Pierce County Medical Society
BULLETIN

January/February 2012

Passing of the Gavel

Dr. Jeff Smith (left), 2011 President, passed the gavel to Dr. Bill Hirota, 2012 President, at the December Annual Meeting at Fircrest Golf Club

More Annual Meeting coverage inside - page 5

Dr. Don Russell, Puyallup pediatrician, was honored as the recipient of the 2011 Community Service Award. Pictured with his wife Barbara and plaque of appreciation

Past Presidents - representing 16 years of exemplary leadership. L to R, front row: Drs. Bill Jackson, Mike Kelly, Joe Jasper, Dick Bowe, Ron Morris and Dave Law. Back row: Drs. Jeff Smith, Larry Larson, John Rowlands, Jim Rooks, Dave Bales, Steve Duncan, Sumner Schoenike, Richard Hawkins, Charles Weatherby and Pat Hogan.

INSIDE:

The Bulletin is published bi-monthly by PCMS Membership Benefits, Inc. Contact Tanya McClain regarding deadlines for submitting articles and advertisements: tanya@pcmswa.org or 253-572-3667.

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

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President's Page

by William K. Hirota, MD

The Loudest Voices

William Hirota, MD

Happy holidays and happy New Year! My name is Bill Hirota and it is my pleasure and honor to serve you as the Pierce County Medical Society (PCMS) President for 2012.

I have been a practicing gastroenterologist since graduating from my fellowship in 1997. Before my GI fellowship, I was serving as an internist in a small army community hospital in Maryland. After fellowship, I was assigned to Madigan Army Medical Center from 1997-2000. From there I was privileged to be associated with Tacoma Digestive Disease Center from 2000-2011, in private practice. More recently, since October 2011, my former company was integrated into the Franciscan Medical Group.

During these many formative years, I have been fortunate to meet many inspirational and brilliant professionals who have helped me develop my own style of clinical medicine. However, perhaps like many of you, I never had any formal mentorship in medical "leadership" or community service.

Fortunately, I was asked to participate as a PCMS trustee five years ago. Leadership mentoring has been both passive and active. Passive didactics, with the excellent society sponsored events, and active participation the past five years during PCMS and Washington State Medical Association (WSMA) meetings. I have developed a real investment and commitment to serve and make a difference due in large part to the inspiration derived from these associations.

Why is medical leadership important?

One only has to review the performance of the "Super Committee" of bipartisan politicians tasked to propose a balanced budget and future course for our country, to realize that we are in real trouble. These elected officials will be the same leaders who will implement the Affordable Care Act, and "fix" the Sustained Growth Rate formula.

I have come to realize that politicians will be looking for guidance from the "loudest" voice to help them get through the upcoming stalemate. Important issues such as universal coverage may conflict with universal access, quality improvement conflicts with cost-containment, evidence-based practice may conflict with "real-world" medical practice.... you get the picture.

I, like many of you, would like to be "the loudest" voice to help politicians make these tough choices that are coming our way. Ironically, as many physicians are becoming employed, it has become more convenient to NOT get involved in difficult leadership issues.

We need to fight this natural inclination towards apathy and stay focused. The strength of your organization, PCMS, is YOU! You are amongst the smartest and hardest working members in society. That is how you got into medical school and got through your training. A strong sense of entitlement may develop from the investment in your professional career, but you should realize that we are at risk for being marginalized and can quickly become a silent partner in health care. I need you to help me shape the "loudest voice" to deliver an efficient and compassionate health care system.

How do we do this?

Honestly, I don't know. But, I am encouraged of what can happen when caring and compassionate physician leaders get involved.

When it comes to patient access and care, just ask the multiple local heroes and champions of Pierce County's Project Access. Emergency department visits dropped by 60% for enrolled patients. Ask Leanne Noren how you can participate.

When it comes to quality care measures, just ask Seattle surgeon Dave Flum – winner of this year's WSMA award on patient safety – how he helped develop the SCOAP system.

When it comes to quality improvement programs, with a positive demonstrable impact on lives saved, and reduction in hospital morbidity, just ask local physician leaders such as **Les Reed** of MultiCare and **Tony Haftel** of the Franciscan Health System, how it's done.

How can you help?

Stay engaged, read, ask lots of questions, and embrace and rekindle the passion and curiosity, which brought you academic success.

When you get called to participate, please make it a priority in your busy life. By all means, engage and participate! ■

The 2011 Annual Meeting – a GREAT show!

The 2011 Annual Meeting was fun and festive and provided the best entertainment ever, according to some attendees. As usual, Fircrest Golf Club was beautifully decorated and delivered excellent food and service. The night's agenda was full with awards and raffles, welcoming of new officers and recognition and thanks for those completing their services and fabulous entertainment.

Dr. Jeff Smith, President, began by announcing the three raffle winners - **Dr. David Bales**, Madigan internist and 2009 President, **Dr. Joe Clabots**, retired cardiovascular/thoracic surgeon and Jan Schoenike, wife of retired pediatrician and 2007 President **Dr. Sumner Schoenike**. All won baskets of chocolate goodies as well as $100 gift certificates to the Lobster Shop restaurant in Tacoma.

Dr. Smith asked for a moment of silence in honor of colleagues that had died during the past year. It was quiet as he read the names of **Drs. Douglas Buttorff, Robert Ferguson, Harold Johnston, John Kemman, Glenn McBride, William McPhee, Michael Olejar, Joseph Robinette, James V. Taylor** and **Wayne Zimmerman**.

For appreciation he asked all past-presidents to stand and introduce themselves. They included, by year of service:

Richard Hawkins, MD	**(1986)**
Richard Bowe, MD	**(1987)**
Bill Jackson, MD	**(1988)**
David Law, MD	**(1995)**
John Rowlands, MD	**(1996)**
Lawrence Larson, DO	**(1999)**
Charles Weatherby, MD	**(2000)**
Jim Rooks, MD	**(2003)**
Mike Kelly, MD	**(2004)**
Patrick Hogan, DO	**(2005)**
Joe Jasper, MD	**(2006)**
Sumner Schoenike, MD	**(2007)**
Ron Morris, MD	**(2008)**
David Bales, MD	**(2009)**
Steve Duncan, MD	**(2010)**
Jeffrey Smith, MD	**(2011)**

One of the highlights was the presentation of the Community Service Award to **Dr. Don Russell**. His award was presented by **Dr. Ron Morris**, family practitioner at McChord. Dr. Russell received the award primarily for his career-long commitment to providing health care and other services for children in need. (See article page 7)

Dr. Smith thanked the physicians who served on the board during his presidential year including **Drs. Steve Duncan, Bill Hirota, Keith Dahlhauser, Dan Ginsberg, Mark Grubb, Bruce Brazina, Sibel Blau, Steve Konicek, Steve**

See "Annual Meeting" page 6

The Coats were there to entertain - and that they did. These showmen did not disappoint and many asked for them to return in 2012!

Newly elected 2012 President Dr. Bill Hirota and his wife Emillie

2012 President-Elect (and 2013 President) Dr. Dan Ginsberg and his wife Harumi

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Litsky, Brian Mulhall and Rosemary Peterson. He also thanked the State Medical Association board members for their service, **Drs. Richard Hawkins, Ron Morris, Nick Rajacich, Don Russell and Cecil Snodgrass**.

Dr. Smith called Dr. Steve Duncan, immediate past president to the podium to thank him for his six years of service on the Board of Trustees and present him with a parting gift. He noted Dr. Duncan has fortunately agreed to continue his service as the President of MBI, the PCMS wholly-owned for profit subsidiary corporation.

Introducing the new president for 2012, Dr. Smith asked Dr. Bill Hirota to join him on stage where he presented him with his presidential gavel. Dr. Hirota thanked Dr. Smith for his service to PCMS and presented him with a thank you gift as well as a plaque noting his exemplary leadership and commitment. Dr. Hirota then introduced his leadership team including the two new elected board members **Drs. Murray Rouse**, Group Health family practitioner, and **Kathryn Tonder**, family practitioner with Community Health Care. And, he noted the new officers, President-Elect **Dr. Daniel Ginsberg**, Vice President, **Dr. Mark Grubb**, Treasurer, **Dr. Brian Mulhall** and Secretary, **Dr. Steven Konicek** and trustees **Dr. Sibel Blau**, **Keith Dahlhauser**, **Steven Litsky** and **Rosemary Peterson**. (See board roster page 9)

Dr. Hirota paid tribute to the last several past-presidents recognizing that he has very large shoes to fill. He noted, however, that he is really looking forward to a great year and is excited by the challenge.

He then thanked his colleagues and family for their support and encouragement, prior to introducing the a capella music group The Coats. The Coats wowed the crowd with their delightful showmanship and their amazing harmonies. A real hit with the audience, many asked to have them return in 2012. ■

Dr. Steve Duncan, 2010 President, receives a parting gift from the Board of Trustees. He will serve as the current President of MBI, the PCMS for-profit subsidiary

David Bales, MD, PCMS President 2009

Jan Schoenike, wife of Dr. Sumner Schoenike

Joe Clabots, MD, retired cardiovascular/thoracic surgeon

The Raffle Winners: Drs. David Bales and Joe Clabots, along with Jan Schoenike were all winners of the PCMS raffle drawing with proceeds benefiting the PCMS Foundation. The Foundation awards ten-twelve community grants to non-profit organizations that benefit the most needy citizens in Pierce County by providing food, shelter and health care. Thank you for your ongoing support.

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2011 Community Service Award

2011 Community Service Award presented to Don Russell, DO

Dr. Don Russell, Puyallup pediatrician was honored at the December 7 Annual Meeting as the 20th recipient of the PCMS Community Service Award. The annual award recognizes physicians who have provided volunteer services for their community and patients. These are contributions that often go unrecognized and/or sometimes unappreciated.

Dr. Russell was honored for his dedication to helping patients in the community that need assistance. From free sports physicals to books to read, he provides for patients that otherwise would have to go without. While his efforts at helping patients are broad in scope, the recipients of his help tend to be in the under 18 age group.

PCMS thanks **Dr. Nick Rajacich** for helping ensure that Dr. Russell and his wife Barb would be in attendance at the meeting, and to colleague **Dr. Ron Morris** for presenting the award. The script is below.

Dr. Don Russell, recipient of the 2011 PCMS Community Service Award is flanked by Dr. Ron Morris, presenter, and Barb, his wife

It is truly fun to have the honor of presenting our Medical Society's 2011 community service award to our recipient tonight. This is particularly true because tonight's honoree is just a fun guy.

I don't mean to imply that you should not take him seriously, or that you should take him lightly. I would never suggest that. He's a get it done, low profile kind of guy who is full of ideas and accomplishes amazing things.

He has been a PCMS and WSMA member, no… let me qualify that… he has been a 'very active and productive' PCMS and WSMA member for 29 years; he has been involved in and committed to his community – particularly in the schools; he is a devoted husband and father; and due to his pediatric specialty he has worked endlessly to help children.

***DR. DON RUSSELL** ….. you must know by now that I am talking about YOU. Please come on up and bring Barb with you.*

Don, you have worked tirelessly and endlessly for children, for your profession and for your communities – and I say that in the plural because I know you are and have been dedicated to both Tacoma where you live, and Puyallup where you practice pediatrics, not to mention the State issues you have taken on.

Dedicated means doing whatever it takes and that is exactly what Dr. Russell does. If policy changes are in order, he's at the table… often in Olympia, lobbying, meeting with legislators… trying to make improvements. He has served on the WAMPAC Board of Directors and chaired the group for two years. He understands the importance of political relationships and takes the time to befriend legislators as many of them now look to him for understanding and advice about the medical profession.

Free sports physicals for junior and senior high school kids that need them but are uninsured and unable to pay are available in late August at his office in Puyallup. Spending Saturdays to provide this uncompensated service so these kids can get active and involved speaks to the heart of Don Russell.

You have been devoted to helping children read by giving thousands of books at no cost to children 6-21 in efforts to get them reading. You run the Reach Out and Read program from your office, which requires securing grants to pay for books and providing them to children and encouraging them to read. Let's Reach Out and applaud Don Russell!

The Children's Improvement Program (CIP)? Don Russell is all over it. This support group is for families that have children with various difficulties and need support and guidance. Meeting monthly, he has been the physician leader and counselor assisting the troubled families.

And one of Dr. Russell's favorite projects has been the Obesity in Children Commission that has worked tirelessly in the Puyallup School District to improve nutrition in the schools including vending machine choices, and to increase exercise and physical education including gym and recess time. Working with Superintendent Tony Apostle this program has made great strides and Dr. Russell's involvement has provided leadership and credibility.

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Let's pow-wow! From left, Dr. Richard Hawkins, Carol Pace and husband Dr. Steve Pace, Drs. John Samms, Jim Patterson and Bill Roes

Beat-box pro! Dr. Brian Mulhall got the opportunity to perform for the group while his wife took a video for proof. He was good!

Every year attendees bring toys for children and gifts for women of the YWCA shelter. And every year the YWCA is ecstatic and very grateful when they are delivered to them the next day. Thank you!

Dr. Jeff Smith and his daughter Whitney - all smiles. Whitney attended to support her dad AND hear The Coats!

Dr. Patrick Vaughan and his wife Anne. Dr. Vaughan served as PCMS Secretary in 2010

Neurologists unite! Drs. Patrick Hogan, Keyi Yang and new to the community Viveca Livezey talk shop

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New Board of Trustees will lead PCMS in 2012

William Hirota, MD is a gastroenterologist. He received his medical education from Georgetown University and completed his internship, residency and fellowship training at Walter Reed Army Medical Center. Dr. Hirota will serve as **President**.

Daniel Ginsberg, MD, practices internal medicine in Tacoma. He graduated from Uniformed Services University of the Health Sciences and completed his internship and residency at USAF Medical Center, Keesler. Dr. Ginsberg was elected **President-Elect**.

Mark Grubb, MD practices pediatrics in Puyallup. He attended medical school at Louisiana State University Medical Center and completed his internship and residency at Baylor College of Medicine followed by a fellowship at Texas Children's Hospital. Dr. Grubb will serve as **Vice President**.

Jeffrey Smith, MD is a family practitioner in Lakewood. He received his medical education from the University of Washington School of Medicine and completed his internship and residency at Swedish Hospital in Seattle. Dr. Smith is **Immediate Past President**.

Steven Konicek, MD, **Trustee**, practices internal medicine in Tacoma. He attended the University of Washington School of Medicine and completed his internship and residency at University of Iowa Hospital & Clinics. Dr. Konicek was elected Secretary.

Brian Mulhall, MD, **Trustee**, practices gastroenterology. He graduated from St. Louis University, completed his internship and residency at Madigan AMC and fellowship at Walter Reed AMC. Dr. Mulhall was elected Treasurer.

Sibel Blau, MD, **Trustee** practices hematology/oncology. She graduated from Cerrahpasa Medical School, completed her internship and residency at Metro Health Medical Center, Cleveland, and fellowship at Case Western Reserve University Hospital.

Keith Dahlhauser, MD, Trustee is an ophthalmologist. He received his medical education from the University of Iowa College of Medicine. He completed his internship at St. Mary's Health Services followed by residency at the University of Minnesota.

Steven Litsky, MD, **Trustee** practices physical medicine & rehabilitation. He graduated from Sackler School of Medicine and completed his internship and residency at Sinai Hospital/DMC, Wayne State University.

Rosemary Peterson, MD, **Trustee** practices cardiology. She graduated from Uniformed Services University and completed her internship at Wilford Hall Medical Center and residency and fellowship at Walter Reed AMC.

Murray E. Rouse, DO, Trustee is a Puyallup family practitioner. He graduated from the College of Osteopathic Medicine and Surgery and completed his internship and residency at Malcolm Grow Medical Center.

Kathryn M. Tonder, MD, Trustee practices family medicine in Tacoma. She received her medical education from UC San Diego and completed her residency at Tacoma Family Medicine.

The trustees are responsible for governing the organization and subsidiaries, including maintaining, developing, and expanding programs and services for members, seeing that the organization is properly managed and that assets are being cared for and ensuring the perpetuation of the organization. Meetings are held on the first Tuesday of each month except for July and August. The Board of Trustees is comprised of the President, Vice President, Past President, Secretary, Treasurer, President-Elect and six trustees.

The Health Status of Pierce County

by Anthony L-T Chen, MD, MPH

Leading With a Plan

Anthony Chen, MD

When I started at the Tacoma-Pierce County Health Department in 2008, we were in an environment of policy and economic turmoil, one that did not lend itself to thinking strategically about what we should be doing. Of course, we knew what our job was and the responsibilities we had to the community, but we had not sat down and thoughtfully prioritized the work, asked hard questions about what we should be doing, or talked to the community to hear what they had to say. We were definitely on a journey, but we were doing so without a map and compass, letting the winds of change blow us ahead, and had little idea of our destination.

In 2009, we convened a team of Health Department employees to begin making a plan. We began by establishing our vision of *Healthy People in Healthy Communities* and reestablishing our commitment to our mission to *safeguard and enhance the health of the communities of Pierce County*. Combined, these helped us to visualize the destination and give us direction on reaching it. We also established *Leadership, Respect and Integrity* as the core values of the agency, and vowed to include those values in every task of the Department.

From there, our employees started asking hard questions about our priorities. Arguably everything the Health Department has done has been good, but we know that any organization simply cannot do everything. We asked questions about which efforts would make the greatest impact on the health of Pierce County. But we did not just ask ourselves these questions; we spent countless hours in the community getting feedback. We held sessions in local schools, in communities, with church groups, with elected officials, and with the leadership of the Medical Society. From a very broad list of possible activities, we finally determined our top health priorities. They are:

High Priorities
- Disease epidemiology and control
- Healthy eating and active living
- Air quality
- Safe water
- Safe food
- Sexually transmitted diseases/ HIV prevention
- Healthy children
- Waste management
- Substance abuse prevention
- Access to health care

Medium Priorities
- Early childhood development
- Sustainability
- Toxics reduction

We also identified four new major efforts that encompass a variety of partners and various divisions within the Health Department. In the coming years, we will take on the following programs:

Health Equity: Differing levels of health risks, problems and outcomes among populations are based not only on race and ethnicity, but also on other socioeconomic factors (income, immigrant/refugee status, neighborhood and level of education) and demographic factors (gender, sexual orientation). These health disparities are persistent and increasing in Pierce County, and we will give priority attention and a long-term commitment to identifying and eradicating their causes.

School Health Collaboration: Understanding that schools are one of the most effective places to influence children's health, the Department will establish a collaborative model to improve our ability to provide education and other services to school staff, teachers and students.

Community Health Planning: Beginning in 2012, the Department will engage community partners and leaders in a comprehensive health planning process for Pierce County, with the Department serving in the facilitator role.

Comprehensive Oral Health: Recognizing that oral health is fundamental to maintaining good overall health and quality of life, this effort explores strategies and will work collaboratively with community leaders to meet the oral health needs of Pierce County children.

The strategic plan is not just about what we will do, but maps out very specific goals and details of how we will do it. This includes budgeting. I do not typically discuss budget in this forum, but I believe it is important for the medical society to understand the state of our budget. I will start with the good

See "Influenza" page 14

Medicare pay cut averted; Congress OKs two-month patch

Physicians got a brief reprieve from a 27 percent Medicare pay cut when the U.S. House of Representatives reached agreement with the Senate on a two-month extension of important policies that were to expire on Jan. 1.

The U.S. Senate voted in mid-December to extend current Medicare payment rates for two months. After first balking at the two-month extension, the House reached an agreement with the Senate to extend the payment rates, as well as the two percentage point Social Security tax cut and to extend unemployment benefits. A House-Senate conference committee will convene in January to work on a longer-term agreement.

At a press conference, House Speaker John Boehner (R-Ohio) said the goal is to extend all the expiring programs for a full year, except for the physician payment cut reprieve, which is to be extended for two years.

Physicians are calling on Congress to enact a real and fiscally responsible solution to this unacceptable cycle of scheduled cuts and short-term patches that compromises access to care for patients and drives up costs for taxpayers. Members of Congress need to use this time to work in a bipartisan manner to provide long-term stability for seniors, military families and the physicians who care for them.

Meantime, the Centers for Medicare & Medicaid Services (CMS) has extended the annual Medicare participation enrollment period through Feb. 14. The previous deadline was Dec. 31.

The effective date for any participation status change during the extension, however, remains Jan. 1, and will be enforced for the entire year. According to CMS, contractors will accept and process any participation elections or withdrawals made during the extended enrollment period that are post-marked on or before Feb. 14. ■

CMS proposes sunshine rules on industry payments, gifts to doctors

Drug companies and medical equipment manufacturers would be required to detail their financial relationships with physicians starting in 2013 with drug and device makers facing big fines for nondisclosure

According to a CMS (Centers for Medicare & Medicaid Services) proposed "sunshine" rule, CMS would penalize drug and device manufacturers if they failed to disclose financial relationships they have with physicians. Penalties are proposed to be:

· At least $1,000, but no more than $10,000, for each unwitting failure to submit required information. These penalties are capped at $150,000.

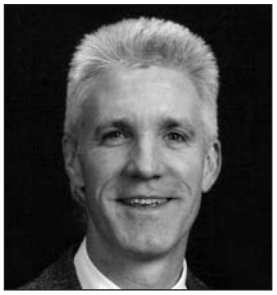
· From $10,000 to $100,000 for a "knowing" failure to submit required information with these penalties being capped at $1 million. ■

In My Opinion

by Sumner Schoenike, MD

***The opinions expressed in this writing are solely those of the author**. PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

Community Health Care Hilltop Regional Medical Center: Continuing a Tradition of Caring and Excellence



Sumner Schoenike, MD

There's some really big news breaking. Community Health Care (CHC) is on the move again to expand its capacity for the medically underserved of Pierce County. But this time there's more in the bargain. I'm talking about the Hilltop Regional Medical Center and the name says a great deal about the project.

"Hilltop" naturally refers to the clinic location, which is precisely half way between Tacoma General/ Mary Bridge Children's Hospital and St. Joseph Hospital. Beyond that, it is a location in the heart of a medically underserved area of our community.

"Regional" implies an expansion of the traditional CHC clinic concept. This is because it will include an Urgent Care Center that will see "all comers" and operate around the clock. Both MultiCare and Franciscan Healthy Systems have enthusiastically endorsed this concept. In addition to relieving some of the burgeoning demands on their emergency departments, patients who are eligible will be assigned to the CHC care system for their medical home.

"Medical Center" points to not only the usual constellation of medical clinic, dental clinic and pharmacy, but also to something more. It will house a Family Practice Residency, a Dental Residency and a Nurse Practitioner Residency. In today's changing and uncertain times, one thing is crystal clear. We face a serious shortage of primary care capacity in our community and across our nation. It has been estimated that we have a shortage of ~ 100 primary care providers for Pierce County alone. These residencies promise to attract young primary care providers, many of whom will stay on. Further, as we all know, residencies bring vibrancy, enthusiasm and intellectual stimulation to a medical community.

So, you can see why the "buzz" about the Hilltop Regional Medical Center is a little more fevered than previous efforts. Naturally, CHC must raise money to make this a reality. You can see at a glance that this is another "right thing to do." It also will be a huge boost to our exceptional community by increasing primary care capacity and by committing ourselves to medical education and all that it embodies.

I hope you will consider a contribution to this effort. To do so, please just let anyone at the PCMS office know. Or, to contact CHC directly, call Justin Morrill at 253.722-1771 or email jmorrill@commhealth.org. You can also donate online at www.commhealth.org

And…thank you! ■

Influenza from page 11

news. Unlike the majority of health departments across the state, and unlike many other public agencies, Tacoma-Pierce County Health Department's budget is actually fairly healthy. Yes, we have experienced significant cuts over the last few years, but by using our strategic plan we are committed to fully funding the programs identified as high priorities. In some cases, by working smarter and being fiscally astute, we were able to support those decisions. Now the bad news: the state of our funding is constantly in jeopardy. Most of our funding comes from city, county, state and federal agencies, all of which currently face significant budget challenges. So while we are in good shape today, we are cautious of what the next year will bring. Fortunately, with our strategic plan, we will be able to lead with our heads rather than our shrinking pocketbooks.

I invite you to dig a little deeper into our Strategic Plan. The documents are all available at www.tpchd.org/strtegicplan. Thank you for your continued support of and partnership on our efforts. ■

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Dr. Mark Grubb, 2012 Vice President and 2011 Secretary, with his wife Dr. Nancy Grubb

Newly elected Trustee Dr. Murray Rouse and his wife Debbie (center) with Lynda Duncan, wife of Past President Dr. Steve Duncan

Happy pediatricians. Drs. John Hautala (left) and Sumner Schoenike with big smiles. Proof it was a very fun and happy evening

From left, Dr. Khash Dehghan and Kelly Lane with Dr. Keith Dahlhauser and Kathy Drake. Dr. Dahlhauser is a PCMS Trustee and past Treasurer and Vice President

Left, Dr. Edgar Steinitz and Dr. Justin Cooper, both physical medicine and rehabilitation physicians

Dr. Tim Larson and his wife Susan. Dr. Larson is a cardiologist with Cardiac Health Specialists

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Wow… quite a sampling but there is just a bit more. Don's dedication to his family and his many children (is it five or six?) is remarkable. He and his wife Barb have both been trailblazers for children with disabilities and are very active with the Pierce County Coalition for Developmental Disabilities organization. They are also active and supportive of PAVE – Partnerships for Action, Voices for Empowerment.

To summarize and encapsulate the true Don Russell essence, when he was asked years ago to be a WAMPAC Board member he agreed to do it but conditioned it by saying he only cared about education and that was it. At the first board meeting he again made the announcement up front that he only cared about education and he wouldn't put efforts into anything else. Well, in the history books there is now another story and that is that Dr. Don Russell worked tirelessly for all issues of concern to medicine and became the biggest cheerleader of all health care lobbying across the board and was a very well rounded and productive WAMPAC board member and chair.

Congratulations Don and to you Barb as well. We thank you for your dedication and your many contributions to our community and our profession. ■

Risk Management Tip

Medical Record Disclaimer. The medical record - paper or electronic - is the documentatoin of the care you provide. Its accuracy can impact future care decisions and malpractice claims. You are responsible for this accuracy. **Disclaimer language at the end of a chart note provides no protection or defense**, and other providers or a jury may misinterpret this to mean that your records are incorrect or incomplete.

Information provided by Physicians Insarance A Mutual Company

COLLEGE OF MEDICAL EDUCATION

CME at Whistler - Save the Date!

CME at Whistler is a great program that combines family vacationing and skiing in a resort atmosphere, along with continuing medical education.

This year's Whistler CME is being held at the beautiful Fairmont Chateau Resort. Nestled at the base of Blackcomb Mountain, with resort hotel defines mountain luxury. With true ski-in and ski-out convenience, the classic elegance of this landmark Whistler hotel offers a modern alpine setting for unsurpassed guest service, exceptional dining, full resort amenities, and a world class spa.

Please visit www.fairmont.com/whistler to call the Inhouse Reservations Department at 1-800-606-8244 to make your reservations. You will need to mention you are with the Whistler CME or use group code WHIS0112 in order to receive the contracted group rates.

Baiya Krishnadasan, MD, program director, has lined up a great list of speakers to ensure this course meets your educational standards, combined with quality skiing and family vacationing.

You should have received a program brochure in the mail. You can also view it on our website, www.pcmswa.org. If you have any questions, please call the College of Medical Education at 253-627-7137. ■

Continuing Medical Education

CME at Hawaii April 16-20, 2012 - Make plans now!

The spectacular Westin Maui Resort & Spa on sunny Ka'anapali Beach located on Maui's west shore is the site for the College of Medical Education's 2012 CME at Hawaii program. Ka'anapali Beach has been voted the #1 beach in America!

The conference will be held **April 16-20, 2012**. Be sure to save the date and plan your Hawaii trip now to get in on the fabulous deals we have negotiated and guarantee a flight to paradise!

The Westin Maui Resort & Spa offers endless activities. They host a 15,000 square foot luxury spa and modern gym, 85,000 square foot aquatic playground connecting five separate pools with a 120 foot waterslide, great restaurants, cultured entertainment, something for everyone. Please preview this fantastic facility at www.westinmaui.com.

This course is designed for practicing primary care providers, practicing internists, physician assistants and specialists interested in expansion of their primary care knowledge and skills. The curriculum will feature a diverse selection of up-to-date practical topics in primary care medicine. Our approach is to combine the best evidence-based medicine with the day-to-day realities of patient care.

We have negotiated exceptional rates for airfare, car rental and rooms. Room rates are nearly 50% off those offered by the resort. Please book early to take advantage of these reduced rates through Tammy Langlo with Thomson Travel and Cruise. Her contact information is 253-627-8221 or email tammy@thomsontvl.com. The College's reserved block of rooms will be released after March 7, 2012 so book early.

Flights to Hawaii at spring vacation time often sell out in advance. We have taken steps to secure seats for our participants and their families with Hawaiian Airlines. Your airline reservations must be made by February 6, 2012. Seats reserved by the College will be released after that date.

We hope you will plan to join your colleagues and their families this spring for this very exciting CME program in Maui.

You should have received a conference brochure in the mail or you can view it at www.pcmswa.org. Contact the College at 253-627-7137 with any questions. ■

Applicants for Membership

Grace Chao, PA-C
Family Medicine
Sound Family Medicine
10004 - 204th Ave E #3400, Bonney Lake
253-848-5951
Training: Med Univ of South Carolina

Scott T. Goodrich, MD
Obstetrics & Gynecology
Bahman Saffari, MD (FMG)
1624 South I St #402, Tacoma
253-426-4780
Med School: University of Vermont
Internship: University of Vermont
Residency: University of Vermont
Fellowship: University of Kentucky

Frida R. Pena Benitez, MD
Family Medicine
Community Health Care
10510 Gravelly Lake Dr SW, Lakewood
253-589-7030
Med School: Universidad Dr. Jose Matias Delgado
Internship: University of New Mexico
Residency: E New Mexico Fam Med

Susan L. Sullivan, MD
Dermatology
Cascade Eye & Skin Centers
5225 Cirque Dr W #200, University Place
253-848-3000
Med School: Washington University
Internship: Washington University
Residency: Washington University

Personal Problems of Physicians Committee

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

Your colleagues want to help

*Robert Sands, MD, Chair	752-6056
Bill Dean, MD	272-4013
Tom Herron, MD	853-3888
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Pierce County Medical Society
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Pierce County Medical Society

BULLETIN

March/April 2012

Georgetown University School of Medicine

INSIDE:

The Bulletin is published bi-monthly by PCMS Membership Benefits, Inc. Contact Tanya McClain regarding deadlines for submitting articles and advertisements: tanya@pcmswa.org or 253-572-3667.

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

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Pierce County Medical Society
BULLETIN

March/April 2012

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President's Page

by William K. Hirota, MD

Race to Relevance in a Health Care Bubble

William Hirota, MD

Your PCMS Executive Committee (EC) members as well as your Board of Trustees are your colleagues in the community who share the same issues and concerns as you do. We recognize that our continued success is predicated on our ability to connect with our membership in a meaningful way, to support the networking/collegiality of members and to promote the art and science of medicine in our community.

While our membership numbers are strong, the "shift" from traditional private practice to more employment by health care corporations has impacted the traditional services of PCMS. Younger physicians are among a generation who have placed a higher premium on work/life balance and as employees, have less need to network. CME is now ubiquitous and available at the click of a mouse.

At the beginning of this New Year, your senior leadership met and developed a strategic plan to address our concerns. The most compelling themes have centered on nurturing the leadership potential of our community physicians to face future challenges, developing a technology infrastructure to support the demands of our membership, enhancing excellence and quality care measures to care for our patients, and to provide a "safety net" for the medically disenfranchised.

PCMS developed a leadership symposium calling upon local experts to share their experiences in enhancing quality outcome measures, promoting a more universal EMR, and understanding the complexities of medical financial statements. The symposium took place in March 2011 and was funded by local resources. Held at the Alderbrook Resort on Hood Canal, this first meeting was very well received. We hope to build on this experience and when called upon, we look forward to your support and input as we have tentatively scheduled our next session on September 14, in conjunction with the WSMA Annual Meeting in Tacoma.

Developing a technology infrastructure is a high priority with your leadership. Future ambitions include the ability to access the incredible 100-plus year history of PCMS digitally archived with the leadership of past president, **Bill Jackson**. Other projects include the ability to perform administrative functions such as pay dues, interact with PCMS members, and to be a central registry for all local CME events including those that are hospital based.

Enhancing and promoting quality is of course everyone's responsibility. We at PCMS possess many advantages in leading the charge in this area. The leadership is comprised of a multi-disciplinary, multi-affiliated group who will pursue this responsibility with transparency and a focus on avoiding conflicts of interest. As payers of health care tighten their belts and demand more value for their dollars, we will be there to assist our colleagues in the difficult times ahead.

Providing a "safety net" for the medically disenfranchised has been a high priority for PCMS. Led by past president, **Sumner Schoenike**, Project Access has been touted by local and state political leaders as a vital program for those patients who are not eligible for current health care coverage, and who would otherwise inappropriately utilize our local emergency departments due to a lack of access into the medical health care system.

It is more compelling than ever to be involved in a strong integrated societal membership. The health care bubble is upon us. A recent New York Times article suggests, the average American does not realize the greatest burden to our budget crisis is health care expenditures. Congress continues to "kick the can" down the road when it comes to fixing the flawed sustainable growth rate formula for reimbursement calculations of Medicare rates. Finally, our own state government is proposing retrospectively denying Medicaid charges for ER patients if they deem them "medically unnecessary." Fee-for-service medicine is slowly but surely being eroded and the paradigm shift will be transformative. Help to make this transition successful and professionally sustainable. Be involved! ■

Endorsement for New Residency Programs in Pierce County

Whereas, the Tacoma Family Medicine, (TFM) Residency program has been an important asset, with tremendous benefit, to the Pierce County medical community for many years; and

Whereas, well developed, high quality residency programs bring value to communities in many ways, including but not limited to:

- A high percentage of physicians choose to remain in the community and practice medicine after completion of their residency, thereby increasing capacity. This will be particularly helpful in primary care, where the need is greatest.
- Teaching residents and students raises the satisfaction level of practicing physicians.
- The presence of residency programs in the community raises the level of academic standards thereby improving standards of practice and patient care.
- Residency programs provide care for the most challenging and difficult cases and/or patients in the community; and

Whereas, community collaboration and coordination are essential in accomplishing more for a community in an efficient and cost productive manner such as:

- Sharing resources and ideas with a concentration on ensuring all programs are high quality and fiscally sound.
- Development of a joint strategic plan that prevents unnecessary duplication and promotes a unique identity for each program.
- Sharing teaching resources and opportunities including educational offerings, CME programs and other such events, THEREFORE BE IT

RESOLVED that the Pierce County Medical Society endorses the development of new residency programs in Pierce County; including but not limited to, the CHC Teaching Health Clinic Residency, the Puyallup Tribe Teaching Health Clinic Residency and the Good Samaritan Hospital Residency programs, and BE IT FURTHER

RESOLVED that the Pierce County Medical Society endorses the collaboration of Pierce County residency programs by working together in a coordinated fashion to develop strategic programs, share resources, and promote quality.

Board of Trustee Action

by Jeff Smith, MD

Residency Program Collaboration: Plans for CHC Regional Health Center brings community together for new collaborations

Jeff Smith, MD

Community Health Care's (CHC) new Regional Health Care Center will be located on Tacoma's Hilltop and will become the medical and dental home for as many as 14,000 patients annually as we anticipate increased demands each year. In addition to medical and dental services, the new health center will feature an in-house pharmacy, an urgent care clinic, full-spectrum primary care including OB/GYN, pediatrics, geriatrics, radiology and behavioral health as well as nutrition education, interpretive services, and chronic care case management.

A key component of the new health center will be a new Family Medicine residency teaching program that will operate in collaboration with both the Franciscan and MultiCare Health Systems. The Affordable Care Act, has funded the Teaching Health Center Graduate Medical Education (THCGME) program for five years and allows health centers and others to partner with hospitals in offering an approved graduate medical residency training program in community based ambulatory patient care settings.

In joining together to plan the residency program, the hospital systems recognize that partnering together in our community elevates the level of care in Pierce County. This community based approach will make everyone better. With collaboration everyone can be mindful and intentional about available resources to ensure the best programs possible. The growth of residency capacity in Pierce County will not only raise the academic standards in the community, but will increase primary care capacity for the benefit of everyone.

The Pierce County Medical Society, as a non-clinical, neutral body in the community discussed this issue at our March Board of Trustee meeting and unanimously approved an endorsement for new residency programs in the county as well as for the ongoing collaboration of the medical community in working together to develop strategic programs, share resources and promote quality.

The full text of the endorsement is on the adjacent page. ■

Legal risks of going paperless

Electronic medical records are meant to save time and money, but they also can create liability issues for doctors

Defense attorney Catherine J. Flynn knows how electronic medical records can overwhelm — and often change — the course of a medical liability lawsuit.

In one of her cases, a New Jersey doctor being sued for medical negligence has been accused by a plaintiff's attorney of modifying a patient's electronic history. A printing glitch caused the problem, Flynn said, but the accusation has meant extra time and defense costs. Computer screen shots were reviewed, more evidence was gathered and additional arguments were made.

"This has taken a life of its own, and we've done virtually no discovery on the medical aspects of the case," she said. "The cost of the e-discovery alone is in excess of $50,000."

System breaches. Modification allegations. E-discovery demands. These issues are becoming common courtroom themes as physicians transition from paper to EMRs, legal experts say. Not only are EMRs becoming part of medical negligence lawsuits, they are creating additional liability.

Across the country, the move from paper to electronically stored health data is growing. The 2009 federal stimulus package provided federal funds for the creation of a health information technology infrastructure. Health professionals can receive up to $44,000 for Medicare or nearly $64,000 for Medicaid by adopting electronic medical records.

Studies are mixed about how EMRs will impact liability for physicians. A 2010 survey by Conning Research and Consulting, an insurance industry research firm, found that most insurers believe medical claims will rise during the move from paper to electronic records. Lawsuits probably will decrease after an adjustment period, the study said. A report in the Nov. 18, 2010, issue of *The New England Journal of Medicine* said doctors should expect a varied landscape of liability risks and benefits as EMR adoption unfolds.

Whatever the future holds for EMRs, it's important that doctors reduce their liability risks during system implementation, legal experts say. Being aware of potential legal pitfalls prevents doctors from falling victim to technology intended to do good — not cause hardship.

"It's all about the system that's in place and the integrity of that system," Flynn said. "You can only do what the system allows you to do. If you have a good system in place, then the doctors are protected — even from themselves."

The burden of breaches

Data breaches are among the most common reasons that electronically stored information lands doctors in court, said Lisa Gallagher, senior director for privacy and security at the Health Information and Management Systems Society, which advocates health information technology.

For example, thieves broke into the Sacramento, Calif., office of hospital system Sutter Health in October 2011, stealing monitors and a laptop containing the health information of 4 million people. Patients sued, claiming Sutter violated the state's Confidentiality of Medical Information Act. The law regulates medical data disclosures and negligent storage practices. At this article's deadline, an attorney for the plaintiffs had not returned calls seeking comment.

The Sutter Health data security office was encrypting its computers when the theft occurred, the company said in a statement.

Though federal law regulates Health Insurance Portability and Accountability Act violations and subsequent notification rules, state laws vary on reporting regulations for data breaches. Some state laws cover all electronic data, while others, such as California's, are aimed at health data.

Knowing what your state requires in the event of a data breach is essential, especially because of potential legal snares, said Richmond, Va., attorney Jonathan M. Joseph, author of *Data Breach Notification Laws: A Fifty State Survey*. For instance, if a New Jersey physician treats a patient from another state and a breach occurs, the doctor could be subject to notification rules in the patient's state as well as his or her own, Joseph said.

Police investigations during breaches are another challenge. Law enforcement agencies may ask doctors to delay reporting a breach to patients to not taint the investigation. Some states allow doctors immunity if they do not immediately alert patients because of an agency's request, Joseph said. But some states do not give doctors a break on notification rules.

"The problem with that is that many [investigations] may take months, and you may have to sit and ask yourself, 'Are people going to be harmed?'" he said. "You have to think, 'Should I hold onto the information, or will I be liable?'"

EMRs and new tort claims

In Oregon, health professionals have won a court victory in a data breach case. *Paul v. Providence* posed significant questions about how far a medical professional's responsibility extends after data is stolen.

Some patients in Oregon sued Providence Health System in 2009 after computer disks were stolen from a medical office employee's car. The disks contained unencrypted records for 365,000 patients. Patients said that

See "EMRs" page 17

Washington sees fewer pregnancies, births, and deaths

State had lower infant mortality and premature births, higher life expectancy than U.S.

We live a little longer in Washington, fewer women are getting pregnant, and more of our pregnant mothers are getting early prenatal care. That's according to the latest numbers added to the Center for Health Statistics website for 2010.

Pregnancies, births and abortions

The number of pregnancies, births, and abortions continues to drop. There were 108,045 pregnancies in Washington in 2010, a 4-percent drop from 2009. The total number of births dropped 3 percent with 86,480 born in 2010. The number of abortions in 2010 went down 7 percent from the prior year to 21,066. Fetal deaths remained stable at 499.

"Washington's trend mirrors the nationwide trends.

Low birth weight babies has remained at 6.3 percent. The national rate was 8.2 percent. About 1 in 10 babies were born prematurely (before 37 weeks).

Fewer pregnant women were smoking in 2010 – 9.2 percent, down from 9.8 percent in 2009. Gestational diabetes in pregnant women has increased over the past decade from 3.1 percent in 2000 to nearly 6 percent in 2010. This type of diabetes develops during pregnancy (gestation), and can affect both the baby's and mother's health.

Of the 86,480 births, 2,856 were multiple births (including twins and triplets). More than half (60 percent) of new moms in 2010 had at least some college education and most (83 percent) were high school graduates. Women 25 to 29 years old had the largest number of births at 30 percent, as did non-Hispanic whites at 64 percent.

Washingtonians live longer than the national average. Baby boys born in 2010 have a life expectancy of 78.2 years, and baby girls have a life expectancy of 82.5 years, about two years longer than the rest of the U.S. Many in Washington live well into their 80s and 90s, and a few walk down the wedding aisle in their 90s.

Deaths

Among people who died in 2010, more than a third were older than age 84. There were 47,981 deaths in 2010, down slightly from 48,202 in 2009. Leading the top 10 causes was cancer (25%), heart disease (22%) and Alzheimer's disease. Chronic lung disease, accidents, stroke, diabetes, suicide, chronic liver disease, flu, and pneumonia followed. Suicides increased to 947.

Marriages and divorces

There were 40,170 marriages in 2010, slightly less than 2009 (40,318). The oldest bride was 103 and the oldest groom 97. The largest number of couples tied the knot on August 21 with 909 marriages. There were 27,068 divorces in 2010, up from 25,395 in 2009. ■

www.doh.wa.gov is your source for *a healthy dose of information*.

Surgeon General's Report calls for action against teen smoking

A new report from the U.S. Surgeon General cites that nearly one in five high school-aged teens smokes, a rate that's down from earlier decades but the rate of decline has slowed, the report showed.

According to the Surgeon General, Regina Benjamin, the numbers are shocking and it's a problem that has to be solved.

More than 80 percent of smokers start by age 18 and 99 percent of adult smokers in the U.S. start by age 26, according to the 920-page report, which is the first comprehensive look at youth tobacco use from the surgeon general's office in almost two decades. It's particularly important to prevent youth from starting to smoke because the younger they start the more apt they are to become addicted as adults.

The report provides details about tobacco use, particularly in young people, the health impacts, and tobacco marketing and prevention efforts. There is concern that the anti-tobacco efforts have diminished, the tobacco industry has ramped up advertising, particularly to young people and numbers of smokers will increase.

The report recommends both anti-smoking campaigns and increased restrictions under the FDA's authority to regulate tobacco as additional prevention targets.

While the report does not point fingers on why youth tobacco use continues in the U.S. there are many who cite causes.

According to the Campaign for Tobacco-Free Kids, tobacco marketing is a big cause of the problem. They cite the industry's resistance to increasing state tobacco taxes as well as the industry's partnerships with convenience stores in prominent advertising.

The Surgeon General's report examined advertising and promotional activities by tobacco companies, which have been shown to cause the onset and continuation of smoking by adolescents and young adults.

Tobacco companies have worked tirelessly on marketing efforts to reduce prices, which make cigarettes and other tobacco products more accessible.

In 2008, nearly $10 billion was spent on cigarette marketing by the five biggest tobacco companies, a 48 percent increase from what was spent in 1998, when some of the companies agreed with state attorneys general to curtail or stop some of their marketing efforts.

Every day in the U.S., more than 3,800 people under the age of 18 smoke their first cigarette and more than 1,000 of them become daily smokers.

The new report is the 31st issued by U.S. surgeons general to warn the public about tobacco's risks. The first report, issued in 1964 touted tobacco as deadly.

Since the 1994 report, smoking among high school students declined from 27.5 percent to 19.5 percent, or about 3 million students, but the rate of decline has stalled in recent years. About 5.2 percent, or 600,000 middle school students are current smokers.

Every day in the U.S., more than 3,800 people under the age of 18 smoke their first cigarette and more than 1,000 of them become daily smokers, according to the report. They replace the 1,200 people who die each day in the U.S. from smoking.

According to the CDC, smoking can damage nearly every part of the body, including but not limited to stroke, heart disease, blindness, COPD, reduced fertility, and many types of cancers including lung, stomach, colon, bladder, cervical, and pancreatic.

There has been tremendous progress made since the days of smoking on airplanes and in public places. However, the battle must continue to do everything possible to prevent our young people from this addictive scourge that threatens their health in so many ways. ■

Personal Problems of Physicians Committee

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

Your colleagues want to help

*Robert Sands, MD, Chair	752-6056
Bill Dean, MD	272-4013
Tom Herron, MD	853-3888
Bill Roes, MD	884-9221
F. Dennis Waldron, MD	265-2584

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The Health Status of Pierce County

by Anthony L-T Chen, MD, MPH

Healthy Schools Make Healthy Kids

Anthony Chen, MD

In January, I shared details of our 2011-2015 Strategic Plan with you and also had the opportunity to discuss it in detail with the Board of Trustees at their annual retreat. One of the new initiatives I am excited about is our School Health Collaboration.

The Health Department has worked with schools for many years and we are looking at how we can do so better. Schools are perhaps the most effective way of reaching children and influencing their health outcomes. Consider that school-aged children are in school 180 days of the year while we might only see them once a year in the doctor's office. Schools are also community gathering places and can create opportunities for reaching parents and communities. An additional benefit to improving children's health is the associated improvement in their academic outcomes.

There are many different ways the Health Department works with schools to make them healthy places. We inspect physical facilities: kitchens and cafeterias for compliance with codes and pools and playgrounds for safety. We sample air quality, which is important since Pierce County rates of asthma are higher than the state average. We partner with school nurses to ensure that, from the day students set foot in the door, they are fully immunized against contagious and potentially serious diseases. We work with teachers on health education and provide family support services for the students and their families. Through a public-private partnership, dental hygienists provide examinations, dental sealants, and fluoride varnishes in schools. We also support school policy makers in making health promoting policies on foods, tobacco and physical activity.

"Our new initiative seeks to establish a coordinated and efficient school health services system that engages schools in protecting and improving the health of their students."

So, what is different about the School Health Collaboration initiative? With so many different existing programs, how can we coordinate, consolidate, and be more efficient? I am sure the schools would appreciate being bothered less often and having fewer contacts to track. The idea of cross-training staff to perform multiple services is intriguing and can save time and expanding our reach to more schools. Our new initiative seeks to establish a coordinated and efficient school health services system that engages schools in protecting and improving the health of their students. By coordinating our efforts in a more focused and strategic way, we can have a greater impact on the health of students in Pierce County.

In terms of what we will be tackling, we have set some objectives:

- Increase the amount of children who receive dental sealants at schools.
- Decrease the percent of youth who are overweight or obese.
- Reduce the percent of Pierce County children who experience Adverse Childhood Experiences.
- Decrease vaccine preventable diseases.
- Ensure school drinking water meets health-based standards.
- Ensure Pierce County residents access affordable healthcare.
- Decrease days of unhealthy air.

Of course, we would not be able to achieve these objectives without collaborating with schools and community partners. I invite you to be involved in local schools, understand their issues and help create an environment that promotes academics and health. Prioritizing health in our schools will help today's students become tomorrow's healthy adults. ■

Medical Quality Assurance Commission seeking physician members

The Washington State Department of Health (DOH) is currently accepting applications to fill vacancies on the Washington State Medical Quality Assurance Commission (commission). The commission helps make sure physicians and physician assistants are competent and provide quality medical care.

They are looking for physicians willing to study the issues and make decisions in the best interest of the public. Member selection reflects the diversity of the profession and provides representation throughout the state. The two congressional district openings in Pierce County listed below are based on the final redistricting plan approved by the Washington State Redistricting Commission on January 1, 2012. The commission has openings for:

- One physician representing Congressional District 6
- One physician representing Congressional District 8
- One physician at-large

The commission consists of 21 members appointed by the governor. It includes 13 allopathic physicians, six public members and two physician assistants. Nine physician members represent their congressional districts and four are at large appointments.

The commission meets about eight times a year, usually on Thursday and Friday every six weeks. There is an expectation to review multiple disciplinary cases between meetings, and additional meetings or hearings are often necessary.

Additional information on the commission, along with a link to the governor's application is available on the commission's website at http://www.doh.wa.gov/hsqa/MQAC/members.htm. Applications, along with a current resume must be received by April 20, 2012.

If you have any questions about serving on the commission, you may contact Julie Kitten, Program Operations Manager, at PO Box 47866, Olympia, Washington 98504-7866, by email at julie.kitten@doh.wa.gov, or call (360) 236-2757. ■

Thank You to PCPA Partners and Volunteers

Pierce County Project Access would like to thank our partners and volunteers for donating care to the low-income residents of Pierce County!

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Aaron Zima, MD

IN MEMORIAM

KURT BRAWAND, MD

1927 – 2012

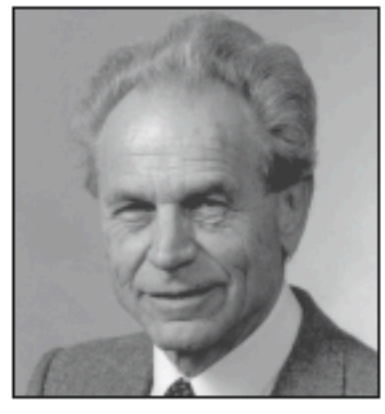
Dr. Kurt Brawand passed away February 19, 2012 at the age of 84.

Dr. Brawand received his medical degree from the University of Bern in 1953, completed an internship at Kingston General Hospital and psychiatric residency at the University of Colorado.

His professional accomplishments include earning an honorary doctorate from the University of Puget Sound and his ground-breaking work in the testing of Lithium.

Dr. Brawand was a member of the Pierce County Medical Society and Washington State Medical Association since 1963.

PCMS extends sincere sympathies to Dr. Brawand's family.



Kurt Brawand, MD

Risk Management Tip

Not All Spine Fractures Are Alike

In an emergency department or urgent care setting, patients with stiff spines from extensive osteoarthritis, DISH syndrome, or ankylosing spondylitis can surprise you, in a bad way. Trauma, especially to the cervical spine, can look minor to those used to dealing with patients with normally flexible spines, but even a minor fracture can be the warning that additional evaluation is needed. If you see a patient with a stiff spine and the plane films or CT shows signs of bony injury, get an MRI to evaluate the soft tissues and look for serious sequelae such as epidural hematomas and significant ligament injuries that could render the spine unstable. Remember, it's not just a spine fracture but a patient with a fracture of the spine. And not all patients (or spines) are created equal.

from Physicians Insurance A Mutual Company

Pierce County Medical Society

invites you and your spouse/guest to:

The Physician Lifelong Learner Program

presenting

"Abandoning Mars"

– Bernard Bates, Ph.D. –

▸The Mars Science laboratory (MSL or "Curiosity") launch in November 2011 will land on Mars next August. The rover, the size and mass of a "Mini Cooper," will be the most advanced robot ever sent to the surface of the "Red Planet."

▸MSL marks the end of the aggressive US Mars Exploration Program. No major robotic missions are "in the pipeline" for the rest of this decade. In fact, we have cancelled participation in a joint European Space Agency (ESA)/NASA series of Mars missions originally slated to begin in 2016. The Russians are the new partner for ESA. They are going to Mars without us.

▸What has happened to the US Robotic and (proposed) human exploration of Mars? I will attempt to explain how the Mars program collapsed since the heady days of 2004, when President Bush's National Space Policy tasked NASA with the goal of returning humans to the Moon by 2018 and sending humans to Mars by 2025.

Thursday, May 10, 2012 - *"Box" dinner* - 6:15 pm; *Speaker*– 6:30 pm
University of Puget Sound - 1500 North Warner, Tacoma (N Union & N 18th)
Wheelock Student Union Bldg (SUB) Room #101 — Directions: From 6th & Union, go north on Union to the first stoplight. Turn right on North 11th Street. Go past the field-house and at the first street turn left. (This will be Lawrence Street, but it is unmarked) Go straight until you come to the turnaround - the SUB will be ahead to your right. Park you car either in the lot to your right or on the street. Watch for signs to Room #101.

Dr. Bernard A. Bates, *is an instructor in the physics department at the University of Puget Sound. He holds a Ph.D. in Astronomy and an M.S. in Astronomy from the University of Washington. He received his B.A. Degree in Mathematics and Physics from Brown University. He has been a professor at UPS since 1988.*

The Physician Lifelong Learner Program is a series of seminar based discussions on academic topics of interest. Please join us and feel free to bring your spouse or guests with you

Attendance fee is $10 and includes a "box" dinner. Fee will be collected at the door - cash or check
Please RSVP by phone, 253-572-3667, fax 253-572-2470, or email to PCMS: suc@pcmswa.org

RSVP helpful by Friday, May 4. Thank you!

Applicants for Membership

John F. Gillman, MD
Physical Medicine & Rehab
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2702 S 42nd St Ste 310, Tacoma
253-472-7844
Med School: Uniformed Services
Internship: Eisenhower AMC
Residency: Walter Reed AMC

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Cardiovascular Disease
Franciscan Heart & Vascular Assoc (FMG)
1802 S Yakima Ave Ste 302, Tacoma
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Med School: Maulana Azad Med College
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253-589-7030
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Residency: Mercy Family Medicine

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because of the theft, they were exposed to past and future out-of-pocket losses associated with monitoring credit reports, and expenses associated with credit damage. A trial court ruled that the plaintiffs did not have a valid claim under state law. The plaintiffs appealed to the state's Supreme Court.

The Oregon Medical Assn., and the Litigation Center of the American Medical Association and the State Medical Societies, expressed concern that if the plaintiffs prevailed, the decision could create a new claim against doctors.

"Plaintiffs in this case ask this court to recognize a new common law tort making health care providers liable in negligence for purely economic losses and emotional distress damages arising out of the theft of patient information from health care providers, in the absence of physical injury," the Litigation Center said in a brief to the Oregon Supreme Court. "There are strong policy reasons against the creation of liability in these circumstances, especially the chilling effect it could have on the broader use of electronic medical records, which make this a subject more appropriately addressed in the legislative process."

The Oregon Supreme Court on Feb. 24 ruled the plaintiffs could not sue Providence because the patients failed to show anyone actually viewed or used their personal information.

"Although plaintiffs allege that an unknown person stole digital records containing plaintiffs' information from defendant employee's car, they do not allege that the thief or any third person actually used plaintiffs' information in any way that caused financial harm or emotional distress to them," the court wrote.

The court said the plaintiffs' claim for future financial harm also was invalid because a "threat" of future physical harm on its own, is not sufficient to constitute an actionable injury.

The decision protects health professionals from unwarranted lawsuits, said Gwen Dayton, legal counsel for the Oregon Medical Assn.

The Oregon opinion is consistent with other states' rulings in similar cases, justices said. However, states such as Maine have allowed plaintiffs to sue over personal information that is used for identify theft purposes, thus causing present financial injury.

Encrypting record systems is key to preventing possible breaches, along with recognizing any suspicious system activity, Gallagher said. "You want to be monitoring your network and [putting] technical controls in place," she said.

E-discovery is a growing area of concern, said Joshua R. Cohen, a medical liability attorney and president of the New York State Medical Defense Bar Assn. While legal requests once entailed only paper records, attorneys are now seeking every accessible electronic record, including films, lab reports, emails and phone records.

"Plaintiffs are trying to use e-discovery as a weapon of mass discovery," Cohen said.

A 2011 ruling in New York highlights how e-discovery creates a burden for doctors.

During a lawsuit against St. Luke's Hospital Roosevelt Center, a debate arose about whether the plaintiff should be allowed access to screen shots from a doctor's computer. Joan Bowman, who sued the hospital for wrongful death on behalf of her husband, wanted to see a com-

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puter template used to aid physicians in diagnoses. The hospital said the request was overly broad and oppressive.

But the Supreme Court of the State of New York ordered the release of the screen shots.

"Defendant doctors testified that they utilized these materials in coming to their diagnosis," Judge Alice Schlesinger wrote. "It is not a stretch to allow counsel to see and understand these materials."

At this article's deadline, the hospital's attorney had not returned messages seeking comment.

The case sets a precedent, said Susan Dennehy, Bowman's attorney.

"If others want to see screen shots from records, I think they'll rely on this case," she said. "It was important to see where the template led you if you put in an inaccurate chief complaint."

New Jersey attorney Michael A. Moroney said expenses can rise dramatically because of massive e-discovery requests. In some cases, practices must hire outside teams to sift through archived records, said Moroney, who counsels doctors on the legal challenges of EMRs.

"There's a ton of time involved," he said. "There's the attorney's time and then the medical staff themselves. It means we're spending tens of thousands of dollars fighting over stuff before we even get to the merits of the case."

Steering clear of legal problems

Flynn has seen more plaintiff attorneys accusing doctors of modifying electronic records, even when the changes were made innocently. It's essential to have a system that does not allow changes after a certain amount of time, she said. If modifications are allowed, the systems should show that doctors made efforts to be transparent.

Login passwords can create liability. Cohen had a case where a physician provided his login password to a resident and gave him permission to update a patient's chart while the physician was out of town. When a claim arose, it appeared that the absent doctor updated the record.

"It makes it look sloppy," Cohen said. "Before, the [absent] doctor wouldn't even have been involved in the lawsuit. Now, it creates a question of fact that we have to explain."

Doctors are busy in their daily practice, but making time to take preventive steps now may save them from EMR liability later.

"The best thing doctors can do is be ahead of the curve," Moroney said. "Because when the day comes that you are served with a complaint, one of the first things the court is going to look at is, 'How good of a policy did you have, and could you have prevented this?'"

How to reduce EMR liability

As the number of electronic medical records increases, so do certain legal risks, medical liability experts say. Common mistakes doctors make with EMRs and how attorneys recommend that physicians reduce their liability risks:

Mistake: EMRs allow users to move quickly through patient records, but cutting and pasting information makes it easy to paste incorrect information.

Recommendation: Refrain from copying and pasting EMR data, and be cautious when moving from one patient's record to the next.

Mistake: Computer programs can help doctors make a differential diagnosis, but the templates don't often include every possible symptom and corresponding medical condition.

Recommendation: Doctors should not become overly dependent on electronic diagnosis aids. Electronic systems are no substitute for hands-on diagnosis.

Mistake: Because EMRs allow physicians to move through patient charts much more quickly than paper charts, attorneys are noticing that some doctors are not being thorough when writing notes electronically.

Recommendation: Physicians should keep meticulous electronic notes on each patient and take time to document each chart.

Mistake: Some practices can fail to safeguard electronic patient data.

Recommendation: Practices should encrypt all information on computer devices and have policy that discourages employees from taking portable devices out of the office.

Mistake: A system may not clearly indicate changes to records.

Recommendation: Physicians should install systems that show transparency when modifications are made and/or have a program lockout period where no more modifications can be made to a record.

Mistake: Doctors may fail to follow notification requirements in the event of a data breach.

Recommendation: Be clear on what your state law requires when a data breach occurs, and make sure employees follow the rules immediately.

Mistake: Doctors may destroy or delete electronic records when a lawsuit is possible.

Recommendation: If doctors suspect they are being sued, they must preserve all electronic data related to the patient in question, including emails, phone messages and computer records. ■

Source: Attorneys Catherine J. Flynn and Michael Moroney of Weber Gallagher Simpson Stapleton Fires & Newby LLP in New Jersey.

Reprinted from American Medical News 3/5/12

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BULLETIN

May/June 2012

University of Michigan Medical School

INSIDE:

The Bulletin is published bi-monthly by PCMS Membership Benefits, Inc. Contact Tanya McClain regarding deadlines for submitting articles and advertisements: tanya@pcmswa.org or 253-572-3667.

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Pierce County Medical Society
BULLETIN

May/June 2012

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President's Page

by William K. Hirota, MD

United Health Care, entitlements and the man in the mirror

William Hirota, MD

Imagine if you will, dining at the finest restaurant in town, partaking in a five-course meal with outstanding service and ambience.

After your gastronomic extravaganza your bill arrives waiting to be paid at the time of service. What would then happen, if you told the proprietor, that although the meal, service, and ambience were fine, that you were going to withhold money (let's say 2% of what you owed) and not complete payment, until you had a chance to compare your dining experience to the greasy spoon down the street.

Only then would you decide to pay the full amount billed, and only to the dining experience that you thought was best.

Does this sound familiar, and does this practice legally exist in our society? The answer is – YES, in health care – your industry. This practice is called value based purchasing, and has come to a hospital system near you with a potential loss of millions of dollars in revenue being withheld, until certain comparative benchmarks are met.

This is NOT a pay for performance, but rather a hold back on payment for services rendered. Want to know how your hospital systems are doing? Come find out at your PCMS leadership conference.

Of course you may be wondering, what does this remuneration policy have to do with you? My own humble opinion is that this foretells our future.

Who is United Health Care? They are the largest insurer in the nation, with more than 5,500 hospitals and 550,000 doctors in its network[1]. They have recently announced a fee overhaul with an intent to tie medical providers' compensation to goals such as avoiding hospital readmissions and ensuring patients get recommended screenings. Their chief clinical officer, Sam Ho has announced: "This is not just an exercise or a pilot, it represents a significant change in the architecture of our compensation models for doctors and hospitals." These policies, in some cases, potentially withhold expected increases if certain standards aren't met. Other carriers, such as WellPoint and Aetna are announcing similar moves.

Another high impact policy came on 5 December 2011, when the Center of Medicare and Medicaid Services (CMS) announced that it will make claims data available to rate health care providers on their quality of care.[2] This data may be used to substantially increase the availability of performance ratings for consumers, but the consequences of using claims data to measure quality is fraught with many potential pitfalls.

Value-driven medicine is the goal of these policy changes, and some would define Value as quality/cost (i.e. the lower the cost, and the higher the quality, the more the value) [3]. Of course as cost is tied to your compensation, how low can you go? Quality metrics can be measured, but must be embraced and accepted to enhance value.

I predict as our new health care policies move forward to full implementation in 2014, there will be a surge of "pent-up entitlements" from consumers currently not covered by the health care system, a growing anger and resentment from the currently insured consumers who will lose certain "entitlements" due to cost-shifting, and the increasing burden on health care providers and corporate systems for instituting higher value to this new paradigm for U.S. health care.

Will this new system be successful? The men and women in the mirror = YOU - will hopefully be a big part of the answer.

One way to mitigate the growing cynicism and frustration over the systemic changes coming our way is for meaningful and active participation from the people "in the trenches" - YOU. From this participation, we hope to steer the ship in the right direction, away from the shores of disaster. How to participate? Sign up for a hospital committee, run for political office, support your colleagues, and stay involved in your medical society. Please support your leadership conference, network, and learn something new - 14 September 2012. ■

1. Mathews, AW New Way to Pay Doctors. Wall Street Journal Mar 8, 2012.

2. Werner R.M. Will using Medicare data to rate doctors benefit patients? Ann Intern Med 2012;156:532-533.

3. Porter, M. What is Value in Health Care? N Engl J Med 2010;363:2477-2481.

In My Opinion

by James D. "Dave" Bales, MD

The opinions expressed in this writing are solely those of the author. *PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

Deployed

Dave Bales, MD

"Are you CRAZY??" was a frequent response to the announcement that I was going to spend a year in Afghanistan with the Department of Defense's new initiative – the Civilian Expeditionary Workforce (CEW) – as a Ministry of Defense Advisor. Many friends and acquaintances noted that I was of sufficient age to be sitting at home bouncing grandchildren on my knee. True – my joints and stamina remind me daily of advancing years – but I'm not dead yet and felt a need to exercise a lifetime of learning about "far away" healthcare and medicine. I have a Masters in Clinical Tropical Medicine from the London School of Hygiene and Tropical Medicine but haven't seen a case of malaria or leishmaniasis in a couple of decades. Add to that nearly a decade of practice in environments like Kenya, Uganda, and Saudi Arabia and you might begin to understand the call to "deploy."

There is a long history within the Pierce County Medical Society of military service – when I first came to the area a majority of practitioners had arrived via military service. Deployment in the military usually brings up visions of combat operations and support with an emphasis on trauma. Deploying civilians is a different game with a vision of building host nation capabilities and infrastructure to manage local government and society. The military has performed this function over the years but the demand has waxed and waned from total responsibility for "nation building" to eliminating the military requirement altogether. The CEW is a move to combine the efforts of active duty military and United States government civil service to support building national capabilities.

My own deployment started with a three month training program on Afghanistan culture, government, history, language and ongoing advisory/development programs as well as security requirements for my own protection and protection of others on the team. My interest in medical history blossomed with the mention of the role Central Asia played in the development of medicine in the years of the European "Dark Ages" between Hippocrates in the years before the "Common Era" and Vesalius in the 16th Century. Brilliant scientists and leading edge culture and art were developed and preserved in the 9th to 12th centuries by the "Land of a Thousand Cities" of which current day Afghanistan was the center. Some of the writings of that era have been preserved including the "The Canon of Medicine" and "The Book of Healing" by ibn Sina (Abu 'Ali al-Hasayn ibn 'Abd Allah ibn Sina; his latinized name being Avicenna). By all accounts he was a prodigy in virtually every arena from astronomy and medicine to mathematics and poetry, writing over 400 treatises, some 200 of which have been preserved. I plan on continuing my own education by finding everything I can about this predecessor of current day medicine and will bring that knowledge back to Pierce County.

I am in the first weeks of my duties here in Central Asia and am already impressed by the public health advances over the past ten years. I had thought I would be starting from scratch in the advising effort but nothing could be further from the truth. Both the local military and health departments have aggressively pursued healthcare and health preservation and have developed a national surveillance system for identification and response to the diseases that have always held my interest. I have also run into a host of like minded professionals from the 38 nations supporting the NATO effort here. Starting the morning across the breakfast table from Jordanians, Albanians, Germans, Canadians, British, Romanians, French, or Polish (to name just a few) promotes the feeling of being a citizen of the world.

Another common question after the "Are You Crazy?" one is whether or not my marriage is falling apart!! Again, nothing could be further from the truth – I would not be here without the 40 years and counting support of my wife and family. Most of my overseas time has been accompanied and my wife has done her own unaccompanied "deployment" to Indonesia after the 2005 Tsunami to teach Indonesian nurses psychological first aid. She would be with me now if allowed by circumstance. She is aware of the risks involved but is also author of the sentiment "I'm not afraid of dying; I'm afraid of not living."

This tour is living and I'm loving it. ■

The Health Status of Pierce County

by Anthony L-T Chen, MD, MPH

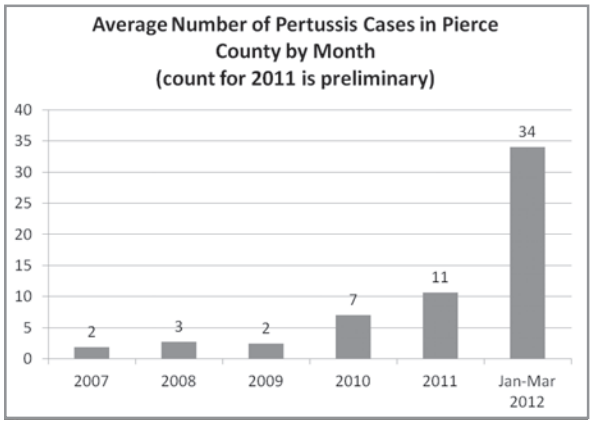
Pertussis Epidemic in Washington: What You Can Do To Help Stop the Trend

Anthony Chen, MD

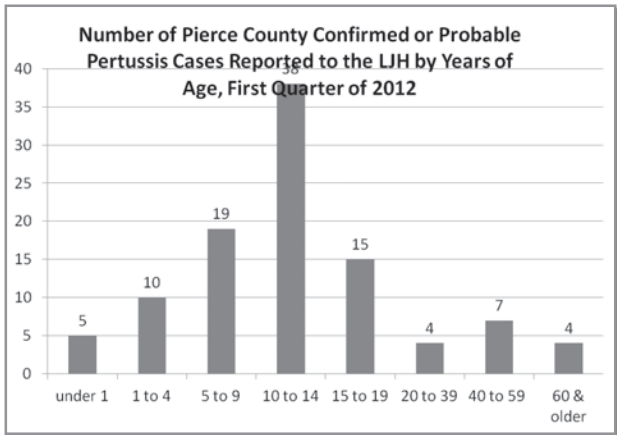
By now I am sure that you are all aware of the ongoing pertussis epidemic we are experiencing in Washington State. Let me give you an update on the status of the epidemic and how you can help.

Pertussis generally cycles in community-wide outbreaks every two to five years, so we expect increases in cases from time to time. Disease activity had been very low in Washington State during 2006-2009, when the state averaged about 390 reported cases each year. Incredibly, the state Department of Health has received over 1,000 cases so far in 2012, putting Washington on track for more than 3,000 cases this year. That would be the highest number of cases since 1942, when 2,860 were recorded. Thankfully, as of the beginning of May, there have been no infant deaths in Washington in 2012. However, four infants died of pertussis in Washington over the past two years, two in 2010 and two in 2011; each was under 3 months of age and too young to have received the complete primary series of pertussis-containing vaccines.

In Pierce County, we started experiencing an increase in pertussis cases in June of 2010, coinciding with the epidemic in California in which there were over 9500 cases, hundreds hospitalized, and 10 infant deaths. In 2009, we averaged 2.4 cases per month. For the last seven months of 2010, we had an average of 9.3 cases per month. In 2011 this jumped to an average of 11 cases per month, and in the first quarter of 2012, 34 cases per month. (See graph)



In April, we received an astounding 122 reports of pertussis. The vast majority of the cases have been in school-age children. As you can see from the graph, the peak incidence in the 10-14 year old group supports the ACIP's recommendation to give a Tdap booster above age 11 years. The epidemic is increasingly affecting those with waning immunity with most cases now being fully immunized. However, immunization still reduces the risk of disease and may reduce the severity of disease. In the first quarter of 2012, five Pierce County infants have been diagnosed with pertussis, one of whom was hospitalized and is now doing well.



You can help to control this epidemic by testing, treating and reporting persons suspected of having pertussis. These would include people who present with a prolonged cough illness of seven days or more in which the person experiences paroxysmal cough, post-tussive vomiting, and/or inspiratory whoop. Not all people experience these symptoms, and fully vaccinated children may have less severe symptoms. If a person is a contact to a known case or cluster, this should raise the index of suspicion. Further, young infants may have atypical symptoms such as apneic spells.

Testing should always be done on high risk persons and their contacts. High risk patients include infants, women in

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Pertussis from page 7

late pregnancy, and healthcare and child care workers (due to the potential of transmission to infants). Some people with pertussis test negative, even with the sensitive polymerase chain reaction (PCR) test. Because of batch testing, PCR may take up to two days before results are reported. When deciding whether to test, please keep in mind the very high risk for pertussis in school-age children in the current epidemic. You may see schoolchildren whom a school nurse has referred for severe cough illness.

In general, if you test, also treat. Treatment usually consists of five days of azithromycin, and individuals are considered contagious until they've completed the entire course of antibiotics. Report the case to the health department and exclude them from childcare, school, and healthcare settings.

Right now, our communicable disease control staff is in high gear interviewing all reported cases and ensuring that close contacts are notified and high-risk contacts treated. We are also organizing immunization clinics to offer Tdap vaccine to low-income and uninsured persons. Our priority for vaccination are parents of infants and other contacts that live in the household or provide care to the baby, like grandparents, relatives or child care workers.

Most infants who become ill with pertussis are exposed by parents or other household contacts who unknowingly contract the disease and mistake it for "just a bad cold." You can help to ensure that contacts of young infants are immunized by checking immunization status at every visit. Tdap is recommended for all adolescents and adults who have not yet received a pertussis booster, regardless of their last tetanus/diphtheria booster. Updated ACIP recommendations also include adults over 65 years of age and allow use of either vaccine (GlaxoSmithKline or Sanofi Pasteur, even though the latter is technically only approved through 64 years of age).

During this epidemic, we should not miss the opportunity to promote life-saving vaccines. At our free Tdap clinic held April 28, two families came who had previously refused immunizations. They were now requesting that their children be given Tdap because they were concerned about the risk of disease.

Immunizations for adults are also available at many local pharmacies and are covered by most health plans. For uninsured contacts of newborns who cannot afford to pay for their immunization at the pharmacy, the Health Department has special grants to provide Tdap for free. This vaccine is distributed to the MultiCare and Franciscan mobile immunization nurses who hold regular clinics throughout the county. Information about how patients can get a free vaccination can be found at www.tpchd.org.

I recognize the incredible workload that this epidemic is placing on our Health Department staff as well as you and your staff. Thank you for your partnership and everything you do. ■

Pierce County Medical Society

invites you and your spouse/guest to:

The Physician Lifelong Learner Program

featuring

Unanswered Questions about Schubert's "Unfinished" Symphony

presented by:

– Geoffrey Block, Ph.D. –

author of *Enchanted Evenings: The Broadway Musical from "Show Boat" to Sondheim and Lloyd Webber*
Oxford University Press

♦ Why didn't Schubert finish his "Unfinished" Symphony?
♦ What do the manuscripts in Schubert's own hand reveal about this mysterious work?
♦ Why did it take forty years to discover Schubert's manuscripts, and what light do they shed on the riddle of the "Unfinished?"
♦ If the work is "Unfinished," why has it become one of the most popular and critically acclaimed of all symphonic compositions?

Thursday, June 21, 2012 - *"Box" dinner* - 6:15 pm; *Speaker*– 6:30 pm
University of Puget Sound - 1500 North Warner, Tacoma (N Union & N 18th)
Wheelock Student Union Building (SUB) BOARDROOM– Corner of 15th & Lawrence. **Directions**:
From 6th & Union, go north on Union to the first stoplight. Turn right on North 11th Street. Go past the field-house and at the first street you come to turn left. (This will be Lawrence Street, but it is not marked) Go straight and as you come to the end of the street, the SUB will be the round building ahead, slightly to your right. Park your car either in the lot to your right or on the street.

Dr. Geoffrey Block, Professor of Music History at the University of Puget Sound, earned a Ph.D. and an MA from Harvard University and a BA from UCLA. He was a Fulbright Fellow at the University of Bonn and has received a National Endowment for the Humanities Fellowship. In 2008 he earned the title of Distinguished Professor. He has authored several books on the American composer Charles Ives and the Broadway musical, served as co-editor and contributor to others, is series editor for two series on the Broadway musical, and has composed four musicals. He has published numerous articles and reviews and has been a consultant and appeared on camera in the PBS documentary "Richard Rodgers: The Sweetest Sounds." He has appeared frequently on national and international radio programs over ABC, BBC, CBC, and NPR and in national newspaper reviews. Since 1980, he has enjoyed teaching talented and motivated students attracted to a liberal arts university which also offers a rigorous School of Music education. He is currently working on a book on Franz Schubert.

The Physician Lifelong Learner Program is a series of informal, seminar based discussions on academic topics of interest. Please join us and feel free to bring your spouse or guests with you.

Attendance fee is $10 and includes a "box" dinner. Fee will be collected at the door - cash or check.
Please RSVP by phone, 253-572-3667, fax 253-572-2470, or email to PCMS: sue@pcmswa.org

RSVP helpful by Friday, June 15. Thank you!

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Dr. Patrick Hogan continues to champion better health

Dr. Pat Hogan, famous across Pierce County and Washington state as the champion for assisting people in eliminating tobacco from their lives has taken the lead on another health initiative. The American Running Association's Run A Mile program encourages all youth to "be a miler" by participating in their run a mile program. To encourage better fitness and health, the program encourages everyone to go out and try to run a mile, or if necessary run/walk a mile. Planned around their national Run A Mile Day in May, the program provides certificates to finishers and this year had 25 states involved.

Thanks to Dr. Pat Hogan, the program is active and well received in Pierce County, particularly in Gig Harbor where eight elementary, three middle and one high school participated and in Tacoma with two schools participating and one elementary school in Fife. Due to Dr. Hogan's organizational efforts, Gig Harbor now holds the national record of the most students participating in the program.

Met with support and cooperation from the Gig Harbor administration and teachers, Dr. Hogan reports they are attempting to get kids excited about exercise. While not every student finds running a mile easy, most all of them find it fun and something they can do with classmates, with family, or even by themselves. Motivating kids at an early age and teaching them that exercise can be fun and how important it is for a healthy lifestyle are the primary goals of the program.

The Run A Mile program includes student runs at elementary, middle and high schools and are usually accompanied by an elementary school assembly providing educational and motivational information.

This is the second year that Dr. Hogan has worked with the Gig Harbor schools to implement the program. PCMS thanks him for his endless volunteer efforts. ■

SAVE THE DATE

"Leadership from the Trenches: Local lessons to global applications"

PCMS Leadership Conference

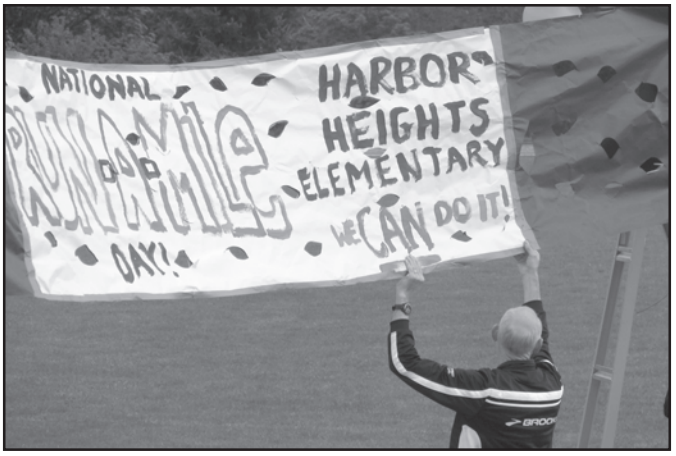
Friday, September 14, 2012

Murano Hotel in conjunction with the WSMA Annual Meeting

This all day course will feature an excellent array of speakers and topics including timely discussions on value based purchasing and its impact on the hospital systems, a panel discussion on the integration of EPIC as a common platform for EMR in Pierce County, and understanding the hospital's bottom line, a CFO's perspective.

We are also fortunate to have nationally prominent speakers from CMS, DARPA, and the Kansas Health Information Network who will provide key insights and stimulate actions to benefit our patients.

Registration and course information to follow.



Dr. Pat Hogan helps Harbor Heights School staff with start/finish banner

Dr. Hogan runs with the students to help them keep going

School staff mark hands for each lap - to complete a mile

First-Ever Local Area Health System Scorecard Reveals Stark Differences Across U.S.

Health care access, cost, quality, and outcomes can vary greatly from one community to the next - both within states and across states - depending on the performance of the health care system available to residents, according to the first-ever local health system scorecard, recently released by The Commonwealth Fund Commission on a High Performance Health System.

The report**, *Rising to the Challenge: Results from a Scorecard on Local Health System Performance, 2012*,** measures how 306 local U.S. areas are doing on key health care indicators such as insurance coverage, preventive care, mortality rates, potentially avoidable hospital use, and costs. It finds significant differences between leading and lagging localities, and wide disparities among major cities on many key measures of health care system performance.

In general, Washington State scored above average on most measures, but specific topics for improvement were identified. The report enables states to compare their performance with other states across key indicators of health system performance. It also provides achievable targets for improvement by assessing each state's performance compared with the best performance attained by a state. The goal is improved levels of health system performance in efforts to save lives, improve access to and quality of care, and reduce unnecessary spending. The report concludes that if Washington State could reduce preventable hospital admissions by 3,917 a total of $27,903,203 could be saved, and if 1,859 fewer hospital readmissions occurred a savings of $25,850,729 would be realized and if 716 fewer hospitalization of nursing home residents could be made a savings of $6,129,451 would occur.

You can view the full press release including the report at http://www.commonwealthfund.org/Publications/Fund-Reports/2012/Mar/Local-Scorecard.aspx

Specific findings and rankings for Tacoma and for Washington State are available on the PCMS webpage at pcmswa.org. ■

70 patients died under Washington State's assisted-suicide law in 2011

The number of Washington State residents who died of physician-assisted suicide rose to 70 in 2011, up from 51 in 2010 and 36 in 2009, when the state's Death With Dignity Act took effect.

The Washington State Department of Health reported in May that 103 patients requested and received lethal doses of medications from 80 different physicians in 2011. The medications were dispensed by 46 different pharmacists.

In addition to the 70 who died after ingesting medication, 19 died of natural causes. An additional five died, but it is unclear whether they took the medications. No reports were received for the remaining nine patients, indicating that they were still alive at year's end.

The vast majority of the terminally ill patients who received life-ending medications feared loss of autonomy, dignity and ability to participate in activities that make life enjoyable. They ranged in age from 41 to 101 and 95% lived west of the Cascades. More than 90% were white, and 75% had at least some college education. Nearly 80% of the patients had cancer, said the report.

After ingesting the lethal dose of medication, 93% died at home and 83% were enrolled hospice care.

You can view the report at (**doh.wa.gov/dwda/forms/DWDA 2011.pdf**).

Seventy-one patients in Oregon died of physician-assisted suicide in 2011. Since 1998, when Oregon's first-of-its-kind law took effect, 753 patients in Oregon and Washington have died with the aid of a physician. ■

Pierce County Project Access

by Leanne Noren, Executive Director

Growth

Leanne Noren

You may have noticed that the list of participating physicians that is normally published in this newsletter has gotten shorter. Actually, the list is now so long that we only publish the new volunteers to PCPA for each bi-monthly period. The network now includes 600 physicians and other healthcare providers!

In 2011 more than $3.1 million was donated in care by generous physicians in this community. In the first quarter of 2012 we are already over $1 million. As you know, the need is getting greater and Pierce County Project Access is the right solution.

As we near the mid-point of 2012, PCPA is continuing to grow in providers, patients and services. We have added our first full-time Patient Care Coordinator, and increased other part-time staff. Our menu of services continues to grow as we add perinatology, epilepsy, rheumatology, and nephrology specialists as well as primary care providers. We have also had a wonderful opportunity to partner with diabetes educators who donate their time to provide education specifically for Project Access patients. Carol Milgard Breast Center has also joined with us to offer screening mammograms, a service not usually available for PCPA patients.

The collaborative nature of Project Access is truly the strength of this program. Thank you for being part of that "sweet spirit" of serving our community with your expertise and generosity. We're looking forward to the opportunities ahead to serve more patients, engage more physicians and make Pierce County a better place to live. ■

Thank You to PCPA Partners and Volunteers

Pierce County Project Access continues to grow it's volunteer network, with almost 600 currently involved. Thank you to all of the physicians who participate!

This list includes the newest members who have joined in April and May, 2012. For a complete list of participating physicians, please go to www.pcmswa.org.

Marc Aversa, MD
Katherine Barford, MD
Michelle Benoit, MD
Lauren Colman, MD
Suzanne Cornwall, MD
Jasmine Daniels, MD
Christopher Harris, MD
Laura Hershkowitz, DO
Craig Iriye, MD
Carter Le, MD
Joshua Levin, MD
Peter Link, MD
Laura Lynam, MD
Elizabeth McKinney, MD
Geoffrey McNicoll, MD
Tanisha Mojica, MD
Loren Molina, MD
Dan Moore, MD
Robert Ostericher, MD
John Rieke, MD
Carolyn Rutter, MD
Suraj Singh, MD
Troy Wadsworth, MD
Xinda Wang, MD
Yu Zhu, MD

IN MEMORIAM

ROBERT A. KALLSEN, MD

1919 – 2012

Dr. Robert Kallsen passed away March 8, 2012 at the age of 92.

Dr. Kallsen received his medical degree from the University of Minnesota in 1945 and completed his internship and residency at U.S. Naval Hospital in Seattle.

Dr. Kallsen practiced Internal Medicine in Tacoma, retiring at the age of 80.

Dr. Kallsen was a member of the Pierce County Medical Society and Washington State Medical Association since 1955.

PCMS extends sincere sympathies to Dr. Kallsen's family.

Robert Kallsen, MD

IN MEMORIAM

HARRY W. CAMP, JR., MD

1917 - 2012

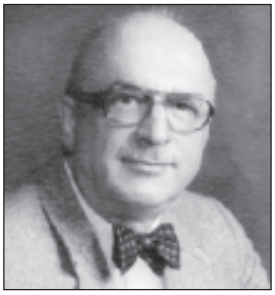
Dr. Harry Camp passed away March 8, 2012 after a short illness. He was 94.

Dr. Camp received his medical degree from the University of Cincinnati in 1945, completed his internship at Mercy Hospital and residencies at Cleveland Clinic and Wills Eye Hospital.

Dr. Camp practiced Ophthalmology in Tacoma, retiring in 1997 at the age of 80. He served as Medical Director of Western Clinic, Chief of Staff of Doctor's Hospital, and was on staff of five hospitals in the area.

Dr. Camp was a member of the Pierce County Medical Society and Washington State Medical Association since 1958.

PCMS extends sincere sympathies to Dr. Camp's family.



Harry Camp, MD

IN MEMORIAM

THEODORE APA, MD

1925 - 2012

Dr. Theodore Apa passed away April 6, 2012 at the age of 87.

Dr. Apa received his medical degree from the University of Illinois in 1953, completed his internship at Pierce County Hospital and residency at Tacoma General Hospital.

Dr. Apa practiced Pathology in Tacoma and Puyallup, retiring in 1989.

Dr. Apa was a member of the Pierce County Medical Society and Washington State Medical Association since 1955.

PCMS extends sincere sympathies to Dr. Apa's family.

Theodore Apa, MD

Reports on Health Information Exchange released by HH

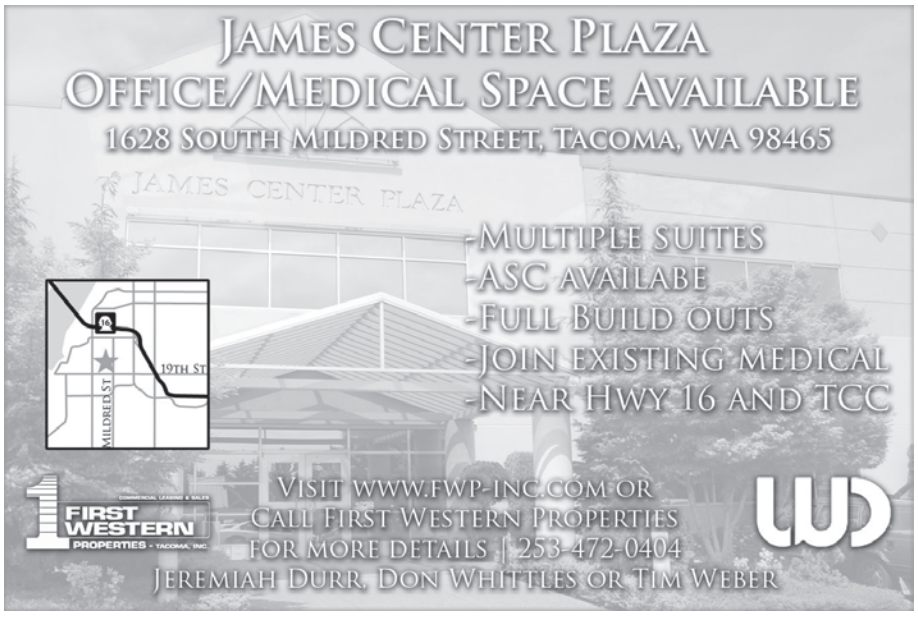
Two reports from the State HIE Program Evaluation prepared by NORC at the University of Chicago can now be found on HealthIT.gov. These are the first two deliverables from this four-year program evaluation, which seeks to characterize the different models that states are pursuing, assess implementation progress and challenges, assess changes in HIE over time and the impact of the Program in enabling exchange. The two reports are described below and the link is provided to access the complete document.

The Evolution of the State HIE Cooperative Agreement Program: State Plans to Enable Robust Health Information Exchange: This issue brief documents the historical context for the State HIE Cooperative Agreement Program and assesses the status of the program one year after its initiation. In preparing this document, the team used information gathered from existing literature, program documentation, and conversations with key program stakeholders to trace the history of federal initiatives to promote HIE in the United States. The team ultimately focused on the evolution of the State HIE Program since it became part of federal law, and offered insight on the potential of the program to influence the HIE landscape.

The report can be accessed at: http://www.healthit.gov/sites/default/files/pdf/state-health-info-exchange-program-evolution.pdf

Evaluation of the State Health Information Exchange Cooperative Agreement Program: Early Findings from a Review of Twenty-Seven States: This brief characterizes the various approaches that states and State Designated Entities (SDEs) are taking to enable HIE, one of the key aims of the evaluation. The brief highlights early findings from a mixed method study of 27 states conducted approximately one year and six months since the inception of the State HIE Program. This brief informs readers of emerging models for enabling HIE; the rationale for the various approaches that states are pursuing; the progress of state implementation; and the common challenges and barriers being faced by states.

The report can be accessed at: http://www.healthit.gov/sites/default/files/pdf/state-health-info-exchange-coop-program-evaluation.pdf ■



2012 WSMA Legislative Wrap-Up

After a long 2012 legislative session, the WSMA successfully fought to preserve programs that were on the cutting block and promote legislation that would benefit patients, including access to quality care and patient safety.

The WSMA tracks issues and legislation during the session, helps draft bills that are important for practices, testifies before legislative committees, and meets regularly with legislators and officials in the executive branch.

Here's a sampling of the accomplishments of the 2012 session as it related to WSMA's priority issues.

Health Insurance Exchange Bill (HB 2319)

With 2014 around the corner, legislators were focused on creating Washington's Health Insurance Benefit Exchange. Exchanges are new organizations that will be established as part of federal health care reform to attempt to create a more organized and competitive market for buying health insurance for individuals and small group employers. Small group employers are currently defined as employers with up to 50 employees – this expands to 100 employees in 2014.

The WSMA kept a careful watch over the development and implementation of our state's Exchange. During the legislative session we focused considerable effort in getting acceptable language included in the Exchange Bill on the Federal Basic Health Plan (Federal BHP) option. This option is modeled after the state's current Basic Health Plan and will aim to serve individuals between 133% and 200% of the Federal Poverty Level (FPL). With the original iteration of the Federal BHP option, the WSMA was concerned about inadequate plan reimbursement rates as well as insufficient review of the financial feasibility of implementing the program. The WSMA was successful in introducing a "hard" trigger to the bill. This hard trigger requires the Health Care Authority to make affirmative recommendations about the feasibility of a Federal BHP to the legislature, requiring specific legislative action in order to implement a Federal BHP, and removes any reference to Medicaid rates. The WSMA was successful in its efforts to add criteria to evaluate adequacy of funding, adequacy of provider networks, and payments to physicians sufficient to create robust networks and adequate enrollee access to the bill.

WHY THIS MATTERS: By 2014 health care reform is to be fully rolled out, including having operational health insurance exchanges in all fifty states. Ensuring that your reimbursement under these reforms is competitive and provides you with the opportunity to care for these populations is not only critical to ensuring greater patient access to health care, but also the long-term viability of physicians under health care reform. Things may change depending on how the Supreme Court rules on health care reform later this year.

Medical Assistants (ESSB 6237)

At the request of our members, the WSMA was successful in pushing forward a bill addressing medical assistant scope of practice. Under the new law there are two types of medical assistants: (1) medical assistants – certified (those who have completed an approved training program and passed an approved test), and (2) medical assistants – registered (those with varied training who have been endorsed by the practice for which they work to be competent to perform certain functions). The bill also moves phlebotomists and hemodialysis technicians under the medical assistant umbrella. Current health care assistants are grandfathered in as medical assistants – certified. The bill also recognizes that there are other assistive personnel, who often work for specialists, who may not fit one of the types of medical assistants, but nonetheless perform valuable functions.

WHY THIS MATTERS: Private and public payors, as well as new federal compliance requirements for supervision and meaningful use, typically require medical practice assistive personnel to have defined scopes of practice. Washington law currently prohibits many activities routinely performed by medical assistants. The new law, which does not go into effect until July 2013, will better reflect how medical assistants are and can be utilized in medical practices, and expressly authorizes the performance of these tasks by medical assistants. Rules for medical assistants and the issue of specialty-specific assistants will be taken up by the Department of Health. We will stay on top of this and protect your interests as the process moves forward.

Mandatory CME on Suicide (HB 2366)

The WSMA has a long record of being opposed to mandatory CME requirements. In its original form, this bill would have required all physicians and other health care professionals to obtain six (6) hours of CME on the management and prevention of suicide once every eight years. The WSMA worked hard to see that the bill was amended to remove physicians.

WHY THIS MATTERS: This bill avoids additional costs and time commitments for a mandatory training that has not shown to be an effective way of addressing suicide prevention.

Peer Review Attorney Fees (HB 2308)

The WSMA, working with the state hospital association, successfully drafted and pushed through a bill that allows awarding of attorney fees in a peer review dispute to the prevailing party only when the non-prevailing party has acted in a manner which is frivolous, unreasonable, without foundation, or in bad faith. The bill halts the "loser pays" interpretation of state statute, which had been seen as having a "chilling effect" on legitimate peer review challenges. The bill also provides

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WSMA from page 17

for the award of attorney's fees only when the non-prevailing plaintiff fails to exhaust all administrative options available before the peer review body prior to going to court, or brought the claim in bad-faith, etc.

WHY THIS MATTERS: This bill helps to level the playing field between physicians and hospitals, allowing physicians to bring legitimate claims without the fear of burdensome and prohibitive attorney fees.

Authorizing Greater Utilization of Shared Decision Making (ESHB 2318)

The WSMA supported this bill that allows the Health Care Authority (HCA) medical director to authorize nationally-recognized tools for use in shared decision making.

WHY THIS MATTERS: Under state law, if shared decision making is used as a means of achieving informed consent, the physician is provided greater immunity.

Protecting Air Quality by Granting Counties Greater Authority Over Solid Fuel Burning (HB 2326)

Acting on behalf of your colleagues in public health, the WSMA supported this bill which authorizes the Department of Ecology or a local air pollution control authority to call a first stage of impaired air quality, as well as a second stage of impaired air quality, at a level below the federal standard.

WHY THIS MATTERS: Providing counties with greater authority to deal with air pollution should assist in reducing the total number of days in which the population is exposed to potentially dangerously high levels of air pollution and thereby improving the state's overall public health. ■

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Office space to share. Centrally located between all hospitals in the Tacoma area. Contact Pati 253-572-7120.

PRACTICES AVAILABLE

Retiring Ob/Gyn physician selling busy practice with all equipment across from an emergency room in a busy metro area, leaving at the end of June. Anyone that is interested please call (253) 848-7660).

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Pierce County Medical Society
BULLETIN

July/August 2012

see pages 10-11

INSIDE:

The Bulletin is published bi-monthly by PCMS Membership Benefits, Inc. Contact Tanya McClain regarding deadlines for submitting articles and advertisements: tanya@pcmswa.org or 253-572-3667.

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Pierce County Medical Society
BULLETIN

July/August 2012

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President's Page

by William K. Hirota, MD

"A Black Swan on Golden Pond"

William Hirota, MD

A black swan: a highly improbable event, which was unpredictable, carries a massive impact, and after the fact, we attempt explanations to make the event seem less random - Nassim Taleb

By this point, you all know that the Supreme Court (TSC) has ruled on the constitutionality of the individual mandate (IM) in the Affordable Care Act (ACA). Interestingly, TSC ruled the IM as a tax, and not an issue under the commerce clause, and also ruled that states are not obligated to expand their Medicaid programs to accommodate for the expected surge in enrollment. The well advertised moral imperative for the ACA is no lifetime limits in health care expenditures, no pre-existing conditions, and the opportunity to extend coverage of your children's insurance needs. Paradoxically, who can underwrite these policies without a continuous stream of double-digit premium increases – perhaps only the government can. Unfortunately, in our state, where a recent one-cent candy tax was so vehemently contested, you can begin to appreciate the upcoming dilemmas.

My own observations of this historic legislative process, is how unpredictable, chaotic and divisive this has been. Highly respected organizations and politicos have often misread the "tealeaves." One can start locally with the Rona Report (circa 2010) – a commissioned report for the WSMA on the future direction of healthcare in Washington State, which began their discussion, with the premise that the ACA would not be passed. Nationally, one might remember how the unexpected election of Scott Brown (R) to replace the late Ted Kennedy's senate seat was going to usurp the political process for the Democratic Party. The divisiveness may only be starting as the Republican Party in Congress has promised to push forward a largely symbolic gesture to repeal the ACA. On a personal note, I find myself an employed provider again, after 10 years as a partner in a private practice group, as we decided that alignment with a large corporate organization was in our best interests.

So, how does this affect you? As I ponder these thoughts, I am reminded of quotes from two well known Americans: Vice President Joe Biden to POTUS (at the signing of the ACA) – "This is a big F… ing deal" and the late Rodney King – "Can't we all get along."

"My own observations of this historic legislative process, is how unpredictable, chaotic and divisive this has been."

How the ACA will impact you is dependent on who you are and where you are in your life.

Lets start with our patients.

If you are healthy and/or young, do your best to stay that way. PCMS is leading the way with innovative proactive campaigns for healthy living and positive lifestyles. Past PCMS President, **Dr. Patrick Hogan** promoted exercise as a health-preserving lifestyle, and **Dr. Paul Schneider** has led the charge in developing Healthy Communities of Pierce County – a project promoting community gardening in underserved areas and the importance of healthy eating habits. Join your PCMS colleagues for 'An Evening with the Stars' on 17 November as star chefs are matched with dieticians to teach and prepare healthy foods that are delicious.

If you are a patient who is underinsured or has no insurance, then Community Health Care has been an invaluable resource for you. Members of the PCMS are leading the way to educate future primary care providers in the nation's first combined MD/DO/ARNP Family Practice residency program. Just contact **Dr. Jeff Smith** or Desiree White, ARNP if you are willing to help teach these future colleagues in our community.

If you are a provider in private practice, then the passage of the ACA may be a time of significant angst about your future. Federal and state remuneration will be slowly but surely changing from a fee-for-service model to a capitated policy and the Medicaid roles will only expand. In light of these changes, your PCMS has developed a leadership curriculum from local leaders to promote networking, education, and involvement in the coming changes. Please support your organization and

See "Golden Pond" page 17

In My Opinion

by Richard Waltman, MD

***The opinions expressed in this writing are solely those of the author**. PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

Our Yellowstone Adventure

Richard Waltman, MD

Editor's Note: We know there are many PCMS members actively involved in the community in countless ways. We would like to hear about your projects and activities. Please send us YOUR story.

My wife, Ruth, and I are frequent visitors to Yellowstone National Park, and we are respectful of its power and majesty. Sitting on the porch of the Mammoth Hot Springs Hotel five years ago, we saw people of many nationalities go by but noticed a definite absence of young American children, particularly those of color.

We felt sad that such children were not sharing in our enjoyment.

We spoke with Jeff Brown of the Yellowstone Association (YA) to see what we could do to have our local kids participate in what the park was doing for underprivileged children, only to learn that no formal program existed.

So we proposed one. "Let's bring some kids from Tacoma to Yellowstone for an educational adventure," we said. We decided to call the program My Yellowstone Adventure (MYA).

Jeff and his associates came up with a wonderful five-day program and they were very eager to share their instructors. The program included visits to the Lamar Valley, Old Faithful, the Grand Prismatic Spring, and the Grand Canyon of the Yellowstone, as well as a Junior Ranger training program. The kids would write journals, take photographs, and paint pictures.

Meanwhile, we were back in Tacoma, Washington, trying to find the kids. Churches? Schools? Repeatedly, the Boys & Girls Clubs of America (BGCA) was suggested, and that's the organization we contacted, fortunately. Officials there also were eager to participate and said they would choose and train the children.

EVERYTHING FALLS INTO PLACE

Things moved very quickly from then on.

We asked an airline to give us a break on the flights, and it said no. We asked a warehouse club to help out with food, and it said no. But we kept going.

We spoke to our investment adviser, and she said we could afford to invest in the kids.

It all came together at a lunch in Tacoma one April. The YA people were there, and it was clear how committed they were to teaching people about the wonders of Yellowstone—and clear how much they loved the park. The BGCA people, similarly, showed a strong commitment to the education and growth of their kids—and how much they cared about them.

Ruth and I looked around the table at what we had assembled, and we nodded to each other: this was going to work!

And work it did. After several hikes and computer lab sessions, 21 ten-year-olds and five BGCA counselors boarded a flight to Bozeman, Montana. Only one of the 21 children had ever flown before, but they all did great. And so did the other passengers. Mellow Montanians and Washingtonians, they oohed and aahed with every bump along with the kids. (A plane full of businesspeople on the New-York-to-Boston shuttle might not have done as well.)

Then our bus arrived at the Buffalo Ranch field campus of Yellowstone, our home for the next five days.

The highlight of the next day? At 7 a.m., well before the official schedule began, across the road and easily seen in all its splendor, the Slough Creek wolf pack appeared, clearly welcoming the young travelers. Some people go to Yellowstone every year and never see a wolf. Our kids saw an entire pack on their first day.

The first session was great and much more than we anticipated. We wanted to give the kids a meaningful nature experience and a good time. What we heard at the end of the session was that for many of the children, this had been a momentous and life-enhancing experience. Many tears and hugs occurred at the last campfire.

Two comments from children in the first group:

"I have seen so many awesome things here, like Old Faithful, hot springs that blow steam into your face, and so much wildlife. We are having a great time!"

"I will never forget this experience.

See "Yellowstone" page 12

The Health Status of Pierce County

by Anthony L-T Chen, MD, MPH

Hepatitis - Focusing on Prevention

Anthony Chen, MD

July 28 is World Hepatitis Day, a reminder to take a global perspective on these diseases. As a family physician at a community health center in Seattle in the late 1990's, I cared for many immigrant patients with chronic hepatitis and its sequelae. With partners from state and local health departments and community organizations, I helped to start the Washington State Hepatitis B Coalition to increase hepatitis B awareness, screening, and immunization in high prevalence communities. While hepatitis B (HBV) causes the greatest burden of chronic hepatitis worldwide, hepatitis C (HCV) is prominent in some countries and is more common in the United States—dozens of cases are identified in Pierce County every month. We need your help to prevent hepatitis infections and identify patients with chronic viral hepatitis so they can be evaluated for treatment and receive ongoing monitoring of liver health.

Hepatitis B

In the United States, hepatitis B vaccination has successfully reduced acute infections by over 90%. However, we continue to see high levels of chronic HBV among persons born in endemic areas of the world. In those areas, infections primarily result from perinatal and early childhood transmission. About 90% of infants infected during birth will develop chronic disease in contrast to only 5-10% of adolescents and adults. About 25% of those chronically infected will develop cirrhosis or hepatocellular carcinoma. This is why it is so important to routinely test pregnant women for HBsAg. Positive results should be reported to the Health Department so partners and household contacts can be referred for testing and vaccination. Infants of HBsAg+ mothers should receive hepatitis vaccine and immune globulin (HBIG) within 12 hours of birth to prevent infection.

The CDC recommends that persons born in high prevalence (>2%) areas of the world be screened for HBV and vaccinated if non-immune. These areas include countries in East and Southeast Asia, Sub-Saharan Africa, parts of South America and the former Soviet Union. The Health Department coordinates health screening for refugees but not other immigrants. For new immigrants from endemic countries, please offer screening (HBsAg and anti-HBs) and vaccinate those not immune. Persons who test positive should be referred to a physician knowledgeable in the evaluation, treatment and monitoring of persons with chronic viral hepatitis. Most patients will not need antiviral treatment, but may need monitoring of liver function and periodic liver cancer screening with alpha-fetoprotein and ultrasound.

Hepatitis C

In the United States, hepatitis C is the most common type of chronic viral hepatitis and the most common blood-borne pathogen. It has become the leading cause of liver transplant and liver related mortality. Before the virus was identified, the infection was called non-A/non-B hepatitis and no test was available to screen donated blood. Approximately 3.2 million persons in the United States have chronic HCV infection, the majority acquired through blood transfusion prior to 1990 or, more commonly through injection drug use (IVDU). A 2007 survey in Pierce County found that 67% of cases reported were linked to current or remote IVDU. The highest prevalence is among Baby Boomers (born between 1945 and 1965) and as they age, liver disease and deaths due to HCV will increase significantly. In Washington State and across the country, HCV already causes more deaths than HIV.

The CDC estimates that up to 75% of those infected with HCV do not know it. Current screening for HCV is based on risk, however many patients may not identify behaviors practiced many years ago and deny risk factors. The CDC has proposed draft recommendations for one-time universal screening of Baby Boomers. Early identification of cases will allow monitoring for disease progression and referral for treatment. Newer treatments are now more successful, emphasizing the importance of early diagnosis.

As with other infectious diseases, prevention of viral hepatitis is the best

See "Hepatitis" page 18

Lynne Clark, MD honored as Pierce County Health Care Champion

Lynne Clark, MD, was recently honored as a Pierce County Health Care Champion, for her 'demonstrated and extraordinary service within the health care field over an extended period of time.' Well, at least for the past 12 years, since she has dedicated her practice primarily to the treatment of breast cancer. She began her Pierce County medical career in 1998 when she moved to Washington State and joined Mt. Rainier Surgical Associates as a general surgeon. She felt a passion for specializing and wanted to offer her patients the very best she could in breast care. With compassion and a team philosophy, she works with her patients to help them determine the best treatment approach after considering all options. Obviously, she met with great success.

Lynne Clark, MD

In addition to her busy medical practice, Dr. Clark takes on many community projects. She has served on the medical advisory board for Susan G. Komen for the Cure, participates in the American Cancer Society Relay for Life, Strides for Breast Cancer and Hope on the Slopes. She is a founding member of the Breast Cancer Resource Center which opened in 1998 and sadly had to close this June after 14 years of service, due to lack of funding.

Professionally, she served as moderator of the local Breast Conference, a multidisciplinary group of surgeons, radiologists, pathologists, oncologists and others who meet to confer on difficult cases. She actively participates in sharing her knowledge and expertise with other physicians by teaching how to do procedures and sharing information on the latest techniques and treatment information.

Dr. Clark mostly prides herself on her success at balancing her professional life and her personal life. She has mastered the "balance" that creates struggles for so many professional women. To find success with providing excellent medical care and support for your patients, and maintain your family as your priority well deserves the title of champion.

Congratulations, Dr. Clark! ■

Leadership from the Trenches

LOCAL LESSONS TO GLOBAL APPLICATIONS

Bill Hirota, MD
PCMS President
Conference Director

Dear Colleague:

Your medical society is honored to host "Leadership from the Trenches: Local lessons to global applications." With many historical transformative changes in society and in the medical field, physicians must step up from their traditional roles and accept more responsibilities to guide our tenuous health care system to stable grounds.

We hope to provide a valuable learning experience and networking opportunities with this CME event. Please take the time to register early.

We could not offer this conference without the generous financial contributions from our partners listed in this brochure. On behalf of Pierce County Medical Society and all conference attendees, I thank them for their generous support.

I look forward to seeing you on September 14th!

THANK YOU

TO OUR CONFERENCE PARTNERS:
Without the financial support of the following organizations, this conference would not be possible. We are not only grateful for their financial contributions but for their ongoing support of the Pierce County Medical Society and community. Many thanks to.....

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Group Health Physicians
Washington State Medical Association

FACULTY

Shari Ling, MD is the Deputy Chief Medical Officer for the Office of Clinical Standards and Quality, Centers for Medicare and Medicaid Services (CMS). She works in the agency's pursuit of higher quality health care, healthier populations and lower cost through quality improvement. Dr. Ling is a geriatrician and rheumatologist. She received her medical degree at Georgetown University School of Medicine, completed clinical training in internal medicine and rheumatology at Georgetown University Medical Center, and geriatric medicine studies at Johns Hopkins. Dr. Ling continues to serve as a part-time faculty member in the Division of Geriatric Medicine and Gerontology at Johns Hopkins University School of Medicine, and in the Division of Rheumatology, Allergy and Clinical Immunology at the University of Maryland.

COL Geoff Ling, MD, PhD serves as a program manager at the Defense Advanced Research Projects Agency (DARPA). A neurocritical care specialist, he previously served as professor and chair of neurology at the USUHS. He serves on the critical care staff at Walter Reed and Johns Hopkins Hospital. Dr. Ling received his doctorate in pharmacology from Cornell University's Graduate School of Medical Sciences and his medical degree from the Georgetown University School of Medicine. He completed his neurology residency at Walter Reed, a neuropharmacology research fellowship at the Memorial Sloan-Kettering Cancer Center and a neurointensive care fellowship at Johns Hopkins Hospital.

Laura McCrary, EdD is the Executive Director of the Kansas Health Information Network (KHIN) in Topeka, Kansas, a non-profit organization that provides health information exchange technology services throughout Kansas. KHIN is a provider led and governed health information exchange. Dr. McCrary completed post-doctoral work at Kansas University; a Doctorate of Education from Kansas State University and MS degrees in the areas of mental illness and learning disabilities from KSU. She participates in numerous volunteer activities focused on advocacy and support for medically vulnerable people in Kansas and is a state appointed educational advocate for children in the foster care system in Kansas.

Fred Brodsky, MD
Medical Director, Medical Informatics, Group Health

Florence Chang, MBA
Senior VP & Chief Information Officer, MultiCare Health System

Anthony Chen, MD, MPH
Director of Health, Tacoma-Pierce County Health Department

Dean Field, MD
Medical Director for Ambulatory Clinical Informatics for FMG, Franciscan Health System

Anthony Haftel, MD
VP Quality & Associate Chief Medical Officer, Franciscan Health System

David Munoz, MD, MPH
Franciscan Inpatient Team (FIT) Analytics Officer, Franciscan Health System

Lester Reed, MD
Senior VP Quality, MultiCare Health System

Dennis Stillman, MHA
Senior Lecturer, School of Public Health; University of Washington

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CONFERENCE AGENDA

7:00-8:00 **REGISTRATION & BREAKFAST**

8:00-9:30 Health Information Exchange-
Working Together to Improve Patient Care
Laura McCrary, EdD

9:30-11:00 Can You Hear Me Now? Working Towards a Common EMR Platform in Pierce County
Fred Brodsky, MD; Florence Chang, MBA; Dean Field, MD
David Munoz, MD, Moderator

11:00-11:15 **BREAK**

11:15–12:30 What's Happening at the Office? A Clinical Standards Update from CMS
Shari Ling, MD

12:30-2:00 **LUNCH:** Developing Medical Innovations the DARPA Way
COL Geoff Ling, MD, PhD

2:00–2:30 Pierce County's Community Transformation Grant: Lessons for Transformational Leadership
Anthony Chen, MD

2:30-3:45 Understanding the Hospital's Bottom Line:
A CFO's Perspective
Dennis Stillman, MHA

3:45–4:00 **BREAK**

4:00–5:30 Quantifying Quality in Healthcare Systems:
Pay for Performance - The ABCs of Value Based Purchasing
Anthony Haftel, MD
Quality Measures for Mortality - Making a Difference: What is New on the Horizon
Lester Reed, MD

6:00 **RECEPTION/HEAVY APPETIZERS/NETWORKING**

OBJECTIVES

Health Information Exchange - Working Together to Improve Patient Care (Dr. Laura McCrary)
- Discuss the health information service provider network
- Identify possible implications for Washington State

Can You Hear Me Now? Working Towards a Common EMR Platform in Pierce County (Dr. Fred Brodsky, Florence Chang, Dr. Dean Field, and Dr. David Munoz)
- Discuss the process for the Pierce County Epic transformation
- Cite how health care providers can contribute to the successful implementation of a universal health care record

What's Happening at the Office? A Clinical Standards Update from CMS (Dr. Shari Ling)
- Discuss implications of the Supreme Court Decision on Accountable Care Organizations
- Anticipate and prepare for future directions of remuneration from federal health care programs
- Cite future plans for implementation for the Affordable Care Act

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Developing Medical Innovations the DARPA Way (Dr. Geoff Ling)
- What is DARPA?
- Cite the process by which DARPA develops medical innovations
- Develop regulatory and compensation processes which are essential to introducing innovations into clinical practice

Pierce County's Community Transformation Grant: Lessons for Transformational Leadership (Dr. Anthony Chen)
- Discuss the objectives, strategies, and funding of the Federal Community Transformation Grant (CTG) program
- Identify how the application and implementation of the CTG provides lessons in collaboration, leading change, and transformational leadership
- Cite the potential impacts of Pierce County's CTG on community management of chronic diseases

Understanding the Hospital's Bottom Line: A CFO's Perspective (Dennis Stillman)
- Interpret the key metrics from the hospital financial statement
- Calculate the fiscal health and growth potential

Quantifying Quality in Healthcare Systems: Pay for Performance – The ABCs of Value Based Purchasing (Dr. Anthony Haftel)
- Define value based purchasing as a method for quality delivery in our health care system
- Cite improvement targets for health care delivery as a function of P4P

Quality Measures for Mortality - Making a Difference: What is New on the Horizon (Dr. Lester Reed)
- Discuss the changes in the incidence of sepsis and the implications for hospitalized patients
- Cite the new national measures of mortality
- Discuss the role of variation in practice and improvement in mortality
- Cite how the sepsis mortality rate is related to overall in-hospital mortality

For information, contact PCMS, 223 Tacoma Ave. S., Tacoma, WA 98402 ▲ (253) 572-3667

Yellowstone from page 5

Sometimes, I can't imagine how it's all so beautiful."

We scheduled a conference call critique of session one, made only minor changes in staff and format, and went on to successful session two. Some of the comments we received:

"It touches me to know that the animals have a home where they don't need to worry about people troubling them."

"This is a trip I will remember for the rest of my life."

"And now I don't want to leave at all."

And from session three:

"I want to spend the rest of my life here and be a Yellowstone park ranger."

"My parents are proud of me."

"I will come back!"

PROGRAM GROWS IN SCOPE

We host 21 new ten-year-olds each August. Each group is unique, and each session is successful in its own way.

And over the past few years, working with our YA and BGCA partners, we have formulated goals for MYA. We still want the children to have a wilderness experience, but we also want them to develop a sense of responsibility and stewardship for our national parks.

When we returned from session four, of which participant Sam said, "Shows me how much I need to learn and how hard I need to work to take care of all the animals."

With a strong group of children and with more experienced counselors, this was a remarkable session. In addition to a great wildlife experience, significant growth and development occurred within the group.

Here are two anecdotes from Beth Wallace, the group leader and a remarkable young woman:

"James came on the trip this year as a late addition and struggles socially at school because he is an overachiever academically and very intelligent. The other kids immediately picked up on this but throughout the trip made efforts to include him. He was having so much fun, not just seeing the sights of Yellowstone, but also with new friends. On the last day, he shared with the whole group how good it felt to be treated like he was part of the group, and how he now felt more confident starting middle school."

James' touching comment: "This has been the best five days of my life. I am stronger."

Another insight: "Jasmine flew for the first time on a plane on this trip and was very nervous. She is generally quiet, kind, and not as social with her peers, but she came out of her shell in Yellowstone. Many of the other girls made her feel included and important, which allowed her to grow over the five days into a social, funny, excited, and even loud kid at times. She became more confident and eager to participate

See "Yellowstone" page 16

IN MEMORIAM

JAMES F. EARLY, MD

1929 - 2012

It saddens me to relate the passing of Jim Early who practiced general internal medicine in Lakewood for thirty-five years. Although he retired in 1997, he continued to attend the CME courses regularly and had a fervent interest in the progress of medicine.

He was raised in Hudson, N.Y. where his father was a physician. Jim did his undergrad at St. Michael's College and got his medical degree from Albany Medical College, graduating in 1955. After interning at Philadelphia General Hospital, he spent two years in the USAF as a flight surgeon in Japan. Upon returning, he completed a residency in internal medicine at Philadelphia General and then at the Bronx VA after which he started practice in Lakewood.

Jim served as President of the PCMS in 1975 and for several years thereafter was a delegate to the WSMA. Additionally, he served on numerous hospital boards and committees and was active in community affairs as well.

He was highly regarded among his colleagues as both a very dedicated clinician and a friend to all. He will be missed.

Ralph V. Stagner, M.D.

Applicants for Membership

Erin E. Dodge, MD
Family Practice
Peninsula Family Medical Center
4700 Pt Fosdick Dr NW #220, Gig Harbor
253-851-5121
Med School: University of Washington
Internship: Tacoma Family Medicine
Residency: Tacoma Family Medicine

Albert H. Kim, MD
Family Medicine
Community Health Care
1708 E 44th St, Tacoma
253-471-4553
Med School: Hanyang University
Residency: Metro Health Case Western

John P. Kim, MD
Diagnostic Radiology/Neuroradiology
Medical Imaging Northwest
1201 Pacific Ave #400, Tacoma
253-841-4353
Med School: Brown Medical School
Internship: Saint Vincent Hospital
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Nicholas D. Krause, MD
Diagnostic Radiology/Neuroradiology
Medical Imaging Northwest
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Residency: University of Washington
Fellowship: University of Washington

Gholam R. Zinati, MD
Diagnostic Radiology
Medical Imaging Northwest
1201 Pacific Ave #400, Tacoma
253-841-4353
Med School: University of Missouri
Internship: University of Kansas
Residency: University of Missouri
Fellowship: Northwestern University

Kevin Murray, MD named Family Medicine Educator of the Year

Kevin Murray, MD has been named Family Medicine Educator of the Year by The Washington Academy of Family Physicians. The award is given annually to recognize academy members for excellence in teaching, development of innovative teaching models, or implementation of outstanding educational programs. Murray is vice president of primary care for MultiCare Health System. He earned a medical degree from the University of Washington School of Medicine in 1978 and completed residency training at Tacoma Family Medicine in 1981. ■

IN MEMORIAM

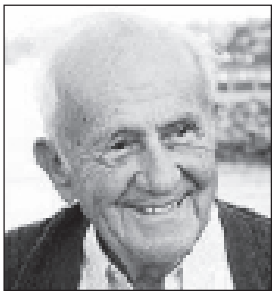
MICHAEL LOVEZZOLA, MD

1923 - 2012

Michael Lovezzola, MD passed peacefully in his sleep July 13, 2012 after a courageous battle with leukemia.

Dr. Lovezzola received his medical degree from Tufts Medical School in 1947. He completed an internship at Faulkner Hospital and residency at Boston City Hospital.

Dr. Lovezzola was the first surgeon in Puyallup when he opened his private practice there in 1966. He was a member of the Tacoma Surgical Club and the North Pacific Surgical Association and was published in the *New England Journal of Medicine*. He retired in 1989.



Michael Lovezzola, MD

He was a member of the PCMS and WSMA since 1967.

PCMS extends sincere sympathies to Dr. Lovezzola's family.

IN MEMORIAM

ROBERT B. WHITNEY JR, MD

1935 - 2012

Robert Whitney, MD passed away from cancer at the age of 77 on July 5, 2012.

Dr. Whitney received his medical degree from Yale University in 1959 and completed his internship and residency at the University of Minnesota.

In 1965 Dr. Whitney accepted an offer to form Drs. Gross, Larson, Whitney & Associates (now known as Medical Imaging Northwest), where he practiced radiology until his retirement in 1995.

Robert Whitney, MD

During his career Dr. Whitney was active in local, state and national medical organizations, as well as many hospital and community volunteer boards and committees. He served as PCMS Secretary-Treasurer, Board member of PCMS, the Medical Library and Membership Benefits, Inc., WSMA Delegate, and many others. He was a member of the PCMS and WSMA since 1966.

PCMS extends sincere sympathies to Dr. Whitney's wife Helen and family.

Yellowstone from page 12

in activities, and many of her new friends expressed to her how much she had changed on the trip, which made her very happy."

Jasmine's comment makes me smile and tear up every time I read it: "I love Yellowstone. I can just be myself and have fun. I don't have to worry about anything."

Now a doctoral candidate from the University of Washington–Tacoma is trying to document how well we achieve our goals.

This is one of her observations: "The youths' connection to Yellowstone could be seen in their desire to stay and their desire to return someday. I overheard several kids discussing that they did not want to leave, their desire to return, and wanting to return with their own children someday."

It brings us great joy to think that now these young people have a better sense of the importance of Yellowstone and that they speak of protecting the park, working in the park, and bringing their own children to the park. It cheers us to see the sense of accomplishment they have at the end of the trip. I love their I-can-do-this swagger.

This year, for our fifth session, we will continue to strengthen our program and are looking to expand it under BGCA direction to other cities. We also are conducting follow-up meetings with our "graduates."

We wanted to give them a good time; now we believe we have, if only briefly, enriched their lives. We feel privileged to have had that opportunity.

I am certain that many of you reading this narrative are already involved in "give-back" activities, and I thank you for that. If you have not participated in such activities, I encourage you to find an area that resonates for you and to just do it.

My advice? Have goals that are important to you, get good people to help, be ready to make changes—and keep your wallet open. And one more thing: Be ready to gain ten times more than you have given.

Nobody has derived more joy and more satisfaction from MYA than I have. For Ruth and me, MYA has been more life-changing—and eye-bobbling. ■

Golden Pond from page 3

attend "Leadership from the Trenches" – 14 September at the Hotel Murano in Tacoma. (see pages 10 and 11)

If you are an employed health care provider, the ACA has led to a temporary sanctuary from the madness of uncertainty as "someone in charge" is orchestrating your workflow and daily professional life. This is an increasing subset of our colleagues in the community, and PCMS is working very hard to maintain relevance and value to you. However, during this time of change, we need your continued support so we can be there for you when the time arises.

If you are a hospital administrator then the challenges ahead are daunting. You will be an intermediary between the growing population of entitled health care constituents and the providers who deliver their care, all while maintainig a focus on juggling cost containment and quality. PCMS is always willing to be an intermediary for mutually beneficial programs. Project Access is a perfect example of a successful corporate partnership.

Finally, if you are a politician, you will need physician input and guidance on defining basic health care benefits for your constituents and ideas on meaningful tort reform. Physician colleagues please participate!

It is an exciting time for us, because of the impact that one voice may make – be a "hanging chad." Like our military, we are volunteer leaders at PCMS and need your continued support to stay motivated and inspired to meet your professional needs and advocate for our profession and future.

Hooah! ■

Personal Problems of Physicians Committee

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

Your colleagues want to help

*Robert Sands, MD, Chair	752-6056
Bill Dean, MD	272-4013
Tom Herron, MD	853-3888
Bill Roes, MD	884-9221
F. Dennis Waldron, MD	265-2584

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Hepatitis from page 7

strategy. Primary prevention of hepatitis A and B can be achieved with vaccination. Prevention of hepatitis C (and also effective for hepatitis B) relies on reducing transmission: avoidance of IVDU, the use of sterile syringes and needles and antiviral treatment to reduce viral load in infected patients. Strategies in the health care setting include universal precautions, infection control and testing of blood and tissue donors. Since hepatitis B (but not hepatitis C) is efficiently transmitted through sexual intercourse, additional strategies include reduction of sexual partners, safe sex practices and screening and vaccination of sexual partners.

Cases of both acute and chronic viral hepatitis are reportable in Pierce County. To report notifiable conditions, call the Health Department at (253) 798-6534 or use our confidential fax line at (253) 798-7666. ■

Risk Management Tip

Patients and the Use of Alternative Therapies

Nearly 67% of patients over the age of 50 use alternative medical therapies (chiropractic modalities, herbal and dietary supplements, massage, etc.). An NIH & AARP study found that two-thirds of these patients do not discuss the alternative treatments with their physician and indicated the main reason for not disclosing was that their doctor did not ask. The study also found that nearly 75% of respondents take one or more prescription medications, and nearly 60% take over-the-counter medications. Be sure your records are complete by asking patients specifically about every medication (prescribed and over-the-counter) they take and every alternative therapy they use.

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Lakeside-Milam Recovery Centers, a national leader in alcohol and other drug addiction treatment, is looking to broaden our scope of services and add an additional Medical Director. Since Charles Kester and James Milam, PhD first opened the doors in May of 1983, Lakeside-Milam has helped over 115,000 addicts, alcoholics and families suffering with alcoholism and other drug addiction. Primarily serving the Puget Sound region, we also treat many patients from throughout the Pacific Northwest, Alaska and the country. Focusing on treating alcoholism and addiction to other drugs as a primary disease at the right place in our continuum of care is the foundation of our success. Following an initial decade of growth and change, LMRC centered its operational focus on the Puget Sound area. In 1994 Lakeside-Milam opened our 53-bed residential facility for adolescents. The following year, LMRC moved its adult residential program to our location in Kirkland, which has grown to 105 detox, residential and transitional beds. Nine outpatient centers complete the continuum stretching from Everett to Tacoma. The Kester family continues to steward the organization with Carl Kester serving as President since 2000 and acquiring the controlling interest in the company and assuming the role of CEO in 2012.

This position would be a member of the corporate management team, work in concert with the Chief Medical officer and report to the CEO. The right professional will be able to create a plan to integrate their talents and interests with the following list of core responsibilities and desired experience in the continual pursuit of organizational improvement. 1. Subscribes to the knowledge that chemical addiction is a disease of the brain that results in a plethora of biopsychosocial effects on its victims. 2. Experienced in protocols of acute detoxification that promote effective withdrawal from all psychoactive drugs in the shortest possible interval. 3. Subscribes to a well-defined philosophy of addiction treatment that is directed to abstinence from psychoactive drugs supported by patient education, the use of Rational Emotive Therapy and active involvement in 12-step programs. 4. Well read in research on the etiology of addiction. 5. Able to work effectively with a diverse patient population across a continuum of care consisting of outpatient, residential and detoxification services. 6. Skilled in public speaking to advance the methods and benefits of abstinence-based treatment. 7. Versed in non-opioid methods of pain relief. 8. Experienced in conducting peer utilization reviews with a variety of payers. Candidates must be licensed in the State of Washington. Certification by the American Society of Addiction Medicine and personal knowledge of 12-step recovery are viewed as assets. Salary and benefits are competitive. Interested individuals should contact Human Resources Director Monica Talley at talleym@lakesidemilam.com or President/CEO Carl Kester. Both can be reached at 425-823-3116.

OFFICE SPACE

Two offices available, first floor. 1,100 and 1,700 sq. ft. Contact Carol 206-387-6633.

Medical office lease/sub lease. Fully furnished: St. Joseph Medical Clinic Tacoma 1,100 sq. ft. sublease $100/d. University Place 1,000 sq. ft. $1,600/m or $100/d. Contact Marlys 253-573-0460.

Office space to share. Centrally located between all hospitals in the Tacoma area. Contact Pati 253-572-7120.

Medical/Dental suite with tenant improvements complete or build to suit. 2,537 sf with 5 exam rooms in medical setting on Meridian on South Hill. Motivated landlord offers $9.75/sf first year base rent. Call or email Steve Offenbecher, at 253-840-5574, steve@offenbecher.com. Visit the website at http://www.goodsam medicalspace.com/

New medical space available on Good Samaritan campus. 1,000-10,000 sf with generous tenant improvement allowance offered at $31/sf. Easy access to hospital, secure physician parking and valet patient parking. Tenant physicians may invest in building. Call or email Steve Offenbecher, at 253-840-5574, steve@offenbecher.com.

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Pierce County Medical Society
BULLETIN

September/October 2012

PCMS Delegates to the WSMA Annual Meeting

From left: Drs. Cecil Snodgrass, Sumner Schoenike, Anthony Chen, Dan Ginsberg, Keith Dahlhauser, Steve Duncan, Steven Konicek, Mark Grubb, Richard Hawkins, Ron Morris, Len Alenick, Mike Kelly, Don Russell and Bill Hirota

Nick Rajacich, MD installed as WSMA President 2012 - 2013

(see article page 5)

INSIDE:

The Bulletin is published bi-monthly by PCMS Membership Benefits, Inc. Contact Tanya McClain regarding deadlines for submitting articles and advertisements: tanya@pcmswa.org or 253-572-3667.

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

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Pierce County Medical Society
BULLETIN

September/October 2012

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President's Page

by William K. Hirota, MD

Can You Hear Me Now?

The Pierce County Medical Society "Leadership from the Trenches" meeting on 14 September at the Hotel Murano in Tacoma was well attended and well received. All the speakers were fantastic, but in my opinion, the highlight of the meeting was the collaborative panel discussion with representatives from Group Health, MultiCare, and the Franciscan Health Care systems. The format included a brief presentation from each panelist. This was followed by a case-based discussion of how a communal Epic platform will enhance patient care, improve safety, reduce cost by eliminating redundant testing and imaging studies, and lead to smoother transition from the hospital/ED discharge to primary care follow-up.

Big thanks to panelists: Florence Chang, Fred Brodsky, and **Dean Field**; moderator **David Munoz**, and the steering committee: Barry Weled, **George Williams**, and **Matt Eisenberg**.

William Hirota, MD, PCMS President and "Leadership from the Trenches..." conference director

Daniel Ginsberg, MD (front) PCMS President Elect and Mark Grubb, MD PCMS Vice President, applauding

What did we learn from MultiCare?

Florence Chang discussed the strengths of "Care Everywhere" which provides information on patients who have been treated within any Epic system - launch date was June 2011. Locally, Epic is or will be used at MutiCare, Franciscan Health System, Group Health, Providence Health and Services, Highline Medical Center, Overlake Hospital Medical Center, and The Everett Clinic.

In addition, MultiCare is one of four civilian sites with early access to the Virtual Lifetime Electronic Record (VLER). This is a data repository for medical records of both Veterans and Department of Defense patients.

Finally, there will be a push to integrate a statewide Emergency Department Information Exchange (EDIE) – launched at MultiCare on 28 March 2012, which will be an embedded icon within EPIC.

What did we learn from Group Health?

Fred Brodsky taught us the distinction of Epic Care Link versus Care Everywhere. Epic Care Link is a program available for providers not on an Epic system. It is predominantly for operational use and allows for functions such as full order entry, appointment and surgical scheduling, and to view patient censuses. It also provides a "you got mail" tickler system, but this system does require a separate log on and is used predominantly by office staff.

Take home points: front desk staff at private specialty office could directly schedule appointments in a GH/MC/FHS department. Epic Care Link also provides private clinics who themselves don't use Epic, access to Care Everywhere documents.

What did we learn from the Franciscan Health System?

Dean Field gave us a summary of the journey that FHS has undertaken to be where they are. Elysium was implemented in 1999 as a "practice manager" with the ability to effectively manage and act as a repository of medical data. As

See "Hear Me Now" page 6

Hail to the New WSMA Chief!!!

Nick Rajacich, MD, Tacoma orthopedic surgeon, installed as Washington State Medical Association's President

The WSMA Annual Meeting, held in Tacoma this year at the Murano Hotel, was a very big occasion for Pierce County. The installation of **Nick Rajacich, MD** as the President of WSMA was on the agenda and celebrated heartily Saturday night at the President's dinner, September 15. Repeating an oath to carry out the duties of the office of President to the best of his ability, strive to maintain the ethics of the medical profession, promote public health and welfare, dedicate himself and his office to improving the health standards of the people and bringing increasingly improved medical care within the reach of every Washingtonian, Dr. Rajacich accepted his new position by pronouncing those two little words, "I will!" Dr. Rajacich is only the third Pierce County physician to serve as President of the 9,800 member state group, following in the footsteps of **Dr. Peter Marsh**, in 1994 and **Dr. Ralph Johnson** in 1978.

Dr. Nathan Schlicher was elected as a new member to the WSMA Board and will serve with continuing members **Drs. Julie Komarow**, AMA Representative, **Richard Hawkins**, Speaker of the House, and Dr. Rajacich. Ending their terms of service were **Drs. Ron Morris, Cecil Snodgrass** and **Don Russell.**

Serving as voting delegates to the meeting this year were other PCMS members including **Drs. Bill Hirota, Dan Ginsberg, Mark Grubb, Steven Konicek, Keith Dahlhauser, Steve Duncan, Mike Kelly, Len Alenick, Sumner Schoenike** and **Anthony Chen.** WSMA Delegates included **Drs. Cecil Snodgrass, Ron Morris, Don Russell, Richard Hawkins, Julie Komarow** and **Nick Rajacich.**

There were nine resolutions considered by the House of Delegates (HOD) this year with issues ranging from the regulation and taxation of marijuana to Public Reporting of MQAC Investigations. The marijuana issue was referred for further study and the MQAC issue was also referred with a pending amendment from the House of Delegates.

Dr. Nick Rajacich repeats the oath of office from Dr. Richard Hawkins, Speaker of the House, and is officially installed

Dr. Rajacich, flanked by family members, helps welcome keynote speaker Dr. Abraham Verghese

Pierce County votes against de-unification from WSMA

The most discussed issue was one of three proposed Bylaws amendments. Amendment B would have de-unified WSMA from all county societies meaning that physicians could belong to either the county medical society or the state association, but would not be required to hold dual membership. Both reference committee and house floor discussions were overwhelmingly against this proposal with many citing fear of WSMA losing membership as physicians could just belong to their county society for much less expensive dues. Others felt the change was too fast and not well thought out and others felt it was not the time to be fracturing physicians even further by introducing competition between the state and county societies. Pierce County voted with one voice, and all 13 delegate votes were against the Bylaw amendment and it was overwhelmingly defeated by two thirds margin, which was required for passage.

Bylaws amendments that were adopted will eliminate the east and west district and the large county society trustee board positions and create 21, two-year Trustee-at-Large positions. Nominating committee appointments were lengthened from two years to three years and the committee will now be charged to consider demographics of the Association when selecting nominees. ■

Hear Me Now from page 3

FHS grew in scope and practice, in 2004/2005, Elysium took on the role of EHR capability and would be linked with another product, Cerner, with the ability to pull in information such as H and P's. One of the major limitations of this platform was that data was captured in a PDF-like format and it was difficult for practitioners to search for results. In order to integrate locally, and provide a platform for "Our community of patients," the Franciscans took a "deep pause" and 14 months ago, reversed course to adapt to an integrated Epic platform.

The "flight plan" is for a 1 June 2013 Go-Live date at the FHS hospitals, with the outpatient FMG clinics integrating throughout the year.

Case-based discussions of EDIE and integrative oncologic care were very insightful and illustrated some of the limitations, which need to be overcome for these information tools to be implemented successfully.

If you still do not believe aligning yourself with a common platform is in your patient's best interests, then listen to this story provided by our first speaker, Laura McCrary, EdD. **She states that the primary reason that patient safety is compromised is the FAX machine.** To illustrate this point, she told one story of a pediatric group in Manhattan, Kansas, who for four months had been faxing confidential patient information to a reassigned FAX number. This number was not the specialty clinic they were targeting, but was a popular local Mexican restaurant. The pediatric clinic found out of this breach in confidentiality when the local police contacted them, that their patient information was being discovered in the local dump.

The time is now to participate in the Epic transformation of Pierce County. ■

Dr. Laura McCrary, Executive Director of the Kansas Health Information Exchange, wowed!

Front row - Florence Chang, Dr. David Munoz (panel moderator), and all conference attendees were very interested in hearing about the Kansas experience

HIE "expert" panelists, from left, Dr. Dean Field (FHS), Florence Chang (MHS) and Dr. Fred Brodsky (Group Health)

Anthony Chen, MD, Tacoma Pierce County Health Department Director, explained the working of the CDC Community Transformation Partnership grant in Pierce County

Keynote speaker Dr. Geoffrey Ling wowed the crowd with his fascinating and incredible DARPA projects and accomplishments

Drs. Anthony Haftel (left) and Lester Reed, representing FHS and MHS respectively, shared their expertise on quantifying quality in healthcare systems

Dennis Stillman, MHA, provided insight and understanding to a hospital's bottom line from the chief financial officer's perspective

Lots of questions... Dr. Allen Ernster talks with panel member Dr. Dean Field while Dr. Alexander Serra talks with Dr. Laura McCrary

Dr. Keith Dahlhauser, PCMS Trustee and ophthalmologist tries to explain a very difficult concept to conference attendees

New PCMS member, Dr. Kimberly Moore, Emergency Medicine, TEAM Health NW Division, practices with FHS. Welcome, Dr. Moore

In My Opinion

by J. David Bales, MD

***The opinions expressed in this writing are solely those of the author**. PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

Rule of Law

J. David Bales, MD

Sometimes you have to lose something to even know it was there. While I have not lost the "rule of law," seeing what it is like in another country raises the "there but for the grace of God go I" specter.

The adversarial position that physicians and lawyers have developed at home in the United States has almost become a tradition. I even dread those malpractice lectures that are sponsored by the attorneys who defend us against litigation and the subsequent depression over the seemingly futile practice precautions to avoid law suits. So, like most of my physician colleagues, I have avoided even thinking much about lawyers and litigation except to deplore the costs of litigation and malpractice coverage.

My more recent experiences in a developing country have caused a shift in my thinking to a position of wishing there was more support for the rule of law and the sanctity of the courts and justice system. As with clean water and clean food, we have gotten so used to the safety net around us in our country that we take for granted our laws and their enforcement.

I'm now working "advising" health care systems in a country that has a long history of instability and war. Reliable electricity, medications, and standards of care may or may not be available at any given instance and I find myself reflecting "I'd get sued in a microsecond if this happened back home." This has put our own legal system in a much different light when it comes to the checks and balances that protect us and our patients. During the training before I got into country, a recent emigrant commented that the best thing about America is that "you have such wonderful laws." I was somewhat taken aback by the statement but had to realize that she was talking not just about having laws - but their application.

Training to be an advisor presented the concepts and literature on the "rule of law" (see http://www.ndu.edu/press/patchwork-strategy-of-consensus.html for an article in the National Defense University's *Joint Force Quarterly* from some advisors in the legal lane) and the emphasis on development of policing - especially at the community level. Controlling an insurgency in a country split by family and tribal affiliations - not to mention religious, economic, and international factions - relies on a sound and reliable police force, courts, and correctional institutions connected to traditional forms of justice. Laws exist in country but are applied and interpreted in a fashion that appears haphazard to this outsider's eyes. Without a functional justice system, inequitable application of existing laws forces local communities into the arms of shadow government structures. A more personal review of the difficulties involved in developing the "rule of law" is the letter in *California Lawyer* - at http://www.callawyer.com/clstory.cfm?pubdt=201007&eid=910399&evid=1. The international community has invested a huge amount of money and manpower to develop a professional law enforcement element as a key to counterinsurgency.

Recent Congressional hearings on former conditions within the healthcare system I am advising - especially patients starving to death in the hospital or having to purchase their own medications in the local market - have highlighted overt criminal activities that have been changed based primarily on the individual strengths and integrity of new leadership. Protective laws existed then and now but application and subsequent punishment of those criminally responsible has been slow in an environment that is loath to apply the rule of law to prominent or wealthy persons. The "too cool for rules" and "too big to fail" phenomenon can exist beyond individual and corporate levels. The role of a free and open media could also be the topic of another whole paper on this subject.

My recent experience and thinking about the application of the "rule of law" equally is personified by a blindfolded Lady Justice holding the scale of law and brings me closer to the position of Sir Thomas More in *A Man for All Seasons:*

ROPER "So now you'd give the Devil benefit of law!"

See "Law" page 16

The Health Status of Pierce County

by Anthony L-T Chen, MD, MPH

Maternal Child Health - From Challenge to Promise

Anthony Chen, MD

In medical school, someone pointed out to me that births were one of the few times that patients come to the hospital for a happy reason. Certainly, anyone who cares for mothers or children knows that s/he is participating in a special time in a family's life cycle. While for most families this process turns out well, not all are so fortunate.

Some of the challenges extend over many stages of the life cycle; often one increases the risk for the next: unplanned pregnancy, teen birth, late or no prenatal care, preterm birth, low birth weight, infant mortality, child maltreatment, illiteracy, school dropout, alcohol and drug use, unemployment, domestic violence, and crime. Some challenges, what we call "Social Determinants of Health," are both risk factors and outcomes. For example, parental poverty and poor educational attainment lead to poorer outcomes and future poverty and poor educational attainment in children.

As part of the Patient Protection and Affordable Care Act (ACA), we were given the chance to assess the situation in Washington and to make concrete interventions in Pierce County. With ACA funding, the Department of Health and local health jurisdictions examined 57 geographic areas using fifteen parameters[1] related to pregnancy, birth, childhood outcomes, and community conditions that reflect the above challenges.

The 2010 needs assessment[2] has significant implications for Pierce County: four of our urban Pierce County Council Districts (these boundaries are before redistricting) were among the top eight highest risk areas in the state:

- Pierce County Council District 4 (Hilltop and North Tacoma) was the highest risk area in the entire Washington State and had the highest percentage of African American babies born in the State.
- Pierce County Council District 5 (South Tacoma and Parkland) had the second highest risk score in the State and had the highest percentage of Pacific Islander babies born.
- Pierce County Council District 2 (East Tacoma, Fife and Puyallup) had the sixth highest risk score in the State.
- Pierce County Council District 6 (Lakewood and Joint Base Lewis McChord) had the eighth highest risk score in the State and was tied at second for the highest percentage of African American babies born.

In addition, the Risk Assessment reviewed the data by race/ethnicity. The most at-risk populations, in descending order, were: American Indian/Alaska Native, Multiple Races, African American, Hispanic, and Pacific Islander.

Armed with this information, the Health Department, has taken steps to address the issues. We started by further refining the assessment with census tract level maps of rates of low birth weight and poverty for each of those four high-risk Council Districts. We created the Maternal Child Outreach Program to improve birth outcomes and reduce infant mortality. It links at-risk pregnant women to prenatal care, Medicaid, and community support and resources and provides SIDS prevention education to all women.

We often can create synergies when engaged in community partnerships so we have revitalized, with the support of the Medical Society, the Perinatal Collaborative of Piece County. We have also helped start the Pierce County Community Health Worker Coalition and the Pierce County Women, Infants and Children (WIC) Coalition.

Home visiting pregnant women and children from birth to five years has been proven to improve parenting, school readiness, and health and prevent child abuse and neglect. We already provide home visiting services such as Maternity Support Services (MSS) and Nurse-Family Partnership

See "Child" page 18

[1] The fifteen parameters are: Teen births, Late/no prenatal care, Preterm birth, Low birth weight, Infant Mortality, Child Maltreatment, Poverty, 3rd grade reading WASL, 10th grade illicit drug use, 10th grade binge drinking, High school drop out, Unemployment, Substance abuse, Domestic Violence, Crime.

[2] The Washington State Home Visiting Needs Assessment can be accessed at the DOH website: http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Funding/HomeVisitingNeedsAssessment.aspx

Washington State Medical Association Launches Statewide "Know Your Choices - Ask Your Doctor" Campaign

The Washington State Medical Association (WSMA) recently launched "Know Your Choices – Ask Your Doctor," a statewide campaign to educate patients on important health topics and to enhance the relationship between patient and physician.

Initially the new umbrella campaign will promote three initiatives, the "ER is for Emergencies" campaign to educate patients on the appropriate place to receive health care, end of life resources, and the Choosing Wisely® campaign, a national effort launched by the ABIM Foundation and Consumer Reports to encourage conversations between physicians and patients about the necessity of certain tests and procedures.

Quality health care and patient safety are top concerns of physicians and Know Your Choices – Ask Your Doctor is about helping patients be more informed about their care decisions, whether that's getting an MRI scan for lower back pain, understanding there are other choices besides the emergency room when unexpected care is needed, or making informed choices when faced with a serious life-limiting illness. Encouraging meaningful dialogue between physician and patient about their health care choices can lead to better, safer care.

The WSMA has dedicated a section of its website to Know Your Choices – Ask Your Doctor (www.wsma.org/know-your-choices) to serve as a central location for comprehensive information dedicated to furthering health initiatives important to patients in Washington state. The first initiative the WSMA will promote is the Choosing Wisely program to help spark conversations between patients and physicians about the need—or lack thereof—for a number of frequently ordered tests or procedures.

The Choosing Wisely campaign is a national effort to encourage physicians and patients to talk about what tests and procedures are right for them, according to Daniel Wolfson, executive vice president and COO of the ABIM Foundation. WSMA's Know Your Choices – Ask Your Doctor campaign will help encourage these conversations across the state so that patients can avoid unnecessary care from which they will not benefit, and that could actually cause them harm.

Nine national specialty societies have signed on to the program and have each identified "Five Things Physicians and Patients Should Question" that provide specific evidence-based

See "Campaign" page 16

Tacoma Orthopedic Association celebrates 90 years and $30 million in donations

The Tacoma Orthopedic Association began supporting health care in 1921 and in its 90 years has raised nearly $30 million to improve health services for children in Southwest Washington.

This year, the Tacoma Orthopedic Association celebrates nine decades of making sure kids get the care they need. That legacy includes founding Mary Bridge Children's Hospital.

Since 1921 they have dedicated their time, their resources and their vision to advocating for kids.

"Thousands of children in the South Sound and beyond have received necessary medical services because of the dedicated women of the Tacoma Orthopedic Association," said Jo Roller, President of TOA. "We are proud to raise money to fund care at Mary Bridge."

Helping Kids

In the 1920s, the women behind the TOA saw children in Pierce County who needed orthopedic care for conditions such as polio, club feet, hip deformities and broken bones. When necessary care wasn't available in Tacoma, these compassionate women drove children to Seattle. The need continued to grow and the women believed that getting care close to home was a better option. In the 1940s they identified a community need to have pediatric care in Pierce County and throughout the South Sound.

They worked with the estate of Dr. A.W. Bridge, the Rust Trust and the community to build a pediatric hospital, which opened in 1955.

The Tacoma Orthopedic Association is a not for profit organization with more than 1,100 volunteers.

Fundraising Efforts

Today, the TOA raises money through auctions, bazaars, garage sales, association projects including holiday wreath, Festival of Trees, the hospital gift shops and other activities.

The funds raised support major medical equipment, uncompensated care, specialty pediatric programs and the construction of new facilities including the new Mary Bridge Children's Hospital Emergency Department, which opened in April, 2010.

"We thank TOA for their dedication and commitment to children and their families," said Mady Murrey, RN, Vice President of Mary Bridge Children's Hospital. "Their support has truly made a difference in the way that Mary Bridge is able to deliver superb health services and has spurred our expansion throughout Western Washington." ■

History Timetable:

1921: The Tacoma Orthopedic Association begins. The guild supports a bed at Children's Orthopedic Hospital in Seattle. In that first year, the group helped nine children.

1925: TOA begins funding a physician to care for children at Tacoma General Hospital.

1929: The Orthopedic Clinic opens at Tacoma General to meet the increasing need for care of children with the help of the Rust Trust.

1939: Rust Ward opens in Tacoma General to help children whose parents could not afford to pay. The average cost per child was $98.54 and the average stay in the hospital was 31 days.

1940: Health care for 578 children provided since the beginning of the program.

1942: Tacoma General pediatric unit is overcrowded. The TOA ladies begin discussing building a Children's Hospital.

1949: July 11, TOA members vote to build a children's hospital in cooperation with Tacoma General Hospital.

1955: March 29, Mary Bridge Children's Hospital sees the first patients.

1975: An expansion of the Mary Bridge Children's Health Center begins, adding a cardiac catheterization lab and radiology services.

1987: Demand for Mary Bridge service has outgrown the current facility. The hospital moves to the Tacoma General Hospital building, allowing it to expand.

2005: The Mary Bridge Children's Health Center opens with the help of a $5 million donation from TOA.

2010: The newly expanded pediatric Emergency Department opens. The TOA contributed $3 million toward the project.

Pierce County Project Access

by Leanne Noren, Executive Director

2011 Annual Evaluation Results

Leanne Noren

It's time to celebrate the successes of your contribution to Pierce County Project Access!! The Tacoma-Pierce County Health Department has just completed our 2011 annual evaluation report and there is some exciting news to share.

First of all, the PCPA network of participating physicians and providers is now more than 600. The Pierce County medical community of primary care providers, specialists and ancillary care providers continues to extend generosity in participating and creating access for the low-income, uninsured of our community.

In 2011, 346 patients were served through your kindness. Those patients had 1,848 appointments, with only 2.3% no-showing. More than $3,138,500 was donated in care from providers in more than three dozen specialties. ER visits declined by 44% for patients enrolled in the program, avoiding $659,701 in costs. The return to the community from your generosity is $20 in donated care for every $1 spent on PCPA administrative costs.

You are truly a hero to these patients and we appreciate your ongoing support and participation. Project Access has been successful because of your generosity and willingness to give to the indigent. Thank you for contributing to this program and continuing to make it strong and available to those who are most needy in our community. ■

**for a full copy of the 2011 Annual Evaluation, please contact me at leanne@pcmswa.org.*

Applicants for Membership

Diane Y. Bai, MD
Gastroenterology
Franciscan Digestive Care Associates
1112 – 6th Ave Ste 200, Tacoma
253-272-8864
Med School: UT Southwestern
Internship: Columbia Univ Med Ctr
Residency: Columbia Univ Med Ctr
Fellowship: Duke Univ Med Ctr

Thomas J. Ferrer, MD
General Surgery
Trauma Trust
315 ML King Jr Way, Tacoma
253-403-7537
Med School: Washington University
Internship: Barnes Hospital
Residency: University of Arkansas
Fellowship: R. Adams Cowley Shock Trauma Center

Leah J. Inman, DO
Internal Medicine
Gig Harbor Medical Clinic (FMG)
6401 Kimball Dr, Gig Harbor
253-848-9193
Med School: Des Moines University
Internship: Spokane Internal Medicine
Residency: Spokane Internal Medicine

Matthew, V. Jenkins, MD
Orthopedic Surgery
Tacoma Orthopaedic Surgeons
2420 S Union Ave #300, Tacoma
253-756-0888
Med School: University of Washington
Internship: George Washington Univ
Residency: George Washington Univ
Fellowship: University of Washington

Christopher Kodama, MD
Pediatrics
MultiCare Health System
315 ML King Jr Way, Tacoma
253-403-1844
Med School: Albert Einstein
Internship: NYU – Bellevue Med Ctr
Residency: NYU – Bellevue Med Ctr

Barbara R. Marshall, MD
Pediatrics
Mary Bridge Children's Hospital
311 South L Street, Tacoma
253-792-6630
Med School: Ross University
Internship: Westchester Med Ctr
Residency: Westchester Med Ctr
Fellowship: Montefiore Med Ctr

Julie A. Merriam, DO
Family Medicine
Puyallup Tribal Health Authority
2209 East 32nd St, Tacoma
253-593-0232
Med School: Lake Erie College of Osteopathic Medicine
Internship: St. John West Shore Hosp
Residency: St. John West Shore Hosp

James A. Polo, MD
Psychiatry
Mary Bridge Children's Hospital
311 South L Street, Tacoma
253-403-1420
Med School: USUHS
Internship: Tripler AMC
Residency: Walter Reed AMC
Fellowship: Walter Reed AMC

Midge M. Price, PA-C
ENT
Franciscan Ear, Nose & Throat Assoc
1708 S Yakima Ave #112, Tacoma
253-426-6731
Training: Hahnemann Univ Hospital

Lawrence W. Snow, MD
Orthopaedic Surgery
The Orthopaedic Center (FMG)
1112 6th Ave #300, Tacoma
253-272-2224
Med School: Univ of Washington
Internship: Cedars-Sinai Med Ctr
Residency: UC Davis Med Ctr
Fellowship: Los Angeles Orth Hosp

Noda S. Torres, MD
Internal Medicine
University Place Med Clin (FMG)
7210 – 40th St W #100, Univ Place
253-564-0170
Med School: Univ of the Philippines
Internship: Henry Ford Hospital
Residency: Henry Ford Hospital

Audrey B. Tran, MD
Radiation Oncology
Tacoma Radiation Oncology Inc.
314 ML King Jr Way #11, Tacoma
253-627-6172
Med School: New York Medical College
Internship: Virginia Mason
Residency: WA Medical Center

Lawrence J.H. Tsai, MD
Family Medicine
Franciscan Med Clinic at St. Joseph
1708 S Yakima Ave #110, Tacoma
253-382-8000
Med School: St. Matthew's Univ
Internship: Mercy Mayo Fam Med
Residency: Mercy Mayo Fam Med

George A. Williams, MD
Emergency Medicine
MultiCare Medical Associates
1501 Pacific Ave #210, Tacoma
253-680-6024
Med School: Baylor College of Med
Internship: University of Michigan
Residency: University of Michigan

Campaign from page 12

recommendations for conversations on the necessity of various tests and procedures. In 2013 more than twenty specialty societies will announce new lists of tests and procedures that physicians and patients should talk about. (Complete lists available at www.choosing wisely.org.)

Evidence-based medicine is more than just using clinically-proven procedures and equally important is using the evidence to decide what *not* to do. We are excited to promote this campaign because physicians talking to their patients will be able to carry this message effectively, according to Dr. **Nick Rajacich**, WSMA President.

Some important questions for patients to discuss with their physician include:

• Do you need a chest X-ray before surgery?

• When do you need imaging for lower-back pain?

• How should you choose a pain reliever when you have kidney disease or heart problems?

• Is it necessary to take antibiotics for sinusitis?

• When do you need an EKG and exercise stress test for heart disease?

Consumer Reports has produced numerous patient-friendly materials on many of the questions posed by the participating medical specialty societies. (Full lists can be found at www.consumerhealthchoices.org.)

"Consumer Reports is very excited that WSMA is promoting patient education and helping to improve patient relationships with physicians as part of the Choosing Wisely campaign. The campaign is a great way to help get these important messages about appropriate use of medical tests, treatments, and procedures out to a diverse population, and we are pleased that they will be partnering with us in this initiative," said John Santa, MD, MPH, director of the Consumer Reports Health Ratings Center.

The WSMA is working with the Puget Sound Health Alliance, Washington State Hospital Association (WSHA), and other interested parties including local county medical and specialty societies, to promote the Choosing Wisely program and educate patients about the lists of procedures to discuss with their doctor. ■

Personal Problems of Physicians Committee

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

Your colleagues want to help

*Robert Sands, MD, Chair	752-6056
Bill Dean, MD	272-4013
Tom Herron, MD	853-3888
Bill Roes, MD	884-9221
F. Dennis Waldron, MD	265-2584

Confidentiality Assured

Law from page 9

MORE "Yes. What would you do? Cut a great road through the law to get after the Devil?"

ROPER "I'd cut down every law in England to do that!"

MORE "Oh? And when the last law was down, and the Devil turned round on you - where would you hide, Roper, the laws all being flat? This country's planted thick with laws from coast to coast - man's laws, not God's - and if you cut them down - and you're just the man to do it - d'you really think you could stand upright in the winds that would blow then? Yes, I'd give the Devil benefit of law, for my own safety's sake."

I am a physician who is gaining an appreciation of the rule of law and the role of our attorney colleagues in our personal and patients' safety. At a minimum, I will not have to lose it to appreciate and be thankful it exists. ■

Mark Your Calendars…. Upcoming Events

The PCMS Annual Meeting

The annual meeting will be held at Fircrest Golf Club on Wednesday, December 5. This ever popular social event will again feature, by popular demand, The Coats, a cappella singing sensation. They wowed the crowd last year and have been invited to return due to rave reviews and member request. The special event also features raffle drawings, and the introduction of the new president and leadership for 2013. Parking is easily accessible at no cost, the venue is always beautifully decorated for the holiday season, and the food delicious. You won't want to miss this opportunity for fabulous, up close entertainment and an opportunity to visit with friends and colleagues. Watch for your invitation by mail.

Wine Tasting

Mark Saturday, March 9, 2013 as the date for next year's annual Wine Tasting for PCMS members and spouses/guests. This ever popular event will be expanded in 2013 to include more wineries from around the state offering their finest wines to sample. Held in the roof garden of the Landmark Convention Center, the venue is spacious and inviting with a huge deck overlooking Mount Rainier, Puget Sound and Thea Foss waterway. Registration fee will be $20 and includes all wine samplings and a delicious buffet of accompanying hors d'oeuvres that blends deliciously with the poured wines. This is a great opportunity to mix and mingle with colleagues and friends as well as the winery proprietors and makers. You can learn from the experts as they pour your wine and share their knowledge. And as a bonus your tasting wine glass is yours to take home. This is a do-not-miss event. ■

Child from page 11

(NFP). The latter is an evidence-based, structured program that partners a nurse with an expectant mother early in pregnancy. While MSS ends soon after the child's birth, NFP provides ongoing nurse visits through the child's second birthday. It helps women engage in good preventive health practices, including participating in prenatal care, improving diet, and reducing use of cigarettes, alcohol, and illegal substances. Increasing parental engagement and parenting skills improve child health and development. Helping parents create a vision for their own future that includes planning future pregnancies, continuing education, and finding employment improves economic self-sufficiency.

We have shifted more public health nurses into NFP, focusing their work entirely in Council Districts 4 & 5 (Hilltop, North Tacoma, South Tacoma, and Parkland) and with minority, high-risk families. We also have secured more state and ACA federal funding for additional NFP nurses.

It really does take a village to raise a child. We are doing our part and we appreciate everything you do in caring for families. There is, however, a huge elephant in the room. We will never fully reverse the unfortunate statistics we suffer in Pierce County until we can eliminate poverty, racism, poor educational attainment, and other Social Determinants of Health. I hope that you will join me in dreaming of a solution and committing to make it a reality. ■

Classified Advertising

OFFICE SPACE

Two offices available, first floor. 1,100 and 1,700 sq. ft. Contact Carol 206-387-6633.

Medical office lease/sub lease. Fully furnished: St. Joseph Medical Clinic Tacoma 1,100 sq. ft. sublease $100/d. University Place 1,000 sq. ft. $1,600/m or $100/d. Contact Marlys 253-573-0460.

Office space to share. Centrally located between all hospitals in the Tacoma area. Contact Pati 253-572-7120.

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Pierce County Medical Society
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November/December 2012

INSIDE:

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Pierce County Medical Society
BULLETIN

November/December 2012

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President's Page

by William K. Hirota, MD

The Last One

William Hirota, MD

It has been an honor and a privilege to serve as President of your Pierce County Medical Society. As my last message, I am reminded of our strategic planning meeting held in early January 2012, when a group of senior leaders got together to discuss what they would like to develop in the coming year. Some of these ideas came to fruition and some need more time to ripen.

One of the ideas was to create a robust web page to provide important membership functionality. We also envisioned that members could share hobbies or interests, and network with like-minded individuals. Although we have not achieved this goal, I would like to indulge you with my comments of the executive committee and board of trustee from this past year.

Luckily, our incoming President, **Dan Ginsberg** (a MultiCare internist) is a noted expert in things "Hi-tech" and has been instrumental in moving us forward with our web site aspirations. He is also an excellent photographer, which is handy in taking photos of his beautiful grandkids.

Jeff Smith is the "leader" of Community Health Care (CHC) and is one of the reasons why the UW medical school has the number one family practice program in the country. However, don't ask to play with his superhero's collection, unless you are willing to work for him. Jeff served as your past president.

Mark Grubb is a mild mannered pediatrician, until you ask him for antibiotics for an earache. Mark will expertly refer you to the chapter he wrote "Safety of Office-Based Tympanocentesis" that captured national attention in the primary care world. He served admirably as your vice president and will be your president-elect

Brian Mulhall is my partner in GI. His gigantic intellect (ask him how to do a meta-analysis) is superseded only by his kindness and compassion. He is the only guy I know who turned down Stanford, to get a free ride to another college. Brian - thanks for your support. Brian served as your treasurer and will continue as the vice president.

Steve Litsky served as a trustee and will be the incoming treasurer. He enjoys skiing down mountains at very high rates of speed and also racing fast cars around an oval track. I believe these hobbies are what made him an expert in pain relief.

Keith Dahlhauser is a quiet guy with big accomplishments and an impressive CV. He has won many teaching awards during his military tenure at Madigan, and also continues to volunteer his time on medical missions to third world countries. He served as a trustee and will continue as secretary. He is an ophthalmologist in private practice.

Sibel Blau's magnetic smile and personality is matched by her clinical acumen and business smarts. She is always willing to help. I appreciate her counsel as a trustee. Sibel is an oncologist in private practice.

Katie Tonder was a CHC doctor who is well respected and well liked in our community. We will miss her as she and her husband relocate to Bellevue - our loss and their gain. She was a trustee.

Steve Konicek is an excellent internist who recently received the prestigious Washington Chapter ACP Internist of the Year award. The folks at Joint Base Lewis-McCord are lucky to have him, as were we. He served as your secretary.

Murray Rouse is an affable Group Health family practitioner that has always supported our county medical society with his membership, but he shared with me the pleasant surprise in making the step to participating as a trustee. He spends his "free time" as a reservist in the Air National Guard. Hooah!

Sue Asher is our executive director who is unparalleled in our state. If you don't know her, by all means come meet her. If you do know her, please thank her the next time you see her for all she does for the PCMS.

Hope to see you all at the annual meeting. Have a wonderful and safe holiday. - Bill ■

In My Opinion

by Leonard B. Alenick, MD

***The opinions expressed in this writing are solely those of the author**. PCMS invites members to express their opinion/insights about subjects relevant to the medical community, or share their general interest stories. Submissions are subject to Editorial Committee review.*

NPN in the Accountable Care Age

Leonard Alenick, MD

Northwest Physicians Network (NPN) was formed in 1995 by the merger of seven Independent Practice Associations. NPN is now one of the few IPAs still active and the largest in Washington. We comprise about 150 primary care physicians and ARNP's plus 345 specialist physicians in an area spanning Pierce and South King counties with a smaller presence in Renton and the east side of Lake Washington. We are all in private practice.

Since inception, NPN has gained extensive experience in managed care. We have positive results in cost and quality improvements supported by a dedicated staff of nurse care managers. NPN has ongoing involvement with the Puget Sound Health Alliance (PSHA) with Rick MacCornack PhD, our Systems Integration Officer, who was on the PSHA Board for three years and is now on their Quality Committee. Scott Kronlund MD, our CMO, is also on the PSHA Quality Committee.

The Institute of Medicine (IOM) has invited Dr. Kronlund to be a member of IOM's Advisory Committee on Care Coordination and he attends all their meetings in person. The IOM wanted him because of NPN's pioneering implementation and beta testing of the Clarity referral and care coordination system. Clarity has incorporated multiple ideas from our doctors into their product to improve its utility and ease of use. Clarity is a web based referral system that can deliver information by email or fax.

Clarity inexpensively solves the difficulty and high cost of creating communications between different EMR's. It has significantly cut the workload for referral coordinators in many practices while giving feedback at all stages of the process including delivering relevant clinical information with the referral, verifying that the insurance is operational at the date of the scheduled visit, informing the referring provider when the appointment is set and returning clinical results to the referring provider post visit. It is a time and money saver for the practices using it. It also provides a data warehouse of patients that have been referred through Clarity where a provider using Clarity can see the data available for any patient they are seeing who has a record in the Clarity database.

These activities and contacts help us keep up with the state of the art in accountable care.

NPN has been doing managed care with both Medicaid and Medicare since inception. When we lost the insurer we were contracted with for managed Medicare and were unable to find any other insurer willing to partner with us, we formed a physician owned health insurance company with Physicians of SW Washington (PSW) and Highline Medical Services Organization (HMSO). We incorporated in 2007 as Puget Sound Health Partners (PSHP) and were seeing managed Medicare patients starting January 1, 2008. In 2010 the two IPA's bought out HMSO.

PSHP grew rapidly and in 2011 changed our name to Soundpath Health (SPH) to be more appealing to Eastern Washington patients. Rapid growth requires big capital reserves so we recently sold (pending OIC approval) a majority of the company to Catholic Health Initiatives (CHI) which is the parent company of the Franciscan Health System (FHS). I believe this partnership will allow SPH to grow and improve. SPH has earned a 4 star quality rating from CMS for 2013.

Recent developments in the health care marketplace have opened the opportunity to extend our expertise into the commercial health insurance market with gain sharing contracts which reward physicians for providing efficient and effective care.

Commercial insurers now understand that we all need to be more efficient in utilizing the health care dollar and they want to collaborate with organizations they feel have the expertise to further this goal.

NPN now has a contract with Premera which started May 1, 2012 for

See "NPN" page 13

The Health Status of Pierce County

by Anthony L-T Chen, MD, MPH

Flu Season - Vaccination Provides the Best Protection

Anthony Chen, MD

In the Pacific Northwest, influenza activity usually begins in earnest in December and peaks in February. Every season is different: last season, flu activity did not start until February and peaked in early April. This fall, there already was an influenza A outbreak in October in a South King County school. So, at any point in the flu season, encourage your patients to get vaccinated if they have not already done so. Influenza can be serious and kills anywhere from 3,000 to 50,000 people each year. Vaccination remains the most effective form of protection against influenza.

Since 2010, the CDC has recommended that everyone over the age of 6 months get a flu vaccination. This makes it easier than trying to remember whether a patient is of a certain age or belongs in a group at high-risk for influenza-related complications!

The 2009 H1N1 influenza pandemic was part of the reason the CDC broadened its recommendation for more universal vaccination. While the disease was relatively mild, it spread rapidly and sometimes caused more-severe-than-expected disease in young and otherwise healthy people and pregnant women.

Public concern about the pandemic pushed up flu immunization levels in the 2010-2011 season but rates leveled off—and even regressed slightly for some groups—in the 2011-2012 season. While flu immunization rates for children have surpassed 50%, the rate for medically high risk persons 18-49 years old is a dismal 36%. Obstetrical providers have done a great job in increasing rates for pregnant women from 15% before the pandemic to 47% in 2011-2012. The proportion of hospital workers getting vaccinated is steadily growing (77% overall), with the highest rates in health care facilities requiring vaccination. Long-term care workers who work with the most vulnerable patients lag behind at 52% overall.

Over the past several years, more manufacturers have started making flu vaccine, so there is plenty available. Unfortunately, many people refuse flu shots for various reasons. One is the fear of side effects or of needles.

A common misconception is that the vaccine might cause the flu. There are two types of vaccines. The "flu shot" is an inactivated vaccine containing killed virus; it therefore cannot transmit the flu. Just remember that there are three different formulations available. The regular flu shot is approved for people ages 6 months and older and given intramuscularly. There is also the high-dose flu shot approved for people 65 years and older and an intradermal flu shot approved for people 18 to 64 years of age.

The other vaccine is the nasal spray containing live, attenuated flu virus (LAIV). The virus is weakened and does not cause the flu. The nasal spray is a good choice for children and those afraid of needles. It is, however, only approved for use in healthy people aged 2 through 49 years who are not pregnant.

Another common excuse is that "I don't need a flu shot because I never get the flu." While such people might be lucky, we worry that past experience may not predict the future and that some infections can cause minimal symptoms despite viral shedding. Anyone who lives or works with vulnerable people will put others at risk.

One last common excuse is that the flu vaccine does not work. As with any treatment, flu vaccines are not a hundred percent. Last year, the Lancet published a meta-analysis showing that flu vaccine effectiveness varied markedly between age groups, product used (injectable vs. LAIV), and from year to year (depending on the match with circulating strains). Pooled efficacy over 12 seasons for adults under age 65 was 59%. The live-attenuated nasal spray (LAIV) worked well in children under age 7 years (83% pooled efficacy). No studies demonstrated effectiveness in persons age 65 years or over.

This study has led to questions about the universal flu vaccination recommendation and a call for more effective vaccines. On the other hand, even the authors conclude that currently available influenza vaccines remain the best way to protect against influenza today. On a population level, the net level of community immunity achieved through vaccination will interrupt the spread of disease and protect individu-

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Washington ACP honors PCMS officer as "Internist of the Year"

Steven Konicek, MD

The American College of Physicians Washington Chapter honored **Steven Konicek, MD,** as their Internist of the Year for 2012. Nominated by one of his peers and selected by the association's awards committee, he received the award at their Annual Meeting in November at the Bell Harbor Conference Center in Seattle.

The ACP seeks to honor a community-based internist considered to be a role model by his or her peers. They also look for excellent clinical skills, dedication to patients, enthusiasm for medical practice, leadership and the ability to maintain humanity and a healthy balance between professional and personal interests that peers strive to emulate. Special consideration is given to internists who have championed innovations in practice to promote healthy patient behaviors.

Dr. Konicek has been a PCMS member since 1995. He completed his premedical education at The Evergreen State College and graduated from the University of Washington Medical School in 1986. He completed his internship and residency in Internal Medicine at the University of Iowa, prior to practicing in Arizona with the Kayenta Indian Health Service. In 1995 he came to Washington and practiced with Medalia Healthcare (FHS) until he left to join the Internal Medicine Clinic at Madigan in 2002.

Dr. Konicek has been a very active and ardent supporter of PCMS. He was elected as a Trustee and served two years on the Board of Trustees, 2010-2011 and served as Secretary on the Executive Committee in 2012. He has also served as a Pierce County Delegate to the Washington State Medical Association's Annual Meetings.

In his true, humble fashion, Dr. Konicek's response to receiving the award was "The reality is that awards like this really reflect nicely on the Madigan and Tacoma medical communities more than on the individual recipients, as we know it is our communities that create an environment for us to love our work." PCMS sees it from another viewpoint... because of dedicated and caring physicians who love their patients and their work, the environment that allows them to be recognized and honored for all that they contribute is created!

Congratulations, Dr. Konicek for this very well deserved award. ■

Applicants for Membership

Steven M. Brady, DO
Ophthalmology
Cascade Eye & Skin Centers
1703 S Meridian #101, Puyallup
253-848-3000
Med School: Univ of New England College of Osteopathic Medicine
Internship: Madigan AMC
Residency: Madigan AMC
Fellowship: Swedish Hospital/ Glaucoma Consultants NW

Mandeep K. Brar, MD
Endocrinology
Endocrine Consultants NW (FMG)
1628 S Mildred St #104, Tacoma
253-833-1987
Med School: Dayanand Med College
Internship: Charles R. Drew University
Residency: Charles R. Drew University
Fellowship: University of Colorado

Amanda E. Bristol Swanson, MD
Family Medicine
Community Health Care
1102 South I St, Tacoma
253-597-3813
Med School: St. Louis University
Residency: St. Louis University
Fellowship: Tacoma Family Medicine

Patricia S. Garcia, PA-C
Franciscan Occupational Health (FMG)
1930 Port of Tacoma Rd, Tacoma
253-274-5521
Training: Touro University College of Osteopathic Medicine

Marc A. Goldman, MD
Neurological Surgery
Neurosurgery Northwest (FMG)
1708 S Yakima Ave #105, Tacoma
253-426-4420
Med School: Univ College of Dublin
Internship: Rhode Island Hospital
Residency: Rhode Island Hospital
Fellowship: Memorial Hospital for Cancer & Allied Diseases

William K. Hartman, Jr., PA-C
Franciscan Spine Surgery Assoc (FMG)
3315 S 23rd St, Tacoma
253-572-2663
Training: Alderson-Broaddus College

Christo W. Koulisis, MD
Orthopaedic Surgery
Franciscan Medical Group
1112 – 6th Ave #300, Tacoma
253-272-2224
Med School: Albany Medical College
Internship: Univ of Texas Med Branch
Residency: Univ of Texas Med Branch
Fellowship: Alamo Bone & Joint Clinic

Celeste Maria B. Lomarda, MD
Family Medicine
St. Joseph Medical Clinic (FMG)
1708 S Yakima Ave #110, Tacoma
253-382-8000
Med School: Univ of the Philippines
Internship: Akron City Hospital
Residency: Akron City Hospital

Jacqueline M. McGrath, PA-C
Sound Family Medicine
3908 – 10th St SE, Puyallup
253-848-5951
Training: Western University of Health Science

Kimberly Moore, MD
Emergency Medicine
TEAMHealth Northwest Division (FHS)
505 S 336th St #600, Federal Way
253-733-3950
Med School: Ohio State University
Residency: Ohio State University

David A. Paly, MD
Anesthesiology
South Sound Neurosurgery
1519 – 3rd St SE, Puyallup
253-841-8939
Med School: Yale University
Internship: University of Oregon
Residency: University of Washington
Fellowship: Yale University

Paramvir S. Sidhu, MD
Rheumatology
ROAD Clinic (FMG)
1802 Yakima Ave #208, Tacoma
253-207-4847
Med School: Dayanand Med College
Internship: NYU Downtown Hospital
Residency: University of Arizona
Fellowship: University of Arizona

Ramandeep S. Sidhu, MD
Vascular Surgery
Franciscan Vascular Associates
1802 S Yakima Ave #204, Tacoma
253-383-3325
Med School: Topiwala National Medical College
Internship: Fairview General Hospital
Residency: Fairview General Hospital
Fellowship: Jobst Vascular Center

Kathy I. Wang, DO
Pain Medicine/Anesthesiology
South Sound Neurosurgery
1519 – 3rd St SE #101, Puyallup
253-841-8939
Med School: Kirksville College
Internship: Forest Park Hospital
Residency: St. Louis Univ Hospital
Fellowship: Harvard Beth Israel Deaconess

Choosing Wisely: Good medicine also includes knowing what shouldn't be done

Editor's Note: Nick Rajacich, MD is President of WSMA. This article is reprinted from his op-ed in The News Tribine, 10/19/12

by **Nick Rajacich, MD**

Why is health care in the United States so expensive? The reasons are many – defensive medicine, overuse of the emergency department, patient expectations for the latest tests, among others. Another big driver is overuse and waste.

A recent Institute of Medicine report finds that the health care system wastes $750 billion per year in unnecessary, redundant or ineffective care. That's shameful, and it needs to change. Governments can't control health care costs without the help of physicians, and physicians need the help of patients. It's all of us working together that can make a real difference so we can continue to deliver and receive the highest quality and safest care.

So what can we do? Physicians believe the best health care decisions should be made through meaningful conversations with patients. Evidence-based medicine is more than just using clinically proven procedures. Equally important is using the evidence to decide what not to do. Having a dialogue with patients about their care goals and how we can achieve them is more effective than opting for the latest test or procedure highlighted on a billboard or in a TV commercial.

In talking to your doctor, you may find that an MRI is not needed for your lower back pain, antibiotics won't help your sinusitis, imaging tests will not help diagnose your condition, and in all of these cases may cause more harm than good.

In my own practice as a pediatric orthopedic surgeon, I noticed that young patients were coming to my office with what I thought were unnecessary MRIs for back pain. While parents want a quick fix for their child's pain, often waiting is the best course of action.

Last year I worked with local pediatricians to talk about the appropriate use of advanced imaging for back problems. These pediatricians, in turn, talked with their patients about their care choices. Today in my practice I see significantly fewer MRIs ordered for lower back pain in children, without a negative outcry from concerned parents.

At $4,000 to $5,000 for each MRI, that's a significant savings to the system, but more importantly, it's better care for these kids. Overuse and unnecessary care is not good medicine.

Through a statewide initiative – Know Your Choices-Ask

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their commercial patients. This contract is for the patients our primary care doctors are currently seeing, plus new patients that come to our primary care doctors under commercial contracts with that insurer. Providers will be paid our usual commercial reimbursement and Premera will pay NPN for management. Premera has data on cost of care for all of their patients in the year prior to the beginning of these management contracts. They have collaborated with us in defining reasonable goals for the first year of these contracts. If the first year shows measurable improvements in areas such as:

- unnecessary ER visits,
- increased use of generic medication,
- shifting OP surgical, diagnostic or radiology procedures to free standing facilities when possible, and
- decreasing inpatient readmissions for same or related conditions,

then we will share the savings with Premera.

NPN is in the final stages of contracting with three other major insurers for similar contracts.

NPN is also in the process of forming an ACO with other partners to participate in the Medicare Shared Savings Program for non-managed Medicare patients.

I personally believe this opportunity to work in collaboration with private insurers is a breath of fresh air in getting free from the overbearing frustration of only dealing with government programs.

The opinions expressed here are my own and don't necessarily express the views of NPN. ■

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*Robert Sands, MD, Chair	752-6056
Bill Dean, MD	272-4013
Tom Herron, MD	853-3888
Bill Roes, MD	884-9221
F. Dennis Waldron, MD	265-2584

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Your Doctor – the Washington State Medical Association is educating physicians and giving patients the tools they need to make informed choices about their care, whether that's a CT scan for a headache, understanding their choices other than the emergency room when unexpected care is needed or making informed end-of-life choices.

Through this effort, Washington physicians have teamed up with hospitals, the Puget Sound Health Alliance, county medical societies and numerous medical specialty organizations to promote the national Choosing Wisely campaign. Dozens of national medical specialty societies are each developing lists of five tests/procedures that – based on the evidence – may not be necessary, may be harmful, and should be discussed between patient and physician.

We want to continue to make Washington state the best place to practice medicine and the best place to receive care. While we have little control over many causes for the high costs of health care, physicians can and must shoulder some of the responsibility.

Patients, too, should have some understanding of what their options are so they can make informed choices. By doing so we can all be good stewards of our scarce health care resources.

Reprinted from The News Tribune 10/19/12

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als. Since children are highly efficient transmitters of influenza, the high efficacy and increasing immunization rate in this group is good news.

Thanks for your partnership in controlling flu this season. For yourself, your office staff, and your patients, encourage washing hands, covering coughs, staying home when sick, and getting vaccinated against the flu. To see what's happening with influenza (local, state and national) go to http://www.tpchd.org/providers-partners/influenza-medical-providers/ and click on surveillance updates. Access the Department's flu shot fact sheet for your patients at www.tpchd.org/flu/. ■

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