about a book like that are whether people will read it, how well they understand it and how will they apply it.

Some of our professional organizations, the American Cancer Society in particular, have been very active in patient education for years. Their goal however is to get patients to consult their physicians early, not to reduce costs. The progress in cancer screening techniques has at least partially pre-empted the early warning signs of cancer. For some types of cancer they are not so early any more. Their presence does not necessarily mean cancer and increase anxiety when patients misunderstand that little point.

Patients who have received this handbook have told me they felt their insurance company did not care about them and was telling them; "read this book and don't bother us."

Another source of information is the media. Women's magazines in particular carry articles on medical topics in almost every issue. The newspapers frequently have items on health care and so do many television programs. These reports are of several types. There are a few well researched and well written articles that try to explain the problems and allow for a difference of opinion and for the fact that not all things are good for all people. It is impossible to write without bias but at least it can be tempered by an open discussion of different points of view.

Another type of article is "the only way to fly." The new treat-

See "Patient" page 18

Patient from page 17

ment, procedure, technique, test or whatever, is the solution to all problems and everybody should have access to it and benefit from it. Frequently these articles give a lot of details on their topic, but their attention catching, provocative positions are not educational. In such articles the highly investigational can be reported as standard care, the well established and tested can be reported as controversial or damaging. An example of the former is given by a patient who came in requesting a BRCA test. She was told it was experimental and would not be covered by insurance. She absolutely had to have it even though she had no risk factors. Then she became upset when her insurance company denied payment. An example of the latter are the various trials by the press. Among the more notorious were the Bendectin and the IUD stories.

The single report news item frequently makes the newspapers or the TV programs. A single study published in a medical journal is reported without any analysis of its validity or of the many other studies that have reached different, if not opposite, conclusions. Examples are the periodic reports of a connection between birth control pills and breast cancer.

I will not discuss advertising by drug manufacturers and others to consumers. The "ask your doctor" ads can hardly be called patient education.

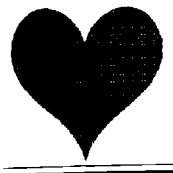
Common sources of health care information for patients are their friends and relatives. The patients seem to trust these sources more than any others, I think rightfully so. Even more important about relatives is the common genetic background. One patient came to my office requesting Zoloft. She had been depressed for a long time, but her brother, who recently had been started on it, was now like a new person. She did not want to try any other drug. "My brother and I have the same personality. If that worked on him it will work on me," she said. She was right. Parents, especially the mother, also teach their children how to take care of their hurts and aches. They have to be knowledgeable of course. Keeping the communication line open so children can turn to them in need can ward off many problems as well, particularly for teenagers.

Finally there is the Internet, where anything and everything goes. Some patients come in saying they researched the question and this is what they want. All I need to do is write the prescription. They come to me not as a professional to consult, but as the holder of the keys to paradise. They are convinced one prescription from me for the drug of their choice will open the gates. Here I would like to introduce you to my tongue-in-cheek postulate on medical literature: "No matter what you do, someone, somewhere, some time has written something proving it is the right thing." My corollary to this postulate is: "No matter what you do, someone, somewhere, some time has written something proving it is the wrong thing." The Internet is about as close as you can get to that. We physicians, with all our schooling and experience, have a hard time seeing through the haze of the current information pollution. How much harder must it be for our patients?

We have an important role in patient education. Our job is to explain the nature of their disease, the options for treatment and the possible outcomes. In that respect we act as counselors and we have been told non-directive counseling is the most effective. "Give people light and they'll see their way," was a motto of a newspaper. I forget which one. Our role is to do just that. We are limited by time constraints but even so I think we do a decent job. We are pressured by some insurance plans, the government and even some of our professional associations to preach - about smoking, seatbelts, safe sex, you name it.

Preaching belongs to the preachers. Crossing the line between teaching and preaching is bound to reduce our effectiveness as physicians. In my opinion it is not worth it.

The schools have played a minimal role in educating children about health care. They probably could do better. The problem is that medical knowledge changes rapidly. New treatments come on-line, old ones are discarded. Keeping up with all the new developments is impossible even for us. How then can we expect the schools to do it? Teaching children things that may not be valid in five years is not useful. Better to give them some basics and then teach them to think, to analyze reports and determine their value, to filter through the information haze and see the shining stars. Yet I wonder whether such skills are teachable. Perhaps as Ambrose Bierce says people are what they are. Education can only make some of them arrogant, while it enables others to look through the rules a study purports to establish and see the exceptions, face the uncertainty of life and accept it with serenity, gaze at the unpredictability of the future and not yearn for a crystal ball.■



the Pulse

Pierce County Medical Society Alliance

President's Message

I think that fall is beginning to become apparent with the leaves changing color and preparation to get ready for winter. At our home, that means waterproofing the deck once more, as well as a totem pole, covering the woodpile and splitting the last of the accumulated wood, moving all the indoor plants back inside after their summer outdoors and of course the usual clearing out the gutters and cleaning furnace filters.

No, I am not Martha Stewart and I did not tell you all this to make you feel tired and frustrated. It was just an introduction to the restart of routine that comes with the season.

Alliance activity is starting again and we are well underway with membership information having been sent to YOU. We welcome members all year round, so if you have not sent in your acceptance of membership and would like to do so call me and I will gladly help.

We are currently in the process of researching the requests for philanthropic funds and will be reporting to you next month those agencies that we hope to fund. We will be sending out our solicitation letter to both office and home for the Holiday Sharing Card which is our source of funds for philanthropy. Look for the letter in mid-October.

We received $1000 from the WSMAA Health Foundation for the purchase of more of our "Babies".

Our visit from the State Board of WSMAA will be later this year, perhaps at the mailing party that we schedule for the Holiday Sharing Card in the first week of December, specifically Thursday, December 3.

Stay informed by calling someone on the Board if you would like to participate. ■

Nikki Crowley

Mt. Rainier adventure

On August 5, the Alliance went on an adventure to Mount Rainier. Members present included **Nikki Crowley, Alice Yeh, Kris White, Mona Baghdadi** and Denise Manos.

It was a beautiful, sunny day and adventures included traversing a small trail, a picnic lunch and checking out all the viewpoints and gift shops on the scenic drive to and from the mountain. ■

Many organizations seek PCMSA philantrhopic "holiday sharing card" funds

The Philanthropy Committee will meet September 28th to prioritize the record number of applications that were received for philanthropic funds for the 1998-1999 year.

The following applications are under investigation by the Committee:

YWCA Encore Program is requesting $2500 to defray membership cost to participants.

PLU Wellness Clinic has two requests, $1500 for medicine and $1500 for a woman's examining table.

Tacoma Area Literacy Council is requesting $1500 to buy books for 7 students and 7 tutors for one year of study.

SANE/SARC of Tacoma General Hospital is requesting $1000 for the development of training manuals and textbooks for their new sexual assault program.

Neighborhood Clinic is requesting $2000 for prescription medication.

Family Renewal Shelter is requestion $5000 to renovate and purchase equipment for their newly purchased administrative office, counseling and training center.

Baby Think It Over Project is requesting $2500 to purchase a classroom set of babies for another school.

PCMS is requesting $3000-$4000 for a hospice study.

YWCA Support Shelter/Community Health Service is requesting an unspecified amount to provide on-site medical care to battered women.

Emergency Nurses Care is requesting $1000 for alcohol, drugs and driving for children.

As you can see the requests for funds is well over $20,000. We are hoping for a banner fund raiser (Holiday Sharing Card) in December. The above were listed in no specific order.

Questions or concerns? Please contact Fran Thomas, Philanthropic Chair at 265-2774 or Nikki Crowley, President at 922-7233. ■

Interested in Politics?

You will love the home page of the League of Women Voters at **dnet.org/wa.** This page gives you a good look at the candidates, statewide and local, their position on the issues and who is supporting and opposing them. A link to the Public Disclosure Commission tells you who is contributing to their campaign and how much they have contributed.

Election results are provided on a local and statewide basis. Maps of the legislative district are provided if you are not sure which district you live in. It has guidelines for how to register, how to watch a debate and how to prepare a report on selecting a candidate. ■

Interested in data about Pierce County?

The Tacoma-Pierce County Economic Development Board has a new home page. It has a tremendous amount of information about Pierce County and the cities in Pierce County, such as the infrastructure of the county as you look at the major employers, demographics, climate, history and the average price of homes. Recreational opportunities are listed. The page provides a great overview of the county.

Check it out at: **http://triton.co.pierce.wa.us/edb/splash.html** ■

COLLEGE OF MEDICAL EDUCATION

ID Update CME set October 16, held at State History Museum

The annual Infectious Diseases Update CME is set for Friday, October 16, 1998 and will be held this year at the Washington State History Museum. The program is again directed by **Alan Tice, MD.**

This year's program features the following subjects:

- ♦Emerging Infections
- ♦The ABC's of Hepatitis
- ♦Lyme Disease & Other Tick-Born Infections
- ♦The End of Antibiotics
- ♦Immunizations for Adults
- ♦Central Nervous System Infections
- ♦Preventing Illness for Travel Patients

Be sure to register early as the course will likely fill.■

Whistler/Blackcomb CME registration, reservations open

Registration is open for the College's CME at Whistler/ Blackcomb program. Program brochures will be mailed in early October. The conference is scheduled for January 27-31, 1999.

Reservations for the block of condos, **THIS YEAR ALL IN THE ASPENS AND AT LAST YEAR'S RATES,** are available. Reservations can be made by calling (800) 777-0185. You must identify yourself as part of the College of Medical Education to receive the negotiated reduced rates. **THE COLLEGE'S BLOCK OF ROOMS WILL BE RELEASED ON DECEMBER 1, 1998.**

The College is offering family vacationing, skiing and the usual quality continuing medical education to PCMS members and other physicians. With Category I credits, the CME program features a potpourri of subjects of interest to all specialties.

The program is under the direction of **John Jiganti, MD,** Tacoma orthopedist.

For more information on this annual event, please call the College at 627-7137.■

Dates	Program	Director(s)
Friday, October 16	Infectious Diseases Update	Alan Tice, MD
Friday, November 13	Common Office Problems	Mark Craddock, MD
Friday, December 4	Medicine & Mental Health: Depression, Anxiety, Dementia.....	David Law, MD Mark Craddock, MD
Friday, January 22	Cardiology for Primary Care	Marilyn Pattison, MD
Wednesday-Sunday January 27-31	CME at Whistler	John Jiganti, MD
Friday, February 26	Review of HIV Infections	Alan Tice, MD
Thursday-Saturday March (TBA)	CME & Mariners Spring Training	Richard Hawkins, MD
Thursday-Friday March 11 - 12	Internal Medicine Review	Surinderjit Singh, MD
Friday, April 23	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Saturday, May 15	Surgery Update 1999	David Magelssen, MD
Friday, May 21	Law & Medicine	Joseph Just, JD Nicholas Rajacich, MD

Physician records

from the AMA Council on Ethical & Judicial Affiars, 1996-1997

Availability of information to other physicians: The interest of the patient is paramount in the practice of medicine, and everything that can reasonably and lawfully be done to serve that interest must be done by all physicians who have served or are serving the patient. A physician who formerly treated a patient should not refuse for any reason to make records of that patient promptly available on request to another physician presently treating the patient. Proper authorization for the use of records must be granted by the patient. Medical reports should not be withheld because of an unpaid bill for medical services.■

POSITIONS AVAILABLE

Tacoma/Pierce County Outpa- tient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, **MD** (253) 752-9669 or Paul Doty, Clinic Manager (Allen, Nelson Turner & Associates), (253) 383-4351.

Group Health Permanente is currently seeking anesthesiologists interested in locum tenens opportunities. Positions located in the Seattle area. We are a well-established physician-managed organization, recently affiliated with Kaiser Permanente. For further information, fax cover letter and CV to (206) 448-6191 or call 1-800-543-9323.

BE/BC internist needed for multi- specialty clinic in Renton/Kent area. Great opportunity for ambitious physician to join very successful physician-owned group. Please forward CV to: Don Robertson, Valley Internal Medicine, 4011 Talbot Rd S., #500, Renton, WA 98055. Fax (425) 271-2561.

Seeking BC Family Physician to join independent, three-family physician group. Obstetrics desirable. Pro-life. Competitive salary and benefits. Send cover letter and CV to **James. A. Wilson, MD,** Cornerstone Family Physicians, 5920 100th Street SW #26, Lakewood WA 98499-2751.

POSITIONS WANTED

Medical Transcription and Writing. Exceptional background and credentials for most specialties. Prompt and perfect. Free pick-up and delivery. Medical Writing Services. 253-925-3276.

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New office space available. Ideal for 1 or 2 physician practice. Up to 1,400 square feet. Will finish to suit. Close to hospitals, convenient parking, ground level. Call Robin at 756-2182.

1400 square feet, Allenmore Medical Center. Already furnished with x-ray and office furniture. Ready to move in for orthopedic surgeon or family practice. Call **Dr. Lee Dorey** (253) 536-9967.

Lakewood, medical space avail- able 11/01/98. Two suites 750 square feet each. One suite 2900 square feet. MultiCare Urgent Care leaving space which has been occupied by an urgent care facility since 1980. Building is a medical-dental facility next to Albertsons. 8509 Steilacoom Blvd. Call Dr. Ken Ring at 584-6200 or 582-5856.

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

November, 1998

WSMA Annual Meeting

Peter Marsh, MD, WSMA President, presents the Legislator of the Year award to Senator Shirley Winsley (R-28) for her support of medicine's issues

Dr. James M. Wilson, Jr., PCMS President, congratulates Dr. Mark Adams, Bremerton vascular surgeon, on his installation as WSMA President, 1998-99

See page 7

Inside:

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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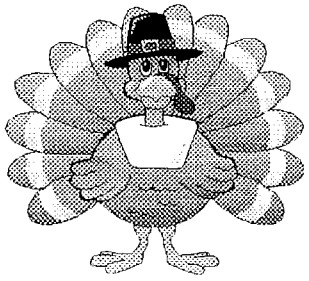
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

November, 1998



Features

Departments

News briefs

President's Page.....

James M. Wilson, Jr, MD
President, 1998

Who would have ever thought:

- The majority of primary care physicians in our membership would be employed or otherwise closely affiliated with another company.
- A large group of providers in our community would be represented by a union.
- The WSMA would organize a bargaining unit with consultation services from an attorney whose experience and back ground is deeply enmeshed with the NLRB.
- The entity that was at one time our most trusted payer would present us with a contract that was highly adversarial and unfair.
- Insurance Commissioner Deborah Senn would get a standing ovation at the Annual Meeting of the WSMA.
- Payers would be counseling our patients regarding what is "medically necessary" as well as dictating their preventive and screening care guidelines.
- The two competing hospital systems would be sitting at the same table talking about sharing the responsibility for a trauma system.
- Hospital beds would be full again.
- The President of the United States would, well, you know.

What a decade and especially a last few years this has been! The primary impact and focus has been upon completely revamping the "processes" of providing care and paying (or paying less) for it. When it comes to processes and change, physicians are at a great disadvantage because we know only the way we have been taught; that is, to provide care, diligently, to one patient at a time - to spend the time it takes to develop the kind of relationships that will lead to quality outcomes. There isn't much time left over.

It is no surprise, then, that the other players in the system are better at this "process stuff" than we are, and that it remains physician incomes that are still predicted to go down over the next few years. It follows, then that we would align with those with whom we have built trust, and when that does not work out, there may seem no where to turn other than to a union.

What hasn't changed? The core values of medicine: the doctor-patient relationship - the reason we all get up and go to the office or hospital or clinic or nursing home each day. It is the opportunity to do the right thing, the sacred privilege to participate in a meaningful way in the lives of our patients and their families.

Managed care can't take that away, nor can "case managers," "alternative care providers," or others. But, we can give it away, in much the same way that we have given away control of the business of medicine.

We must continue to be there for our patients. We must be accountable for good outcomes and diligent preventive and screening care. We must take the time our patients need to feel both cared for and nurtured. We must not hold our patients responsible for the problems that we have with payers or employers. Finally, we must maintain and in some cases rebuild a sense of collegiality among ourselves.

There are optimistic signs that we are doing that - that we are realizing that our long term success lies in supporting each other and those institutions that share the same core values. Furthermore, if payers ever come to the table and truly partner with us, and if we accept full accountability for the care we provide, administrative costs as well as the cost of providing care could be better managed and a win-win could be found.

It is interesting to speculate about what the "Who would have ever thought's" will be in the next few years. ■

JMW

Letter to the Editor

Dear Editor:

Most of us have never thought we would ever be associated with a Nobel Prize winner. Thereby hangs this report which illustrates how a rather dull esoteric basic research project can be something great.

Dr. Robert Furchgott is sharing this year's prize in physiology for his discovery and identification and illucidation of endothel relaxing factor which was nitric oxide. I knew him as he worked in the same small research laboratory. I was a medical student with a M.S. degree and worked part time as a laboratory instructor, he had just obtained his B.S. and was starting as a graduate student on the Ph.D. track.

We became acquainted and as he was working with erythrocyte membranes he often showed me his preparations of sickle cells and how they changed in different media, etc. I was working on alkapton urea. This was in 1935.

Our paths never crossed again. I went on with my medical program and he obtained a Ph.D. working with membranes.

His name caught my eye when there was mention, ten years ago, of him receiving a Lasker (I think it was) award for his discovery of a relaxing factor expressed by arterial endothelial cells. This was all done initially working with rat aortas. Basic, esoteric, probably of doubtful significance at the time, this has become another saga of science.■

Rodger S. Dille, MD

Editor's Note: Dr. Dille is a retired internist. He practiced in Tacoma from 1947-1985.

State Department of Health guidelines for management of pain published

There are widespread concerns among patients throughout the state about access to appropriate medical treatment, including opioid therapy, for addressing chronic intractable pain. Similarly, providers express apprehensions about challenges by state disciplinary authorities when prescribing opioid analgesics for indicated medical treatment when serving the legitimate medical needs of pain patients. The undertreatment of chronic pain due to concerns about addiction and drug diversion affect the public health, safety, and welfare. There is a need for guidance which would: a) encourage appropriate treatment for pain management; b) reduce providers' fear of injudicious discipline; and c) protect the public from inappropriate prescribing practices and diversion.

The Secretary of the Department of Health recommends the uniform adoption, by appropriate state regulatory authorities, of the state guidelines when managing pain. It is not the intent of the guidelines to define complete standards of acceptable medical care in the treatment of pain patients. The guidelines are not intended to direct clinical practice parameters. It is the intent that providers will have confidence that the guidelines are the standard by which opioid usage is evaluated.

Under generally accepted standards of medical practice, opioids may be prescribed for the treatment

It is the position of the Department of Health that opioids may be prescribed, dispensed, or administered when there is an indicated medical need without fear of injudicious discipline.

of acute or chronic pain including chronic pain associated with cancer and other non-cancer pain conditions. Prescribing opioids requires special consideration. It is the position of the Department of Health that opioids may be prescribed, dispensed, or administered when there is an indicated medical need without fear of injudicious discipline.

The guidelines for opioid usage cover acute pain, chronic pain associated with cancer and other chronic pain conditions. Also covered are guidelines for assessment and documentation in non-cancer pain patients.■

For your copy of the *Guidelines for Management of Pain* call PCMS at 572-3667.

'High Altitude Medicine' means be careful on those climbs

Altitude starts at 5,000 feet. Mt. Rainier's summit is 14,408 feet. That means that the 8,000 attempts (55% succeed) made by climbers each year to reach the summit of Mt. Rainier are done so with the risk of altitude sickness. And, according to Ian Wedmore, MD, emergency room physician at Madigan Army Medical Center and speaker at the October General Membership Meeting, good physical conditioning is not a precursor to avoiding altitude sickness. "The triathlete might get very sick and the couch potato won't be affected," said Dr. Wedmore. "So, don't be fooled."

Several factors comprise the physiology of altitude sickness. They include hypoxia - the most important factor, barometric pressure, rate of exposure - which is critical, and individual variation. When a person experiences headache, nausea, dehydration, or other such flu symptoms, high altitude sickness is at work.

Dr. Wedmore explained the spectrum of diseases affiliated with altitude illness. They are:

AMS or Acute Mountain Sickness, often seen with rapid ascents, which causes relative hypoventilation, fluid retention, cerebral swelling and pulmonary vasoconstriction.

HAPE or High Altitude Pulmonary Edema, the most common cause of death in altitude sickness and is accompanied by dry cough followed by frothy sputum. Fortunately HAPE is not common, with Dr. Wedmore seeing two cases in the last four years.

HACE, High Altitude Cerebral Edema, if left untreated has a mortality rate of 100%. "Get them down," advised Dr. Wedmore.

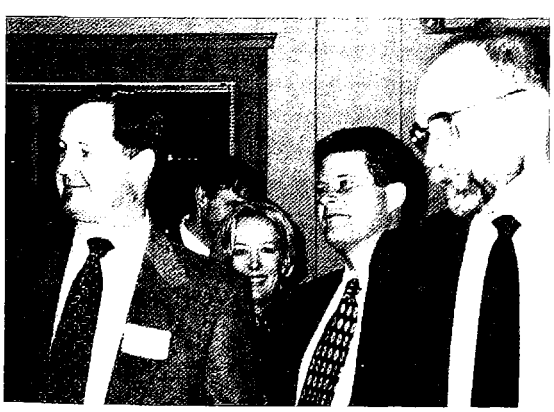
HAR, High Altitude Retinopathy, which, according to Dr. Wedmore, "everybody gets." HAR does not affect vision and you don't need to treat it. In fact, he said, "there is no treatment and you can't prevent it."

HAB/P, High Altitude Bronchitis/ Pharyngitis is common and is a dry cough that occurs two to three weeks after descent.

"The triathlete might get very sick and the couch potato won't be affected.....So don't be fooled."

And, a final syndrome, HAFE, or High Altitude Flatus Expulsion, which according to Dr. Wedmore "can be very threatening to your tent mate."

In closing Dr. Wedmore shared some 'rules to live by' in regard to altitude sickness. First, is prevention. Ascent slowly and make sure your sleeping level is not more than 2,000 feet per day over 8,000 feet. Always go slow and sleep low. And, remember that nothing gets better at increased altitudes. New problems develop and existing problems only get worse. ■



Left to Right: Dr. Nick Rajacich, Mary Ann Bloomgren, Dr. Gary Bloomgren and Dr. Jim Rooks enjoyed the presentation

Dr. Ian Wedmore, speaker for the evening answers difficult questions after the meeting

Chelyabinsk physician affiliation seeking supplies

By the end of this year, the Mary Bridge-Chelyabinsk Affiliation, established in 1993, will in addition to extensive contributions of medical books and journals have had 10 visits by physicians from Chelyabinsk, Russia to Tacoma and 15 visits by physicians and nurses from here to the children's hospitals of Chelyabinsk. More than one-third of these visits have occurred in 1998.

Begun because of concern about the health effects of radiation exposure of children in this area, where nuclear waste contamination from weapons production has been extreme, the affiliation has blossomed into a broadly-based exchange of medical information and education opportunities affecting the whole Chelyabinsk region, which is half the size of Washington state.

We anticipate sending our third container shipment of pharmaceuticals, medical equipment and supplies to Chelyabinsk in December. **We would be grateful for donations of used medical equipment in good condition, recent edition medical texts in any specialty area, recent medical audio tapes and CD-ROM discs and other medical supplies.**

Please list items to be donated with manufacturer and model number if any, along with your current valuation. After clearance through our Chelyabinsk affiliate and appropriate Russian authorities, pickup and shipment will be arranged. A receipt, in the amount of your reasonable valuation will be issued for this charitable contribution. A check, generally in the amount of $50 to $90 will be requested to cover the cost of shipment for medium to large items, which is also considered a charitalbe contribution. Lists should be received by November 10. Please call **David Sparling, MD** regarding questions, 588-9611 and thank you for your help.■

Checklists for reviewing managed care contracts

There are certain provisions in any managed care contract that the physician must carefully consider. The PCMS office has available two (2) credible checklists for reviewing managed care contracts. They can be faxed to you. Call the Society office at 572-3667. They are also available on the Internet at the following sites:

www.ispub.com/journals/IJANP/Vol1N2/mcc.htm
and
www.ncmedsoc.org/ManCareConChecklist.html ■

Steve Settle, MD completes Courage Classic ride

Steve Settle, MD, Tacoma Physical Medicine and Rehab physician participated in the Courage Classic, the 160 mile, three day, three mountain pass bike ride and fund raiser (he raised $2,500) for Mary Bridge Children's Hospital. Dr. Settle was inadvertently omitted from the list of PCMS finishers listed in the October *Bulletin.*

The ride begins at North Bend and goes up to Snoqualmie Pass to CleElum the first day. The second day riders conquer Blewett Pass and arrive in Leavenworth. The third and final day peddling over Stevens Pass takes them into the town of Skykomish where buses wait to transport riders and bicycles back to North Bend.

Dr. Settle recommends the ride to bike enthusiasts, adding that "the food is excellent," which was proven by the five pounds he said he gained during the three days.■

PCMS Delegates participate in WSMA Annual Meeting

PCMS members participated in many discussions and decisions about numerous issues at the recent WSMA Annual meeting in Bellevue. Delegate attendees included, **Drs. James M. Wilson, Jr., Charles Weatherby, Nick Rajacich, Marilyn Pattison, Susan Salo, James Rooks, Patrice Stevenson** and **Maria Mack;** Alternate Delegates were **Drs. Federico Cruz-Uribe, John Gray, Cecil Snodgrass, David Judish, Stephen Duncan, Scott Kronlund and Ken Feucht.** WSMA Representatives were **Drs. Richard Hawkins, Peter Marsh** and **Leonard Alenick;** also attending was **Dr. David BeMiller,** representing the American College of Ob/Gyn, Washington State Chapter. **Drs. John Colen** and **Ken Graham** chaired the Senior Physician Section of the meeting.

A major issue at the meeting was the trend of health plans exerting too much control over patient care, which delegates want to see reversed. Frustrations ran high with definitions of medical necessity, one-sided dispute resolution and generally unilateral contract terms. The House stressed by resolution that **"WSMA reaffirm its position that health insurance company contracts shall not intrude upon the essential elements of the patient-physician relationship. Physician gag clauses, Wickline clauses, and health insurance companies' claims to being "sole definers of medical necessity" are antithetical to quality patient care."** They also resolved that **"WSMA continue to pursue all available actions to promote equity in physicians contracts."**

In line with health plans exerting too much control, Deborah Senn, Washington State Insurance Commissioner received a standing ovation from the House after her presentation in which she told members that "the current contract Regence is asking physicians to sign is a

See "WSMA" page 9

Front row from left, Drs. Ken Feucht, Leonard Alenick and James M. Wilson, Jr. listen as the House of Delegates conduct business

From left, Drs. Nick Rajacich, Charles Weatherby and Jim Rooks visit with Congressional candidate Linda Smith as an unidentified person looks on

Dr. Pat Hogan, Tacoma neurologist shares his knowledge about smoking cessation at one of the many CME programs

Dr. Stuart Farber, palliative care expert from Tacoma conducted an excellent program on caring for dying patients

Health and Medicine on the Net - what are your patients reading?

HealthGate

http://www.healthgate.com/HealthGate/MEDLINE/search.shtml

Produced by HealthGate Data Corp. of Malden, Mass., this site gives you access to several medical databases, including Medline, AIDSLine and CancerLit. You simply enter search terms, click on the databases you want to search and hit enter. A cursory search of the CancerLit database for articles related to breast cancer brings back 14,908 results, covering research on everything from the importance of tracking family history to what role different fruits and vegetables play in preventing breast cancer.

InteliHealth

http://www.intelihealth.com

InteliHealth, a joint venture of Aetna U.S. Healthcare Inc. and Johns Hopkins University Hospital and Health System is frequently recommended because of the big names behind it. It also has content supplied by such trusted names as the National Institutes of Health and the National Health Council. The site's main focus is advice, ranging from what causes panic attacks to how to cure hiccups. Another particularly useful feature: a drug index that describes the uses and side effects of both generic and brand-name medications.

InteliHealth assures visitors that it maintains editorial independence by labeling paid ads as such and not endorsing specific products. But sometimes the message gets a little blurry.

For example, the site offers a catalog that sells products that claim to do everything from helping you sleep better to keeping your back healthy. But the fine print for the catalog whipsaws between a seeming endorsement - "InteliHealth's healthcare professionals search the world for the very best products" and objectivity: "In accordance with our strict editorial policies, neither Johns Hopkins nor any other Information Providers endorse specific products on this service. Though we cannot guarantee the products will prevent or cure illness, our Lifetime Money Back and Price guarantees ensure your complete satisfaction (sic)."

Mayo Clinic

http://www.mayohealth.org

This site, directed by a team of doctors and researchers from the respected clinic, contains sections - called "centers" - that focus on different topics, such asAlzheimer's disease and heart issues. Each of the centers is then broken into smaller sections, such as quizzes to test your knowledge, a library of references and links to other sites. One of the best features is the Ask Mayo section, which allows you to e-mail a question directly to a team of Mayo Clinic physicians. Answers are posted to the Web Site and an archive of previously asked questions can be searched according to topic.

Medline

http://www.ncbi.nlm.nih.gov/PubMed/

Accessible through this site is a huge database of abstracts from the National Institutes of Health's National Library of Medicine. The abstracts cover more than nine million articles from more than 3,800 biomedical journals. The site isn't particularly fancy - it's basically just a barebones search engine - but this is some of the most useful medical information on the Web. The Medline database covers the fields of medicine, nursing, dentistry, veterinary medicine, health-care system and preclinical studies. Unfortunately, receiving the full articles is a complicated process that involves setting up a relationship with a local medical library.

The New England Journal of Medicine

http://www.nejm.org

The online version of this prestigious medical journal allows visitors to search for scientific studies the journal has published. The full text of the publications is available online only to subscribers or to non-subscribers by mail or fax for $10 per article. But anyone can check out the abstracts back to 1990.

Wellness Web

http://www.wellweb.com

This site was started by Bart Moran, Villanova, Pa., more than five years ago after he was diagnosed with prostate cancer. Mr. Moran went to several doctors to find out about different treatments but didn't feel he was getting the whole truth about alternative medicine procedures. He spent half a year researching the topic, and then posted what he learned on the Web to share with others. In time, the site grew to include lots of other medical information; now it has big sections on both alternative and conventional medicine. The alternative medicine, section for example, offers news about herbs and supplements, nutritional medicine and questionable practices. Mr. Moran died last year but his son, Derek, is now heading up the site with the assistance of a group of medical professionals. Information on Wellness Web is constantly updated.■

Reprinted from The Wall Street Journal, Health and Medicine, October 19, 1998

For a reprint of the entire article, please call PCMS, 572-3667.

WSMA Annual Meeting review, continued

significant departure from the past, and is not the same contract that was filed by the company." She noted that her office had several specific concerns with the proposed Regence contract and she is investigating them with the insurer. She told physicians she was there to assist and she needs to hear about problems.

Other issues included the confidentiality of peer review. The House was clear in their instructions to protect peer review, and amended the report on governmental affairs to direct the WSMA to take whatever legislative or regulatory steps necessary to restore peer review confidentiality and fight vigorously the criminalization of medicine. The WSMA will work with the WSHA (Washington State Hospital Association) on this.

After lengthy discussions in reference committee, the House quickly adopted language to not endorse Initiative 692, which would legalize marijuana for medical use. They resolved that "the Washington State Medical Association not endorse Initiative 692 and reaffirm its existing policy that ongoing studies regarding the clinical efficacy of marijuana be completed.

And, **Peter Marsh, MD,** turned over the gavel and the WSMA presidency to Mark Adams, MD, a Bremerton vascular surgeon. Dr. Adams has held a variety of offices in the WSMA and been active on the political action committee. Dr. Marsh will remain on the WSMA Board and serve as Past-President for the Association and chair the Executive Committee.

Congratulations and thank you to Dr. Peter Marsh for his leadership and commitment. ■

Standing in the foreground, Dr. David BeMiller, and behind him (left to right) PCMS Delegates Drs. Charles Weatherby, Jim Rooks and Nick Rajacich voting on one of the many issues before the House of Delegates

Left, Dr. James Wilson, PCMS President, served as a Committee Member for Reference Committee D to hear issues related to governance before going to the House of Delegates

WSMA Alliance Representatives including Kris White, wife of Matthew White, MD, (front row, second from right), who is currently WSMAA President-Elect

Left to right, Delegates Charles Weatherby, Nick Rajacich and Jim Rooks visit during a break at the House of Delegates session

Medical Quality Assurance Commission outlines complaint process

When a complaint or report regarding a physician or physician assistant practitioner is received by the Department of Health, an intake coordinator sets up the file, checks the licensure status and researches prior disciplinary history. Information received by the intake coordinator is logged into the computer tracking system and given a number. The file is then assessed by a medical consultant and/or other appropriate staff members.

All reports received by the Medical Quality Assurance Commission (MQAC) are presented to a panel of the Commission known as the Initial Review Panel. This panel considers the facts and either refers the file to Investigations, sends it to a reviewing commissioner for a legal review, or closes the report. Reasons for closure at this point could be 1) no jurisdiction, 2) below threshold (not appropriate for investigation or 3) no cause for action (evidence does not support or disproves the allegation).

If the report is not closed, a reviewing commission member (RCM) reviews the report, now known as a case and presents the facts to a disciplinary panel of the Commission. The RCM does not participate in the decision making. The Commission panel considers the facts and makes a decision, which might include 1) close the case, 2) get more information, or 3) order disciplinary action. All cases are presented in closed session without revealing the practitioner's names or locations. Cases requiring further investigation are returned to the Investigation Unit.

For a brochure of the MQAC process, call PCMS at 572-3667.■

WSMA drafts legislative agenda for 1999

Each year, the Washington State Medical Association (WSMA) goes through a thoughtful and inclusive process to arrive at an agenda that includes selecting priorities so that the resources of the organization are allocated appropriately. Other bills that WSMA would likely draft and introduce on other issues are also listed.

The coming legislative session will be a "long" one which will last 105 straight days beginning Monday, January 11. The control in both the House of Representatives and the Senate will be determined by the election on November 3.

The recommended priorities for the 1999 session are listed below in order of priority:

❶ Continuing support for universal access to health insurance including preservation and funding of the Health Services Trust Account (HSTA).

❷ WSMA will draft and introduce legislation to license the medical directors of health plans in Washington State

❷ WSMA will work with the Washington State Hospital Association to strengthen and improve the state's statute governing peer review in hospitals and clinical settings and actively oppose the increasing attempts to criminalize medicine.

❹ WSMA will continue to actively oppose any attempts by other health care professional groups to advance legislation intruding into the scope of practice of physicians.

❺ WSMA will work aggressively to defeat legislation that would establish fraud and abuse legislation similar to current federal legislation that drives a wedge between physicians and their patients.

❻ WSMA will continue to participate in and support the agenda of the liability reform coalition (LRC) and will introduce, if necessary separate legislation germane to the medical profession.

❼ WSMA will continue to support the partial repeal of the state's Certificate of Need program (CON) and the licensure of ambulatory surgery centers.

Issues for initiation by the WSMA, not in order of priority include:

WSMA will draft and introduce, if necessary, legislation that would require health plans to pay "clean" claims promptly.

WSMA will consider the drafting and introduction of a Joint Memorial or Resolution encouraging Washington's Congressional delegation to support federal legislation that would allow physicians and other non physician providers to collectively negotiate with health plans.

WSMA will consider the introduction of legislation to alter the definition of "physician" in the recently passed legislation on disabled parking permits.

WSMA will draft and introduce legislation that will require health plans "to offer" to purchasers an insurance policy that is constructed along traditional health care delivery providers.

WSMA will work with other groups to draft and introduce legislation that would change the definition of medical progress within the Labor and Industries Program to "maximum medical improvement" from the present definition of "fixed" and "stable."

For a complete list of issues call the PCMS office, 572-3667 and a copy will be faxed to you.■

Newborn referral program underway

The Prevention Partnership for Children (PPC), a collaboration of more than 30 health, social and education service organizations and public and private funders in Pierce County, has partnered with the Tacoma-Pierce County Health Department (TPCHD) to develop the Newborn Referral Program. The mission of this program that started on June 22, 1998, is to improve and promote healthy outcomes of children and their families who are identified as "at risk." This can include issues of alcohol abuse, drug use, smoking, violence, unemployment, and teen pregnancy. Families are identified by a universal screening process that is conducted on infants and their mothers at the time of birth.

The screenings are conducted by trained Public Health Nurses (PHN) who possess strong backgrounds in child and family health, needs assessment skills and a broad knowledge of maternal child health resources in the community.

The PHN works directly with the staff at Tacoma General, St. Joseph, St. Clare and Good Samaritan Hospitals screening birth records to assess for risk. Once a mother and/or infant have been identified as "at risk" the PHN meets with the mother before discharge to perform an in-depth assessment. Based on this assessment, targeted risk-appropriate care referrals are made to the appropriate community resources. Families who are already connected to an existing care system such as Maternity Case Management will not be referred at this time.

The level of service intensity varies. Higher risk families are referred to a community resource that provides intense case management and support services. The data collected on the screen remains confidential.

The primary elements of this program are based on studies which demonstrated the effect of non-medical interventions on pregnant women and infants who were at greater than average risk for low birth weight, infant death and development delay. These studies show a marked decrease in poor health and psychosocial outcomes in families who received intervention initiated at birth.

The hope is that this process will help to prevent poor health outcomes and promote healthy families. For more information please call Allison Kemmer, RN, BSN, at 798-4700. ■

STD training course

The Tacoma-Pierce County Health Department sponsored the 1st annual update course on STD/HIV diagnosis, treatment and reporting on September 25-26, 1998. The two day course was presented by the Seattle STD/HIV Prevention Training Center faculty led by Dr. William Lafferty. Twenty-two physicians, nurse practitioners and physician assistants participated in the course. Planned as an annual diagnosis and treatment of all STD's, the course offering is part of the Health Department's community based communicable disease control plan which aims to establish a medical community standard for effective STD control. The next course is being planned for September 29, 1999. For further information please call Allison Kemmer, RN at 798-4700. ■

Pierce County disease statistics

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
Amended + REPORTED CASES OF SELECTED DISEASES
Military * FOR MONTH ENDING SEPTEMBER 30, 1998

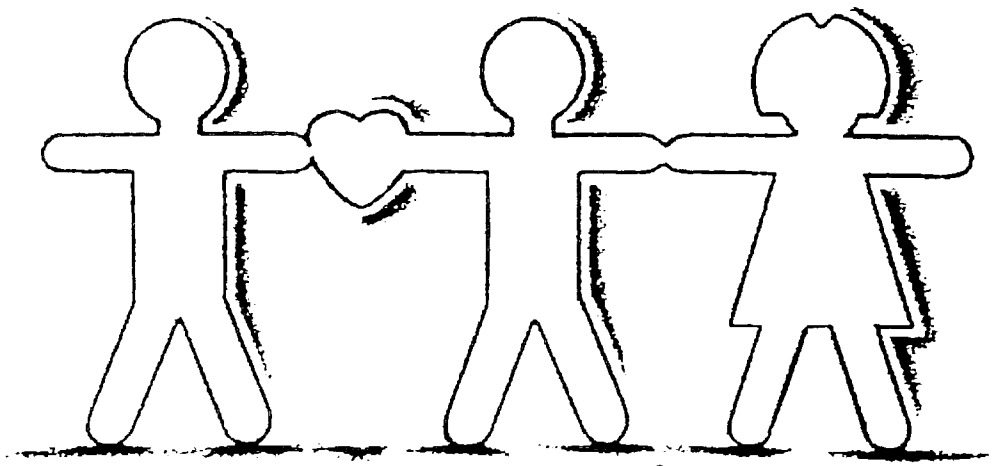
DISEASE	THIS MONTH		1998 TO DATE		1997 TO DATE	
ENTERIC DISEASES						
E. Coli 0157:H7	3		6		9	
HEPATITIS (Acute)						
Hepatitis A	1		37		50	
Hepatitis B	1		8		12	
Hepatitis C/NANB	1		1		5	
SEXUALLY TRANSMITTED DISEASES		*		*		*
Chlamydia	149	39	1118	229	819	142
Gonorrhea	37	8	232	38	314	47
Herpes, Initial Infection	13	11	108	29	127	39
Syphilis, Early	2	0	2	1	1	0
Syphilis, Late	1	0	12	0	15	1
Pelvic Inflammatory Dis.(Acute)	4	0	52	2	83	1
Urethritis, Nongonococcal	0	20	19	104	30	71
TUBERCULOSIS	0	0*	26	0*	35	1*
VACCINE PREVENTABLE DISEASES						
Pertussis	4		58		40	
HIV DISEASE						
AIDS	4		36		58	
TOTAL AIDS CASES - 1983 to Present	-		720		-	
OTHER DISEASES						
Vibriosis	1		2		6	

24-hour Reporting Line: (253) 798-6534

The Tacoma Pierce County Health Department compiles a report of diseases in Pierce County each month, as shown at left. The report is printed in the *PCMS Bulletin* to help keep physicians and care-providers abreast of disease activity. If you have questions regarding the report, please call the Communicable Disease Section of the Health Department at 798-6410.

Please remember to call in reportable diseases to the 24 hour hotline, 798-6534.

Organ & Tissue DONATION



©Coalition on Donation

*Share Your Life. Share Your Decision.*SM

For more information
on organ and tissue donation
please call
Life Center Northwest
toll free, 1-877-275-5269

The Invisible Hand.....

"Efficiency and Effectiveness"

Andrew N. Statson, MD

He who knows not and knows he knows not is a child - teach him.
He who knows not and knows not he knows not is a fool - shun him.
He who knows and knows he knows is a wise man - follow him.
He who knows and knows not he knows is asleep - wake him.
Persian Proverb

by Andrew Statson, MD

In a magazine article on car repair I read the authors filed some pins of the distributor cap and took the car to some six garages to test the quality of the repair service. In one of them the mechanic discovered the problem, replaced the cap and charged them six dollars. In the others nobody could find what was wrong and they suggested a variety of solutions from using high octane gas to engine overhaul. Of course, the most efficient engine overhaul would not be effective if the problem happened to be a faulty distributor cap.

With my apology to auto mechanics I deliberately chose an example from a field other than medicine. All of us who have been in practice for a while have seen patients who stumped us. "Just when you think you have seen everything someone will walk through the door with something you have never seen before," some of my teachers liked to say. Our job is difficult because we have to know about many diseases, most of them rare. Many are outside our specialty field. Sometimes we not only don't know what is wrong, we don't know that we don't know.

Efficiency refers to the use of resources - equipment, supplies, and time. Effectiveness is the achievement of a desired result with an economy of means. In general we use our time efficiently in our offices. Some of the equipment is not used much, yet it is nice to have on hand. With some tests or a sonogram we can decide on treatment immediately. The overhead is higher, but there are benefits for the patients. As we don't use our machines eight hours a day, we don't have to replace them often.

"As we are getting paid less and less for the work we do, efficient use of our time becomes more and more important."

The use of our time outside the office is different. We now spend less time on staff meetings, but the record keeping for hospital patients is still based on pages and pages of handwriting. Going from floor to floor and from hospital to hospital is also time consuming. The major time waster however is the wait for things to get ready so we can do our work.

In France, surgeons had two operating rooms available as a matter of course. One morning I assisted on nine appendectomies. We started at eight o'clock and were done a few minutes after eleven. I doubt many teams in this country can match that. As we are getting paid less and less for the work we do, efficient use of our time becomes more and more important.

For the sake of argument I'll make a few assumptions. An operating room is about 500 square feet. With supporting space I'll assume it takes 1000. Construction costs run 200 to 300 dollars a square foot. With the extra piping, wiring and shielding, I'll put them at 500. The cost of an operating room therefore would have half a million. The professional time of the OR team, consisting of a surgeon, assistant, anesthesiologist and two nurses, I'll peg at 500 dollars an hour (150 per physician and 25 per nurse). It should be more in view of the intensity of the work. If a second room could give the team two more hours of productive work per day in a year they would earn 250,000 dollars. Would that make economic sense?

Supplies and equipment, lab tests, imaging studies and drugs have costs of which unfortunately we know little. We have no good independent sources of up-to-date cost information. For example, on her

See "Efficient" page 14

Efficient *from page 13*

third admission, in desperation, I gave Zofran to a patient with hyperemesis. It worked, so I wanted to send her home with a prescription for a few tablets. I was shocked when the hospital pharmacy quoted a price of about 50 dollars per tablet. Yet not doing an expensive test or treatment may turn out to be more expensive in the long run. There is a place for clinical judgment to discriminate between those who would benefit from a certain treatment and those who wouldn't. Sometimes patients can help make this decision but many patients think nothing of using more expensive treatments as long as they don't have to pay for them personally. Such is human nature. This is the only reason managed care came into existence.

One example is the French system of national health insurance. After WWII they established a very ambitious program of universal health care Abuse was common. With inflation and underfunding, the payments lagged significantly behind charges. After ten years the program was nearly bankrupt. When de Gaulle was called back to assume the presidency he established "le ticket moderateur." I don't think this expression needs translation. It consisted of a front end deductible and a 20% co-payment. The system is limping but is has survived. Patient participation in the cost of care even at 20% level is a powerful incentive to consider costs. Flat co-pays for services or prescriptions would not do it. Many prescription plans try to control costs by limiting the amount of medication to a month's supply. This creates more work for the pharmacists but makes little economic sense.

Even with all its problems, the assessment of efficiency is relatively straightforward. A course of antibiotics, an injection of steroids, a CT scan are reasonably well defined and their cost can be projected and discussed in advance. The situation with effectiveness is very different. We usually will not know until afterwards whether anything we do is effective. Even then we cannot be too sure. Effectiveness requires knowledge, skill, experience and judgment, lots of them. It requires a finely tuned interaction with the patient, looking and listening for the clues to the diagnosis. Sometimes patients present with a profusion of symptoms. All symptoms are important to them and eventually will have to be addressed but we need to sort them in order of clinical significance. Clinical sense is our ability to filter the noise the patients serve us and find the melody in it. It also helps rule out unlikely diagnoses and leads to getting a few simple tests, if any, to confirm the initial impression.

Perhaps the most important factor for effective treatment is the participation of the patient. Once we have the diagnosis the patient may decide not to treat at all. It is said treatments are things we do to patients. In fact they are a joint effort. Our role is to tailor the treatment to the patients, to their individual characteristics and to their ability to participate in it. Women who seek birth control but cannot remember to take a pill every day will not do well on pills. So there can be no standard treatment because there are no standard patients.

In addition to treatment we are involved more and more in screening and prevention. Yet a negative screening test is as good as no test at all except for the peace of mind it provides and that is based on false assumptions. This does not mean we should not do them but the question about frequency of screening is a legitimate one. Should a well controlled hypertensive patient have a cardiogram on the basis of symptoms or every two years, every year, every six months? Would every three months be even better? Or would it depend on the individual?

Since 1988, women in Great Britain between the ages of 50 and 64 can get a free mammogram. They are invited for screening once every three years. Women over 64 are also screened free of charge but they must self-refer. Britain could reduce the breast cancer death rate by 16.4% by extending the invitation to women up to age 69. Inviting them every two years instead of every three would reduce the mortality by 15.3%. The cost per life saved would be 2990 pounds by extending the age range and 3545 pounds by shortening the screening interval. "The NHS could confidently select either option if it decided to spend more money on preventing breast cancer." (BMJ 1998; 317:388-389).

Effectiveness of medical practice is a complex quality. It cannot be readily assessed. It varies from instance to instance and can only be known by its result. It is based on clinical sense and requires a huge amount of knowledge. In real practice it is and will always remain an art. I shall close with a quote from Henry James: "In art economy is always beauty."■

Do we have your e-mail address?

Please send it to us at:

pcmswa@pcmswa.org

Applicants for membership

Brooke, Marvin M., MD
Physical Medicine and Rehab
Practices at 407-14th Ave SE, Puyallup 98372; 841-5849
Medical School: Emory University
Internship: University Hospital
Residency: University of Washington

Krabbe, Marjorie E., MD
Family and OB/GYN
Practices at 2748 Milton Way, #102, Milton 98354; 927-9772
Medical School: University of California - Davis
Internship: Tacoma Family Medicine
Residency: Tacoma Family Medicine

Neff, Timothy W., MD
OB/GYN
Practices at 222 N "J" St. Tacoma 98405; 383-2309
Medical School: University of Kansas
Internship: Wesley Medical Center
Residency: Wesley Medical Center

Park-Hwang, Esther M., MD
OB/GYN
Practices at 222 N "J" St. Tacoma 98405; 552-4747
Medical School: Loma Linda Univ
Internship: University of Illinois
Residency: University of Illinois

Schroeder, Richard L., MD
OB/GYN
Practices at 222 N "J" St. Tacoma 98405; 552-2950
Medical School: Baylor College of Medicine
Internship: Ben Taub General Hospital
Residency: Baylor College of Medicine

Sorsby, Stephen C., MD
Family Practice/Geriatrics
Practices at 2748 Milton Way, #102, Milton 98354; 927-9772
Medical School: University of Arkansas
Residency: Madigan Army Med Ctr

Steedman, John T., MD
Orthopedic Surgery
Practices at 702-23rd Ave SE, Puyallup 98372; 845-9520
Medical School: Johns Hopkins University
Internship: Mayo Clinic
Residency: Mayo Clinic

Ungerleider, Judy R., MD
OB/GYN
Practices at 222 N "J" St. Tacoma 98405; 552-2950
Medical School: University of California
Residency: Kaiser Permanente Medical Center

1998 Physician Directory changes

Clabots, Joseph, MD
Change address to:
7424 Bridgeport Way W, #302
Tacoma, WA 98467
Phone: 588-3149
FAX: 588-2688

Lee, David, MD
Change FAX # to: 627-5768

Vitikainen, Kari, MD
Change address to:
Beginning 12/1/98
1802 S Yakima #102
Tacoma, WA 98405
Phone: 272-7777
FAX: 383-9109

E & M Guidelines available for review

The AMA has placed a copy of the review draft of new HCFA evaluation and management documentation guidelines at their Web Site **http://www.ama-assn.org/emupdate** for physicians review. This document may be downloaded and printed for convenience. It has also been mailed to national medical specialty societies, state medical associations and county medical societies. The AMA is seeking comments through local medical societies or by direct comment to the address on the document. E-mail comments may be sent to: **guidelines@ama-assn.org.** You will receive an acknowledgment that your comments have been received.

You can review the other recent posting to this site for background on the AMA approach to E & M documentation guidelines. ■

Pew Commission report seeks further protection for comsumers

The Pew Commission's new report has charged that the current health professional regulations have "serious shortcomings" and called for periodic competency checks on health professionals and broadening public representation on professional boards. According to the Commission, "legislatures have not forced regulatory boards to set standards for continuing competence, leaving that role to the private sector. The report contends that this raises major quality of care issues, and may be putting consumers at risk." In reaction, the AMA released a statement that took strong exception to the idea that the quality of medical care and the protections afforded to patients are somehow endangered by allowing the physician community to define the standards by which its members demonstrate their professionalism. ■

Washington's 'Vaccines for Children' program will require adherance to new guidelines for continuation of funding

In 1990, Washington State instituted a vaccine distribution program for all children 0-18 years of age, regardless of income. This program was funded by federal money titled 317 (not an entitlement) and state funds (GFS). In October 1994, a new funding source, Vaccine for Children (VFC), an entitlement program, became available. Since then these three funding sources have been used to purchase and provide vaccines. This has been a seamless process in that providers have not had to administer vaccines to different groupings of children dependent on how a particular vaccine was purchased. The Department of Health (DOH) with the agreement from the Centers for Disease Control and Prevention (CDC), purposely instituted the VFC program in this manner to decrease confusion and paperwork.

Vaccine purchases in Washington State by funding source for the 1997-1999 biennium are as follows:

GFS: 36% $12,658,778

317: 23% $ 7,999,318

VFC: 41% $14,100,504

The CDC under direction from Congress has developed increased accountability requirements for states, local health jurisdictions and individual providers. States that do not adhere to these new requirements will lose VFC funding.

VFC-eligible children in Washington State are: Medicaid enrolled, Uninsured, Underinsured (those who have insurance that doesn't cover immunizations) and American Indian/Alaska Natives. Non VFC-eligible children are those that have insurance that includes immunization coverage.

How does this affect your practice? The five new federal requirement are: Provider site enrollment, Continuing education, Satisfaction survey, Public and Private clinic site visits, Bench marking or counting VFC-eligible children served.

In 1999 the provider site enrollment will take place through the Tacoma-Pierce County Health Department (TPCHD). Each year provider agreements will be sent to your offices. These agreements will enroll your site in the VFC program and we ask that you list all medical providers in your site.

Continuing education will be sent to you and your staff from the DOH and TPCHD regarding vaccine accountability, updates on program practices and requirements and other vaccine-related information.

Starting this year a yearly satisfaction survey is to be completed by all provider sites and sent back to TPCHD. The information will be used to improve vaccine distribution.

TPCHD will make site visits to your offices. In 1999, ten percent of providers will be visited. This percentage will eventually increase to 25%. The intent of the visit is to ensure that storing, administering and accounting of vaccines are performed as required.

Washington State has estimated the number of VFC eligible children. In 1999, the CDC will require actual data. Bench marking will allow a one month period of data collection to be representative of the entire year. Requirements include documenting the number of VFC eligible children receiving immunizations in your practice. Documenting a higher percentage of VFC-eligible children will increase VFC funding and free up state dollars to purchase new vaccines and combination vaccines and continue to cover costs of providing VFC mandated vaccines to non-VFC eligible children.

We want to thank you for your commitment to ensuring that Washington's children continue to receive the vaccines they need to protect them against preventable diseases. We hope this information will help in development of systems within your practice to prepare for these new Federal requirements. If you have any questions regarding the VFC program, please call Cindy Miron at 798-6556. ■

KOMO radio to feature "The Medicine Man Radio Show," offer CME credit

The Medicine Man Radio Show will be broadcast weekly, Saturdays, 6 -7 p.m. on KOMO NEWSTALK 1000.

Topics will cover the broadest scope of programs in health care, ranging from the different approaches to treating illness, to challenges faced in insurability and access to care.

Continuing Medical Education credit is available for listening to the show. Accredited by the University of Washington School of Family Medicine and Continuing Medical Education, the show offers one hour of Category I and/or II for each Saturday evening program. A CME accredited audio series will be available to physicians unable to listen to each and every show.

Please call the Medicine Man Radio Show at 253-804-8436 or visit their website at www.medmanshow .com for credit pricing. ■

AMA offers Home Care Guidelines

The AMA has developed *Guidelines for the Medical Management of the Home Care Patient*, a clinical and management tool physicians can use as they help improve the quality of life for their home care patients.

The guidelines emphasize a team effort in home health care, including roles for familes, the patient and other caregivers. Other subjects include Medicare rules and eligibility requirements, duration and frequency of home care services.

Each AMA member is entitled to one free copy. For additional copies or non-members the cost is $4. Call the AMA at 312-464-5085.■

the Pulse

Pierce County Medical Society Alliance

President's Message

It's really Fall now with crisp evenings and leaves turning bright scarlet, orange and brown. This is my kind of weather - back to blue jeans, turtlenecks and sweaters.

The Philanthropy Committee has prioritized the requests for funding in the order that will best serve our mission. The requests this year totaled $39,000. This is quite a challenge for us! PCMSA would love to fund them all, however, the reality is that the ability to raise these funds for the community depends upon YOUR GENEROUS DONATION to the Holiday Sharing Card.

Remember that the card relieves you and your staff from the cost of purchasing cards to send to all offices and hospitals AND we save you postage too. It's a tax contribution with no effort. Try it.

Watch for the solicitation letter which you should have received by now. There will be a deadline to receive YOUR NAME to be placed on the donor list inserted in the card.

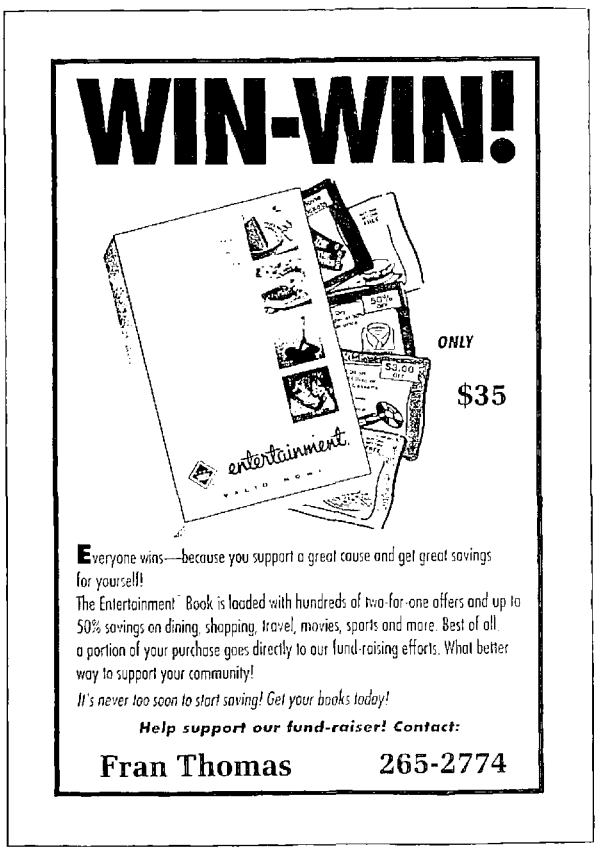
On Friday, November 13 there will be an Alliance trip to University Village (UW) to check out the new Molbaks, Barnes and Noble bookstore and many other new stores added to the centre. We will be leaving from Sam's Club parking lot in Fife promptly at 9:00 a.m. in carpools. We will leave Seattle by 2:00 p.m. to avoid traffic.

December 8 is the annual PCMS/PCMSA Holiday Dinner at the Sheraton that will feature Dr. Pepper Schwartz. Do not miss the invitation which will come from the Medical Society. The Alliance will be collecting toys and other gifts for the children and mothers at the YWCA Support Shelter. Children's gifts should be unwrapped. Gifts for mothers may include anything that would brighten their day. Please wrap these gifts and provide a content label.

Thank you for your fabulous support. ■

Nikki Crowley
President PCMSA

ENTERTAINMENT '99 BOOKS FOR SALE



The Alliance is now selling Entertainment '99 books. They are $35 and will be available at the PCMS/PCMSA Annual Meeting on December 8. Proceeds will benefit PCMSA's "Baby Think It Over" program. Books make great Christmas gifts, particularly for staff members and will be on sale until January 9. For more information call Fran Thomas at 265-2774.

Whistler/Blackcomb CME registration open, reservations required by December 1

Registration is open for the College's CME at Whistler/ Blackcomb program. Program brochures were mailed in early October. The conference is scheduled for January 27-31, 1999.

Reservations for the block of condos, THIS YEAR ALL IN THE ASPENS AND AT LAST YEAR'S RATES, are available. Reservations can be made by calling (800) 777-0185. You must identify yourself as part of the College of Medical Education to receive the negotiated reduced rates. THE COLLEGE'S BLOCK OF ROOMS WILL BE RELEASED ON DECEMBER 1, 1998.

The College is offering family vacationing, skiing and the usual quality continuing medical education to PCMS members and other physicians. With Category I credits, the CME program features a potpourri of subjects of interest to all specialties.

The program is under the direction of **John Jiganti, MD,** Tacoma orthopedist. Subjects include:

- ❖Common Rotator Cuff Disorders
- ❖Hyperbaric Oxygen Treatment
- ❖Update in Dermatology
- ❖Breakthrough Therapies in Treating Rheumatoid Arthritis
- ❖Infectious Diseases including Case Studies
- ❖Advances in Treating Cardiovascular Diseases
- ❖Primary Prevention of Breast Cancer

For more information on this annual event, please call the College at 627-7137.■

CME and Mariner's Spring Training Course set for March 3-7, 1999

The College of Medical Education has selected the dates of March 3-7, 1999 for its CME program in Phoenix. The actual course is the mornings of March 4-6. **Richard Hawkins, MD** is the program director.

For logistical planning and assuring our registrants both airline and hotel space during this extremely busy time in Phoenix, the College had to confirm these dates prior to finalization of the Mariner's Cactus League schedule. The Mariner's will be underway and playing games at that time but the actual location will likely not be set until January.

As part of planning, the College has selected the Embassy Suites Phoenix-North for conference headquarters. The large and beautiful hotel is conveniently located close to the Mariners Peoria stadium and offers reduced and competitive rates for complete two-room suites that include a private bedroom and separate living area with sofabed.

Flights to Phoenix during March often sell out in advance. In order to assure that we will have seats available for our CME group, the College has block-booked seats on Alaska Airlines flights to Phoenix. And, we're attempting to make it easier for the group to travel together, rent cars, etc.

On Wednesday, March 3, we have seats on two flights in the afternoon. On Sunday, March 7, we have seats on two afternoon flights. This package is at an attractive group rate, but most importantly, ties down some seats that will not be available later.

Olympus Travel is handling the flight arrangements. Specifically, MARILYN, is prepared to assist you in securing these seats. We urge you to make your travel plans now. WE MUST GIVE UP OUR BLOCK OF SEATS ON DECEMBER 28, 1998. Please call Marilyn at (253) 565-1213, 8:30am-5:30pm weekdays; 9am - 4pm on Saturdays.

The program brochures will be mailed in early November. Start fresh with the Mariners in March 1999.■

COLLEGE OF MEDICAL EDUCATION

Common Office Problems CME stresses primary care issues

The topics set for the College's Common Office Problems CME program focuses on timely primary care issues. This year's course is November 13, 1998 and is planned for St. Joseph Medical Center's new meeting space on the first floor - 1A and B.

The program is once again directed by **Mark Craddock, MD** and will offer 6 Category I CME credits. This year's course will cover:

- Diagnosis and Treatment of Impotency
- Contraceptive Choices for the New Millennium
- Ophthalmology: The Alphabet Soup
- Management of Chronic Pain
- Clinically Significant Drug Interactions
- Treatment of Chronic Foot & Ankle Problems
- Hepatitis C
- Depression, Anxiety, Bipolar...in Children
- Management of Congestive Heart Failure ■

Medicine and Mental Health set for December 4

A CME program focusing on the diagnosis, treatment and management of mental health complaints faced in the primary care and internal medicine practice will be offered by COME for the first time this year.

Directed by **Drs. David Law** and **Mark Craddock**, the program offers 6 Category I CME credits and will cover:

- Bipolar Disorder: Recognition, Diagnosis and Management in Primary Care
- Treating with Anti-Psychotics
- Post-Traumatic Stress Disorder
- Beyond the Benzodiazephine: New Approaches to Anxiety Disorders
- Alzheimer's
- Anti-Depressant Choices: Initial Drug Therapy
- Helping the Physicians Mental Health

A program brochure was mailed in late October. For additional information, call 627-7137.■

Dates	Program	Director(s)
Friday, November 13	Common Office Problems	Mark Craddock, MD
Friday, December 4	Medicine & Mental Health: Depression, Anxiety, Dementia.....	David Law, MD Mark Craddock, MD
Friday, January 22	Cardiology for Primary Care	Marilyn Pattison, MD
Wednesday-Sunday January 27-31	CME at Whistler	John Jiganti, MD
Friday, February 26	Review of HIV Infections	Alan Tice, MD
Thursday-Saturday March 4-6	CME & Mariners Spring Training	Richard Hawkins, MD
Thursday-Friday March 11 - 12	Internal Medicine Review	Surinderjit Singh, MD
Friday, April 23	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Saturday, May 15	Surgery Update 1999	David Magelssen, MD
Friday, May 21	Law & Medicine	Joseph Just, JD Nicholas Rajacich, MD

Record retention is physician obligation

Physicians have an obligation to retain patient records which may reasonably be of value to a patient. The following guidelines are offered to assist physicians in meeting their ethical and legal obligations:

◆Medical considerations are the primary basis for deciding how long to retain medical records. Operative notes and chemotherapy records should always be part of the patient's chart. In deciding whether to keep certain parts of the record, an appropriate criterion is whether a physician would want the information if he or she were seeing the patient for the first time.

◆If a particular record no longer needs to be kept for medical reasons, the physician should check state laws to see if there is a requirement that records be kept for a minimum length of time. (Washington state does not have such a provision)

◆In all cases, medical records should be kept for at least as long as the length of time of the statute of limitations for medical malpractice claims. **It is recommended that records be kept for five years from the date of a patient's death, ten years from the date of last visit or contact, 26 years from a minor patient's birth and indefinitely if the patient is incompetent, has medical problems or may have reason to sue.**

◆Whatever the statute of limitations, the time should be measured from the last professional contact with the patient.

◆If a patient is a minor, the statute of limitations for medical malpractice claims may not apply until the patient reaches the age of majority.Immunization records always must be kept.

◆The records of any patient covered by Medicare or Medicaid must be kept at least five years.

◆In order to preserve confidentiality when discarding old records, all documents should be destroyed.

◆Before discarding old records, patients should be given an opportunity to claim the records or have them sent to another physician, if it is feasible to give them the opportunity.■

From the AMA Code of Medical Ethics & WSMA Physicians Guide

OFFICE SPACE

New office space available. Ideal for 1 or 2 physician practice. Up to 1,400 square feet. Will finish to suit. Close to hospitals, convenient parking, ground level. Call Robin at 756-2182.

Lakewood, medical space avail-able 11/01/98. Two suites 750 square feet each. One suite 2900 square feet. MultiCare Urgent Care leaving space which has been occupied by an urgent care facility since 1980. Building is a medical-dental facility next to Albertsons. 8509 Steilacoom Blvd. Call Dr. Ken Ring at 584-6200 or 582-5856.

Medical office space to sub-let. Furnished. Prime Gig Harbor location. Perfect for a specialty practice. Call for details. (253) 848-9484.

POSITIONS WANTED

Medical Transcription and Writing. Exceptional background and credentials for most specialties. Prompt and perfect. Free pick-up and delivery. Medical Writing Services. 253-925-3276.

GENERAL

Fish Sitka, Alaska. Make your reservations today for a *sport fishing adventure of a lifetime*. We cater to Medical and Dental professionals. Special discount dates. Prime dates going fast. Please call Denny's Guide Service toll-free 1-888-847-3659 or e-mail Dennys-Guide-Service@Worldnet.att.net

POSITIONS AVAILABLE

Tacoma/Pierce County Outpa-tient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, MD (253) 752-9669 or Paul Doty, Clinic Manager (Allen, Nelson Turner & Associates), (253) 383-4351.

Group Health Permanente is currently seeking anesthesiologists interested in locum tenens opportunities. Positions located in the Seattle area. We are a well-established physician-managed organization, recently affiliated with Kaiser Permanente. For further information, fax cover letter and CV to (206) 448-6191 or call 1-800-543-9323.

BE/BC internist needed for multi-specialty clinic in Renton/Kent area. Great opportunity for ambitious physician to join very successful physician-owned group. Please forward CV to: Don Robertson, Valley Internal Medicine, 4011 Talbot Rd S, #500, Renton WA 98055. Fax (425) 271-2561.

Family Practice. Group Health Permanente is currently seeking family practitioners for a variety of settings throughout the Pacific Northwest. We are a well-established physician-managed multi-specialty group recently affiliated with the Kaiser system. Opportunities in teaching and research are often available. For further information, fax CV and cover letter to (206) 448-6191 or call 800-543-9323.

Seeking BC Family Physician to join independent, three-family physician group. Obstetrics desirable. Pro-life. Competitive salary and benefits. Send cover letter and CV to **James A. Wilson, MD,** Cornerstone Family Physicians, 5920 100th Street SW #26, Lakewood, WA 98499-2751.

Puyallup, WA: Hospital affiliated urgent care center has immediate openings for residency trained or BC/BE family practice physicians to work 10 hour shifts. Clinic hours are 12 noon to 9:30 pm Monday-Friday, 10:00 am - 7:30 pm Saturday, Sunday and holidays, outpatient only. $50/hr, benefits available. Send letter of introduction and CV to Urgent Care Center Application, Good Samaritan Community Healthcare, Attn: Kathy Guy, PO Box 1247, Puyallup, WA 98371-0192.

Puget Sound Area, WA: You know how you want to set up your practice. We can help you do it. Dynamic community-based healthcare organization seeks BC/BE Family Practitioners. 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, family community. Close to Seattle with year-round recreational opportunities. We are an equal opportunity employer. Contact Kathy Guy, Administrative Director of Clinics, Good Samaritan Community Healthcare, 407 - 14th Avenue SE, Puyallup, WA 98371, (253) 848-6661, Ext. 1865.

Pierce County Medical Society
223 Tacoma Avenue So.
Tacoma, WA 98402

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

December, 1998

HAPPY HOLIDAYS!

Inside:

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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(253) 572-3666, Fax 572-2470

E-mail address: pcmswa@pcmswa.org
Home Page: http://www.pcmswa.org

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

December, 1998

Features

Departments

News briefs

PCMS Annual Meeting to feature popular, local speaker

Annual Meeting speaker author of many books including "The Great Sex Weekend" and "The Love Test"

Pepper Schwartz, Ph.D., professor of Sociology at the University of Washington will be the guest speaker at the PCMS Annual Meeting on Tuesday, December 8, 1998. Her topic will be "Gender and Miscommunication."

Dr. Schwartz holds a B.A. and an M.A. from Washington University in St. Louis where she was a Woodrow Wilson Fellow, and an M.A. and Ph.D. in Sociology from Yale University.

She has received many awards, including the Matrix Award for Achievement in Education and the International Women's Forum Award in Career Achievement in Washington state. She is the author of ten books, including "American Couples" and "Love between Equals: How Peer Marriage Really Works." Two new co-authored books were published in February, 1998, "The Great Sex Weekend" and "The Love Test."

Dr. Schwartz currently writes a monthly column for Glamour Magazine and a bi-monthly column for American Baby Magazine, and used to write a weekly column called "Sex.Net with Dr. Pepper" for Microsoft Corporation's One Click Away. She is a contributor to many magazines and newspapers including the New York Times "Parent and Child" column, and a contributing editor of Sexual Health magazine. Dr. Schwartz was a regular member of the KIRO-TV news staff for 12 years and appears regularly on national TV news, documentaries and other programs. Dr. Schwartz is the author of more than 40 scholarly articles and has served as a consultant to many national organizations; she is also past President of the Society for the Scientific Study of Sexuality. Dr. Schwartz resides with her husband, Arthur Skolnik, and their two children on a horse and llama ranch in Snoqualmie, Washington.

The Tacoma Youth Symphony Quartet, a social hour, raffle drawings and an excellent dinner will also be part of the evening. And, before adjournment, the presidential gavel will be turned over from **Dr. James M. Wilson, Jr.** to **Dr. Lawrence A. Larson.**

Please remember to bring an unwrapped toy for a child and/or a wrapped gift for a woman for residents of the YWCA Shelter.■

Please see page 4 for the Annual Meeting flyer and registration information.

Personal Problems of Physicians

Medical problems, drugs, alcohol, retirement, emotional, or other such difficulties?

For impaired physicians your colleagues want to help

Please call:

***Robert Sands.....752-6056**
Bill Dean 272-4013
F. Dennis Waldron 265-2584
***Chair**

Confidentiality Assured

PCMS representatives continue monitoring of QualMed quality

Dr. Jim Wilson, PCMS President and several office managers recently met with QualMed provider staff including Dr. Art Sprenkle, Medical Director and Ann Koontz, Director, Provider Relations.

The meeting, one of many, was scheduled to discuss improvements that QualMed has been working on since complaints were first lodged with them last March about reimbursement and authorization issues. The office managers acknowledged that phone service has improved. Ms. Koontz informed the group that the backlog of claims is slowly building but QualMed is working on the matter and continuing to add and train staff to improve the situation.

Koontz invited offices that are experiencing difficulties with QualMed to please notify them so they can work on the specific problems. Dr. Sprenkle said QualMed has found the discussions with the Pierce County Medical Society group to be valuable and would like to continue them on a semi-annual basis.

"The number one problem for physician offices with QualMed," according to Dr. Wilson, "is the hassle factor." According to Dr. Sprenkle, "QualMed is aiming for reduced time to secure authorization and a friendlier interface with an earlier detection system to find problems before they grow and fester."■

Pierce County Medical Society

and the

Pierce County Medical Society Alliance

invite you and your spouse/guest to the

1998 ANNUAL MEETING

Tuesday, December 8, 1998
Sheraton Tacoma Hotel, Ballroom
1320 Broadway Plaza, Tacoma

Social Hour: 6:30 p.m.
Dinner: 7:00 p.m.
Program: 8:15 p.m.

featuring

Pepper Schwartz, Ph.D.

Professor of Sociology, University of Washington

Join your friends and colleagues at the PCMS/PCMSA 1998 Annual Meeting and hear the distinguished Dr. Pepper Schwartz talk about **"Gender and Miscommunication."** She will tell us about different styles of communication between men and women and how they cause difficulties in relationships.

Dr. Schwartz holds a B.A. and an M.A. from Washington University in St. Louis, and an M.A. and Ph.D. in Sociology from Yale University. She is the author of ten books including *American Couples* and *Love Between Equals: How Peer Marriage Really Works.* Dr. Schwartz currently writes a monthly column for *Glamour Magazine* and a bi-monthly column for *American Baby Magazine.* She is a contributor to the *New York Times* "Parent and Child" column and a contributing editor of *Sexual Health Magazine.* She was a regular member of the KIRO-TV news staff and appears regularly on national TV news, documentaries and other programs. She has served as a consultant to many national organizations and is past President of the Society for the Scientific Study of Sexuality.

- Introduction of the 1999 Officers
- Music provided by the Tacoma Youth Symphony Quartet
- Please bring an unwrapped toy (child) and/or a wrapped gift (woman) for residents of the YWCA Shelter

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Please return before Friday, December 4 to: PCMS, 223 Tacoma Avenue South, Tacoma, WA 98402
You may fax to 572-2470 or call 572-3667 for more information

Please reserve _____ dinner(s) at $40 per person. Enclosed is my check for $_____
Or, charge my credit card # _____ Expiration date: _____
☐ Visa ☐ Master Card Signature: _____

My name for name tag: (please print or stamp):

_____

My spouse/guest name for name tag:

_____

A daughter pays tribute to her father

Dr. Jose Alonso Garcia-Otero 1915-1995

by Maria Teresa Garcia-Otero Clabots, MD

In the summer of 1995 my husband helped me provide hospice care for my dad. It was the Hardest thing I have ever done.

My father was born in Spain during tumultuous years. He was educated by the Jesuits. While still a teenager, he smuggled his mother and sisters by boat to the safety of southern France to avoid the Spanish Civil War. He then went on to continue his education in Germany's medical schools. He knew Spanish, Latin, German and some French (and later, English). Unfortunately, Hitler and the persecution of all intellectuals and Jews meant the destruction of schools and all important documents (medical school transcripts) and his imprisonment. While his friends were tortured and killed, he was spared only because he was able to prove himself a foreigner and not Jewish (like most Europeans, he was uncircumcised). He then went to Cuba and again resumed his study of medicine and received his M.D. degree. He helped form the Agrupacion Catolica, which was instramental in providing medical care to the poor. There he met and fell in love with the youngest daughter of a sugar plantation family. (The Gaston family was known for supporting the church, particularly the Jesuits and the Order of the Sacred Heart and gifting land, some of it where the University of Havana now stands.)

He became well known in his field of pathology, parasitology and tropical diseases, particularly malaria and syphilis. For a while he lived on an island lepresorium to study that disease. He published and became a renowned clinician. His patients came from all over; rich and poor, black or white. He rendered care to prisoners, former slaves, lepers, prostitutes and provided consultations for other practitioners. He would travel yearly to the U.S. for conferences and to get the latest in equipment. He would read the British, German and American journals in their original languages and at times built his own equipment from scratch or would buy it from abroad. He taught at the University of Havana Medical School. He helped the Coulter brothers giving them a mercury pump and a specially made cuvette to build the counter, which automated the tedious differential. (He refused stock in their company, saying it was a present to his friends.)

The marriage was happy and fruitful with nine children born in Cuba (plus a tenth later in Spain). The Cuban revolution was starting and for safety, the four oldest, three teenaged girls and a boy were sent to Spain. (It was that or cutting sugar cane and joining the youth groups and militia, mandatory for those over 10). I remember those times in Cuba, for a short while I was the oldest. I was six. Airplanes shrieking, tanks in the streets, food rationing, hunger and standing in line for essentials like milk, sugar, toilet paper,

See "Garcia," page 6

At My House He Was King

The other day I dreamt of Papi
sitting on my porch.

A man without a country, a man without a home.
(He did Not deserve to die,
in a Nursing Home alone)

With a stomach full of sweet delight,
he would stay awake all night.
In the morning he would salute the eagle
then let out a cough, a giggle.

Swinging on the old veranda
rocking back and forth.
His legs so tired, old spindly things
his veins blue worms, inching up his legs.

Still with enough energy for rocking
making that rocker swing and sing.

His back to me, I couldn't see
a cigarette in hand,
the ashes growing on the floor,
wherever they would land.

Once in a while he would crane his head,
relieving years of stress,
take a deep old sigh of sweet relax,
then purse his lips, blow out the smoke,
which rose around his head.

For as the crown of smoke rose to the sky,
it circled 'round his head.

Content and full, relaxed at last,
he didn't need to say a thing.
His soul at peace, he'd found a home.

AT MY HOUSE HE WAS KING.

Dedicated to Dr. Jose Alonso Garcia-Otero
Thank you to all who helped me provide hospice care, ***Teresa Clabots, MD***
Franciscan Foundation/Hospice
Dr. Tom Baker
Dr. Alan Tice
Dr. Joe Clabots
Dr. Maria Garcia-Otero

"Garcia" from page 5

rice and beans. My mother went into premature labor. However, she refused to leave the baby in the incubator, but brought it home to feed it expressed milk with an eye dropper. The tiny preemie survived.

Houses were searched. We lived next to a church and Carmelite nuns were in hiding at our house. Schools were closed at gunpoint. Bank accounts frozen and passports declared invalid. We spoke in whispers. There was no law. There was anarchy. Then came the disastrous Bay of Pigs. No one could believe that the American president failed to keep his promises. There was no television or radio. There was nightly gunfire. The servants and nannies were let go. Our pets were eaten. To obtain food we bartered jewelry. The day came when my mother sewed jewelry into our clothes. My father made her remove them that evening. They had taken his X-ray equipment to the airport that very day! (Years later we discovered a gold bracelet in the handle of my sister's handbag).

The family story is that in a graveyard with a derringer in his pocket he dangerously exchanged jewelry for American dollars from the militia black market. And with the American dollars and the help of a patient he had treated for syphilis, he was able to get new passports for the rest of us. They spent the night typing up the passports. We left the next day. We took few possessions.. a few clothes, and some family pictures. My father managed to take pictures of his diplomas and his medical certificates, the house and the laboratory, develop the films and place them in the midst of our other pictures to smuggle them out. His only proof to the world. My mother's wedding ring and diamonds were confiscated by guards at the airport. My father and sister were strip-searched.

In Spain, we were split into pairs and farmed out to cousins while waiting for the immigration quotas to enter America. My baby brother was born. We waited two years, until JFK raised the quotas. Family fortunes had been lost. My mother's side (sugar plantation, refinery, family homes, summer homes and bank accounts) all confiscated by the Cuban government, my father's side by the Spanish government. My father's laboratory, equipment, house and cars by the Cuban government.

Instead of taking the easy route and going to Miami as many Cubans did, my father chose to start over fresh in the middle of the country. He wanted us to become REAL Americans. My mother spoke "Cuban" Spanish and my father English with a thick accent. (It was not until I traveled in Spain in my own adulthood that I realized how very different my parent's Spanish accents were). We were often cold and hungry. But we were not to take charity or ever complain. My mother exchanged her only coat (leather) for tuition. We did work study or scholarships. Our first trip to Salvation Army yielded blue navy peacoats for all of us and white plastic dishes which mom dumped into a tub with a gallon of Clorox. How we cried that our peacoats had white stains and the dishes turned out blue. Now in retrospect we can laugh. My mother also had tremendous courage. She had to learn to cook, to clean, to sew, to drive, plus learn a new language and a new culture and feed 12 of us on a resident's salary. My baby brother came down with diabetes at the age of four. Another blow to the family.

It was not an easy road. Yet my father had an incredible work ethic and a wry sense of humor. He loved a good joke. I never heard him once complain about his lot in life. He took his FLEX exams and did a residency over at the age of 55. Later when his parents were failing in health he went back to Spain to take care of them (for he was the eldest son). While there, he taught at the University of Madrid. When they died, he came back to America to live with his daughter Maria de los Angeles, to enjoy his grandchildren whom he adored and to relish in the sun.

I always wonder where I would be if he had not had the courage to leave Cuba and start over.. probably on a farm in Cuba cutting sugar cane with a machete. And starving.

He taught me to be brutally honest, yet at the same time, to laugh at myself. He taught me generosity, charity and loyalty. The most important lesson of all was perseverance; that if I tried long enough and hard enough, I could do anything. He taught me NEVER to quit. Providing hospice care for him was my gift of gratitude to him. I shall miss him.■

TACOMA-PIERCE COUNTY
HEALTH
DEPARTMENT

CHILD Profile program

The CHILD (Children's Health, Immunization, Linkages and Development) Profile program is expanding statewide. The goal of CHILD profile is to help assure children in Washington state get needed preventive health services. Beginning on July 1, 1998, parents of every child born in Washington receive age appropriate information about growth, development, nutrition, safety, immunization, and other parenting issues. The information is designed to be highly readable and attractive and is mailed approximately 30 days prior to each American Academy of Pediatrics recommended well child checkup. Foreign language materials are available to those who need them. The service is automatic and there is no need to sign up. Care is taken to avoid sending materials when it is not appropriate as in the case of an infant's death.■

HIV reporting update

In January, HIV will be reportable in Pierce County. Look for more information about how HIV reporting will work in upcoming issues of the *Bulletin.*

Watch *The News Tribune* for coverage on the State Board of Health and HIV reporting.■

TB screening for disease prevention

Two of the main goals in screening for tuberculosis are 1) early identification of persons with active TB disease in order to prevent transmission to others; and 2) disease prevention by identifying infected persons who would benefit most from Isoniazid Preventive Therapy (IPT), particularly individuals at highest risk of developing disease.

Tuberculin screening of the general population is not recommended. Tuberculosis screening should target persons who are at the highest risk of TB infection and disease, accessible for screening and likely to complete preventive therapy. (Recommendations for prevention and control of tuberculosis among foreign-born persons; CDC, Morbidity and Mortality Weekly Report, September 18, 1998/Vol.47/No. RR-16.)

Populations at higher risk for TB infection and disease include:

- immigrants from high TB prevalent countries, seasonal workers migrant workers
- injection drug users
- persons with increased risk of progression to active TB if infected, such as persons with HIV, end-stage renal disease, diabetes
- persons or groups with increased risk of recent exposure to TB such as contacts to cases and health care workers

Among those who are specifically recommended for screening are:

- persons with HIV infection
- recent contacts of infectious TB cases

See "TB" page 8

Pierce County disease statistics

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT
REPORTED CASES OF SELECTED DISEASES
FOR MONTH ENDING OCTOBER 31, 1998

Amended +
Military *

DISEASE	THIS MONTH		1998 TO DATE		1997 TO DATE	
ENTERIC DISEASES						
Salmonella	10		40		59	
Shigella	2		10		12	
E. Coli 0157:H7	7		13		11	
HEPATITIS (Acute)						
Hepatitis A	2		39		63	
Hepatitis B	0		8		12	
Hepatitis C/NANB	0		1		5	
SEXUALLY TRANSMITTED DISEASES		*		*		*
Chlamydia	114	1	1232	230	935	149
Gonorrhea	47	0	279	38	343	49
Herpes, Initial Infection	13	0	121	29	141	40
Syphilis, Early	0	0	2	1	1	0
Syphilis, Late	0	0	12	0	16	1
Pelvic Inflammatory Dis.(Acute)	3	0	55	2	88	1
Urethritis, Nongonococcal	2	0	21	104	31	79
TUBERCULOSIS	4	0*	30	0*	35	1*
VACCINE PREVENTABLE DISEASES						
Mumps	1		2		1	
Pertussis	5		63		45	
HIV DISEASE						
Class IV Non-Aids	0		2		2	
AIDS	7		43		65	
TOTAL AIDS CASES - 1983 to Present	-		727		-	
OTHER DISEASES						
Kawasaki Syndrome	1		2		1	
Toxic Shock Syndrome	1		2		1	

Communicable Disease Control: (253) 798-6410
Confidential Fax Line: (253) 798-7666

24-hour Reporting Line
(253)798-6534

The Tacoma Pierce County Health Department compiles a report of diseases in Pierce County each month, as shown at left. The report is printed in the *PCMS Bulletin* to help keep physicians and care-providers abreast of disease activity. If you have questions regarding the report, please call the Communicable Disease Section of the Health Department at 798-6410.

Please remember to call in reportable diseases to the 24 hour hotline, 798-6534.

TB from page 7

- foreign born from (or long term residents of) high prevalence countries
- medically under-served and low-income groups such as homeless persons, seasonal workers/migrant workers
- persons who are injection drug users
- persons with abnormal chest radiographs consistent with old TB disease who have had inadequate or no prior TB treatment
- medical conditions associated with increased risk of reactivation such as decreased cellular immunity, immunosuppressive drugs

Recent studies among HIV infected, tuberculin skin test (TST) positive persons found that the rate of TB disease was approximately 4-26 times higher than the rate among comparable HIV infected, TST-negative persons. Thus, the CDC recommends "aggressive efforts to identify HIV infected persons with latent TB infection and to provide them with therapy to prevent progression to active TB disease." (Prevention and treatment of tuberculosis among patients infected with Human Immunodeficiency Virus: Principles of therapy and revised recommendations; CDC, Morbidity and Mortality Weekly Report, October 30, 1998/Vol.47/ No. RR-20.)■

Physician for a day at the Capitol

The free Legislative Health Clinic at the Capitol is a unique program which, in addition to seeing a few patients, provides a way for physicians to enhance their visibility with legislators and staff and to promote a positive public image for medicine. As a PCMS member you are invited to participate as a volunteer physician any weekday morning (9:00 a.m. until noon) during the legislative session. You will be equipped with a beeper so you will be able to watch the legislature in action. For information or to reserve a day between January 12 and April 12 call Doug Jackman at 572-3667.■

In My Opinion.....

Telephone Terrorism, 1998

"Should I jump, or what?" Act III, Scene I, Hamlet, by Bill Shakespeare

Nichol T. Iverson, MD

Back by popular demand complete with famous quote! Another erudite treatise on the millennial apocalypse as it pertains to medicine: a.k.a. the status of flatus in gastroenterological circles. Having read through my fan mail for the eleventh time, I was persuaded by both respondents to raise my pen to the skies and shout, "the pun is mightier than the fjord."

Imagine yourself dressed in the world's finest Velcro jammies and suddenly finding yourself stuck to the ceiling following the first 17 nanoseconds of sleep in two days. Your numb brain hears the distant and dissonant rings of the telephone and your pager resumes its relentless clamor for your attention. Your vigilant body has sent the equivalent of a pheochromocytoma dose of catacholamines coursing through your veins, and you are groping for the telephone and for your jacket at the same time. You hope that by some freakish chance that a drug rep slipped a new beta blocker into your pocket. Fat chance. "Emergency room, can you hold?" coos the seductive health unit coordinator (formerly known as a ward clerk in past lives -- or a snake). Dr. Angst finally comes to the phone as you begin to drift off to sleep. "Hello? Hello? Are you there?" "Duh, yeah," is your feeble response. "I have one of your patients, Ms. Smith, who has pneumonia but you can see her in the morning..." Immediately you feel the electronic cerebral storm subside as you slip back into your cuddly pillow which is beckoning you to crash into a near comatose stage IV sleep. "....but we also have a 57 year old no doc diabetic who appears to have fallen a couple of days ago, after which he could not obtain help and was unable to take his insulin, which has led to severe ketoacidosis, obtundation, aspiration pneumonia, sepsis, respiratory failure with ARDS, renal failure and on his monitor appears to be in second degree heart block from his acute inferior wall myocardial infarction that appears to be confirmed by the EKG we just did. We also noted that he had different colored socks on his feet and when he pulled them off, he had several toes that appear to be non-viable and he has bilateral Babinski's. But he seems better than when he arrived five hours ago!"

You come in to spiff up this gentleman, put him on a respirator, insert a Swan Ganz catheter and an arterial line, start him on every antibiotic starting with the letter x then go home and await the updates from the ICU which come at five minute intervals. Back to bed and asleep. For another millisecond. A nursing home calls to let you know that a patient has fallen and sustained no injuries. You are so happy to hear this good news that you wonder around the darkened house like a caged lion, with a death grip on your Panasonic radio phone. Within moments of falling back to sleep, another nursing home calls to ask if they can release the body of a patient who died. You ask them politely, "Release him from what?" Later a nurse calls to ask if you still want the "stat" suppository given to the patient who just had a bowel movement. By morning you are refreshed, having accumulated seventeen minutes of uninterrupted sleep and vow to come up with a list of solutions to curtail telephone terrorism.

1. Toss all telephones in aqua regia.
2. Create the Dead Phone Society and secretly go to every nursing home and remove only the microphones from the telephone hand sets.
3. Apply Vaseline to the earphone of every telephone hand set in the hospital.
4. Attach your stereo to play Tchaikovsky's 1812 Overture at 110 decibels to every incoming call.
5. Quit medicine, and write ridiculous articles about physicians' lifestyles in the 2000's. ■

Physicians' Online Internet kit available

The new Physicians' Online (POL) internet kit is available to assist physicians. The kit is designed with the busy practitioner in mind and offers easy convenient access to the World Wide Web, peer to peer clinical and general discussion, top medical news updated and posted each morning and the most comprehensive medical resources available.

Updated daily, POL is convenient and easy to use. Each week tens of thousands of physicians rely on POL to stay current on the latest medical news and literature and to communicate in private discussions with colleagues. Each morning important news topics are posted on the POL home page. You can use POL to check a drug interaction, search MEDLINE, read a journal article or send an e-mail to a colleague or friend. POL also offers services to help you locate practice opportunities, order medical textbooks and earn CME credits.

POL offers toll-free access to technical support to answer any questions you may have about using the service or the WWW. Members receive free access software and a choice of discounted Web access plans. For your free software, call PCMS, 572-3667 and specify PC or Mac compatibility.■

NE Tacoma honors Jim Davidson, MD posthumously

Jim Davidson, MD, emergency room physician and PCMS member was honored posthumously on Sunday, November 15 when the Tacoma School District and the Northeast Tacoma community dedicated and renamed their local play field in his honor. Davidson died in 1997 of cancer at the age of 54.

He was very active in community activities and coached basketball and track while raising three children. In 1979, he began his unending dedication to seeing that his community have a track and soccer field. After four years of city council meetings, school board meetings and park board meetings to convince them to provide money and approve the project, his dream was realized in 1982 when construction began. Today, according to an article in the November 13, 1998 *News Tribune*, "it's one of the most widely used community facilities in Northeast Tacoma - just as Davidson knew it would be."■

Do we have your e-mail address?

Please send it to us at:
pcmswa@pcmswa.org

Y2000 manual addresses concerns and solutions

The WSMA has compiled a book to help physicians prepare for the year 2000 dilemma soon to be upon us. Is your office prepared?

"The Year 2000 Problem: Concerns and Solutions for Physicians and Medical Practices" is available from the WSMA office to help physician offices prepare for the change.

The 38 page booklet gives an overview of the problem, explains the impact potential on physician practices including patient safety and practice continuity, and directly addresses the problem in terms of awareness, assessment, renovation, validation and implementation. Checklists and appendixes are included.

For a copy of the Year 2000 Problem you may call WSMA at 1-800-552-0612.■

Medicare+Choice brochure explains new Medicare options for patients

The WSMA Pace Committee has published a new brochure to help physicians with the difficult task of explaining the new options under Medicare. The brochure, titled "Medicare+Choice - New changes around the corner" includes explanations of traditional Medicare, PSOs, HMOs, PPOs, Fee for Service and MSAs. If you would like a copy of the brochure faxed to your office, please call PCMS at 572-3667.■

Welcome, new PCMS Members

Arana-Domondon, Lady Christine, MD
Internal Medicine
Practices at 800 S Meridian, Puyallup 98371; 845-6645
Medical School: University of Santo Tomas
Internship: U. of Texas at Galveston
Residency: U. of Texas at Galveston

Baker, Bruce K., DO
Family Practice
Practices at 19820 Hwy 410, #101, Bonney Lake 98390; 862-5285
Medical School: College of Osteopathic Medicine of the Pacific
Internship: Madigan Army Med Ctr
Residency: Madigan Army Med Ctr

Cammarano, Clare L., MD
Obstetrics/Gynecology
Practices at 314 MLK Jr Way, #104, Tacoma 98405; 272-5572
Medical School: Georgetown University School of Medicine
Residency: University of California, San Francisco

Chen, Min-Chun, MD
Oncology/Hematology
Practices at 1003 S 5th St., Tacoma 98405; 552-1677
Medical School: Taipei Medical College
Internship: Cook County Hospital
Residency: Cook County Hospital
Graduate Training: U. of Illinois

Day, Lila M., MD
Family Practice
Practices at 19820 Hwy 410, #101, Bonney Lake 98390; 862-9969
Medical School: St. George's University School of Medicine
Internship: Hamot Family Practice
Residency: Hamot Family Practice

Dowd, Michael T., MD
Radiology
Practices at 3402 S 18th St., Tacoma 98405; 383-1099
Medical School: U. of Chicago
Internship: Swedish Medical Center
Residency: U. of Washington
Fellowship: U. of Washington

Duncan, Lael C., MD Internal Medicine
Practices at 1624 S "I" St., #402, Tacoma 98405; 627-4123
Medical School: U. of Washington
Internship: Dartmouth-Hitchcock Medical Center
Residency: Dartmouth-Hitchcock Medical Center
Fellowship: Albany Medical Center

Eidt, David W., MD
Family Practice/Administration
Practices with Multicare Health System; 737 S Fawcett, Tacoma 403-5474
Medical School: U. of Michigan
Internship: Menorah Medical Center
Residency: Martin Army Med Ctr

Elam, Erik A., MD
Radiology
Practices at 3402 S 18th St., Tacoma 98405; 383-1099
Medical School: Loyola Stritch School of Medicine
Internship: Sinai Hospital of Baltimore
Residency: U. of Arizona
Fellowship: U. of California San Francisco

Gore, Robert T., MD
Obstetrics/Gynecology
Practices at 7206 Meadow Pk Rd W, Tacoma 98467; 582-5141
Medical School: U. of California
Internship: San Joaquin Gen. Hosp.
Residency: San Joaquin Gen. Hosp.

Hamill, Nicholas J., MD
Otolaryngology
Practices at 915 6th Ave, #1, Tacoma 98405; 627-6731
Medical School: Loyola University
Internship: Johns Hopkins Univ.
Residency: Milton Hershey Hospital
Fellowship: Michigan Ear Institute

Kiesling, Victor J., MD
Urology
Practices at 1901 S Union, #A221, Tacoma 98405; 572-6835
Medical School: Oregon Health Sciences University
Internship: Letterman Army Medical Center
Residency: Letterman Army Medical Center

Kim, Wayne W., DO
Family Medicine
Practices at 17416 Pacific Ave S, #B, Spanaway 98387; 536-2824
Medical School: Western Health Science University
Internship: Eastmoreland General Hospital
Residency: Eastmoreland General Hospital

Lake, Jack F., PA-C
General Practice
Practices at 6040 20th St E, #A, Tacoma 98424; 922-5262
Medical School: George Washington University

Lauer, Eric C., PA-C
Family Practice
Practices at 3921 Alameda Ave W, Fircrest 98466; 564-7701
Medical School: U of North Dakota

LoGerfo, Peter E., MD
Family Practice
Practices at 16515 Meridian Ave E, #104A, Puyallup 98375; 840-1859
Medical School: U. of Washington
Internship: University of Arizona
Residency: University of Arizona

Louie, Jeannie, MD
Radiation Oncology
Practices at 1003 S 5th St, Box Q1-RADT, Tacoma 98405; 552-4994
Medical School: Oregon Health Sciences University
Residency: U of California-Davis
Residency: U of Washington

See "New Members" page 12

New members

from page 11

Luber, Jr., John M., MD
Cardiothoracic Surgery
Practices at 1802 S Yakima #102, Tacoma 98405; 272-7777
Medical School: Tulane University School of Medicine
Internship: Oregon Health Sciences University
Residency: Oregon Health Sciences University
Fellowship: Children's Hospital, Boston
Fellowship: Cleveland Clinic Foundation

Mian, Atif M., MD
Internal Medicine
Practices at 6040 20th St E, #A, Tacoma 98424; 922-5262
Medical School: Aga Khan University Medical College
Internship: Baylor College of Med
Residency: Baylor College of Med

Sundarum, Srini V., MD, MPH
Physical Medicine & Rehab/ Occupational Medicine/Internal Medicine Practices at 2201 S 19th St, #104, Tacoma 98405; 272-9994
Medical School: Gandhi Medical College, India
Internship: University of Illinois
Residency: University of Illinois
Graduate Training: U. of Cincinnati

Tart, Gary C., MD
Pediatrics Practices at 1628 S Mildred, #101, Tacoma 98465; 564-8005
Medical School: Oregon Health Sciences University
Internship: Mt. Zion Hospital
Residency: Mt. Zion Hospital

Tran, Khai A., MD
Radiology Practices at 3402 S 18th St., Tacoma 98405; 383-1099
Medical School: Dartmouth Medical School
Internship: Hitchcock Med Ctr
Residency: U of Washington
Fellowship: Brigham & Women's Hospitals ■

1998 Physician Directory changes

Allchin, Carol, MD
Change city & zipcode to: Lakewood, 98499

Angello, Debra, MD
Change last name to: Marshall

Arnette, Gregory, MD
Change address to: #A-226
Allenmore Medical Center
Tacoma, WA 98405
Phone: 272-6903
Physicians only: 272-6905

Clabots, Joseph, MD
Change suite to: #307

Clabots, M. Teresa, MD
Change suite to: #307

Lincoln, John, MD (Retired)
Change address to: 112 Natoma Ave., Santa Barbara, CA 93101
(805) 899-3464 phone

Maslow, Arthur, DO
Change address to:
1717 S "J" St., 12th floor
Tacoma, WA 98405
Phone: 591-6878
FAX: 270-6029

Pearson, Don, MD (Retired)
Change city & zipcode to: Lakewood, 98499-8115 ■

Applicants for membership

Collier, III, Herman E., MD
Cardiology
Practices at 1901 S Cedar, #301, Tacoma 98405; 572-7320
Medical School: Temple University
Internship: Dwight D. Eisenhower Army Medical Center
Residency: Dwight D. Eisenhower Army Medical Center

Jones, Kelly L., MD
Family Medicine
Practices at 1102 S "I" St, Tacoma 98405; 597-3813
Medical School: U of Kansas
Internship: Providence Hospital
Residency: Providence Hospital

Overstreet, Debora W., MD
Pediatrics
Practices at 1708 S Yakima, Tacoma 98405; 597-8407
Medical School: U of Washington
Internship: St. Louis Children's Hospital
Residency: St. Louis Children's Hospital

Smith, Jeffrey L., MD
Family Practice
Practices at 14916 Washington Ave SW, Lakewood 98499; 589-7027
Medical School: U of Washington
Internship: Swedish Medical Center
Residency: Swedish Medical Center ■

The Invisible Hand.....

"The Science and the Art of Medicine"

As far as the laws of mathematics refer to reality, they are not certain; and as far as they are certain, they do not refer to reality.

-Albert Einstein

Andrew N. Statson, MD

by Andrew Statson, MD

A chef whose name I have forgotten has said: "Dietetics is a science; cooking is an art." In our field we call both the science and the art medicine. In a sense all of us are both scientists and artists in varying degrees. That is one of the beauties of medicine.

Until recently the science of medicine did its work without interfering too much with the art of medicine. Under pressure from the managed care plans to cut costs, our profession has responded with two programs: best demonstrated practice and evidence based medicine. I suppose in the past we used imagined practice and fiction based medicine. True enough, but art is based on imagination. It is fiction that works.

Our look at costs of practice is an important and refreshing change. No industry can function for long without regard for the costs of doing business. As an example, during my internship all patients for hysterectomy were admitted three days before their scheduled operation. On the first and second day after admission they had chest x-ray, cardiogram, IVP, Ba Enema, GB and upper GI series and various blood tests. They went home on the seventh post-operative day for a total hospital stay of ten days.

Best demonstrated practice usually refers to hospital staff protocols developed by our committees. The push came from administrators to reduce costs. As long as the complication rate is tolerable cutting down on hospital stays and care will continue.

Evidence based medicine is another story. The idea is to collect only the solid, well designed and well done studies and to establish a reference base that we can tap. Our professional associations and medical schools have jumped into it. They are developing a variety of protocols, guidelines and practice parameters with lists of prerequisites before a patient would be eligible to undergo a certain procedure. Whether the protocols are based on good evidence is uncertain. They all insist that these protocols are for educational purposes only and can be modified according to the judgment of the physician. I am afraid the managed care plans don't look at them in the same light. In the past I discussed the two problems with protocols - they become dated fast and they cover the treatment of diseases. In clinical practice we treat patients. This is where the art of medicine comes into play.

Physicists have been treading the realms of relativity and uncertainty for almost a century. Mathematicians have been working on chaos and catastrophe theory for perhaps thirty years. Computer scientists have been tinkering with fuzzy logic and neural networks for almost as long, while biologists have recently been stunned by the plasticity of DNA and the cerebral cortex. Through all this, medical science has remained firmly deterministic. It had to be in order to collect and sort the huge amount of data that comprise today's medical knowledge. It also didn't have to deal with uncertainty. That was our job, the practicing clinicians.

Since prehistoric times, physicians have gathered observations and fed them to the neural network at their disposal, their cerebral cortex. They practiced medicine the best they could, aware of the uncertainty of the outcome, yet learning from every one of their experiences. Yes, our judgments are based on thought processes similar to the fuzzy logic of neural networks, yet human thought has certain attributes that no computer, no matter how powerful, may ever be able to match. Physicist and mathematician Roger Penrose is a strong proponent of this position. His point is that chaos theory, which is the branch of mathematics studying complex systems, reports there are many problems of complex systems which are not computable, therefore a computer would not be able to solve them. The brain however must have a solution or the organism would not survive. How do you know the little rustling noise in the jungle is a tiger stalking? How do you know the bird calls before dawn are Indians getting ready to attack your camp? By the raised hairs on the back of the neck? Sixth sense?

Another aspect of complex sys-

See "Science and Art" page 14

Science and Art from page 13

tems that cannot be known with certainty is the initial state. Two complex systems can be so similar that the difference between them is not measurable by any means, they can be subjected to the same algorithm, yet end up in widely divergent states. One living organism for instance may remain alive while another may die.

In real life the brain has evolved to make life saving decisions quickly and repeatedly, facing other complex systems or it would not have been an advantage in the survival of the species. We are not always right in our judgment calls, we make mistakes, but so do the neural networks. Uncertainty is part of life. In quantum theory and in at least some aspects of chaos theory, just observing a process is enough to change the outcome.

One of the most threatening developments to the art of medicine is the popular misconception that science cannot be wrong, or can do no wrong. I don't mean cold fusion and toxocara gravidis (a presumed worm found in the blood of pre-eclamptic women that turned out to be an artifact). That was pseudoscience. I don't mean the Tuskegee syphilis experiment. That was callousness masquerading as science. I don't mean the fabrication of test results in an effort to support a preconceived point of view. That is fraud. I don't even mean the many blind alleys throughout the history of medicine such as the stilbestrol in early pregnancy story. That was based on studies no worse than most published today. What I mean is that even the best studies we have are statistical approximations. They are not even fully true for the populations they have studied. Just recently we started hearing about gender differences in the effects and side-effects of medications. The age differences have been known for a while. There are other differences, ethnic, familial and individual as well. No scientific protocols can cover all the variations, all the possibilities. The problems are too complex. That is why the practice of medicine is an art. It uses the science, but it tailors it to fit the individual situation.

An example is the discussion about the benefits of fetal monitoring. There is no scientific proof that it is better than auscultation. The only thing documented is that newborns who are monitored in labor have a lesser risk of convulsions after birth. No significant long term differences have been detected. Yet within the past twenty years I can think of several patients with worrisome monitor tracings in whom the changes were too subtle to be detected by stethoscope. Intervention in some of them resulted in live births, in one other non-intervention resulted in fetal death. Individual situations like that can get lost in the statistical noise. Assuming that such cases occur once or twice in a thousand, how able are our statistical methods to detect them? How able is science to separate the individuals at risk from those that are not? Can we completely rely on the statistics and forget about practicing the art of medicine?

Managed care plans have a problem. They cannot let patients and their physicians make the decisions about care. To manage they have to be in control. Yet how can they encode relativity? How can they direct uncertainty? How can they rule chaos? How can they reason with fuzzy logic? How can they confine plasticity? As clinicians we are used to dealing with uncertainty. They will have to let us manage according to our judgment. However, were they to do so, they would lose control. In order to manage they have to be deterministic, yet nature is probabilistic. There is a conflict here. It may take some time but guess who is going to win.■

the Pulse
Pierce County Medical Society Alliance

President's Message

It's now the beginning of the anticipated and yet often dreaded Holiday season with all its chaos. Some people look forward to the activity jammed period between Thanksgiving and New Year's. Others dread the season due to their loneliness or financial shortages.

You have given a precious gift to many projects within your community through generous donations to the Holiday Sharing Card. My thanks to all of you. Watch for your card with the inserted donors list and although the deadline to have your name listed in this year's card has passed, we will accept your donation for this year and acknowledge it in the *Bulletin.*

January will primarily be rest time. Take that time to check on friends within the medical community who may need your caring and attention. Remember that there is no other group that shares your commitment to medical needs in the community. Use your resources to make things happen. Our "Baby Think it Over" program continues to thrive.

It's time to look toward the WSMA Legislative Summit in Olympia. If medicine is apathetic then the legislature won't help us. Get there with your time and energy and be one of the delegates who visits the legislators to fill them in on medicine's needs.■

Nikki Crowley

PCMSA HAPPENINGS:

Right: On October 13, the PCMSA met at the PCMS office for the annual Christmas card fund raising mailing. Seven members were present. Pictured clockwise from left: Mona Baghdadi, Alice Wilhyde, Sharon Lawson, Helen Whitney, Fran Thomas, Mary Lou Jones, and, not pictured, Denise Manos. About 1,500 solicitations were mailed out.

Right: On September 28 the PCMSA met for their first membership meeting of the year at Anthony's Restaurant at Pt. Defiance. Approximately 20 members were present. It was a good turnout and the food was great. The agenda was philanthropy requests. Pictured clockwise from left are Alice Yeh, Susan Wulfestieg, Sharon Lawson, Fran Thomas, Helen Whitney, Yolanda Bruce, Kit Larson, Mona Baghdadi, Patty Kesling, Nikki Crowley, Alice Wilhyde, Rubye Ward, Lynn Peixotto and Coleen Vercio.

ENTERTAINMENT '99 BOOKS FOR SALE

The Alliance is now selling Entertainment '99 books. They are $35 and will be available at the PCMS/PCMSA Annual Meeting on December 8. Proceeds will benefit PCMSA's "Baby Think It Over" program. Books make great Christmas gifts, particularly for staff members and will be on sale until January 9. For more information call Fran Thomas at 265-2774.■

Committee provides guidance on medical/legal issues

The Medical/Legal Committee is a joint committee of the Pierce County Medical Society and the Tacoma-Pierce County Bar Association. It is comprised of six physicians and six attorneys appointed by their respective organizations.

The purpose of the committee is to facilitate communications between the professions on matters of mutual concern. To help both professions they have published a Memorandum of Understanding. The Memorandum covers the duties of both professions, fees, informal and formal opinions and arbitration.

The physician called as an expert witness in a legal proceeding is an independent witness. While the physician's testimony may be more helpful to one side than the other, the physician should not become an advocate. Attorneys should provide physicians with at least 30 days' notice for trial testimony, 15 days' notice for attendance at a deposition and 7 or more days notice for office conferences.

The physician should charge a reasonable fee for the time he or she spends as an expert witness. This fee may be calculated upon a time basis or any other basis which results in a reasonable fee. It is the duty of the attorney to initiate a discussion of fees with the physician. Attorneys should not advise a client to withhold payment of medical bills pending resolution of a lawsuit.

In the event that a formal opinion is requested, which involves a complaint by a member of one profession against a member of the other profession, the matter may be submitted to binding arbitration so long as all participants consent to arbitration in writing.

If you would like a copy of the Memorandum of Understanding, faxed or mailed to your office, please call PCMS at 572-3667.■

COLLEGE OF MEDICAL EDUCATION

Whistler CME reservations for condos urged

Registration is open for the College's popular CME at Whistler/Blackcomb program. Program brochures were mailed in early October. The conference is scheduled for January 27-31, 1999.

Reservations for the block of condos, THIS YEAR ALL IN THE ASPENS AND AT LAST YEAR'S RATES, are available. Reservations can be made by calling (800) 777-0185. You must identify yourself as part of the College of Medical Education. The College's block of rooms was released on December 1, 1998. However, if condos are available, they can be rented at the negotiated reduced rates.

The College offers family vacationing, skiing and the usual quality continuing medical education to PCMS members and other physicians. With Category I credits, the CME program features a potpourri of subjects of interest to all specialties.

The program is under the direction of **John Jiganti, MD**, Tacoma orthopedist.■

Mariner's Spring Training CME set March 3-7, 1999; registration open

The second Mariner's Spring Training course in Phoenix is open for registration. The actual course is on the mornings of March 4-6. **Richard Hawkins, MD** is the program director.

The Cactus League schedule has been finalized and it appears the Mariner's will play on their home field in Peoria on March 4 and 6 and in Mesa (across Phoenix) on March 5.

The College has selected the Embassy Suites Phoenix-North for conference headquarters. The large and beautiful hotel is conveniently located close to the Mariners Peoria stadium and offers reduced rates for complete two-room suites that include a private bedroom and separate living area with sofabed. You may make reservations by calling (602) 375-1777 and identifying yourself as part of the C.O.M.E. group.

Flights to Phoenix in March often sell out in advance. To assure that we will have seats available for our CME group, the College has block-booked seats on Alaska Airlines flights to Phoenix. On Wednesday, March 3 and on Sunday, March 7, there are seats available on afternoon flights. This package is at an attractive group rate, but most importantly, ties down some seats that will not be available later. Olympus Travel is handling the flight arrangements. MARILYN, is prepared to assist you in securing these seats. We urge you to make your travel plans now. **WE MUST GIVE UP OUR BLOCK OF SEATS ON DECEMBER 28. Please call Marilyn at (253) 565-1213.**■

Dates	Program	Director(s)
Friday, December 4	Medicine & Mental Health: Depression, Anxiety, Dementia.....	David Law, MD Mark Craddock, MD
Friday, January 22	Cardiology for Primary Care	Marilyn Pattison, MD
Wednesday-Sunday January 27-31	CME at Whistler	John Jiganti, MD
Friday, February 26	Review of HIV Infections	Alan Tice, MD
Thursday-Saturday March 4-6	CME & Mariners Spring Training	Richard Hawkins, MD
Thursday-Friday March 11 - 12	Internal Medicine Review	Surinderjit Singh, MD
Friday, April 23	Allergy, Asthma & Pulmonology for Primary Care	Alex Mihali, MD
Saturday, May 15	Surgery Update 1999	David Magelssen, MD
Friday, May 21	Law & Medicine	Joseph Just, JD Nicholas Rajacich, MD

What should happen to patient records upon physicians' retirement or departure from a group practice

A patient's records may be necessary to the patient in the future not only for medical care but also for employment, insurance, litigation, or other reasons. When a physician retires or dies, patients should be notified and urged to find a new physician and should be informed that upon authorization, records will be sent to the new physician. Records which may be of value to a patient and which are not forwarded to a new physician should be retained, either by the treating physician, another physician, or such other person lawfully permitted to act as a custodian of the records.

The patients of a physician who leaves a group practice should be notified that the physician is leaving the group. Patients of the physician should also be notified of the physician's new address and offered the opportunity to have their medical records forwarded to the departing physician at his or her new practice. It is unethical to withhold such information upon request of a patient. If the responsibility for notifying patients falls to the departing physicians rather than to the group, the group should not interfere with the discharge of these duties by withholding patient lists or other necessary information.

If you have questions about patient records or Washington State's Health Care Information Act, the law governing the release of medical records, please call the PCMS office, 572-3667.■

From "Code of Medical Ethics, Current Opinions," AMA, Council on Ethical and Judicial Affairs, Updated, June, 1996.

POSITIONS AVAILABLE

Tacoma/Pierce County Outpa- tient general medical care at its best. Full and part-time positions available in Tacoma and vicinity. Very flexible schedule. Well suited for career redefinition for G.P., F.P., I.M. Contact Andy Tsoi, MD (253) 752-9669 or Paul Doty, Clinic Manager (Allen, Nelson Turner & Associates), (253) 383-4351.

BE/BC internist needed for multi- specialty clinic in Renton/Kent area. Great opportunity for ambitious physician to join very successful physician-owned group. Please forward CV to: Don Robertson, Valley Internal Medicine, 4011 Talbot Rd S, #500, Renton WA 98055. Fax (425) 271-2561.

Seeking BC Family Physician to join independent, three-family physician group. Obstetrics desirable. Pro-life. Competitive salary and benefits. Send cover letter and CV to James A. Wilson, MD, Cornerstone Family Physicians, 5920 100th Street SW #26, Lakewood WA 98499-2751.

Pediatrician. Group Health Permanente is currently seeking two pediatricians for Seattle-area facilities. We are a well-established HMO recently affiliated with Kaiser Permanente. Teaching opportunities may be available. Join a dynamic organization in an area close to recreational and cultural activities. For further information, call 800-543-9323 or fax CV and cover letter to (206) 448-6191. Equal opportunity employer.

OFFICE SPACE

New office space available. Ideal for 1 or 2 physician practice. Up to 1,400 square feet. Will finish to suit. Close to hospitals, convenient parking, ground level. Call Robin at 756-2182.

Lakewood, medical space avail- able 11/01/98. Two suites 750 square feet each. One suite 2900 square feet. MultiCare Urgent Care leaving space which has been occupied by an urgent care facility since 1980. Building is a medical-dental facility next to Albertsons. 8509 Steilacoom Blvd. Call Dr. Ken Ring at 584-6200 or 582-5856.

Medical office space to sub-let. Furnished. Prime Gig Harbor location. Perfect for a specialty practice. Call for details. (253) 848-9484.

POSITIONS WANTED

Medical Transcription and Writing. Exceptional background and credentials for most specialties. Prompt and perfect. Free pick-up and delivery. Medical Writing Services. 253-925-3276.

GENERAL

Holiday Special: Sitka, Alaska sport fishing adventure for **two**. Package includes: 3-day fish/4-night stay/lodging, meals, transportation, licensing, fish processing, experienced captain and personalized service. Package price: $2650. "We cater to Dental/Medical Professionals." For reservations or more details, call Denny's Guide Service, toll-free, 1-888-847-3659.

H+H

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e-mail: pthchrm@aol.com

Puget Sound Area, WA: You know how you want to set up your practice. We can help you do it. Dynamic community-based healthcare organization seeks BC/BE Family Practitioners. 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, family community. Close to Seattle with year-round recreational opportunities. We are an equal opportunity employer. Contact Kathy Guy, Administrative Director of Clinics, Good Samaritan Community Healthcare, 407 - 14th Avenue SE, Puyallup, WA 98371, (253) 848-6661, Ext. 1865.

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