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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Serving Our Members and Community Since 1888

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On The Cover

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Jason Lee Middle School

The Bulletin is published quarterly by PCMS. 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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3,000%

Steven Litsky, MD

I just came across an article that said between 1970 - 2013, for the last 43 years, physician growth has been roughly 100%, while administrator growth has been over 3,000%! And there are a few other reasons why health care is so expensive in America.

While I was going through medical school and residency I had the opportunity to study, and then practice in three different healthcare systems of the world. I was born in Los Angeles, and my basic medical education is American. My wife is Dutch-Canadian, and I spent some of my younger formative years in both Canada and Europe. Eventually this led to a medical education and residency program that accessed three different countries, American influenced, European influenced, and Canadian influenced. I am also licensed in those systems, and had the opportunity to practice medical care in the US, Canadian and European systems. I have been a patient, and have family and friends that have been treated in all three systems.

Canadians will deny they have a two-tiered system, with a touch of privatization. It is supposed to be equal healthcare for everyone, with a single payer. This has given rise to the "wait list" care model that Americans see as the Canadian model. For certain elective procedure there is a wait list. Canadians either wait for these elective procedures, or go somewhere else for the procedure, as ironically evidenced by some of their politicians. If you have a Worker's Compensation injury, there is no wait list. If you are a professional Canadian hockey or football player, apparently there is no wait list. Overall though, it tends to be fairly equal access, and really doesn't cost the citizen much more than a few more percentages of income tax. The single payer is the government (plus Worker's Comp., or your team manager). An example cost-saving would be exemplified by the small office in the hospital that contains only two staff members that do all of the hospital billing and coding. And insurance really doesn't deny or refute physician payments.

In Europe there tends to be a sanctioned two-tiered system of payment; government and private. Usually it is the same physicians in each system, and for some odd reason it's government program is in the morning, and private program is in the afternoon. Doctor's flow freely between public and private hospitals and clinics. The government is a single payer, but you can have extra if you pay extra for limited options of private insurance. Of course they also have a Worker's Compensation option to get people back to work quickly, as Canada has. Also again a small billing/coding office in the hospital, with the same occurring in the private clinic office.

The American model? Canadians and Europeans see this system as bankrupting the American people who cannot afford healthcare. Americans, and other countries also see it as eventually bankrupting America. In general, so far in America we know that most people get care if they really need it, even if they don't have money/insurance. The American system has multiple payers, and tends to be very profit driven. Multiple insurance companies, with multiple different levels of care within those insurance companies… Definitely without a single payer. And of course those 3,000% administrators. The cost of this type of system is enormous, but meanwhile employs one out of five Americans. And we seem to be counting on those 3,000% administrators to get us out of this ever-increasing cost predicament.

Administrative costs are not limited to the providers. Insurance companies, with the staggering number of them that we have in the U.S., have multiple layers of administration interacting with the multiple layers of administration in the provider world.

As physicians are pushed to achieve efficiency, sometimes to the point of causing burnout or depression, it is fair to look for reforms in the American system that will also seek efficiencies from the administrative side of health care. This is in the interest of the provider systems themselves that face the constant need to meet budgets as well as meet the new requirements of 21st Century health such as payment reforms focused on quality and value instead of fee-for-service. In short, we are all in this together.

I am sure that you can read between the lines with what I'm getting at to decrease American healthcare costs so they are more in line with the gross national product percentage of other western countries. Will this occur? I don't know, but I'm sure glad I'm married to a Dutch-Canadian citizen just in case my planned retirement is severely influenced by medical costs.

2017 Annual Meeting Features Inspirational Medal of Honor Recipient

The 2017 Annual Meeting of the Pierce County Medical Society was conducted during the evening of December 6 at the Tacoma Country and Golf Club.

Attendees were greeted by festive decorations and holiday music performed by members of the terrific Tacoma Youth Symphony. Gifts for women and children were dropped off for distribution to the YWCA Shelter in Tacoma. Raffle prizes consisting of Harry and David products as well as gift cards to the Lobster Shop were drawn for.

Outgoing PCMS President **Steven Litsky, MD** thanked members of the 2017 Board of Trustees, noted those with tenure carrying over to 2018, and thanked **Brian Mulhall, MD** and **Susan McDonald, MD** for their service as they depart the Board. He presented the gavel to incoming President **Khash Dehghan, MD** who welcomed new members coming on to the Board of Trustees in 2018.

Vice President **Aaron Pace, MD** presented his fellow dermatologist **Sidney Whaley, MD** with the 2017 PCMS Community Service Award in recognition of his lifelong efforts to serve the citizens of Pierce County as well as his colleagues far beyond the duties of his medical practice. Dr. Whaley thanked his fellow physicians who were always willing to seek to improve their quality of care as well as all the medical residents he was associated with during his years of practice before he retired who supported the work of the profession including by bringing new ideas and innovation in to it.

To wrap up a year that the Society has begun to focus more on physician burnout, depression, and fatigue, Executive Director Bruce Ehrle offered remarks about the importance of always trying to remain focused on big picture priorities including love and loyalty even as life's responsibilities, events, and schedules may try their best to conspire to blur that focus. He mentioned that the recent death of his mother and his 19-year association with the US Armed Forces are among personal reminders to him of maintaining a sense of the relative brevity of life and the need to seek to enjoy it fully. Bruce then introduced the guest of honor and

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Incoming President Khash Dehghan, MD (left) accepts his gavel from outgoing President Steven Litsky, MD

Vice President Aaron Pace, MD (left) presents Sidney Whaley, MD with the 2017 PCMS Community Service Award

President Steven Litsky, MD (left) thanks guest of honor and speaker Senior Chief Edward Byers, Jr. for his motivational remarks as a Navy SEAL, medic, hospital corpsman and Medal of Honor recipient

Dr. Dehghan (left) thanks Dr. Litsky for his service as PCMS President in 2017

Susan McDonald, MD is thanked for her years of service on the PCMS Board of Trustees

Past President Richard Hawkins, MD (left) wins the first one of the raffle prizes

Julian Ayer, MD (right) wins another of the raffle prizes, with treats that will certainly make the whole Ayer family happy!

Kathryn Drake, attending with former President Keith Dahlhauser, MD, smiles and poses with Dr. Litsky as she claims the final raffle prize

Some of the many wonderful items that attendees donated to help the YWCA Shelter of Tacoma

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speaker, US Navy Senior Chief Special Warfare Operator Edward Byers, Jr. who is a recipient of the Medal of Honor for his actions on a 2012 Navy SEAL team mission to rescue a civilian US physician from Taliban captivity in Afghanistan including risking his own life to shield the doctor from the intense firefight while at the same time eliminating hostile threats in the room all within a matter of seconds. Bruce noted that in his friendship with Ed that he had discovered that it is not the Medal of Honor that defines Senior Chief Byers but rather the honor within his character that led to the performance of his duties in a manner where he was awarded the MOH. He added that as he looks to the healers in the membership of PCMS as heroes, selfless patriots such as that evening's guest of honor can be looked to as heroic examples to gain strength from when facing big hurdles or even just a tough day because if they won't stay down, neither should we.

Senior Chief Byers spoke to attendees about his experiences as a Navy SEAL including offering advice to physicians about how to persevere and to overcome adversity including the failure to save a patient. He noted the death of Navy Chief Special Warfare Operator Nicolas Checque on the mission to rescue the doctor in 2012 and led attendees in a toast to the fallen and to all those serving worldwide especially during the holidays. Byers recalled the many holidays that military service has forced him to miss at home and reminded everyone of the value of being able to be close to hearth and home during this festive time when so many can't. He reviewed his thought process when preparing for missions. Senior Chief Byers focused on humility as a central characteristic that leads to personal strength. Following his over half hour of remarks, many physicians noted that they had been deeply humbled and greatly inspired by what Senior Chief Byers had shared. He remained at the venue for over an additional half hour chatting with attendees for additional time beyond the reception as well as taking photos with PCMS members and their guests.

New Board of Trustees will lead PCMS in 2018

Khash Dehghan, MD practices plastic surgery in Tacoma. He received his medical education and residency training at St. Louis University. Dr. Dehghan will serve as **President**.

Aaron Pace, MD is a dermatologist in Lakewood and Tacoma. He graduated from Loyola University, completed an internship at MacNeal Hospital and residency at Loyola University. Dr. Pace was elected **President-Elect**.

Nicholas Rajacich, MD, is an orth/ped orthopedic surgeon. He graduated from Johns Hopkins SOM and completed his internship at Rhode Island Hosp. and residency at San Francisco Ortho Residency Training Program and the Hosp for Sick Children in Toronto, Ontario. Dr. Rajacich was elected **Vice President.**

Steven Litsky, MD practices physical medicine & rehabilitation. He graduated from Sackler School of Medicine and completed his internship and residency at Sinai Hospital/DMC, Wayne State University. Dr. Litsky will serve as **Immediate Past President**.

Jared Capouya, MD is a pediatric hospitalist in Tacoma. He received his medical education and residency training at University of South Florida - Tampa and completed a fellowship at the University of Chicago. Dr. Capouya was elected **Treasurer**.

Alex Mohit, MD practices neurosurgery. He received his medical education at USC and residency training at UW Affiliated Hospitals. He completed fellowships at Harborview Medical Center, Atkinson Morley's Hospital and The Cleveland Clinic. Dr. Mohit was elected **Secretary**.

Ann Goetcheus Gehl, MD, Trustee is a family practitioner in Tacoma. She graduated from Howard University Medical School and completed residencies at Tacoma Family Medicine and Washington Hospital Center.

Courtney Kennel, DO, Trustee is a family practitioner in Lakewood. She attended medical school at Pacific Northwest University of Health Sciences. She completed her residency at East Pierce Family Medicine.

Paul Sueno, MD, **Trustee** practices physical medicine & rehabilitation in Tacoma. He graduated from Oregon Health and Science University. He completed an internship at Virginia Mason Medical Center, residency at Stanford University and fellowship at the Oregon Health & Science University.

David Swedler, DO, **Trustee**, is a general surgeon. He attended medical school at Touro University College of Osteopathic Medicine. He completed his residency at NYU Lutheran Medical Center and Fellowship at Jackson South Community Hospital.

Dina Titova, MD, Trustee practices rheumatology. She graduated from Education Commission for Foreign Medical Graduates, completed a residency at St. Vincent Hospital and fellowship at Vanderbilt University.

Noda Torres, MD, Trustee, practices internal medicine. She graduated from the University of the Philippines College of Medicine and completed a residency at Henry Ford Hospital.

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.

PCMS Wine Tasting Event - May 3

Please save the evening of May 3 for another terrific wine tasting where one of the leading experts on Pacific Northwest wines, Paul Gregutt of Wine Enthusiast, will educate us about some of the current trends in Washington wines. A Washington Syrah was named #2 wine in the entire world for 2017 by Wine Spectator so our state is now front and center among the very best wine producers anywhere and there is much to talk about.

In 2016 Paul led attendees on a fun and educational tasting of two flights of four wines each—one flight from Washington and one flight from Oregon—to learn about the characteristics of some of the best yet affordable choices from the Pacific Northwest. This time Paul will focus more on a handful of individual top yet affordable wines in an educational session that will offer plenty of social time too.

Great food to go with the wines will also be presented with the roof terrace overlooking the bay and Mount Rainier available for the enjoyment of attendees.

Registration will open in March. Please look for mailings, e-mails, and web postings about the May 3 event.

Want to Help the Environment?

Are you reading this *Bulletin* in paper form right now? Do you also receive it by e-mail? If not, would you like to receive it by e-mail?

PCMS has remained committed to producing a paper copy of the *Bulletin* as a membership benefit because for many members it remains the easiest way to keep up to speed on what's going on with the Society—and we need for the members to be informed about their professional organization is doing.

However, as PCMS has dramatically reduced the use of paper in other aspects of our operation, we now want to offer members at least the option of helping the environment and reducing paper usage at the Society even more by agreeing to receive the *Bulletin* exclusively by e-mail.

If you would like to be part of the Society's aggressive effort to reduce paper consumption, opt out of paper delivery of the PCMS *Bulletin,* and receive it solely by e-mail, please just send Tanya an e-mail at tanya@pcmswa.org letting her know that you would like to get the *Bulletin* electronically only.

PCMS 130

Bruce Ehrle

The Pierce County Medical Society will celebrate its 130th birthday in 2018. It is an indication of the longevity of the physician profession in our community, in our nation, and in our civilization that PCMS was founded the year before Washington was admitted as a state and like the Evergreen State itself, has evolved over the nearly century and a half of its existence to meet the ongoing changes that never cease taking place.

Even as the Society has maintained its founding tradition of being the professional organization in Pierce County for physicians and PAs, its mission and goals have consistently been nimble so that it may forever work toward that profession being successful, robust, and valued.

Doctors 130 years ago would have never thought of a system that didn't simply pay them for providing a specific service (healing the patient of what ails them). In fact, doctors even 30 years ago would mostly not have thought of any other system. However, we all know now that with an unsustainable level of costs in the United States that looks to bankrupt Medicare while driving private insurance costs higher and higher, a main solution being implemented is to pay for overall value and quality.

Administrative costs and navigating the changing health care environment is driving some independent physicians to leave private practice not of their own choice. Those employed by large health systems sometimes feel less like a valued, educated, highly trained partner toward joint goals of success than a small cog in a huge machine with seemingly never-ending patient loads and hours that can feel like being back in residency with little recognition for individual experience, talent, or contribution to the group effort.

The fast pace of health care transformation means that mandates frequently come out of payers or the government, hit administrators of the health systems, and then often get passed down the line without a pause to examine why the mandate might be important in order to achieve "buy-in" or a reflection about the best ways to enhance respectful communication to achieve the mandates.

The kinds of efficiencies that drive an Amazon warehouse worker to get products off shelves and headed toward customers before a device starts beeping loudly at them to pick up the pace are now hitting health care.

Shortages in behavioral health care resources mean that primary care physicians are being looked to for roles they were never fully trained for in screening and treating patients for conditions like depression.

Recognition that what transpires outside the clinical setting such as whether a patient has access to affordable nutritious food or good housing impacts overall outcomes far more than what happens inside the walls of a hospital, urgent care, or physician office means that physicians are being looked to focus on the overall life and health of the patient with reimbursement threatened if that patient remains unhealthy.

The black bag of the neighborhood doctor has been replaced by modern temples of healing with stunning new technologies that help with, but don't replace, the age-old practice of medicine with a head, hands, and heart that goes back to the very first time one person ever looked to another to make them better or save their life.

1888 was another world in some ways for physicians—but the same in others.

In 2018 PCMS, your county professional organization, will seek to represent and assist you in the following ways (just to name a few):

--Continue to aggressively advocate for you with Congress, HHS, CMS, and the state government on the widest pos-

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sible array of pressing matters, many of which evolve from month to month but that always include physicians being part of the evolution of health care with valued expertise about front line care to offer.

--Conduct lunch-time educational webinars with government leaders and health care delivery experts both within the medical profession and outside of it to continue to keep you medically informed and involved in the latest things impacting you and your profession whether you're in independent practice or employed by a health system.

--Work in partnership with the health systems to improve communication with the belief that in this new environment, all boats rise or fall together and that we're all in this together for if the health system is failing then the doctors and PAs working there are likely failing and likewise, if the physicians are failing with poor morale, lack of communication, and difficulties in their working environment then the health system is in danger of failing too. Real partnership means shared success or the risk of shared failure. Everybody needs to be robust or the patients suffer.

--Pursue the joint health literacy effort with Pierce County Project Access to educate the widest possible patient population in the community about the need to establish primary care, use urgent care instead of the ED, and what to expect from their interactions with physicians so that they are not shocked if you need to use a tablet or computer during their visit while stressing the importance of things like showing up for appointments or not badgering their family doctor for antibiotics that could lead to resistance in situations where the doctor does not feel that antibiotics are called for.

--Issue some updated information about how physicians can participate in addressing social determinants of health for their patients to get ahead of the day when reimbursement will be significantly impacted in this area.

--Represent the physicians and PAs in the county in the ever-growing number of healthcare related initiatives in the community and the ever-growing network of interconnected partnerships. Caregivers are busy during the day delivering vital clinical care. Your Society represents you and your professional perspective at meetings and in settings that you can't possibly make it to all the time.

--Continue to offer the opportunities for physicians and PAs who are not just colleagues but also community neighbors to gather for collegiality in no-stress, no-drama settings like another wine tasting with one of the biggest experts about Pacific Northwest wines at the Landmark Convention Center's Rooftop Ballroom in the Stadium District (May 3), another fun summer picnic at Titlow Lodge and Park (August 16), the always festive Annual Meeting at the Tacoma Country and Golf Club (December 5) and other possible events such as a Tacoma Rainiers baseball game or a happy hour at one of the many terrific food/drink establishments around Pierce County.

Mostly, during the organization's 130th year, PCMS will continue to seek to be the most dynamic and relevant professional organization for the physicians of Pierce County that it can be in honor of and in loyalty to the hugely important duties that each of you performs as your life's calling.

Potentially Preventable Hospitalizations—And What You Can Do

Anthony Chen, MD, MPH

In July, the state's Office of Financial Management released a report that revealed Tacoma and Pierce County have the worst rates of preventable hospitalizations in the state. Residents of the 27th and 29th legislative districts are admitted more for pneumonia, dehydration, urinary tract infection, diabetic complications, COPD, asthma, hypertension, and heart failure. Good access to care, preventive services such as vaccinations, and outpatient treatment could have helped to prevent these conditions.

While the study and related media coverage alarmed legislators and the medical community, other reports show our county's health and healthcare need improvement. The Robert Wood Johnson Foundation ranking of counties' health has Pierce County in the state's bottom third. Reports from Leapfrog Group and Qualis Health, among others, show Pierce County lags in certain healthcare indicators.

Healthcare leaders convene

In response, Tacoma-Pierce County Health Department convened medical leaders from MultiCare Health System, CHI Franciscan Health, Kaiser Permanente, Northwest Physicians Network, Community Health Care, SeaMar, and Pierce County Accountable Community of Health. They had already been:

- Improving access through same-day and walk-in appointments, evening and Saturday hours, more primary care providers, and more urgent care clinics.
- Creating new ways to take care to people through mobile vans, EMTs and paramedics (paramedicine), telehealth and virtual medicine, and community health workers (CHWs).
- Developing collaborative models of care that build on the medical home with teams to provide care coordination and might include social workers, nutritionists, and CHWs.
- Implementing performance management initiatives to improve quality of care.

However, they all recognized two areas that need work:

- Using data in new ways to better identify "hotspots," coordinate services, and manage care.
- Addressing the social, economic, and environmental factors that produce health.

To truly improve the health of our residents, they recognized we need to get upstream to the underlying conditions that create poor health or prevent people from accessing care. We know social, economic, and environmental factors (the social determinants of health) contribute 55% to what makes us healthy, whereas health behaviors and clinical care contribute 20% each. For example:

- We can have highly accessible office hours, but if people have no transportation, they will not get the care they need.
- We tell people with obesity, diabetes, and heart disease to eat healthier and lose weight, but if they cannot afford healthier food, they traditionally cook or eat a certain way, or they live in a food desert, they will never achieve desired goals.
- We can prescribe appropriate medicines, but if patients cannot afford or understand how to take them, they will not get better.

If we can identify and screen for these social determinant risk factors (as the Medical Society and others are starting to do), we can identify patients to receive interventions exactly the same way as we screen for cholesterol or depression. If we can intervene on these factors or provide support services, we can:

- Make people healthier and feel better.
- Prevent hospital admissions and re-admissions.
- Improve the health of the community.
- Reduce health disparities.

Legislators engaged

In October, these medical leaders met with Washington State Legislators from the 27th and 29th Districts to discuss the Potentially Preventable Hospitalizations report. They highlighted their existing work and asked for support in charting a course to improve resident health. Legislators asked for a proposal to improve poor health outcomes in Tacoma and Pierce County, with a follow up meeting in early December.

When public health and healthcare band together to implement the best healthcare practices; explore how issues such as transportation, education, affordable housing, employment opportunities, food access, and safe and walkable neighborhoods contribute to health; and improve our use of data, the potential for change is exciting.

Federal Healthcare Update—January 2018

As the U.S. House and U.S. Senate convene for the 2nd Session of the 115th Congress of the United States, here is rundown on some federal health policies that are pending in the political arena:

Affordable Care Act (Obamacare)
After failures to repeal and replace most provisions of ACA during 2017 there are no further efforts to do so on the horizon. Though the Trump Administration did not promote enrollment in recent weeks for 2018, there was strong interest in program participation even with rising premiums and deductibles/co-pays. Many of those enrolling will still qualify for tax credits and related financial relief in paying for their premiums not just through ACA mandated subsidies but through private programs such as Pierce County Project Access here locally. That will help mitigate the rising costs to some degree but certainly not for all.

Premiums and deductibles do continue to rise substantially making the Affordable Care Act unaffordable for many Americans. With the elimination of the individual mandate and its relatively low penalty for noncompliance, the problem with ACA insurance pools consisting of mainly older and sicker patients will grow worse, further raising rates for those that do participate in the program.

The Trump Administration has ceased paying insurance companies to assist them in their subsidies to patients for co-pays and deductibles. During the fall, Senators Murray and Alexander developed a plan to stabilize the health exchanges including resumption of those payments. That proposal quickly developed majority bi-partisan support in the Senate. However, the House Republican majority has sent signals that the proposal would not be viewed favorably in that body and it is currently languishing. It may be revived as part of upcoming budget negotiations but its future is highly in doubt leaving the exchanges in a state of continued turmoil.

Furthermore, the Administration is rolling out new regulatory rules for ACA designed to futher weaken the program including one that makes it easier for small businesses to band together to buy insurance known as association health plans that allow such plans to cover far less than ACA plans are required to cover, making them cheaper for businesses to buy but eliminating patient coverage for such things as behavioral health, substance abuse treatment, maternity care, and prescription drugs. However, large businesses would remain subject to ACA rules which would mean potential fragmentation in the marketplaces still further increasing premiums for those policies that offer substantial coverage and access to care. Another new rule will deal with ACA plans and permit special short term ACA policies that are exempt from all ACA protections including the provision that barred denial for insurance or higher premiums based on pre-existing conditions.

Goals of these initiatives include disruption of ACA while setting up a parallel insurance market that is not subject to ACA coverage protections. While this may end up allowing some Americans to once again purchase cheap policies that only protect against catastrophic episodes, they will do little to move the nation in to preventive health with primary care providers and will still leave the vast holes that ACA was meant to fill. The insurance market will be fragmented with generally high premiums and deductibles for policies that cover a wide range of services, making those policies useless for anybody who can't afford the four figure annual deductible. One year ago a CBS News poll found that 46 percent indicated that they would have tremendous difficulty coming up with the money to cover a $400 emergency expense. Half of Americans can't come close to finding $1,000 for an unbudgeted emergency thereby making a policy with a $2,500 deductible useless for most care settings.

While most Democrats acknowledge that ACA needs repairing to make it affordable, there is no bi-partisan effort on the horizon to pass such fixes that the Murray-Alexander effort meant to begin to address. Even if Democrats take control of one or both houses of Congress in a year, with the Trump Administration in place, solving the divisions over ACA will remain difficult.

Current situation: ACA remains the law, patients are participating, and protections for them remain but costs are soaring, efforts to destabilize and disrupt the program persist, and parallel marketplaces may increasingly exist during the coming year. Some are choosing to not participate or drop out of the program. Providers are enabling that choice in some situations by seeing patients for a flat $50 fee eliminating their reimbursement paperwork and offering the patient value they can't find through insurance policies. Others are donating care for free. The need for clinics and safety net providers such as community health centers not only remains but could grow again substantially in the coming years.

Medicaid
Efforts to drastically change and cut the program failed in 2017. Plans to change the long standing federal/state shared program in to a block grant with reduced overall funding would have thrown millions of beneficiaries out

of the program potentially leaving them with no coverage at all which is why some Republicans joined with all Democrats in blocking the move. Further efforts to trim Medicaid spending may be offered in the House but the Senate Republican leadership has indicated that they have no stomach for further Medicaid fights during 2018 when infrastructure is due to be the top Congressional priority.

Current situation: Medicaid is protected for beneficiaries yet reimbursement rates for providers remain in need of an increase and state leaders across the country who rejected participation in the program's expansion under ACA are now experiencing budgetary difficulties.

Children's Health

The CHIP program has long enjoyed bi-partisan support and Senators Hatch and Wyden have been attempting to secure a full reauthorization however the effort has stalled due to opposition by many House Republicans to continue the program. Patches have been passed by Congress in recent months but some states are curtailing benefits due to concerns about funding instability. In the coming days of January a resolution may present itself as part of budget negotiations.

Current situation: The future of CHIP is uncertain for the first time since its creation. Many children may lose coverage.

Medicare

Had ACA repeal and replace along with Medicaid curtailment been successful in 2017, the plan was to turn to Medicare curtailment by turning the program in to an individual voucher system with reduced spending. This was a particular goal of Speaker Ryan in the House as many in Congress and HHS seek to implement an agenda of getting the federal government out of the health insurance business that it began in major ways during the 1960s. However, with failures of those earlier initiatives and a fight for control of Congress in November imminent, no major attempts to curtail Medicare are currently expected to go very far if they get started at all.

Current situation: Medicare remains fully intact and the days of annual worries about massive provider payment cuts are over due to the permanent Sustainable Growth Rate (SGR) fix but the program's long term financial future remains perilous without benefit cuts and/or payroll tax increases due to the demographic emergency of paying for the Baby Boomer generation's years as beneficiaries at a time of increasing longevity.

Payment reforms

MACRA and related laws such as provisions in ACA to move provider payments away from fee-for-service toward payment for value and quality are still in place however participation in ACOs and protections for small practices remain as methods to either participate in the movement in other ways or to be largely exempted by it. MACRA's nearly ten percent penalties for failure to meet quality metrics along with nearly ten percent bonuses to meet such metrics that will arrive in the next few years are not just impacting private physician practices and health systems but physicians employed by those health systems as compensation agreements are increasingly forcing front line caregivers to have "skin in the game" by taking those potential penalties in to account. While the physician organizations and organizations representing other providers have not waved red flags over the metrics in MACRA after many suggestions were incorporated in to the final regulations, it remains paramount that as payment reforms are implemented that metrics that don't seem to meet the test of providing better care and higher value be eliminated from the mix in favor of others that do, that collaboration and communication about how to navigate the reforms be a real priority to achieve success for all, and that administrative burdens be substantially reduced including prior authorization, coding, and others.

Current situation: The movement away from fee-for-service continues (though at perhaps a little slower pace) but as initiatives such as how to address social determinants of health grow in importance to achieve population health improvements, reduction in health disparities, and lower costs, physicians and other providers will increasingly be looked toward as players in this field with reimbursement increasingly tied to overall outcomes with the home being the most important care setting.

HIT (Health Information Technology)

Within the last year CMS has stated that interoperability of EHRs (Electronic Health Records) is a top priority. However, progress on the matter is slow and quiet as is finding solutions for those physicians who are facing time management issues in dealing with use of their EHRs including for charting.

Current situation: Everybody seems to know what a huge problem it is that for years systems were allowed to come on line that now can't communicate with each other but the pace of fixing the situation to allow HIT to fulfill its promise of improved patient safety and reduced costs while reducing provider burden is glacial.

Privacy Reform

There is an increasing awareness that HIPPA needs to be revised to account for 21st Century realities. At the same time hackers can tap in to virtually any record they want and insurance companies report mass breaches, providers go through the agony of faxing medical records in order to follow a law

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that needs changing badly especially at a time when the government is demanding that more be done to integrate physical and behavioral care which usually have separate records.

Current situation: Again, the battle of getting policymakers to realize that something needs to be done seems to have been won but action is slow in coming.

Physical/Behavioral Health Integration

A lack or behavioral health resources nationally and especially in Washington is causing primary providers to be charged with screening and treating patients for these conditions themselves as well as developing referral resources. The Medicaid program is increasingly being used to fund initiatives in this area including the ACH initiative under Healthier Washington. However, resources remain thin including with such Medicaid waiver programs as the ACH initiative which has a sunset after only several years and that require strong provider and community participation for sustainability after the expiration of known funding sources. At a time when the physician community and other providers are already straining, this added component of care will face hurdles in implementation all the while patients and physicians struggle to adjust to this new care paradigm.

Current situation: Even with a major push over the next couple of years in the State of Washington, the reality of true physical and behavioral health integration will depend not just on the ability of physicians to screen patients for conditions and even offer initial treatment but on the available resources for professional referral to local partners, accessing help via telemedicine, and further expansion of facilities including those run by the major health systems.

Graduate Medical Education

It is widely known that increasing shortages in primary care and behavioral health physicians are due to enormous financial pressures facing medical graduates with more crushing debt than ever, compounded by record available numbers of medical school graduates with not enough internship slots for them all. Initiatives aimed at solving this crisis are being discussed but not acted upon at the federal level which despite local efforts by teaching hospitals is what will move the dial on this in a big way. Solutions include funding of more slots and then incentivizing new physicians to go in to lower paying primary care and behavioral health positions either through direct federal grants or private/public programs such as federally backed loan guarantees allowing banks to offer lower payment terms tied to lower medical salaries.

Current situation: Federal policymakers are increasingly aware of the crisis facing primary care and behavioral health at a time when payment reforms are seeking to push more patients in to primary care for which there are frequently months-long waits and integration initiatives are taking place. Yet no current major push is underway to address this crisis. Such initiatives are central to the medical profession's federal advocacy in 2018.

Opioid Crisis

Another current crisis is the astonishing and ongoing epidemic of addiction and overdose in America that is leaving no family untouched. While arguments about who is to blame for the situation will continue to abound in 2018, innovative and far reaching solutions will be slow from the federal level leaving communities like Pierce County to seek to do what they can. At the same time, patients with legitimate need of pain relief and physicians who want to provide that relief to them will continue to be caught up in the crisis through such measures as prescription monitoring programs meant to catch abusers but that have a chilling impact on all physicians--leaving many such patients to be in the kind of pain that led to the prescription of such drugs in the first place when it was deemed that pain management was a right of human dignity. Furthermore, insurance companies largely refuse to pay for addiction treatment or less addictive drugs and in some cases are still pushing the prescribing of cheap opioids.

Current situation: In spite of the crisis being labeled as a national emergency, few large scale federal initiatives if any are emanating from HHS other than occasional Medicaid projects. Recommendations from experts for Medicaid to eliminate barriers to treatment are instead being met with new policy initiatives eliminating federal requirements for behavioral health and substance abuse in insurance plans. It is difficult to see the federal government being much of source of large scale help on this issue during 2018.

Future of Health Insurance and Care Delivery

Due to divided government and public opinion that is often manipulated by TV commercials claiming a government takeover of health care, efforts to move to a single payer or expanded Medicare model of health insurance in the U.S. face a huge uphill battle. In the meantime, the marketplace is leading to changes in care delivery with enhanced telemedicine often with doctors on retainer, on-site clinics at large companies staffed every day by employed physicians, doctors being dispatched by app to offices and homes, drugstores attempting to set up care delivery

without physicians, and Google and Amazon examining methods to become health care providers.

Current situation: While payer systems will mostly remain within the current system, care delivery is evolving quickly as innovative entities, mostly utilizing physicians in broadening methods, offer patients health options on their terms, focused on convenience.

Conclusion

The U.S. health care system remains challenged and even broken on many fronts for patients, providers, and even payers and pharmaceutical companies. Patients need access to the full range of treatments from the full range of providers and providers need to be paid adequately and fairly for those services. Payers need to have help in getting their risk pools much larger and convincing younger and healthier people, one way or another, to keep health insurance like they keep car insurance. Even pharmaceutical companies need to have payers willing to cover their products for their patients.

For physicians, with this field of challenges all around, focused federal advocacy is the prescription. Topics for 2018 include achieving the widest possible access by patients through the myriad of payers to the doctors of their choice who then get paid appropriately, reduced administrative burdens, interoperable and sensible HIT, help with integration of physical and behavioral health, close monitoring of whether payment reform programs are actually achieving their goals of improved care and lower costs while having an environment of open and respectful communication of partnership between all levels of the provider community, real solutions to the opioid crisis, HIPPA reform, the crucial physician role in emerging care delivery innovations, funding for additional residency slots, help for new physicians with crushing debt, and addressing the shortages of primary care and behavioral health. These all make for a lot of things to press Congress, HHS, CMS, and the White House on this year.

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April/May/June 2018

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Serving Our Members and Community Since 1888

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BULLETIN

Serving Our Members and Community Since 1888

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Sunflowers

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The Bulletin is published quarterly by PCMS. Contact Tanya McClain regarding deadlines for submitting articles and advertisements: tanya@pcmswa.org or 253-572-3667.

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The Importance of Being Involved

Khash Dehghan, MD, Ph.D., FACS

A long time ago, when I was running for the presidency of the Undergraduate Student Society at the University of Victoria, Victoria, BC, I used the following quote in my announcement speech.

"The punishment for intelligent men, if they do not enter politics when they have a chance to, is to be governed by idiots."

I had read somewhere that Pierre Trudeau, the fifteenth Prime Minister of Canada, had used that quote when he first entered politics. The quote was attributed to Socrates (circa 470-339 BC). I have tired to find the source of that quote. I cannot find any references to either Socrates or Pierre Trudeau using it. If any of you recognize the quote and its source, please let me know.

Regardless of the quote's foggy provenance, I feel that it still applies today. It can be reworded as it relates to physicians.

"The punishment for physicians, if they do not get involved in "_____" when they have a chance to, is to be governed by "_____."

The first blank can be filled with words such as politics, county and state medical societies, hospital committees, advocacy groups, etc. The second blank can be filled with words such as administrators, lay politicians, government agencies, insurance companies, nurses, etc.

The following example underscores the importance of being involved. The Washington State Department of Health recently announced that they had no legal authority to grant certificate of need (CON) exemptions to ambulatory surgical facilities. The department had issued exemptions to ambulatory surgical facilities since 1979. The announcement was made after an internal review by the legal team at the Department of Health.

This single decision foregoing over thirty-years of precedence, was an enormous threat to ambulatory surgical facilities and physicians operating them, such as myself. Seventy percent of ambulatory surgical facilities in Washington State operate with an exemption from a certificate of need review requirements. Any change in that requirement would have a devastating effect on ambulatory surgery facilities. It would also significantly increase costs in the Washington healthcare system.[1]

The Washington Ambulatory Surgery Center Association (WASCA), which I am a member of, through its legal and lobbying staff, negotiated with the Department of Health secretary, John Weissman, as well as key legislators such as representatives Eileen Cody (D) and Joe Schmick (R), and Senators Annette Cleveland (D) and Ann Rivers (R) to remedy the problem. House bill 2894 and senate bill 6520 were introduced.[1]

House bill 2894 reads as follows:

"The department may not require a certificate of need for an ambulatory surgical facility or center wholly owned, fully operated, and used exclusively by the practice of physicians or dentists with two or fewer operating rooms and no more than two surgical specialties."

The Washington Ambulatory Surgery Center Association testified in support of the house bill 2894 and on February 1, 2018 the House Health Care and Wellness Committee passed HB 2894 unanimously with no debates.[1]

This level of interaction and advocacy is near impossible on an individual basis. I encourage you to get involved and participate in local, state, and national organizations. Otherwise, decisions will be made without our input and we have no one to blame but ourselves.

[1]Washington Ambulatory Surgery Center Association Communications

PCMS Advocates for Members with US Rep. Derek Kilmer on Federal Policy Priorities

As part of the Pierce County Medical Society's advocacy efforts to represent the interests of physicians and PAs, Executive Director Bruce Ehrle raised the following points at a recent fundraiser for US Representative Derek Kilmer (D-WA) at the home of PCMS Vice President **Nicholas Rajacich, MD** and co-hosted by among others, PCMS President **Khash Dehghan, MD**:

--Providers are at continual risk of having potential patients lose access to them because even for those with insurance, access is unaffordable due to increasing deductibles. In a recent survey, nearly half of insured individuals aged 45-59 skipped seeking health care due to the cost of deductibles and a quarter of seniors did as well. He stressed that a possible narrow solution is for the federal government to not just focus on premium assistance through the tax code but deductible assistance too. Wider solutions include providing strong incentives through the tax code for young healthy individuals to sign up for robust health insurance plans either through ACA or another means so that the insurance pools are larger and expanding federal health insurance programs to any citizen who falls through the cracks of the privately based marketplace, ACA, or Medicaid.

--Early career physicians are facing crushing debt and need assistance such as direct grants or loan payback programs tied to annual income with special incentives to promote new physicians to go in to primary care or behavioral health. Bruce also pushed for funding for new medical residency slots given the increasing shortage of such slots to place record numbers of students graduating from medical school amidst that shortage of primary care physicians and behavioral health specialists.

--Insurance companies need to be pressed, by law if necessary, to cover opioid addiction treatment programs and new (though more expensive) pain medications that are less addictive.

--The federal government needs to aggressively take steps to regulate and control costs for drugs by looking hard at issues like why the same drug costs far more in the US than other nations and what a wide reimportation program would look like. Bruce stressed that doctors are facing situations more than ever where their patients can't afford the proper course of treatment including necessary prescription drugs due a combination of the price being prohibitively expensive and/or their insurance company refusing payment.

--Assistance is needed as a national priority to improve health literacy in America to encourage patients to establish primary care relationships, seek preventive care, and avoid the ER except for true emergencies.

Rep. Kilmer was appreciative of the input and indicated that he wished to work more closely than ever with PCMS to seek solutions over the long-term to these important issues that impact successful care outcomes for physicians, PAs, and their patients.

PCMS Advocates for Members on State Issues with Rep. Laurie Jinkins

On the evening of Tuesday, June 5, the PCMS Board of Trustees and Executive Director Bruce Ehrle met with State Rep. Laurie Jinkins, a senior majority member of the Health Care and Wellness Committee in the Washington State House of Representatives. Rep. Jinkins represents the 27th Legislative District that includes most of Tacoma. She kindly offered more than an hour of her time to discuss issues of importance to physicians and PAs in Pierce County.

PCMS advocacy focused on the following topics:

--The need to improve Medicaid reimbursement rates even in a tight fiscal environment so that an expanded patient population in Washington has maximum access to providers and so that those providers who see a majority of Medicaid patients are not struggling to make their financial situations viable.

--Combating the opioid crisis in a manner that reduces overprescribing, addiction, and overdoses that also permits for the specifics of patient care including prescribing to remain in the hands of physicians while pressing the insurance industry to cover less addictive but more expensive pain relief drugs as well as to cover treatment for those who are addicted to opioids. It was also noted that while the use of opioids is reduced, it is important to keep in mind that just as many years ago when pain management began to be larger care priority, there are still patients with debilitating pain who need relief. PCMS expressed a desire to keep working with members of the legislature on the issue as state regulations are released and as new federal funding is directed to the states.

--Continuing to add to behavioral health resources to our community. PCMS thanked Rep. Jinkins for the bi-partisan effort in the legislature last year to add behavioral health capacity around the state including in Pierce County in recognition of the dire situation and noted that those efforts need to be continued because the need is still great. Potential incentive programs to drive new physicians in to behavioral health were discussed. PCMS also thanked Rep. Jinkins for her focus on outpatient behavioral health care with the goal that patients do not suffer from ailments their entire lives but are rather permitted to receive ongoing care in an outpatient setting.

--Remaining mindful of the challenges facing the integration of physical and behavioral health at a time when primary care is being tasked with more than ever while facing an increasing shortage of primary care providers and while behavioral health resources are also limited. PCMS added that at a time when physicians are navigating new payment systems, integrating care, adjusting to the meaningful use of Health Information Technology with their EHRs, and moving in to an era of outcomes based medicine that includes a new focus on social determinants of health that it is yet another significant layer of stress when any consideration occurs in the state government of increasing lawsuit liability applied to the vast majority of physicians who diligently seek the very best care for their patients. PCMS noted that with the goal of achieving care integration in the next few years moving ahead as a state priority, it is at odds with the initiative to have primary care and pediatric providers get more deeply involved in mental health to help address the shortage of behavioral care to also have those same physicians face potentially increased liability.

--Assistance with funding for social determinants of health so that as the provider community assumes mandates to screen and refer patients who are in need of such things as housing and food assistance to boost their health outcomes, there are adequate resources flowing to those sectors that can make a positive difference with those final outcomes.

--The importance of care coordination to achieve success in efforts to improve population health, reduce disparities, cut hospital readmissions, ensure patient compliance with treatment including prescription drug usage, integrate physical and behavioral health, and permit follow-up with endeavors relating to social determinants of health. PCMS suggested that to reduce costs, improve quality, and boost outcomes related to all those endeavors that the state and federal governments will have to assist in creating a massive field force of care coordinators to do the handholding that has been shown to make a giant difference including robust funding for physicians as care coordinators depending on the severity of the case even as home health aides, community health workers, nurse practitioners, PAs, and nurses also work as care coordinators in that new field army.

Rep. Jinkins thanked PCMS for meeting with her outside the busy time of the legislative session. She and PCMS agreed to keep in contact on these and related issues.

The School Nurse-Physician Partnership Caring for Students

As the school year wraps up and everybody looks forward to their fun summer activities, it is important to note that now is the time to think about making sure that students are fully prepared to return to school in the fall. This is the advice from the school nurses across Pierce County who participate in the PCMS Public Health School Health Committee chaired by **Mark Grubb, MD**.

The committee spent several sessions this year discussing the school nurse-physician partnership and how to maximize opportunities to care for the health of students in our community.

One important consideration that was focused on was how frequently disruption can occur for young patients returning to school in the fall if their immunizations are not in order. If such immunizations haven't been checked and updated over the summer, a student can be excluded from attending school while they wait for an appointment to get things straightened out.

During the summer is the perfect timing to set that immunization reminder up in an EHR while there is still plenty of time in busy family schedules to get the student in to the practice. There might even be opportunities for practices to conduct immunization clinics, especially during late August. Providers that could offer on-site immunization programs at schools in late October to early November could help catch the final stragglers before exclusions must begin. Please consider contacting the local school districts about this. The Tacoma-Pierce County Health Department can help too.

This approach to proactive outreach to student patients over the summer can also include determination of what medications they might need in school and making arrangements with the parents and school to have those on hand the very first day of school so that the student's attendance isn't interrupted.

Other topics of care partnership that were discussed included how a student's prescription must match the orders that are on file with the school so that there is no confusion about what care a physician has prescribed, how using the PCMS form on concussions helps eliminate confusion over such things as whether a student has permission to return to play, return to learn, and related specifics, and the importance of having a bit of flexibility in the language used for orders and prescriptions due to the nature of the school schedule. For example, nurses pointed out how it is more useful to have language such as "between X o'clock and X o'clock" in a two hour window rather than one specific time, or "within two hours of the start of school" rather than "start of school" or "with/at lunch" rather than "12noon." Additionally, it is helpful to have in orders that if a student participates in a field trip that they should self-administer their medication if possible and that the dose needs to be in a separate container. This proactively allows those students under care to go on such field trips where a nurse is not present rather than potentially being excluded because the orders haven't considered possibilities for self-administration of medication in those situations where it is appropriate.

Finally, it is helpful as physicians are working with patients and their families about care issues to remember that unlike decades ago, not every school has its own nurse. School nurses are often responsible for multiple schools and at any given moment may not be in the same location as a specific student patient.

School nurses remain front line caregivers to a vast segment of the patients in primary care and pediatrics and depend on their physician partners in Pierce County to collaborate and coordinate care for those student patients with them. Therefore, it's important, especially over these summer months, to work with families to make sure that everybody is ready to go for the new school year.

Avoiding Isolation Through Participation

Bruce Ehrle

In his column for this issue, our President writes about the importance of involvement. It is a timely appeal because at a time when the physician profession is undergoing its biggest transformation of the modern era, it is important that doctors feel a sense of community and shared purpose.

Payment transformation away from fee-for-service is already resulting in new financial realities as employed physicians have their compensation contracts modified with new terms and independent physicians face seeking safe harbors or participating in one of the new payment programs all of which reflect the penalties and bonuses of quality and outcomes metrics. With full implementation still years away and a lot of flexibility currently being offered, the profession is in a zone of transformation that can feel fuzzy. HIT adoption has been pushed forward with the meaningful use of EHRs resulting in new challenges for time management both inside and outside the clinical care setting—and now that is being followed by another push on interoperability meaning mandatory modifications to HIT systems leading to further disruption. Primary care physicians are being tasked with new roles such as screening and treating behavioral health conditions and being involved with solving patient difficulties relating to social determinants of health. Doctors face pressure to see more and more patients. Every year it seems like there is more work and less time to do it all in. These are just some of the realities that all physicians are facing right now whether they be independent or employed, early carrier or seasoned professionals, primary care or specialists.

In a world that also has tons to worry about outside the scope of medicine such as running errands, managing family schedules, trying to find a little bit of time to get to that favorite fishing spot or hiking trail, and keeping up with other personal responsibilities, the idea of incorporating involvement with your fellow physicians can sometimes be a bridge too far whether it be participating in an educational webinar or attending a collegial event. However, PCMS exists to focus the shared professional attributes by all physicians and PAs in Pierce County in to the power of the collective whole to advocate for sound policy with government leaders, share best practices and educational updates about topics that impact the medical community, represent the viewpoints of the physician profession in local initiatives, and provide opportunities for members to gather together for a little bit of fun.

What I love to see the most during our collegial events is how people who share a common education and talents to heal as well as who are all facing those challenges outlined above can put all that aside for a few hours. Sometimes being involved and attending an event allows physicians and PAs who work in different systems or practices to get to know each other in ways they might not otherwise have the opportunity. In other instances, those who do work together in the same venue can have the chance to pull away from the politics or stresses of their shared setting. I also love to see when docs and PAs who haven't had a chance to see each other for a while get a chance to catch up such as practicing physicians and retirees renewing their friendships.

In a recent *Wall Street Journal* article about burnout that I will be distributing a link to via e-mail in the next *PCMS Newsline*, it was noted that "Physicians have lost a sense of community and are feeling more alone than ever." Dr. Tait Shanafelt, Chief Wellness Officer at Stanford, was quoted as saying, "We are interacting with our patients less. We are interacting with our colleagues less. We are becoming more isolated."

The physician profession needs to remain robust. Physicians and PAs need to come through the other end of this giant transformation occurring until the middle of the next decade as valued partners in the process and in the outcomes.

This requires the full efforts of entities like PCMS to maximize your collective value as trained caregivers and incredi-

See "Participation" page 8

Get Rid of Unwanted Medicine—Safely

Pierce County has expended free medicine take-back locations and services through MED-Project.

The project offers kiosk locations and postage-paid return envelopes for the safe return and disposal of unwanted medicine to all Pierce County residents.

The kiosks accept drugs sold in any form including prescriptions, over-the-counter medications, controlled substances, and pet medications.

Disposal of such medications can limit drug abuse, prevent accidental poisoning, and protect the environment.

More information including kiosk locations can be found at MED-Project.org

"Participation" from page 7

ble healers. Every day we seek that robust future for the profession. A main reason for that is that the alternative, one where doctors are marginalized, depressed, and weakened is simply unacceptable, not just because it's important to protect your well-being but also because in the final analysis, the care of human beings requires your abilities—and requires you all to be at your best.

PCMS, your professional membership organization at the local level, has as its central mission on many fronts to offer you a sense of community, to permit you to feel less isolated, and to allow you to interact with your colleagues. I echo the appeal of **Dr. Dehghan** for you to be involved.

When notifiable conditions make the news

Anthony Chen, MD, MPH

Disease investigation is rarely the thing of news headlines. But now and then, the work we do every day to track and control disease outbreaks remains a hot media topic for more than one 24-hour news cycle.

Chances are, you have probably read news coverage, seen social media posts, or maybe even read one of our blogs related to the ongoing hepatitis C investigation at MultiCare Good Samaritan Hospital in Puyallup.

At the recommendation of the Centers for Disease Control and Prevention, and in consultation with the state Department of Health and Tacoma-Pierce County Health Department, late April, MultiCare Good Samaritan in Puyallup notified about 2,800 patients. They needed to get tested because they visited its emergency department between Aug. 4, 2017 and March 23, 2018 and may have been exposed to hepatitis C.

So far, just over half of the notified patients have received testing. Of that testing group, we have found eight confirmed and four probable cases related to the hospital exposure. Another 47 patients are positive for hepatitis C from a prior exposure, and six more are positive and are either still being investigated or the exposure will remain undetermined.

Because of the large number of people involved, we know we will find cases of hepatitis C that are unrelated to the hospital exposure. Regardless of the exposure source, we will ensure all people diagnosed with the disease get connected to care. Hepatitis C is curable.

Healthcare providers help public health investigate disease
While the circumstances of this outbreak may be unusual, the steps Tacoma-Pierce County Health Department takes to investigate this disease is the work we do every day—whether the disease is hepatitis, pertussis, measles, tuberculosis or even a sexually transmitted infection.

We rely on medical providers to report these and other notifiable conditions so we can track and control potential outbreaks—and ensure people get necessary treatment. This work is essential to public health and the overall health and vitality of our community.

When you report these conditions to us, we follow up with the patient and put control measures into place to stop further spread. Depending on the disease, we find contacts of the patient, make sure those contacts get treatment, and ensure people stay in quarantine or isolation, if necessary.

You can help us track and control outbreaks more efficiently—and protect and improve our community's health—when you consider risk factors and screening guidance for communicable diseases. Use that guidance to screen your patients and report results to us.

How can we help you?
From one-on-one consulting to web-based resources, we can help you prevent and control disease in your practice.

Our public health nurse consultants help medical clinic staff implement evidence-based interventions to control communicable disease on issues ranging from HIV and STDs to pertussis and immunizations.

We support patient education and care with timely resources on testing and treatment and the latest data on disease trends in our community. From reports on influenza activity to STD treatment guidance, our website at www.tpchd.org/providers is rich with information just for healthcare providers. You can also search for patient-focused information in our Healthy People section.

In addition, especially with outbreaks that affect many people, we can consult with you about how to communicate with your patients and others so the response to the outbreak doesn't become a communication crisis for your office.

Call us. We are happy to help.
Finally, when a health concern affects our larger community, like this current hepatitis C outbreak, we help to educate the public with communication resources such as blogs, media messaging, infographics, fact sheets, and other communication. We use these avenues to present the public health information that may not make it into the headlines or social media click bait.

Keep your staff and patients informed on important public health concerns when you share our resources. Subscribe to our blog, newsletters and health alerts at www.tpchd.org/notify.

Paul Gregutt Leads PCMS Members Through Tasting of Washington Wines in Tacoma on Perfect Spring Evening

PCMS Members and their guests gathered together this evening of May 2, 2018 at the Rooftop Terrace and Ballroom of the Landmark Convention Center in Tacoma for a wine tasting led by Paul Gregutt of Wine Enthusiast magazine, considered the preeminent expert about Pacific Northwest wines. Paul returned to Pierce County two years after his initial wine tasting for PCMS in 2016.

Attendees were guided through three flights of Washington wines noted for their high quality and high value--a flight of three Rieslings, a fight of three red blends and Cabernets, and a flight of three Syrah wines that Washington is gaining increased attention over including having a Washington Syrah named #2 wine in the entire world last year by Wine Spectator.

Food that accompanied the wines included a fruit platter with yogurt, a cheese platter with crackers, warm crab and artichoke dip with crostini, spinach and feta triangles, and petite shrimp quiches.

After the rains of winter as well as the ongoing stress of the profession, tonight's wine event provided the perfect opportunity for physicians and PAs of our community to come together as colleagues who are also neighbors to put everything aside for a few hours of relaxation, visiting, and education.

Those attending were treated to a perfect sunset off of Mount Rainier and the bay out on the terrace as the event concluded.

Thank You for Being Involved

Leanne Noren,
Executive Director

"The purpose of life is not to be happy. It is to be useful, to be honorable, to be compassionate, to have it make some difference that you have lived and lived well." – Ralph Waldo Emerson

The theme of this *Bulletin* is to be involved – whether you choose politics, your religious community, your neighborhood or school. The value of being involved, of giving or serving is well documented as beneficial for mental health and personal satisfaction.

Those of you who participate in the Project Access network are serving during your work day and the value of your service is irreplaceable. From our perspective, there is a sense of community among our volunteer physicians and providers with whom we communicate and work with every day. You are the one critical link that makes it possible for us to do our work to impact the community.

We are so grateful for you, your service and generosity! Under the current circumstances, our Project Access volunteers are going above and beyond the call of duty. We know your schedules are packed and the stresses are enormous. Yet you choose to provide care to those who would otherwise not have access to a doctor. You see the need and answer the call regardless of the ongoing pressures.

Thank you for the part you have played in donating more than $41 million in care in the past eight years. You are remarkable! You are appreciated! Thank you for choosing to be involved.

SAVE THE DATE

2018 PCMS Annual Meeting

Wednesday, December 5, 2018

5:30pm - 9pm

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Interesting Times

Khash Dehghan, MD, Ph.D., FACS

We as physicians certainly live in interesting times. Today's practice of medicine is full of uncertainty and challenges. Of the many interesting challenges that we face today, corporate practice of medicine (CPOM) and health care system (i.e. hospital) employment of physicians as a subset of that is certainly one of them. Recent data suggests that more than 50% of physicians are employed today. The reason for this is likely the perceived economic environment. Physicians are seeking financial stability and safety nets, and health care systems are under pressure to control costs.

There are many arguments for and against CPOM. On one hand, there are concerns that allowing corporations to employ physicians will lead to commercialization of the practice of medicine and debasement of the profession—that employed physicians would have divided loyalty that could affect their independent medical judgment.

On the opposing side, it is argued that the economics of practicing medicine has changed. The market pressures are to the a point that not being able to employ physicians would negatively affect a hospital's ability to provide basic medical services, such as emergency care and specialty services. In order to contain costs, health care systems argue that they need to have control over their physicians and their decisions. It is estimated that decisions made by physicians contribute to over 80% of healthcare spending (in contrast to the 8% estimated cost for physician compensation).

Different states have different laws regarding CPOM. In the State of Washington, there appears to be no statute or regulation specifically addressing it. Case law, "Morelli vs. Ehsan" (1988) appears to prohibit corporations from employing physicians to provide medical services. The court's decision states: "neither a corporation nor any unlicensed person or entity may engage through licensed employees in the practice of the learned professions." Regardless of case law, health care system/hospital employment of physicians is common place in the State of Washington, as it is elsewhere.

A similar trend of health care systems buying physician practices and employing them happened in the early 1990s. This was not as successful as it is today because, at the time, physicians were not as interested in being employed. The health care systems also realized that they were not the best at managing physicians and their practices.

As things stand now, it is not clear if physician employment is the best solution to the current challenges facing either physicians or health care systems. There appears to be an uneasy working relationship between some hospitals and their employed physicians. The physicians in some settings are unhappy because of lack of autonomy, increased productivity expectations, lack of pay compared to their independent colleagues, and perceived intrusion of administrators in to patient/doctor relationships as well as their clinical judgements. On the other hand, health care systems are by and large subsidizing their employed physicians' salaries and feel that they have the authority to exercise control over their personnel, including physicians. For all to succeed in this new and rapidly evolving environment, overcoming any such dynamics can lead to positive outcomes for health systems and physicians.

A part of our mission at Pierce County Medical Society is to promote healthy medical practices. Our vision is to have a strong interconnected community of physicians and viable medical practices. Vibrant, viable, happy and healthy health care systems and physicians are a requirement to achieve that. Hospitals and physicians have different roles that are complementary to each other. They are both necessary to provide effective health care for Pierce County residents.

As with all things in life: cooperation, partnership, and understanding are paramount in having a successful outcome. PCMS is available and willing to aid in that effort.

Residents Welcomed at 2018 Picnic

The 2018 PCMS & WAFP Pierce County Chapter Membership Picnic and Medical Resident Social was held on the evening of Thursday, August 16. The weather cooperated perfectly for the event at the Pagoda in Point Defiance Park in Tacoma with clear skies and moderate temperatures.

The event provided another opportunity for physicians who are noted in recent national media coverage as feeling increasingly isolated from their patients and each other to share collegiality in an informal atmosphere sponsored by their local membership organizations.

Attendees, especially the medical resident guests of honor, enjoyed a full barbeque buffet that included beef brisket, chicken, and ribs plus corn, cornbread, slaw, potato salad, mac and cheese, and watermelon. Four types of pie were served for dessert.

A raffle drawing was held for the residents and three of them went home with a double gift card set to Farrelli's Pizza and Cinemark Theaters with the idea of giving them a night out at Point Ruston to enjoy by the water.

During his brief welcoming remarks, PCMS Executive Director Bruce Ehrle noted a couple of the Society's advocacy items of special interest to early career physicians, especially those entering primary care and family practice--debt relief through grants or payback programs tied to income levels with incentives for going in to family medicine and continued reduction of administrative burden on physicians. He said that a response on the second issue from policymakers is the upcoming change as of January 1 to E&M visit documentation requirements from CMS. Bruce encouraged the residents to remain in Pierce County to practice and to be active members in their local membership organizations. Stepping away from medical matters, as a native of the Detroit area he closed his remarks with words of tribute to Aretha Franklin.

The 2019 Picnic will be planned for Thursday, August 15.

Dr. Vita Pliskow Honored by PCMS

It is ironic that a physician who specialized for decades in putting patients to sleep as an anesthesiologist has hardly ever been at rest herself. Always on the go serving her patients and her profession as well as having a busy personal life, **Vita Pliskow, MD**, recently retired from active medical practice to focus on her six grandchildren, travel, and relaxing with her husband at their home in University Place. To honor her lifetime of dedication to the medical profession and her many years of support for PCMS, the Board of Trustees delegated President **Khash Dehghan, MD**, to present her with an honorific plaque on behalf of the organization.

PCMS President Dr. Khash Dehghan presenting Dr. Vita Pliskow with honorific plaque from Pierce County Medical Society

Because Dr. Pliskow has been such an active member of our community over her career, it would be easy to think that she has always been here. Yet her geographical history is as widespread as her professional history.

Born in Tel Aviv during the years of the British Mandate for Palestine, she was a young girl when Israel achieved its national birth and the United States, led by President Harry S. Truman, immediately offered recognition. At age nine she moved to Toronto, Canada, where she learned English, and six months later, to Vancouver, BC.

Dr. Pliskow decided at age twelve to become a physician when, in a seventh-grade assignment, she was to research one profession and chose medicine as the topic. She achieved this goal in 1967 when she graduated from the University of British Columbia Faculty of Medicine.

Also in seventh grade, Vita began studying voice and used this training to earn her way through school. She performed in a variety of Vancouver venues, singing in musical theater, concerts and "wherever else there was a paid singing job." (Her singing was an asset years later when several physician colleagues became owners of the Tacoma Stars soccer team. They insisted Vita sing the National Anthem before games at the Tacoma Dome. A deal was made that she would sing if her daughter's soccer-playing classmates would be allowed free admission.)

Dr. Pliskow's first major experience with life in the United States was an internship at Cedars-Sinai in Los Angeles. There she met her husband, **Raymond Pliskow, MD**, then a senior resident radiologist, whom she married in 1968. The Army immediately claimed him, sending him to Vietnam to care for troops in a MASH during some of the most active months of the war.

That year, to be closer to her husband's family and stay in the United States, Vita began her anesthesiology residency at the University of Michigan in Ann Arbor. Excited at this turn in her life taking place during the first years of Bo Schembechler as head coach of the football team, PCMS Executive Director and Michigan grad Bruce Ehrle asked Dr. Pliskow if she had been a big singer of "The Victors" at Michigan Stadium. She said that she was so busy pursuing her medical responsibilities that she wasn't a giant "rah-rah" while there.

When her husband returned from Vietnam he was stationed at Fort Benjamin Harrison in Indianapolis, so Dr. Pliskow transferred to Indiana University to complete her residency. It was there that she began to demonstrate her strong skills in the area of critical care medicine, a specialty that not many anesthesiologists had yet entered.

After residency, Dr. Pliskow's life journey brought her to the Evergreen State where she has resided ever since and where she and her husband raised their two daughters. She began practice at Harrison Memorial hospital in Bremerton with a pioneering role in establishing the critical care unit there. That was an early demonstration of her tenacity, leadership, organizational skills, and ability to successfully advocate.

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"Pliskow" from page 5

Dr. Pliskow realized early in her career that membership in organized medicine was important in advocating for her profession and patients. She joined PCMS, WSMA, WSSA (Washington State Society of Anesthesiologists) and, in 1985, her advocacy role was strengthened when she became the first female president of WSSA.

In 1984, Dr. Pliskow moved her practice to Pierce County to work for over three decades at Allenmore Hospital as a leader in her field of anesthesiology. It is in this setting that so many in Pierce County have come to respect Vita for her service as a physician, appreciate her membership in PCMS, love her for her outgoing personality, and applaud her for her determination to advocate for fellow doctors with elected policymakers, administrators, and colleagues.

As she enjoys her well deserved retirement, Dr. Pliskow encourages physicians to be active in organized medicine so that they can shape their future instead of being blindsided by the rapid changes in medical practice models. Additionally, she encourages her fellow doctors to advocate at all levels, including by serving on hospital committees. Even though the days can be long and time short, she believes that all doctors can find the added energy and time commitment to be the strongest advocates for themselves and their profession. She also stresses that physicians should keep up with the latest technologies. Although technology can be a burden on time with patients, if physicians are the masters of that technology rather than allowing it to master them, the patient will continue to be their central focus.

For her leadership in the field of anesthesiology and critical care, for her energies put toward advocacy and engagement on behalf of patients and physicians, for her support of the Society, and for her collegiality in our community, PCMS is pleased to honor Vita Pliskow, MD, as she enjoys retirement from "active duty" but not retirement from "duties as an active physician citizen."

The Other Side of Burnout - Thanksgiving

Bruce Ehrle

I hear from many of you about the stresses of administrative burden, so many patients and so little time, hassles with insurance and pharmaceutical companies, and payment reform that impacts both employed and independent physicians in a bigger way each year. PCMS serves as an ally for you on all those topics with policymakers. Plus, there will be a couple of PCMS webinars early in the new year on the issue of burnout and stress.

It's not just professional matters that lead to stress. There are tons of personal points of pressure too. Life flies by at a million miles an hour. Losses occur. Setbacks happen. Not all is perfect all the time.

Some of you may not be clinically depressed or even burned out but simply feeling fatigued and way too busy. The upcoming holiday season has a way of taxing even the best at time management.

Going to some medical conferences, based upon what we hear in the meeting rooms from guest speakers selling books or some other method to overcome stress and burnout, one might think that every doctor in the entire profession is languishing in deep depression. Though helping those who are is a top priority of organizations like PCMS, the flip side of this is the number of you who share stories with me about travel, outdoor activities, hobbies, interaction with friends and family, and professional fulfillment at being healers. I identify with that because of a lifelong mindset in the art of Thanksgiving.

An example of this that I will share with all of you is how during the past year I and other members of my family have had to make major adjustments and absorb the blow of losing my mother. When we hold up the ideals of a mom who made sure to provide for her family on the things that mattered—food, clothing, housing, care, love, support, encouragement, education, and opportunity—she, along with my dad—absolutely got it right. Even though she would have preferred that I stay close to home base in Michigan after college, she never faltered in her support of me to head to the nation's capital to be part of politics and policy there or, even as she was struggling in her final years, in her support of me to head to the Pacific Northwest where everything that was within me was calling me to go. Though I prepared myself over the years for her death due to her ongoing health problems and advancing age, of course nothing fully gets anybody truly ready for what one of the PCMS Board members described to me as a painful but unavoidable rite of passage for most adults. Though they say that it's a real tragedy when a parent outlives their child, it's not less difficult the other way around. Other adjustments have been related to my father selling the house he and my mom shared for decades that was our family nest and moving out of Michigan, leaving none of my immediate family there in the Great Lakes State any longer. What were annual rituals of gathering there for Thanksgiving are now over. The finality of not having my mom around any longer is tough and the reminders are nearly daily.

However, I remain thankful—thankful that we had her for 84 years when others get far less, thankful that she was mentally sharp until the end and that we were spared a "long goodbye" of her not knowing who we were, thankful that she and I did not leave anything left unstated over the years, thankful that I had the chance to tell her how much I loved her a couple of final times in her final hours at the hospital, thankful for all the times we had together over so many years, and thankful for all that she taught me including the importance of putting a premium on how we treat other people. That's a ton to be thankful for and counters other things that might lead to depression.

Having Thanksgiving is a perspective that I have found to be incredibly helpful to me—"Your results may differ." There are different solutions for different people who may be anywhere on the spectrum of depressed to burned out to

See "Burnout" page 8

"Burnout" from page 7

fatigued. In addition to attending webinars early next year on the topic or continuing to support PCMS so that we may advocate on topics that might make a difference for you in reducing professional stress, I recommend seeking out your colleagues who are doing those things in life to mitigate the downsides and chatting with them about their approach. The word "thankful" is one I often hear them use.

One of my own prescriptions remains to get on one of the many daily 2 ½ hour nonstops to Orange County where the rental car facility is across from baggage claim and the warm, sunny, palm tree lined beaches are a 20-minute drive away. This doesn't require a week off—just the determination to break out of routine and head there for a few days. JD Power just named the John Wayne Orange County Airport the very best airport in the United States for customer satisfaction. I would say that the only sad thing about that airport is dropping the rental car off and heading in to the terminal. Even then though, that attitude of thanksgiving can kick in because if you're an Alaska Lounge member you can use the nice American Airlines Admiral's Club upstairs to relax at with food and drink in peace and quiet before departure where hopefully you won't hear the captain say, "Conditions at Sea-Tac are rain and 40 degrees." To further entice you as the days keep getting shorter, with this column are four photos I took this past April.

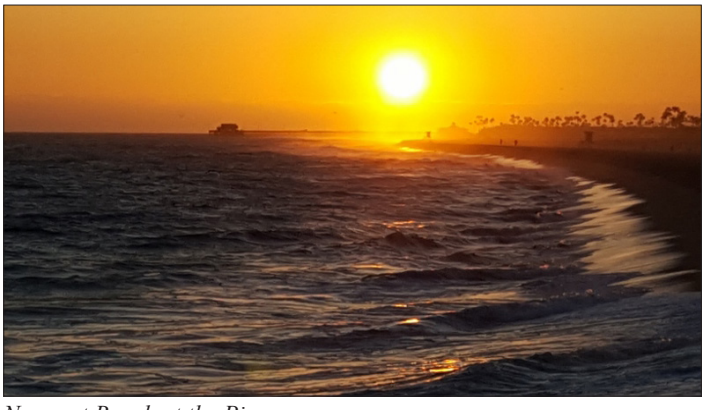
I will close not with my words but with the words of somebody else who echoes my philosophy. November 18 was the 40th anniversary of the Jonestown Massacre that included the assassination of US Representative Leo Ryan of California. A Washington Post reporter, Charles Krause, who was shot on the tarmac where Rep. Ryan, an NBC News crew, and others died was interviewed by the Post about the experience and he said:

"One of the things I continue to wonder about is: Why did I survive? I was right next to the congressman, and they were shooting at him for sure. I wasn't a principal target, but they certainly were there to kill everybody they could. But why did I survive it? And that is a question that has haunted me all my life. You know, there must be a reason. And what I've decided is that that reason is for me to continue to try to do what I can to try to make this world a little bit better. I guess I realized at that point that you have to live your life fully, and you can't postpone everything until tomorrow, because tomorrow you may not be here."

Laguna Beach

Laguna Beach

Newport Beach at the Pier



Newport Beach at the Pier

PIERCE COUNTY MEDICAL SOCIETY

2018 PCMS Annual Meeting

The 2018 Annual Meeting of the Pierce County Medical Society will take place on Wednesday, December 5, 5:30-9:00pm at the Point Defiance Aquarium in Tacoma. **The evening will be the 130th Birthday Party for PCMS!!**

Attendees will be able to visit the newly re-opened aquarium facility to see the renovated exhibits and tickets to Zoo Lights will also be provided to all attendees to add to the festive evening. A special guest at the event will be the national symbol of the United States, a Bald Eagle that serves as an animal ambassador for the Point Defiance Zoo.

Members of the Tacoma Youth Symphony will perform during the no-host reception, 5:30-7:00pm. Dinner will take place 7:00-8:00pm and will feature the announcement of the 2018 PCMS Community Service Award recipient. Desserts will be served during an after-dinner social that will take place 8:00-9:00pm and that will include wines, cordials, coffee, and tea as part of the registration fee. The Tacoma Youth Symphony will also perform during the final hour of the evening. Group photos of PCMS Past Presidents and Former Board Members will be taken during the event.

●Passing of the Presidential gavel from Khash Dehghan, MD to Aaron Pace, MD ●Introduction of the 2019 Trustees
●Thanking departing Board members ●Raffle drawings

●Please bring an unwrapped toy for a child and/or a gift for a woman for YWCA Shelter residents

Spouses/Guests invited...

Wednesday, December 5, 2018
Point Defiance Aquarium
5400 North Pearl, Tacoma

Reception: 5:30 p.m.
Dinner and Program: 7:00 p.m.
Dessert Social: 8:00 p.m.

Please register by Friday, November 23. Mail to PCMS, 223 Tacoma Avenue South, Tacoma WA 98402
Register online (pcmswa.org) or fax to 253-572-2470. Scan/e-mail to tanya@pcmswa.org
Call 253-572-3667 for more information.

Please reserve _____ dinner(s) at $65 per person. Enclosed is my check for $ _____ Or, charge my credit card:

_____ Expires: _____ VISA MC AMEX (circle one) Signature_____

My name for nametag (please print) _____ My guest name for nametag _____

Thanks….. we look forward to seeing you!

In Memoriam
Ronald Benveniste, MD
1941 - 2018

Ronald Benveniste, MD

Our community has lost another kind, caring, and dedicated physician with Ron's passing. A native Washingtonian, Ron was born and raised in Seattle, attended public schools there graduating from high school in 1959. He received his undergraduate degree from the University of Washington, and remained at UW to attend Medical School receiving his MD degree in 1967. He served his residency at Cleveland Clinic, followed by two years in the US Army Medical Corps with the rank of Major. He started an Otolaryngology/Head and Neck Surgery practice in Lakewood in 1974 and stayed until his retirement.

Ron was a devoted husband to his lovely wife Karen and to his two daughters Susan and Sara. He was positively ecstatic with the birth of each of his four grandchildren, and enjoyed being the doting and loving grandfather he was. It was my privilege and good fortune to join him in practice in 1989 and we enjoyed almost 30 years of friendship and a great practice for many years with never a cross word or major disagreement.

Ron had a very infectious sense of humor and we laughed a lot making our office a pleasant place to work. He was a very gracious host and enjoyed fellowshipping with his friends and colleagues. His patients loved him, and he was very attentive to their needs and feelings. He and Karen were great travelers with great descriptions of their journeys upon return making the listener want to make reservations for the same trip. His easy going disposition belied a very competitive athlete-just ask his tennis partners! Ron and I developed a lasting friendship and partnership, it is like losing a brother with his passing and he is greatly missed.

J. James Rooks, MD

In Memoriam
Surinderjit Singh, MD
1944 - 2018

Surinderjit Singh, MD

Dr. Surinderjit Singh, a resident of Tacoma, WA for more than 40 years, passed away on June 9, 2018. Known to excel at many things—among them electrodiagnostic medicine, cricket, fastidiousness and extreme generosity—he started life in Malaysia in 1944. After detours through India and two UWs (Wisconsin and Washington) to complete his education, he was commissioned as the first Sikh Captain in the U.S. Army Medical Corps in 1973. He rose through the ranks to end as Chief of the Physical Medicine Department at Madigan Army Hospital at what was then Fort Lewis, retiring as a Lt. Colonel in 1981.

Later that year, he founded Electrodiagnosis & Rehabilitation Associates of Tacoma, a private medical practice specializing in electrodiagnostic medicine. By 1992, it was the largest private physiatry practice in the Pacific Northwest, helping thousands of patients through their rehabilitation from injury and pain. He served as President & CEO of the organization until his retirement in 2001.

Additional leadership in the Tacoma medical community throughout the 1980s and 1990s included stints as Medical Director of the Physical Medicine & Rehab departments at both St. Joseph's Medical Center and Tacoma General Hospital. He also served as Chairman of the Rehabilitation Committee at both hospitals, President of the Pierce County College of Medical Education, as well as President of Tacoma Internal Medicine Society. Finally, he served as both Vice President and President of the Northwest Physical Medicine & Rehabilitation Society and was a lifelong member of the Pierce County Medical Society.

He was extremely proud to be the first Sikh to serve as an oral examiner for the specialty of electrodiagnostic medicine, and did so for 18 consecutive years, ensuring continued high standards for physicians entering the growing specialty.

An avid cricketer, Dr. Singh played the sport all his life, the majority of which was spent with the Seattle Cricket Club. During his cricket playing years, he represented the U.S. on the National Cricket Team and was invited to play in India, Malaysia, Singapore, New Zealand, Australia, Ireland, England, Canada, the West Indies and across the USA.

He is survived by his wife of 46 years, Jeena, as well as two children, two grandchildren, five siblings, a large extended family and innumerable dear friends.

In lieu of flowers, the family requests that donations be made to The Punjabi School c/o Gurudwara Sacha Marg Sahib (12431 SE 286th Pl., Auburn, WA, 98092), a school begun by Dr. and Mrs. Singh to educate local children how to be good world citizens through the teaching of the Sikh religion, language and culture.

PIERCE COUNTY MEDICAL SOCIETY

223 Tacoma Avenue South, Tacoma, WA 98402

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