

JANUARY/FEBRUARY 2015 EDITION

PIERCE COUNTY MEDICAL SOCIETY



BULLETIN

Serving Our Members and Community Since 1888

2015 ANNUAL MEETING



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ON THE COVER

Top left: Immediate Past President Mark Grubb, MD presents his wife, Dr. Nancy Grubb, with flowers at the 2014 Annual Meeting

Top right: Past Presidents - L to R front row - Drs. Dick Bowe, Larry Larson, Ralph Johnson, Richard Hawkins. L to R back row - Drs. John Rowlands, Bill Ritchie, Dave Law, Pat Hogan, Jim Rooks, Mark Grubb, Mike Kelly, Ron Morris, Daniel Ginsberg, Bill Hirota and Bill Jackson

Bottom: New President Keith Dahlhauer, MD (right) accepts his president's gavel from Mark Grubb, MD, outgoing President

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Managing Editor: Sue Asher
Editorial Committee: MBI Board of Directors
Advertising Information: 253-572-3667; tanya@pcmswa.org



223 Tacoma Avenue South, Tacoma, WA 98402
 Telephone (253) 572-3667 Fax (253) 572-2470
 Email pcms@pcmswa.org

LOOKING FORWARD



Keith Dahlhauser, MD

We have had another peaceful transition of power. This occurred at our yearly holiday party/annual meeting. We had a great turnout of new physicians and established physicians. This is one of the few times of the year that some of us have a relaxing time with our peers. The conversation level at the party was high and I think everyone enjoyed themselves and the medical comedy act. In the past, our society has fulfilled many rolls for physicians. We have provided CME and we have been involved in the politics of the county and state. Over the last few years we have reduced our CME activities as most physicians have less expensive web-based educational opportunities, so we are less needed for the CME role. As a board, we do stay involved in the local politics of Pierce County and preventive medicine, but we do not do this at the state level to the extent that WSMA does. This political role is important for medicine in the state of Washington, so I will be maintaining my membership in WSMA, as I think most of you will.

During this coming year, my goal is to provide more social and interactive time among physicians. At least for me, my initial involvement in Pierce County Medical Society occurred because of my desire to network with other physicians. We have similar interests and background, and it's beneficial for patient referrals and coordinated patient care when we know each other. As an ophthalmologist who does not use a hospital for surgery, without PCMS, I would probably not know many physicians personally. To achieve this goal, we will need to arrange interactive educational fun events. Some of the events in the past that stand out to me include wine tasting and membership meetings that included discussions from a DEA agent and of the Canadian healthcare system. The best speakers are introduced to us by word-of-mouth from others who have heard their presentations. I would request that those of you who have read this far in my first president's article, call Sue Asher or myself with any ideas of speakers or events that you feel would bring together a good crowd of members. You can also email me at mdkeith@comcast.net.

Unfortunately, our main go-to person who does all the behind the scenes work for us, Sue Asher, will retire this year. She will be very hard to replace. One of our biggest jobs this year will be to find her replacement. If you know someone who would do well at this job, and help build membership, please let us know.

With your help and involvement we will keep Pierce County Medical Society an important society for all physicians to join. 🌱

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2014 ANNUAL MEETING HIGHLIGHTS

Fircrest Golf Club was once again a full house for the 2014 Annual Meeting as members enjoyed good company, excellent food, and many laughs.

The evening included a full agenda with raffles, recognitions, welcoming of new officers and thanks for those completing their services. The atmosphere was fun and festive in the beautifully decorated club and it was evident that everyone enjoyed visiting with colleagues and friends they hadn't seen for a while.

Dr. Mark Grubb, President, asked his wife, **Dr. Nancy Grubb** to do the honors of drawing tickets for the three raffle gifts. As he announced the winners each one came forward to claim a large basket of goodies, as well as a \$100 gift certificate to the Lobster Shop. Lucky raffle winners included **Kathy Samms** (wife of Dr. John Samms), **Karen Benveniste** (wife of Dr. Ron Benveniste) and **Dr. Harold Boyd**, Emergency Room physician at Tacoma General Hospital. Congratulations to the winners and thanks to everyone who purchased raffle tickets as the proceeds benefit the PCMS Foundation Holiday Sharing Card Project.

PCMS had to say goodbye to many members in 2014 who were great contributors, not only to PCMS, but to our community as well. Dr. Grubb asked for silence as he read the names of members who had died in the last year. They include Drs.:

Leonard Alenick
Robert Florence
Gordon Klatt
Darwin Marlatt
Jerome Rao

Buel Sever
Walter Sobba
Eileen Toth
Guthrie Turner

Three of these physicians served as PCMS Presidents, Dr. Robert Florence in 1971, Dr. Gordon Klatt in 1990 and Dr. Eileen Toth, the first female president in 1992. Both Drs. Leonard Alenick and Gordon Klatt were recipients of the Community Service Award and honored at previous Annual Meetings, Dr. Alenick in 2004 and Dr. Klatt in 1995.

The evening is normally highlighted by the presentation of the Community Service Award, which has been done since its inception in 1992, when **Dr. George Tanbara** was honored as the first recipient. Last year, the first woman recipient was recognized, **Dr. Joan Halley**. Dr. Grubb explained to the audience that this year there was another "first." Reporting that the re-



It's fantastic that PCMS members donate so many wonderful gifts. The YWCA depends on these donations for their clients and they are always very grateful



Three gift baskets with Lobster Shop gift certificates were prizes for the PCMS Foundation raffle

ipient, unfortunately, was at a Stevie Wonder concert in Seattle and not able to attend. The first time in 23 years, the recipient was not able to be tricked, cajoled, or threatened into attending. He noted several attempts at trying to 'secretly' get **Dr. Dan Wiklund**, award recipient, to attend, but all efforts were not successful, as he really did have plans and tickets to attend the Seattle concert. Dr. Grubb noted that some other avenue of recognition for Dr. Wiklund would be figured out as he was so deserving of the award due to over 25 years of service to the community and to medical missionary visits in remote locations in third world countries.

See "Annual Meeting" page 6

“Annual Meeting” from page 5

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

Ralph Johnson, MD	(1978)
Richard Hawkins, MD	(1986)
Richard Bowe, MD	(1987)
Bill Jackson, MD	(1988)
Bill Ritchie, MD	(1989)
David Law, MD	(1995)
John Rowlands, MD	(1996)
Larry Larson, DO	(1999)
Jim Rooks, MD	(2003)
Mike Kelly, MD	(2004)
Patrick Hogan, DO	(2005)
Ron Morris, MD	(2008)
Bill Hirota, MD	(2012)
Daniel Ginsberg, MD	(2013)

Before thanking everyone who served on the board of trustees during his tenure, Dr. Grubb asked **Dr. Dan Ginsberg** to come to the podium for very special recognition. Having served the past three years as president elect, president, and past president, and trustee terms prior to that, Dr. Ginsberg moved PCMS forward in many respects. First, agreement by the board in the design and selection of a new logo, which had been attempted several times over the last few years, and then total rebuilding of a membership based website. From functionality, design, and guiding developers, Dr. Ginsberg was instrumental in seeing the website through to fruition. He continues to advise and monitor the working of the site and has been absolutely invaluable to PCMS for many IT projects and integration. Dr. Grubb thanked him immensely for all he has done and continues to do for PCMS and presented him with a thank you gift.

Recognizing the other physicians who served on the board during his presidential year, Dr. Grubb thanked **Drs. Keith Dahlhauser, Steve Litsky, Brian Mulhall, Sibel Blau, Khash Dehghan, Jennie Hendrie, Susan McDonald, Kim Mebust, Aaron Pace and Jean Riquelme**. He also thanked the State Medical Association board members for their service, **Drs. Bill Hirota, Nick Rajacich, and Nathan Schlicher**.

Introducing the new president for 2015, Dr. Grubb asked Dr. Keith Dahlhauser to join him on stage where he presented him with the presidential gavel. Dr. Dahlhauser thanked Dr. Grubb for his service to PCMS, noting his exemplary leadership and commit-

ment which included the process of deunifying from WSMA. Dr. Dahlhauser presented him with a thank you gift for his service. Dr. Dahlhauser then introduced the 2015 Board of Trustees including newly elected trustees. They were: **Drs. Brian Mulhall, Mark Grubb, Nick Rajacich, Steve Litsky, Khash Dehghan, Julian Ayer, Jennie Hendrie, Shalini Kanneganti, Susan McDonald, Aaron Pace and Swati Vora**. (See board roster page 9) Dr. Dahlhauser noted he looks forward to serving as the 2015 President and plans to concentrate on offering a mix of social and educational programs as well as replacement of the Association’s long time executive Director. He then introduced speaker and humorist Dr. Brad Nieder.



Dr. Dan Ginsberg (R) receives thank you gift from Dr. Mark Grubb for his significant contributions to PCMS



Past Presidents are asked to stand and introduce themselves - L to R Drs. Mike Kelly, Richard Hawkins, Bill Hirota, John Rowlands, Larry Larson, Bill Jackson and Jim Rooks

See “Annual Meeting” page 8

PCMS FOUNDATION THANKS GENEROUS 2014 CONTRIBUTORS

The PCMS Foundation, once again due to the generous, giving nature of Pierce County Medical Society members distributed \$18,000 in grant money to community non-profit organizations in Pierce County. Funds were raised by contributions to the holiday sharing card and raffle ticket sales at the annual meeting.

Thank you to everyone who contributed....

Grant recipients for 2014 included:

**Catholic Community Services – Hospitality Kitchen
Catholic Community Services – Family Housing Network
Community Health Care
Crystal Judson Justice Center
Family Renewal Shelter
Habitat for Humanity of Pierce County
Neighborhood Clinic**

**New Phoebe House
Perinatal Collaborative
Pierce County Project Access
St. Leo Food Connection
The Rescue Mission
Trinity Neighborhood Clinic**

All grant recipients are required to spend their grant money in Pierce County for direct services to residents in need of assistance. The Foundation has no administrative overhead; consequently all contributions are donated to 501(c)(3) organizations that are selected as grant recipients.

The following quotes from a couple of the many thank you letters from grant recipients indicate their appreciation and how the funds are used to help Pierce County residents:

“Support like yours is at the heart of what our Children’s Feeding Programs is about – the community coming together to respond to hunger in our midst. I am very grateful that we are able to partner together to help support those students and families who are struggling to put food on the table every day...” Kevin Glackin-Coley, Director, St. Leo Food Connection.

“With the help of your generous donation, the Mission provides hot nutritious meals, shelter, case management, an opportunity for education, and warm clothing for the many men, women, and children of Pierce County who come to our doors. Along with a warm smile and friendly encouragement, they are reminded that someone cares...” Mike Johnson, Executive Director, Rescue Mission.

PCMS is grateful to the following physician who contributed to the Foundation and was inadvertently not included in the holiday card, with apologies,

Leslie P. Fox, MD

and to those whose contributions were made after card distribution:

**Jos & Fran Cove’
Drs. Mark & Nancy Grubb
Joan Halley, DO
Michael Jarvis, MD**

**Shirley Kemman
William Lee, MD
Leslie Malo, MD
Jennifer Smith, MD**

**Paul Swinehart, MD
George & Kimi Tanbara
Sumiho Wada
Alice Wilhyde**

"Annual Meeting" from page 6



Pediatricians Dr. Don Russell (and wife Barb) visit with Dr. Carl Plonsky (and his wife Kay)



Past President Dr. Bill Ritchie (left) welcomes new member Dr. Joseph Shvidler, ENT/facial plastic surgeon



From left, Cathy Brady, Dr. Steve Brady, Donna White, Dr. Larry White, Dr. Dennis Drouillard and speaker Dr. Brad Neider



Dr. Irfan Ansari, Dr. Srin Sundarum and Ren Erickson pose for the photographer



From left, retired radiologist Vern Larson and pulmonary physician Dr. John Rowlands



Dr. David Law, recently retired, with wife Beverly (right) and Penny Rooks (wife of Dr. Jim Rooks)

See "Annual Meeting" page 10

NEW BOARD OF TRUSTEES WILL LEAD PCMS IN 2015



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



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



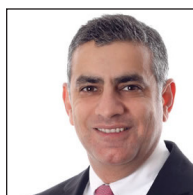
Nicholas Rajacich, MD, is an orthopedic/pediatric orthopedic surgeon. He graduated from Johns Hopkins School of Medicine and completed his internship at Rhode Island Hospital and residency at San Francisco Orthopedic Residency Training Program and The Hospital for Sick Children in Toronto, Ontario. Dr. Rajacich will serve as **Vice President**.



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



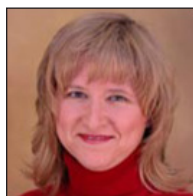
Steven Litsky, MD practices physical medicine & rehabilitation. He graduated from Sackler School of Medicine and completed his internship and residency at Sinai Hospital/DMC, Wayne State University. Dr. Litsky was elected **Secretary**.



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 **Treasurer**.



Julian Ayer, MD, Trustee is a pediatrician in Tacoma. He graduated from Rush Medical College in 2000. He completed his internship at Providence St. Peter's and residency at UW Madison Hospital.



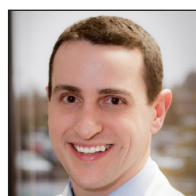
Jennie Hendrie, MD, Trustee practices pediatrics. She graduated from Indiana University School of Medicine and completed her internship and residency at Methodist Hospital of Indiana.



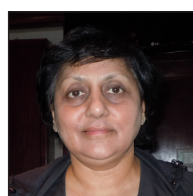
Shalini Kanneganti, MD, Trustee, is a colon/rectal/general surgeon. She graduated from JJM College, India and completed residencies at Maricopa Medical Center and Michigan State University Grand Rapids Medical Education Partners.



Susan McDonald, MD, Trustee is a family practitioner in Bonney Lake. She graduated from the University of Washington and completed her internship and residency at Valley Medical Clinic.



Aaron Pace, MD, Trustee is a dermatologist in Tacoma. He graduated from Loyola University, completed an internship at MacNeal Hospital and residency at Loyola University.



Swati D. Vora, MD, Trustee is a pediatric neurologist. She graduated from Karanataka University, India and completed her internship and residency at Children's Hospital, Austin, Texas, followed by a fellowship at Harbor-UCLA Medical Center.

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

"Annual Meeting" from page 8



Kathy Samms, wife of Dr. John Samms, lucky raffle winner number one



Karen Benveniste, wife of Dr. Ron Benveniste, lucky raffle winner number two



Harold Boyd, MD - Bingo! Lucky winner number three



Dr. Nancy Grubb assists President Mark Grubb by drawing the lucky winning raffle numbers



Dr. Keith Dahlhauser, in his first role as new President



Immediate Past President Dr. Mark Grubb received his thank you gift

THE STATE OF OUR HEALTH AND HEALTH DEPARTMENT DIRECTIONS IN 2015



Anthony Chen, MD, MPH

At the Board of Trustees retreat on Jan. 10, I reviewed Pierce County health trends, areas of focus for Tacoma-Pierce County Health Department, and partnerships and directions in 2015.

We measure health in different ways. We can look at disease and death rates or use health indicator sets such as the County Health Rankings (CHR). We also listen to our residents to better understand their health concerns and needs.

Health indicators leave room for growth

Pierce County health indicators are improving in some areas: immunization rates are increasing, youth alcohol use is decreasing, and overall death rates and deaths due to several causes are decreasing.

But not in other areas. For example, our County Health Ranking has stayed in the bottom third. This health indicator set is based on a population health model that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. These factors include health behaviors, social and economic factors, and physical environment.

Even in areas of improvement, there may be significant disparities. While the percentage of adults reporting poor mental health is declining and close to the state average, some groups suffer more:

- Women more than men.
- Those with less than high school education, three times more than those with a college education.
- Those earning less than \$15,000 annually, eight times more than those earning \$75,000.

One area the Health Department will focus is to decrease disparities and improve health equity. In the next few months, the Health Department will release its inaugural Pierce County Health Equity Report. It will include data and maps that demonstrate the connection between where people live and their health outcomes.

Charting the course for community health improvement

During the past two years, I have written about Pierce County's Community Health Assessment and Community Health Improvement Plan (CHIP). Our partners and we looked at data and asked our residents about their health concerns and needs through surveys, focus groups, and public forums. We identified health equity as the overarching guiding principle and three priorities: mental health, access to quality healthcare and preventive services, and chronic disease prevention. In 2015, we will keep working with our many community partners to develop and implement specific strategies in each of these areas.

In addition to moving forward with the County's strategic health improvement plan, we will develop the Health Department's next strategic plan. We hope that our community partners will also revise their strategic plans incorporating guidance from the CHIP.

Since last year, we have convened the Innovation Partnership composed of medical, behavioral health, and social service providers; payers; and purchasers. Its mission is to collaboratively transform the health system so that all residents have access to quality care and resources to prevent disease and improve health in cost effective ways. This partnership has allowed our county to plan for statewide health system transformation, specifically the development of an Accountable Community of Health and physical and behavioral health integration. 🌱

SAYING GOODBYE TO A VERY SPECIAL FRIEND

HANNAH E. RAJACICH
1988-2014

PCMS lost a very special friend when Hannah Rajacich lost her battle with pancreatic cancer in late November. Hannah, the daughter of **Dr. Nicholas and Melinda Rajacich** was very involved in PCMS activities over the years, often volunteering to help sell and draw raffle tickets at the Annual Meeting, assisting with the wine tasting social event, and attending general membership meetings. She planned to be a physician because she wanted to help people in need. She was just 26.

Hannah graduated from St. Patrick's School and Bellarmine Prep, where her memorial/celebration of life service was held, December 6. A packed chapel with hundreds of people and standing room only celebrated the wonderful woman that Hannah had grown to be. Her father gave the eulogy, noting "Hannah was a constant catalyst for joy." Her love of people and gift of relating to everyone so easily was evidenced in his comment that "she had been stopped five times for speeding, but had never received a citation." As often the case with first born children, he explained that she was 'the captain' and from the time she could communicate, she held up her finger when she had something to say.




Hannah Rajacich

Hannah's illness was an enormous challenge for her and her family and friends. Her dad expressed how proud they all were of her courage and the way that she fought the battle. While he mentioned that she was the "youngest person in Washington State to succumb to this disease" he noted that obviously, this is not a distinction one wants to hold.

Hannah requested that remembrances be used to support youth service programs and scholarships at the Pierce County YMCAs. The Tacoma Center YMCA and YMCA Youth Programs were a deeply meaningful part of her life. **Donations may be made by mail to the Hannah Rajacich Memorial Fund, Tacoma Center YMCA, 1144 Market Street, Tacoma 98402, Attn: Tani Loomis, or online at ymcapkc.org/Hannah.**

PCMS sends heartfelt condolences to Nick and Melinda Rajacich and their extended families and to all the many friends who dearly loved Hannah. 🌸

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 Training: UW Medex

Natalie L. Nunes, MD
 Family Medicine
 Tacoma Family Medicine
 521 Martin L King Jr Way, Tacoma
 253-792-6680
 Med School: Georgetown University
 Internship: Seattle Indian Health Board
 Residency: Seattle Indian Health Board

Janet E. Weir, MD
 Allergy/Immunology
 Puget Sound Allergy, Asthma & Immunology
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CDC COURSE OFFERED IN TACOMA

“Epidemiology and Prevention of Vaccine-Preventable Diseases” (the “Pink Book” course) will be held September 16-17, 2015 in Tacoma at the Hotel Murano. It will be presented by the Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases and hosted locally by Within Reach.

This is a comprehensive training on vaccination principles, vaccine-preventable diseases and vaccines. Hear current immunization recommendations and get answers from national vaccine experts. Continuing education credits will be available.

Attendees may also register for one of several free pre-course workshops on topics including HPV on September 15, 2015.

Registration information and further details are available at CDC2day.eventbrite.com.

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DR. KLATT MEMORIAL ARTWORK TO BE DEDICATED JUNE 6, 2015

The committee that has worked so diligently to create and place a commemoration for **Dr. Gordy Klatt**, founder of Relay for Life, has both artwork and location decisions finalized. The artwork, a sculpture entitled "Hands of God" is by artist Jeff Jolly and will be placed at Mt. Tahoma High School near the stadium where the Relay for Life is held.

Harvey Rosen, chair of the committee announced that the Tacoma School Board voted unanimously to place the artwork on the school district site. The original site for Dr. Klatt's solo run was the University of Puget Sound track and the next year when he invited others to join him, it moved to Stadium High School's bowl. The University of Puget Sound has installed a plaque at their stadium in honor of Dr. Klatt to recognize the original place of Dr. Klatt's solo 24 hour run. The event has been held at Mt. Tahoma High School the last several years.

The committee raised about \$100,000 to fund the artwork and provide ongoing care and cleaning. They had hoped to dedicate the artwork prior to Dr. Klatt's death in August 2013, but delays occurred when finding a permanent location for the artwork proved challenging. Fortunately, he knew about the project

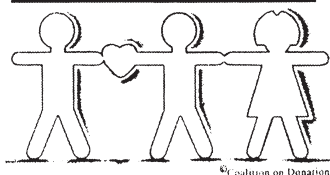
and was kept informed of their intent and their progress.

The dedication ceremony will be held on **SATURDAY, JUNE 6, 11:00 a.m. at Mt. Tahoma High School**. This will be one hour prior

to the start time of the Tacoma Relay for Life which will be held June 6 – June 7, from noon to noon. Mt. Tahoma will be an ideal spot for the commemorative artwork as there is room between the busy 74th Street corridor and the stadium. Mt. Tahoma hosts the Relay for Life event, and Mt. Tahoma Stadium is where the Celebration of Life for Dr. Klatt was held last August. Hundreds of people attended the event and remembered Dr. Klatt, the Visionary, the Military Leader, the Mentor, the Caregiver and Friend, the Medical Community Leader and the Legacy. The celebration concluded with everyone walking a lap of the track in honor of Dr. Klatt. 🌿



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Pediatric Practice Opportunity. WOODCREEK PEDIATRICS has a full time position for a BC/BE Pediatrician to practice in the group's growing pediatric practice beginning in January 2015. Located at the foot of Mt. Rainier in Puyallup, Washington, WOODCREEK offers the opportunity to practice in a progressive, growing group. In addition to general pediatrics, WOODCREEK offers urgent care, behavioral health and expanded allergy/asthma services. A competitive salary and benefits, a pleasant working environment, and top quality colleagues make this a great opportunity. For more information visit www.woodcreekhealthcare.com. Experience preferred, but recent graduates will be considered. Contact: Karen Denzinger, Director of Provider Relations, 11102 Sunrise Blvd E Ste 103, Puyallup, WA 98374. (253) 446-3202. kdenzinger@woodcreekhealthcare.com.

Peninsula Family Medical Center in Gig Harbor is looking for BC/BE Family Doctor. Shared call within group of family doctors. Enjoy being part of an independent practice. Please contact Cindy Hart, manager, at 253-851-3989 or pfmcmanger@yahoo.com.

Urgent Care Practice Opportunity. WOODCREEK HEALTHCARE has a full time position for a BC/BE Family Practice Physician to practice in the group's urgent care clinics. Located in Puyallup, Washington, WOODCREEK offers the opportunity to practice in a progressive, growing group. In addition to urgent care, WOODCREEK offers general pediatric care, behavioral health and expanded allergy/asthma services. A competitive salary and benefits, a pleasant working environment, and top quality colleagues make this a great opportunity. For more information about Woodcreek visit www.woodcreekhealthcare.com. Experience preferred, but recent graduates will be considered. Contact: Karen Denzinger, Director of Provider Relations, 11102 Sunrise Blvd E Ste 103, Puyallup, WA 98374. (253) 446-3202. kdenzinger@woodcreekhealthcare.com.

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Serving Our Members and Community Since 1888



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Dr. Mohammad Saeed (left) was incorrectly identified in the January/February 2015 issue of the PCMS Bulletin. We sincerely apologize for the error.



ON THE COVER

Photo taken west of Fairlie, South Island of New Zealand, April 2014.

*Photographer:
Daniel Ginsberg, MD*

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The Bulletin is published bi-monthly by PCMS Membership Benefits, Inc. Contact Tanya McClain regarding deadlines for submitting articles and advertisements: tanya@pcmswa.org; 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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223 Tacoma Avenue South, Tacoma, WA 98402
 Telephone (253) 572-3667 Fax (253) 572-2470
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NATURAL SELECTION AFFECTS PCMS MEMBERSHIP BENEFITS, INC.



Keith Dahlhauser, MD

At the February Physician Lifelong Learner Program at University of Puget Sound we learned of the connection between Lewis Carroll's *Alice* books and Charles Darwin's *Origin of Species* idea of natural selection. Survival of the fittest also can apply to business ventures. Strong organizations are able to adapt and change with the environment. Weaker businesses don't survive. To that point, I am announcing the closure of MBI. Let me provide some background and reasoning.

MBI was incorporated in 1978 as a wholly-owned for-profit subsidiary of Pierce County Medical Society. It was opened to provide services for the membership and bring in non-dues revenue. Business lines included publications, the *Bulletin* and annual *Directory*, with *Directory* sales as well as advertising sales for both, sales of mailing labels, many endorsement fees, etc. The placement service was started in about 1980 and the temporary service opened in 1993.

Slowly the business was built, and MBI even had money to purchase their building (\$165,000 in 1990). Times were good. Unfortunately, since 2009, operations have resulted in year-end losses. The profit and loss changes were primarily due to the placement services. We had both a permanent and temporary placement service, providing office nursing and technical help for those businesses in need. The permanent service was at a peak in the year 1987, and declined to 27% of max last year. The temporary placement service peaked in 2007, and declined to 27% of max last year. As to the reason why the service declined, it was felt to be due to larger practices and organizations being able to fill-in with their own employees if someone is out sick or disabled. It is also due to the high technology used now; the placement service employee may not know the computer system used as they are not standard in all offices.

To adjust to the declining requests for placements, the MBI Board of Directors in 2011 decided to eliminate the receptionist/assistant placement position, one full time employee. This decision really helped the budget. They also decided to reduce production of the *Bulletin* to six times

annually. The placement service was not closed at that time, in hopes a soon-to-be better economy would help the business. 2012 to 2014 showed little improvement in the bottom line and reserves were being used to keep MBI alive. The MBI Board voted to close the placement services as of 1/30/15. Unfortunately, this also meant the release of Shanon Lynch, who has done a great job working with many of our readers over the years.

After the decision to close the placement service was made by the MBI Board, the question was asked about the necessity of MBI, the for-profit corporation of PCMS. Since MBI is wholly owned by PCMS, the decision to close the subsidiary corporation was within the purview of, and was the decision of, the PCMS Board of Trustees. The primary business lines of MBI included the placement service, the publications (both the *Bulletin*, printed six times per year and the *Directory*, printed once each year) and building rents. At the February PCMS Board meeting it was unanimously decided to close MBI. The publications and building administration will be incorporated into PCMS. Having all functions under PCMS will save time and effort. The donated physician time on the MBI Board of Trustees will not be needed. Agenda, finance reports, budget and minutes created by Sue and others can be included in PCMS. There will be just one organization for which to account and do taxes. We have also learned from both Spokane County Medical Society and King County Medical Society as both closed their placement services; Spokane about 12 years ago and King about 7 years ago, and their subsidiaries remain inactive.

Lest I leave you on a negative note, PCMS is on a strong foothold and not at risk of its survival. Our membership is up by 40 from this time last year. Our members make us strong. We are maintaining relevance to both the owner-physicians and employed physicians. We are budget neutral with reserves if needed. A solid online presence is maintained with our new Web site. Log-on and update your information, provide links to your business and help increase traffic and search results for both. Come to our events. Enjoy your society. Relish survival in this world of Natural Selection. 🌱

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The Physician Lifelong Learner Program

“One bite at a time: Using mindfulness to promote weight loss and dietary change”



Featuring Jill Nealey-Moore, PhD

Jill Nealey-Moore is an Associate Professor in the Department of Psychology. As a Licensed Clinical Psychologist, with a sub-specialty in Health Psychology, Dr. Nealey-Moore works clinically with individuals who are attempting to make health changes, including outcomes related to diet and weight. She has completed a pilot intervention using mindfulness and naturopathic based techniques to achieve dietary and weight changes in community members, and is currently performing a pilot intervention using the same techniques in college students. Dr. Nealey-Moore’s broader research interests and experience include cross-sectional and longitudinal work focused on women’s cardiovascular risk (including weight management, exercise, and smoking), cardiovascular reactivity in couples and young women, personality and health, and HIV risk behaviors, coping, and disease management. She received her PhD from the University of Utah, and completed post-doctoral work at the Brown University School of Medicine.

Thursday, April 16, 2015 - “Box” dinner - 6:15 pm; Speaker– 6:30 pm

University of Puget Sound - 1500 North Warner, Tacoma (N Union & N 18th)

Wheelock Student Center, #201 **Directions:** From 6th & Union go north on Union to the first stoplight.

Turn right on North 11st Street. Go past the field-house and at the first street you come to turn left. (This will be Lawrence Street but it is not marked) Go straight until you come to the turnaround and the Student Center will be ahead to your right. Park your car either in the lot to your right or on the street. Watch for signs to room #201, you will need to take the stairs or the elevator one floor up. If you need assistance call Sue Asher on her cell phone, 253.732.6662 (The Student Center has been recently remodeled and is the former SUB)

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

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

RSVP helpful by Friday, April 10. Thank you!

WSMA LEADERSHIP CONFERENCE

The ever popular WSMA Leadership Development Conference will be held on Friday May 15 and Saturday May 16 at beautiful Lake Chelan in eastern Washington. This premiere conference is a perfect blend of learning from experts as well as learning from colleagues about how to enhance your leadership skills in dealing with current challenges. You will gain concrete ideas and skills that you will be able to put to use in your professional life as soon as you return to work.

The conference agenda runs all day Friday and Saturday until noon. There is a Friday night dinner at 6:30 pm that will feature comedian physician Dr. Brad Nieder. Families included!

FRIDAY, MAY 15

8 a.m. Welcome and opening remarks
8:15 Creating Brilliance Every Day, Part 1 - Todd Henry
10:00 Break
10:15 Creating Brilliance Every Day, Part 2 - Todd Henry
Noon Lunch
1 p.m. Getting Things Done - Zoltán Hrotkó
2:30 Break
3:00 Burnout Proof Your Career - Dike Drummond, MD
4:00 Medicine Meets Improv: Bring Back Your Spark - Maggie Knowles, MA, PhD
5:00 Break
6:00 Reception
6:30 DINNER
Open Up and Say "Ha!" - Brad Nieder, MD
9:00 Networking reception

SATURDAY, MAY 16

7 a.m. Breakfast with the officers
8:00 BREAKOUT SESSIONS - Part 1
• Population Health: What Is It and How Should I Implement It? - Kent Bottles, MD
• Nimble Leadership in Uncertain Times: How to Keep Leading Even When Your Crystal Ball Has Gone Dark - Dike Drummond, MD
9:00 Break
9:10 BREAKOUT SESSIONS - Part 2
• Physician Engagement in Quality Improvement - Kent Bottles, MD
• Transforming Physician Resistance to Change - Dike Drummond, MD
10:10 Break
10:30 Accountability and Health Care Transformation under the ACA - Kent Bottles, MD
Noon Closing remarks and adjourn

CONFERENCE OBJECTIVES:

Creating Brilliance Every Day – Todd Henry

- Recognize the dynamics that make “mind work” (creative work) challenging and the three forces that rob you of your ability to do your best work each day.
- Identify the seven main areas where brilliant professionals and organizations get “stuck” and how to break through them.
- Discover five core elements of work where you must build individual and team practices in order to be prolific, brilliant and healthy.
- Identify the five conversations that forge an environment of clarity and precision and help teams collaborate effectively.

Getting Things Done – Zoltán Hrotkó

- Outline the five steps to mastering workflow.
- Elucidate the best practices of each step.
- Provide practical techniques for implementing optimal workflow management.

Medicine Meets Improve: Bring Back Your Spark – Maggie Knowles, MA, PhD

- Perspective: Look at your challenges through a new lens to practice innovative thinking.
- Technique: Use improvisational concepts and games to strengthen your poise and flexibility in leadership.
- Zest: Ignite euthymia (joyfulness, well-being, tranquility) for the practice of medicine as a healing art.

Burnout Proof Your Career – Dike Drummond, MD

- Describe the difference between stress and burnout.
- Outline the three main symptoms of burnout and how they differ in men and women.
- Recognize early symptoms of burnout in colleagues and yourself.
- Review burnout’s pathophysiology, effects, complications and four main causes.
- Practice two impactful stress relief tools: mindfulness-based stress relief and work-life balance.

Population Health: What Is It and How Should I Implement It? – Kent Bottles, MD

- Articulate why it is so hard to define population health.
- Explain why babies born ten minutes away from each other in New Orleans will have vastly different life expectations.

See “WSMA” page 10

RAISING AWARENESS OF NATIONAL PUBLIC HEALTH WEEK: APRIL 6-10, 2015



Anthony Chen, MD, MPH

For more than 125 years, the Medical Society has promoted the health and well-being of our residents. National Public Health Week highlights public health's important role of supporting healthcare and improving community health.

This year's theme, Healthiest Nation 2030, challenges us to become the healthiest nation in one generation. The Health Department and partners are making strides every day. Here are some of the ways our work supports this vision, linked to the daily themes:

Raising the Grade

Across all ages and socio-economic groups, the United States trails other countries in life expectancy and other measures of good health.

Pierce County has high rates of chronic diseases such as diabetes, hypertension, hyperlipidemia, smoking-related illness, obesity, depression and asthma. While you work with your patients in the exam room, the Health Department is deploying population prevention strategies in the community.

A strong public health system supports healthy communities and moves us toward preventing illness, disease and injury.

Starting from Zip

Today, your zip code says too much about your health. Within the United States, we have unacceptable disparities in health by race and ethnic group, state by state and even county by county.

In Lakewood, residents of higher income neighborhoods live 20 years longer than their neighbors in lower income areas nearby. Pregnant women in the Hilltop and East-side of Tacoma are at much higher risk for poor outcomes than those in the North End.

Other social factors are linked to health disparities. Non-white children are twice as likely to have cavities as whites.

Women have poorer mental health than men. Those who did not finish high school are three times more likely to have poor mental health than those with a college education. Those earning less than \$15,000 are eight times more likely to report poor mental health than those earning \$75,000.

The Health Department focuses on ensuring equity across our communities.

Building Momentum

Leaders, companies and organizations are taking important steps to create the healthiest nation.

We bring people together to improve our community's health. In 2014, we finalized a Community Health Improvement Plan (CHIP) with shared regional health goals. Informed by community residents, leaders, and local health data, the CHIP identified the most pressing health concerns: mental health, access to quality health care and preventive services, and chronic disease prevention. The CHIP is a road map for all Pierce County partners to chart a course to better community health.

Building Broader Connections

To build the healthiest generation, we need to partner with those who have an impact on our health.

The Health Department is leading the development of an Accountable Community of Health in Pierce County. Healthcare systems, providers, payers, purchasers and community partners are collaborating to transform the health system to achieve higher quality, cost-effective, whole-person care that will improve population health.

See "Public Health" page 14

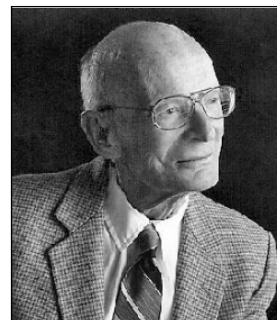
IN MEMORIAM
JAMES W. BOUDWIN, MD
1917 - 2015

Dr. James Boudwin died February 2, 2015 at age 97.

He received his medical degree from the University of Southern California. He completed his internship at the Hospital of The Good Samaritan in Los Angeles and residencies at Sheppard-Pratt Hospital in Baltimore and Rockland State Hospital in Orangeburg, NY.

He moved to Tacoma in 1952 where he worked as the admitting psychiatrist at American Lake Veterans Hospital until 1957. He then worked in private practice near Tacoma General Hospital and later at Allenmore Medical Center. At the same time he worked part time for Western State Hospital as the Director of Medical Education and at the University of Washington School of Medicine as a Clinical Assistant Professor of Psychiatry. After retiring at the age of 70 he and his wife traveled extensively to Europe and the South Seas.

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



James Boudwin, MD

IN MEMORIAM
STUART FARBER, MD
1947 - 2015

Dr. Stuart Farber died February 27, 2015 at age 67.

He received his medical degree from the University of Washington Medical School and completed a family practice residency at the Medical College of Wisconsin - Deaconess Hospital.

His career passion was improving care for patients and families at the end of their lives. This was evidenced in his family medicine practice for 17 years and later in 20 years as a professor at the UW Medical School where he founded and directed the Palliative Care Service at the UW Medical Center. He was a devoted husband, a caring father, a lover of Shakespeare and poetry, a singer and guitarist, an avid skier. He reveled in the outdoors, often hiking in the Cascade and Olympic Mountains. Most of all he was a truly loving Papa to his four grandchildren, to whom he especially dedicated the final year of his life with constant intention, mindfulness and presence. Memorial contributions may be made to the Stuart and Annalu Farber Endowed Professorship in Palliative Care Education, PO Box 358045, Seattle, WA 98195-8045.

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



Stuart Farber, MD

IN MEMORIAM G. JAMES KENNEY, MD 1935 - 2014

Dr. G. James Kenney died December 14, 2014 at the age of 79.

He received his medical degree from the University of Washington School of Medicine. He completed his internship and radiology residency at Providence Hospital in Seattle and was chief resident at King County Hospital.

Dr. Kenney was a radiologist with TRA Medical Imaging for 23 years, spending much of his time at Tacoma General Hospital. In retirement he traveled extensively, enjoying his passion for photography, capturing images of wildlife, especially birds. He visited most countries in South America and photographed every species of New World heron. He was a member of the Pierce County Medical Society since 1968.

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



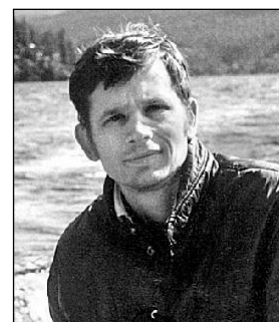
G. James Kenney, MD

IN MEMORIAM PAUL A. SWINEHART, MD 1952 - 2015

Paul Swinehart, MD, died March 8, 2015 from cancer related causes. He was born and raised in Spokane.

Dr. Swinehart completed medical school at Creighton University, and did his anesthesia residency at the University of Washington Medical Center prior to practicing anesthesia for 28 years with Tacoma Anesthesia Associates. He loved animals and the natural environment as well as boating and hiking. He loved reading history books, spy novels, and outdoor adventures and enjoyed bluegrass, old country, folk and rock, and classical music. Memorial services will be held at Christ Lutheran Church in Federal Way, WA at 2:00 pm on May 9, 2015; all invited. Memorial contributions may be made to the College of Veterinary Medicine at Washington State University, PO Box 647010, Pullman, WA 99164.

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



Paul Swinehart, MD

- List the various interest groups that physicians and hospitals must partner with to do population health right in their community.
- Outline how social determinants of health are so important for achieving the Triple Aim.
- Use a toolbox to get started on population health management in your community.

Nimble Leadership in Uncertain Times: How to Keep Leading Even When Your Crystal Ball Has Gone Dark – Dike Drummond, MD

- Describe the new world of V.U.C.A. - Volatility, Uncertainty, Complexity and Ambiguity.
- Outline how you and your organization can remain nimble in a V.U.C.A. health care environment.
- Use specific, fresh approaches to address your biggest personal challenges.

Physician Engagement in Quality Improvement – Kent Bottles, MD

- Describe the importance of quality improvement to the Triple Aim.
- Review why change management is so difficult for some physicians.
- Discuss various strategies that have been advocated by the Harvard Business Review.
- Explain why a physician/health system compact may be useful.
- Outline how new compensation models are incorporating quality metrics.

Transforming Physician Resistance to Change – Dike Drummond, MD

- Outline the unique hub-and-spoke comfort zone of physicians.
- Recognize why resistance to change is absolutely normal for physicians.
- Describe four key ways to build trust and transform physician resistance to engagement.

Accountability and Health Care Transformation under the ACA – Kent Bottles, MD

- Explain how central accountability is to payment reform under the ACA.
- Outline tools that can increase holding others and yourself accountable for measurable outcomes.
- List health care organizations that have used accountability and transparency to get ready for payment reform.
- Gain skills to better accept feedback in the setting of an accountable care organization.

SPEAKERS:

Todd Henry

Todd Henry is the founder and CEO of Accidental Creative, a company that helps creative people and teams generate brilliant ideas. He regularly speaks and consults with companies, both large and small, about how to develop practices and systems that lead to everyday brilliance.

Todd’s work has been featured by Fast Company, Fortune, Forbes, HBR.org, US News & World Report, and many other major media outlets.

Todd’s book, *“The Accidental Creative: How To Be Brilliant at a Moment’s Notice,”* offers strategies for how to thrive in the creative marketplace and has been called “one of the best books to date on how to structure your ideas, and manage the creative process and work that comes out of it” by Jack Covert, author of “The 100 Best Business Books of All Time” and founder of 800-CEO-READ.

His latest book is *“Die Empty: Unleash Your Best Work Every Day.”* Seth Godin called it “one of the best books of the year. Passionate, practical and powerful, Todd will help you do more and do it better, starting right now.”

Kent Bottles, MD

Dr. Kent Bottles is a physician executive keynote speaker, consultant and thought leader in health care. He teaches health policy and payment reform at The Thomas Jefferson University School of Population Health in Philadelphia, and serves as the chief medical officer of PYA Analytics, a data analytics consulting firm that assists clients assess and develop big data solutions. Dr. Bottles has facilitated medical staff and hospital system board retreats centered on physician integration and engagement in evidence-based medicine and quality initiatives. He has more than 25 years of experience working in a number of physician executive roles.

Dike Drummond, MD

Dr. Dike Drummond is a Mayo-trained family practice physician and a certified life and business coach with extensive experience in personal and business development and both off and online marketing working with startup entrepreneurs and physicians.

After 11 years of practice as a family physician at Skagit Valley Medical Center in Mount Vernon, Washington, Dr. Drummond suffered from career-ending burnout, leaving his medical career in 1999. Now, as CEO of

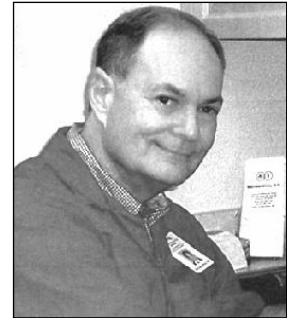
See “WSMA” page 12

IN MEMORIAM
MATTHEW WHITE, MD
1941 - 2014

Dr. Matthew White died December 17, 2014 at the age of 73 after a gallant battle with cancer.

He received his medical degree from Jefferson Medical College in Philadelphia and went on to the U.S. Naval Hospital where he completed an internship in Rhode Island and a residency in Jacksonville, Florida. He was family practice physician and Pierce County Medical Society member for 36 years. He served as a Trustee on the PCMS Board in 2001-2002 and chaired both the Computers in Medicine and IT Committees of PCMS.

PCMS extends condolences to Dr. White's wife, Kris and their beloved Golden, Daisy.



Mathew White, MD

IN MEMORIAM
EDWARD WILLIAMS, MD
1952 - 2015

Edward Williams, MD died unexpectedly at home on February 6, 2015 at the age of 62. He was born in Pittsburgh, Pennsylvania.

Dr. Williams received his undergraduate degree at Harvard and went on to medical school at Tufts University School of Medicine. He completed his internship and residency at the Washington Hospital Center in Washington DC. He began his Lakewood ob/gyn practice in Pierce County in 1986 and had delivered multiple generations of babies over the years. He was dedicated to helping high school students achieve their college dreams and contributions in his memory may be made to the College for Success Foundation, 1605 NW Sammamish Road, #200, Issaquah, WA 98027.

PCMS extends condolences to his daughter Madison, and their family.



Edward Williams, MD

"WSMA" from page 10

TheHappyMD.com, Dr. Drummond has come full circle, becoming a leading expert on coaching burned-out physicians and physician leaders. He is the author of the groundbreaking new book, "Stop Physician Burnout—What to Do When Working Harder Isn't Working."

Zoltán Hrotkó

Zoltán has brought his passion for teaching to thousands of people across the world on such topics as productivity, communication, connection, creativity and power. In addition to being an international speaker and teacher, Zoltán brings a broad range of experience and enthusiasm to his work as a creative consultant and coach. Zoltán holds a master degree in psychology and has trained trainers and leaders all over the world.

An expert in personal and organizational productivity, Zoltán helps people and organizations bring order to the chaos of modern life through stress-free productivity. His diverse range of clients across dozens of industries include Google, NASA, Sony, Wells Fargo, and the Qatar Foundation. His dynamic, humorous and energetic style engages audiences and empowers them to improve their effectiveness both personally and professionally.

Maggie Knowles, MA, PhC

Maggie Knowles's mission is to bring joy back into medicine. She is the daughter of a doctor who practiced internal medicine for 53 years (until 1980) and who loved his work. From his example she learned the value of enjoying one's profession as it affects patients, the doctor's family and society. Ms. Knowles has taught improvisational workshops to engineers, professional speakers and the general public.

Ms. Knowles has worked at the Fred Hutchinson Cancer Research Center and collaborated with Group Health Cooperative physicians on numerous projects. She provides a non-threatening, enjoyable, power-packed experience.

Not only is the conference top notch, Campbell's Resort features lake views from every room, and you can spend your free time on Saturday afternoon with your family, network with colleagues, play golf, tour some of our state's finest wineries, relax—or bring your clinic's board and have your own strategic planning retreat!

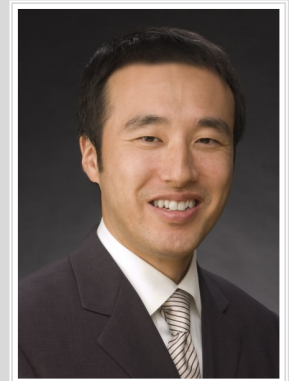
Visit wsma.org for more conference information or call Sue at PCMS, 253.572.3667 and she can assist you with registration and hotel accommodations. 🌸

Aksel G. Nordestgaard, MD, FACS, RVT

Yi Soo Robert Kim, MD, FACS

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Med School: Des Moines University
Internship: Madigan AMC
Residency: Madigan AMC
Fellowship: University of Washington

David Estroff, MD

Pediatrics
Community Health Care
1202 ML King Jr Way, Tacoma
253-442-8728
Med School: Hahnemann Medical College
Internship: Flexible Pediatric
Residency: University of Oregon
Fellowship: University of Washington

Garrett S. Jeffery, DO

Family Medicine
Sound Family Medicine
11216 Sunrise Blvd E #3-106, Puyallup
253-848-5951
Med School: Western University Health Sciences –
College of Osteopathic Medicine of the Pacific
Internship: East Pierce Family Medicine
Residency: East Pierce Family Medicine

Katherine Z. Landy, MD, MPH

Family Medicine
Tacoma Family Medicine
521 ML King Jr Way, Tacoma
253-792-6680
Med School: University of Rochester
Internship: Tacoma Family Medicine
Residency: Tacoma Family Medicine

Mary Jo Ludwig, MD

Family Medicine
Tacoma Family Medicine
521 ML King Jr Way, Tacoma
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OBESITY, JUST HOW COMMON?

With all the focus and attention on obesity from a general health perspective, one might ask just how common it really is in our state. The Washington State Department of Health tracks and outlines the prevalence, trends and disparities of obesity. Statistics for this reporting are for the 2011 and 2012 years.

In 2012, about 25 percent of children (ages 2-4) and 23% of 10th graders in Washington's public schools were overweight or obese. The overall state saw a 23% rate with Asians at 16% and American Indian/Alaska Native at 34%.

In 2011 about 27% of adults were obese, and rates may have started to level off over the past few years.

Household income also is an indicator, with those in the earning less than \$35,000 annually group saw a 31% obesity rate and those earning more than \$75,000 had a rate of 21%.

Education level categories reported a 33% rate for those of high school or less education and those in the college graduate or more category the rate was only 20%.

Adult obesity rates categorized by race/ethnicity were 27% statewide and ranged from a low of 8% for Asians and 46% for Hawaiians/Other Pacific Islander. American Indian/Alaska Native were at 44%, Blacks at 39%, Hispanic at 32% and non-Hispanic whites and 27%.

For further information visit the Washington State Department of Health website, www.doh.wa.gov.

"Public Health" from page 7

Since health disparities are linked to income, education, neighborhood, housing and other factors, we are engaging community partners that impact those factors.

Building on 20 Years of Success

2015 is the American Public Health Association's 20th anniversary for coordinating National Public Health Week, and the accomplishments of the public health community over the last two decades are significant.

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Want to get involved in National Public Health Week next year? Visit www.nphw.org to learn more or register an event. If you would like to become a Pierce County Public Health Week Partner, please write ejeffers@tpchd.org.

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Urgent Care Practice Opportunity. WOODCREEK HEALTHCARE has a full time position for a BC/BE Family Practice Physician to practice in the group's urgent care clinics. Located in Puyallup, Washington, WOODCREEK offers the opportunity to practice in a progressive, growing group. In addition to urgent care, WOODCREEK offers general pediatric care, behavioral health and expanded allergy/asthma services. A competitive salary and benefits, a pleasant working environment, and top quality colleagues make this a great opportunity. For more information about Woodcreek visit www.woodcreekhealthcare.com. Experience preferred, but recent graduates will be considered. Contact: Karen Denzinger, Director of Provider Relations, 11102 Sunrise Blvd E Ste 103, Puyallup, WA 98374. (253) 446-3202. kdenzinger@woodcreekhealthcare.com.

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BULLETIN

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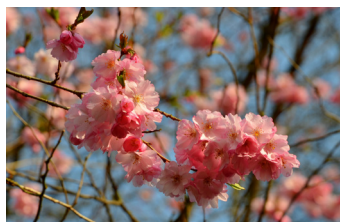
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The Bulletin is dedicated to the art, science and delivery of medicine and the betterment of the health and medical welfare of the community. The opinions herein are those of the individual contributors and do not necessarily reflect the official position of 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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OPTIMISM ABOUND AS PCMS HIRES NEW EXECUTIVE DIRECTOR



Keith Dahlhauser, MD

Through many meetings and great teamwork, we have hired a new Executive Director, Bruce Ehrle, to replace Sue Asher who is retiring in June. I would like to summarize the process and our decision. The Board of Trustees appointed a Hiring Committee of seven including **Drs. Mark Grubb, Brian Mulhall, Nick Rajacich, Aaron Pace, Susan McDonald, Bill Hirota** and myself. We created a job description and advertised on the following job source websites: Monster, Career Builders and Indeed. We also advertised on the Washington Association of Society Executives list serve and to all of our local organizational contacts.

We received 49 applications which Sue Asher was able to quickly reduce to 12 more serious contenders. From there, the 12 were reduced to four; one from Virginia, one from Indiana (both seeking to reside here) and two from Gig Harbor. These were the four final candidates that were interviewed by the Hiring Committee.

They had varying degrees of experience in non-profit, association management (with and without a membership component), and direct health care experience. The two east coast applicants were interviewed via Skype. After all four were interviewed, two were selected as finalists; one from Virginia and one from Gig Harbor. Both finalists were forwarded to the full decision making group for a final decision. The decision making group included the prior mentioned Hiring Committee doctors plus additional Board of Trustees members **Drs. Khash Dehghan, Julian Ayer, Steve Litsky, Jennie Hendrie and Swati Vora. Dr. Steve Cook** represented the Tacoma-Pierce County Health Department.

Both candidates presented a requested first-year work plan, a history of how many positions they had held and why, as well as their vision for a successful PCMS, during their interview with the board. These interviews were done in person; Bruce, the candidate from Virginia, visited Tacoma for the interview.

The final two candidates were both excellent. After much consternation, the majority voted to hire Mr. Bruce Ehrle, from Virginia, as the next PCMS Executive Director. He will begin his duties June 1. Sue Asher will have some overlap time with Bruce to help him learn his new responsibilities. Thank you to Drs. Rajacich and Mulhall who helped finalize his contract.

Bruce has spent the last 10 years with the American Health Quality Association in Washington DC; the first four years as Director of Executive Operations, Administration, and Education; the last six as Senior Director of Government Affairs & Executive Operations. Prior to his time with AHQA, he served 12 years as a staffer for Senator Ron Wyden from Oregon as an executive assistant and scheduler. He brings a unique set of skills perfectly aligned for PCMS - association management and administration, membership recruitment and retention, political and policy issues, program planning and implementation and a wealth of advocacy experience. His greatest strength and what gave him the hiring edge is his broad scope of knowledge and experience in health care policy and politics and his understanding of the current changes facing physicians and the health care system.

You may be having the same question we had.....why would he want to leave the influential and fast paced environment he has thrived in for so much of his career? He told us that he is ready for a change. That he has always wanted to live in the Pacific Northwest and has many friends here. He is ready for a little bit slower pace and the hectic work environment and crazy commute and traffic are no longer appealing to him. He looks forward to continuing his work on behalf of physicians who perform such important duties every day in their line of work. In the near future we will set up an opportunity to meet and greet Bruce. Feel free if you are near the PCMS office to stop in and introduce yourself and welcome him to our team. 🌸

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RETIREMENT FINALLY



Steve Duncan, MD

Well my retirement date has arrived (4/30/15). In my last article, "Considering Retirement," I talked about preparing mentally for retirement. Now after counting down the months, I will talk about some of the nuts and bolts of planning for retirement.

One of the most frequent asked questions these last several months is "What are going to do when you retire?" I have asked this question of many of my patients and acquaintances. Some have grand plans like sailing around the world, taking a big cruise, or building their dream home. Some just want to go fishing or play golf. I do not have any big plans. I look forward to a simpler life in which I can stop and do those things that seem never to have time allotted to them. Also I have some things to go through and get in order. I plan to spend more time working around our home, cooking, as well as spending time with family and friends. So time will tell what retirement will become.

Early on, my wife and I attended a financial planning seminar provider by my employer. I recommend one that is presented by an organization that does not sell an investment product because then the seminar will more likely become a sales pitch. Ayco is such a resource. We learned about changes in spending and income when in retirement as well as Social Security rules and Medicare. There are many options depending on your individual situation. When do you begin Social Security benefits? How do you plan for payment of income taxes? What about medical care if you and/or your spouse are under 65? Do you spend savings or investments first?

One of the best exercises suggested was to write out a budget to understand what it costs to live. That was quite helpful as it makes you focus on what is essential and what is optional. Then there are on line calculators

that help you learn if you will have enough income to pay for your expenses. These require some assumptions such as how long you plan to live, what will be the return on your investments, how much money you expect to remove from your retirement accounts annually. Basically this process gives you the reality check of knowing if your retirement resources will be able to sustain your expected life style. It is sobering. We learned that you would continue to invest as you get older and that one of the largest expenses in retirement is the various insurances costs that we maintain (healthcare, dental, home, auto, etc.).

The next big project was to sign up for Medicare. You can sign up for Part A and/or Part B during the 7-month period that begins three months before you turn 65, includes the month you turn 65, and ends the three months after the month you turn 65. It is recommended to sign up three months before you turn 65 in order for Medicare to begin the first day of the month of your birth. If you are still working and receiving healthcare benefits from your employer, it is still recommended that you sign up for Part A to avoid a potential penalty if you delay. I found the Social Security website and its written material helpful. It is through the website you sign up for Medicare and Social Security. Since I was still working when I turned 65, I had to tell Social Security why I was only signing up for Part A, which is free, and not signing up for Part B, which is not. This requires knowledge of your healthcare policy numbers and medication coverage information, which they do not tell you prior to starting the process on line.

The next process was to determine when my wife and I would start receiving Social Security benefits. If you are not disabled you may receive SS benefits at age 62, but a reduced amount. To receive the full retirement benefit, a retiree born in 1949 has to wait until age 66. If you

See "Retirement" page 12

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

IN POLITICS YOU NEED TO PAY TO PLAY

By Sean Graham, WSMA Assoc. Dir. of Policy and Political Affairs

Can you imagine spending months—and upwards of millions of dollars—pursuing a part-time job? To land it, you'd have to successfully navigate hundreds of job interviews and subject yourself to intense public scrutiny. And did I mention that it pays around \$42,000 a year?

Some call it crazy. Others call it campaigning for one of the 147 seats in the Washington state legislature.

Every two years, all 98 seats in the state house and roughly half of the 49 state senate seats are up for election. The pay isn't much, but the opportunity to wield influence over an ever-increasing array of issues is sufficient persuasion for people from all walks of life to try and join the political fray. It also persuades individuals, businesses and other groups to contribute millions of dollars to the candidate of their choice—\$26 million in 2014 to state legislative candidates alone.

Not interested in politics? You're not the only one. But the fact is that elected officials are interested in you and the way you practice medicine.

How medical care is delivered in Washington state continues to be debated at multiple levels of government, and anyone in the political arena will tell you it's easier to elect someone who thinks like you do than to change the mind of someone who doesn't.

The bottom line: elections are important. And while they've grown more expensive, contributions to WAMPAC—the WSMA's campaign arm—have remained relatively flat. This directly affects our advocacy agenda because the fact of the matter is if our contributions make up less and less of a candidate's totals, then our influence will suffer.

We all know that in life, money isn't everything. But like it or not, in campaigns, money is often the only thing that matters.

How can you make a difference? By being a part of WAMPAC. We want WAMPAC to be the most effective and influential PAC in the state of Washington.

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CONNECTING WITH OUR COMMUNITY: 2016-2020 STRATEGIC PLAN



Anthony Chen, MD, MPH

Tacoma-Pierce County Health Department is in the final year of our 2011-2015 Strategic Plan, and we are starting on the 2016-2020 version.

The current strategic plan brought us a new vision to inspire our work—Healthy People in Healthy Communities. It also reestablished our mission—to safeguard and enhance the health of the communities of Pierce County. Five strategic directions formed the plan’s core:

- The Department and its partners prevent and minimize the impacts of communicable disease and illnesses.
- Pierce County residents achieve healthy lifestyles
- Communities protect and enhance the natural and built environments.
- Children and families grow and develop optimally
- The Department achieves organizational excellence by means of highly skilled people, improved processes and effective systems.

Refining our approach to public health work

In addition, we established four new efforts that involve all divisions and strategic directions and emphasized community partnerships. Conceived as means to boldly march toward our vision, these initiatives have woven community engagement into the fabric of how we work:

- **Community Health Planning:** We convened core partners and community members to conduct a Community Health Assessment, which led to Pierce County’s Community Health Improvement Plan (CHIP). The CHIP charts our course to better community health.
- **School Health:** Schools are cornerstones of the community and children are a major focus of our efforts.

We coordinate with schools to assess needs and improve public health services to schools and students.

- **Comprehensive Oral Health:** Oral health is fundamental to overall health, yet is often overlooked. We work with staff and community members to identify and align strategies from different sectors to improve the oral health of Pierce County children.
- **Health Equity:** Throughout our programs, we strive to reduce health disparities and achieve health equity. We seek to understand and address the underlying conditions that contribute to poor health so that all people in Pierce County can have better health outcomes, no matter where they live, learn, work or play.

Listening more closely to our community

We will meaningfully engage the community to develop our 2016-2020 Strategic Plan. Over the next few months, we will host a series of “community cafés” to help shape draft elements. We want to hear from you, our community partners, on questions such as:

- When your patients are not in your office, what do you think most affects their health outcomes?
- What role do you think medical providers can play in improving the root causes of poor health such as income, education, social and neighborhood conditions?
- What do you think are the best opportunities to create healthy communities through health system transformation efforts?

These conversations will undoubtedly be thought provoking. Public health will always perform its traditional roles of ensuring clean air, clean water, and safe food and limiting the spread of disease. But some priorities

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IN MEMORIAM
JAMES P. DUFFY, MD
1923 - 2015

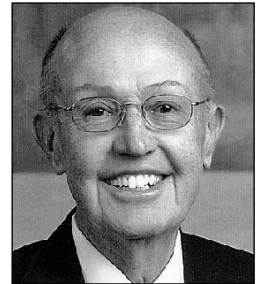
James P. Duffy, MD died April 20, 2015 at age 91.

Dr. Duffy received his medical degree from the University of Iowa in 1946 and completed an internship at Providence Hospital in Detroit, Michigan.

Dr. Duffy practiced family medicine in Sumner, beginning in 1952, when he became Sumner's third doctor, and continuing through 2003 when, at age 80, he retired from active practice. He was particularly proud of the fact that he delivered more than 2,500 babies and that he served as a team physician for Sumner High School's football team for 42 years.

Dr. Duffy served as President of the Pierce County Medical Society in 1942. He was also a longtime member of the board of directors for Pierce County Medical Bureau, a 60-year member and past president of Sumner Rotary, and served on the Good Samaritan Hospital Foundation board of directors.

PCMS extends condolences to Dr. Duffy's wife, Suzanne and their family.



James P. Duffy, MD

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THIRTY YEARS: WHY I STAYED



Sue Asher

I have never written for the *Bulletin*. I guess I should clarify that by saying I have never written for the *Bulletin* under my name. So, after all these years I decided to take editorial privilege and say a few things. Are you ready?? It might be a long one!

For context, and for those that don't know, I am retiring. I knew I had worked for PCMS for a very long time, so I looked it up. I was hired in July, 1985. And here it is almost July, 2015 - 30 years later! I am confident that the 'how' as well as the 'why' of my being a PCMS employee for such a very long period of time will become clear to you by the time I have completed my one and only missive.

I realized at a very young age that I never wanted to be financially dependent on anyone. In high school I couldn't wait to be independent and live on my own. Being responsible for myself became very important to me for some reason. I didn't even consider college, although I got good enough grades and both of my older brothers pursued that route. I went a different way.

I started working in high school at the local Redmond, WA Sears Roebuck Company. The manager of the store called our business teacher and asked her to send him a few students to test and interview for a part time job opening. I was hired and worked weekends as well as most days after school preparing the daily bookkeeping reports.

In 1969 jobs were plentiful, and I had good secretarial skills, including shorthand (remember that?). I compared and contrasted opportunities and it became clear that transferring to the Sears headquarters in Seattle, working as an administrative assistant in their commercial sales division would provide the best pay and benefits. At that time Sears was a solid, respected, employer and provided one of the very best retirement packages available. My pay was quite high for my experience and I was in fat city. Or so I thought!

I did well with my workmates. Everyone lunched together in the cafeteria, took breaks together and became

work friends. As time went on, however, I realized that day after day, all the folks who worked in that gigantic mail order facility had one thing on their mind.... NOT WORKING! They were good employees who worked hard, but their conversations continually focused on anything that had to do with NOT working - including but not limited to the upcoming weekend, their next vacation, the next holiday, how many sick days they had available, and surprisingly how many YEARS they had to work until they could retire!

Looking back, I truly owe these folks a debt of gratitude. What they showed me was more valuable than anything I could have learned from a book or on the job training. And certainly not something someone could have told me. I learned that:

- I did not want to work in a place where I was so unfulfilled that I had to constantly be checking the exits
- I needed an education so I could have a 'profession' that I was proud of
- I wanted the end result of my work to ultimately benefit people in a meaningful way
- I wanted to work with people that challenged me every day and were excited about their work
- particularly, I needed to work in a space that allowed me to be able to physically "see" the outdoors
- mostly, I didn't want to sacrifice today for tomorrow, and that remuneration and benefits are not what counts most to have a satisfying career

So what did I do once I came to the startling realization that this desirable job I held was not for me? I resigned, divested myself of all my possessions and took off to travel the United States. I eventually ended up living in Los Angeles with a friend who was attending UCLA and

See "Thirty Years" page 10

“Thirty Years” from page 9

I found myself, well, at the beach sunbathing every day! Obviously, I had not advanced much and I realized it was time to get serious about my future and I knew I had to begin with an education. I returned to Seattle, registered at North Seattle Community College and earned my degree at the UW in health education.

After graduation, I was hired as a program assistant for a non-profit agency. The director and I worked together for seven years, until he accepted the Director position with PCMS in 1984. I was promoted to the Director position at the other agency as he began his tenure with PCMS. He called me 18 months later and asked me to send him my resume. I didn't. He called again and told me he was serious. Again, I didn't. His next and last call he asked me to come meet with him. That night I accepted the job as Director of Membership Benefits, Inc. (MBI) the PCMS wholly owned subsidiary. My long-time friend, mentor and colleague, Doug Jackman was responsible for me coming to PCMS and I can't thank him enough. Doug retired in 2000 and I was hired as the next PCMS Executive Director.

How could I ever have known when I accepted that position back in July 1985 that PCMS would provide me everything on my list and THEN SOME! Well, I couldn't,

so I have to say that I was very lucky to have found a position that afforded me so many opportunities. And the gratitude I have has never been lost on me.

I could write pages and pages about my experiences with PCMS but most of you know the work I have been allowed to do. I got to staff committees that did community work such as fluoridating Tacoma's water supply and bringing down the Marlboro Man from Cheney Stadium, as well as assisting physicians in caring for their first AIDS patients, and helping them organize their education programs to name just a few. I got to work with the PCMS Alliance (spouses) and made many friends over the years as we worked on community projects. I got to administer to both our for-profit business, our non-profit organizations, both c(3) and c(6), as well as our public Foundation. I got to plan and implement meetings, programs, events and parties – GALORE! CME, membership meetings, celebration parties, legislative fund raisers, new member receptions, wine tasting, baseball, fun runs, rallies.... you name it, I have probably done it. I have had the pleasure of serving on community boards, task forces, collaboratives, initiatives, and committees mostly working toward improving patient care in terms

See "Thirty Years" page 11



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"Thirty Years" from page 10

of access, prevention and education issues. I have also served as a landlord for the PCMS building, tending to everything from heat pumps to remodeling. I have even gotten to be a pretty good plumber, if I do say so myself!

My career good fortune was highlighted by the proximity I had in working with physicians. To be entrusted to support their profession, the best and the brightest, in such a variety of ways is nothing less than an honor. I reported to a reasonable and nimble board of directors – 12 people that were always helpful, supportive and efficient. I was immune from frustrations of burdensome rules and regulations, or unreasonable administration.

The annual changing of the board provided both stimulation and challenges. Reflecting over my tenure as director, this experience of constant leadership evolution was richly rewarding and provided an environment that was beyond any confines of a job. Hopefully, you can gain insight into my thinking from the very short recap of each and every president I had the pleasure of working with over the last 14 plus years.

Patrice Stevenson (2001) was my first president and chair of the committee that selected me for the director position. I owe her a debt of gratitude for all she did for me. One day she informed me that we had attended over 160 meetings in 2001! We "whined" and "wined" together for many years until she moved to eastern Washington in 2011. I am coming to visit you, my good friend, I promise!

Susan Salo (2002) taught me about Group Health physicians – and she was a shining star among them. Dedicated to public health and community health and, of course, her patients, I gained new respect and understanding of their culture. I still use the tree skirt she made for me and I will think of her every year when it adorns my Christmas tree.

Jim Rooks (2003) 'made' me go to our bi-annual Hawaii & CME in Kauai. Darn him! And, I have never forgiven... oops, I mean forgotten that, as it was a fabulous week. Dr. Rooks was a mover and shaker and a "rally" kind of guy! We organized the first "rally for medical liability reform" in the state and set the model for others to follow.

Mike Kelly (2004) - oh, my gosh! Dr. Kelly often told me he spent more time with me than he did with his wife! We poured over power points so he could go head to head with the trial attorneys. He bested them every

time! I have never known a more prepared guy or a more committed one. I think he spoke to every organization and club in the region about medical liability reform.

Pat Hogan (2005) - I know I don't need to tell anyone what this man has accomplished for the health of our community! Talk about determined. Having organized a PCMS fun run for the medical community at Point Defiance, I inadvertently provided him with non-removable paint (which was against park policy) and assured him it was okay to spread it liberally as it would wash off quickly. He had good reason to be furious with me – but he wasn't. He should have been furious with me as he ran that same route every weekend with his running group with glaring reminders from the pavement. But, he is just a great guy. One who forgives and forgets and understands the human element. Thank you Pat, you are very kind – as well as one of a kind!

Joe Jasper (2006) - I have to admit, I was kind of nervous heading into 2006. I had nothing solid to go on, but something in the pit of my stomach told me he might be my difficult one! I can't tell you how comical that is to me now. I don't think I have ever been as wrong about anyone as I was about Joe Jasper. He stands for what he believes in and he will stand up to the big guys. He is honest, he really cares and he is just wonderful. Hope to see you at Freddy's soon Joe, I miss our grocery store hugs.

Sumner Schoenike (2007) - the Renaissance man! He is both the 'idea' guy and the 'just do it' guy. He is the founder of the PCMS Physicians Life Long Learner program at UPS which is still going strong eight years later. He is the reason Pierce County Project Access is in operation today, thanks to his dogged determination. His roots with PCMS were deep as he continued to work diligently on our behalf until 2013 when he moved to Germany to be near his daughter and son-in-law. He is now busy being a grandfather to twin granddaughters Gia and Elea.

Ron Morris (2008) I knew only as a soft spoken, quiet guy. Or so I thought. He planned to ride with me to eastern Washington for a conference and I was a little uneasy thinking there would be a lot of silence between the two of us. Wrong! I learned that he is a GREAT conversationalist and we arrived before I knew it and I was really sad that he didn't need a ride back. We chatted about everything from the disappearance of bees to our favorite movies and I learned a lot from him! I'll take a car trip with you anytime, Ron!

See "Thirty Years" page 13

IMPROVE YOUR PATIENTS' HEALTH: LEARN ABOUT MAT FOR OPIOID AND ALCOHOL USE DISORDER

You may have patients that are misusing opioids or abusing alcohol. These patients could benefit from medication-assisted treatment (MAT). Help improve your patients' health by learning about MAT for opioid and alcohol use disorder from these two brief guides. Each brief guide, written for primary care and specialty providers, covers the range of care involving MAT, including referrals to care as appropriate.

The opioid guide—*Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide*—highlights information on the use of extended-release injectable naltrexone for the treatment of opioid use disorder along with other MAT options.

The alcohol guide—*Medication for the Treatment of Alcohol Use Disorder: A Brief Guide*—summarizes information on the four medications approved by the Food and Drug Administration for the treatment of alcohol use disorder, the prevention of relapse to alcohol use, or both.

The opioid guide is available at: <http://store.samhsa.gov/product/Clinical-Use-of-Extended-Release-Injectable-Naltrexone-in-the-Treatment-of-Opioid-Use-Disorder-A-Brief-Guide/SMA14-4892R>.

The alcohol guide is available at: <http://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/All-New-Products/SMA15-4907>. 🌱

“Retirement” from page 5

wait longer, up to the age of 70, the monthly benefit gets larger. So my wife and I made an appointment to meet with a Social Security advisor at our local Social Security office. This is done by calling the 800 number for Social Security. Plan on being on the phone for a while and you will have to repeat the process if you need to change the appointment for any reason.

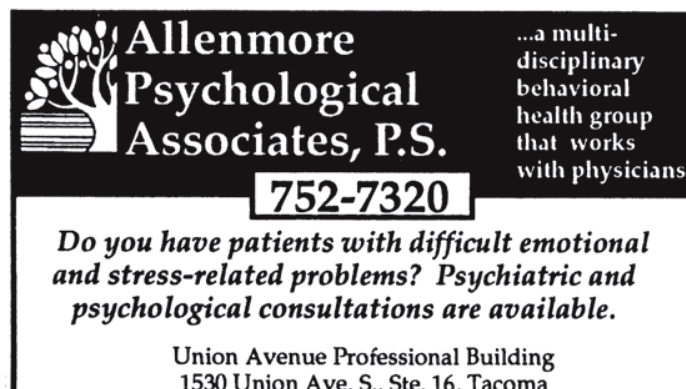
We met with a representative who answered all our questions and printed out the amount of monthly benefits each of us would receive at different ages. This allowed us to calculate when each of us plans to begin receiving monthly deposits. They also showed us what would happen to the benefit if one of us died.

When it came time for me to apply for my Social Security benefit, again a 3-month lead-time was needed.

The application was done on line and was straightforward. Since I had answered one of the questions oddly, I received a call from a Social Security employee a few weeks later to correct the misunderstanding. In all the process has been easy to follow.

So now I have crossed over to the retired ranks. How the plans actually

work out is still unknown. Since my wife has elected to continue to work, although at a reduced schedule, and I plan to practice a few days a month, the outcome is still hazy. I plan my third and last installment of this series after about a year of post retirement life. In it, I will share how things have turned out both as far as our planning and the use of time. 🌱



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"Thirty Years" from page 11

David Bales (2009) - I could always count on to do a fabulous job with the microphone. I never prepared a script for him because I knew he didn't need it. Then I learned that his father was a preacher and it all made sense. A well rounded community volunteer, he serves on numerous community projects such as the Antibiotic Resistance Task Force and the Peirce County Medical Reserve Corps. He often told me that he believes 'the most important work we do is the work we do not get paid for.' He walks his talk.

Steve Duncan (2010) is a great business man and he really helped with our governance issues. He led the charge to update our Bylaws and policies and his focus and determination were timely. He served as President of MBI for several years, and was instrumental in transitioning PCMS and MBI into one organization that will operate more efficiently and effectively. I know he doesn't realize the impact he has had on PCMS and subsidiaries so I want to make sure he recognizes the significance of his many contributions. Happy retirement Steve, you have earned it!

Jeff Smith (2011) just makes me happy. I have never worked with anyone who made me feel more accepted and wonderful. He laughs and smiles easily and he truly wants to make medicine better. What I learned about Jeff is that he will force himself to do things he doesn't really want to do but feels that he should do for his profession, and then will become enthused and motivated about what he learned or experienced. He pushes for improved community health, for access, for better teaching and training, for continuing education, for all the things that support a better profession. And he does it in a way that embraces everyone. Oh, and ask him about his daughters sometime. Jeff Smith is a family guy through and through!

Bill Hirota (2012) wanted to focus on leadership by offering a CME Leadership course. It was a weekend course at Alderbrook and turned out to be a very successful one. When I say he wanted to offer, I mean HE wanted to offer! He planned the event, he secured the speakers, and he even raised the funds - himself! Due to popular demand, he agreed to do another one in 2013! I realized that when Bill steps up, Bill steps up! One more thing... he is the most generous guy I have ever met - on every front!

Dan Ginsberg (2013) - Just like 2006, I was nervous heading into 2013 and again I'm not sure why. Those nerves quickly faded into a year like none other! Dr. Ginsberg inadvertently showed me that it was time for me to retire. I just couldn't keep up with his energy or his knowledge. This

entire article could be about what he has contributed to PCMS, not to mention a new logo and website. He worked endlessly and was so patient and understanding while I tried to learn new technology. I came to understand that he excels at just about everything he does - photography, cooking, languages, etc., but I was finally able to discover one little shortcoming - his disorganized office!

Mark Grubb (2014) was eager and excited to serve PCMS in any fashion. I think there wasn't anything he wouldn't do for us. He would drop by on his day off and ask if we needed help with anything from replacing lights to yardwork. Wanting to increase membership, he convinced his colleagues on the board to let the membership decide about deunification from WSMA, which was later passed by a 75% margin, effective with 2015 dues. What I will remember most is picking him up at his pediatric office and commenting on the chaos in his waiting room. I could feel the pain inside him as he told me how badly he just wanted to take some of his patients camping for a weekend or just give them a hug, recognizing that love and attention would be their best medicine. Thank you for your huge heart, Mark.

Keith Dahlhauser (2015) deserves kudos for accepting the presidency during this transition time. He contacted me prior to accepting the post and asked my plans. He said he would think about it and then later responded that he would accept the nomination noting that 'having you for six months is better than not having you at all.' Thank you, Keith. I was truly touched. And thank you for accepting the challenge.

My list of what I needed for a successful career was not only met but was far exceeded, due to working with such an array of fabulous people which I couldn't even have imagined when my criteria was set so many years ago. But I can't quite quit yet, and while there are too many supporters, colleagues and friends to mention here there are a few more that I must acknowledge and thank:

Past Presidents (1986 - 2000): **Richard Hawkins, Dick Bowe, Bill Jackson, Bill Ritchie, Bill Marsh, Jim Fulcher, Peter Marsh, David Law, John Rowlands, Jim M. Wilson, Larry Larson** and **Charles Weatherby** all whom I worked with when I was assistant director and embraced me when I became executive director.

Long-term MBI Board Members: **Mark Gildenhar, Joe Wearn, Keith Demirjian** and **Drew Deutsch** - your

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support and knowledge of our for-profit business, from publications to placements and the building provided me with reassurance and the ability to administer successfully. I apologize for usurping your editorial privilege on this one!

Paul Schneider - You have represented PCMS in our community like none other. Your commitment to health prevention and promotion is incredible and our community is the better for it. Many thanks for your many years of bringing everyone together to move forward collectively in a more efficient and effective manner.

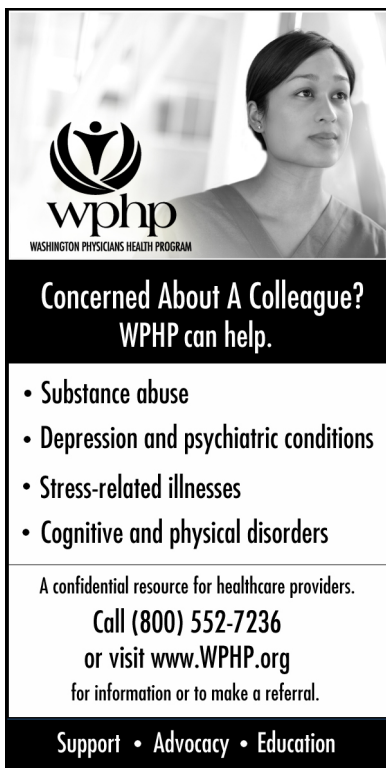
PCMS Staffers – I have had the great fortune of having several long term staff members over the years, all of whom I have appreciated and enjoyed working with. But Tanya McClain, you have been there through thick and thin with your steadfast loyalty and hard work. Most of the time I didn't even need to ask! I can't thank you enough and I will miss you every day!

Nick Rajacich – I don't think there are any words. You have been a stalwart supporter and cheerleader for PCMS as well as for me for years and years. I have witnessed and experienced the incredible contributions you have made to your profession all the way from treating patients in need that nobody else will see to organizing

social events and fund raisers for politicians. It was such an honor to be able to escort you to the podium when you were sworn in as president of WSMA in 2012. I'm sorry you were not a PCMS president during my tenure, but you have always been a president to me - available, helpful and caring. You are one in a million!

I don't need to tell any of you about the evolution of medicine over the last thirty years. Suffice it to say, things have drastically changed and I have found my skills and abilities no longer closely aligned as they once were. The focus has changed to the business and politics of medicine and membership is no longer first and foremost on a physician's mind. I know it is time for me to exit, and I can't tell you how excited I am about my successor, Bruce Ehrle. As Dr. Dahlhauser outlines in his President's Page, Bruce has the total package of experience necessary to transition the society to the next level. Please embrace Bruce, as you did me, and I am confident he will be highly successful in assisting physicians as they navigate new waters.

And to answer the one question most asked, I am going to spend time with my 90 year old mother who still lives in her house in Redmond, help a very close friend who has dementia, play golf, go camping and ride bikes, sleep in every day and miss each and every one of you, my PCMS family! I can't thank you enough. 🌸



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could shift, depending on what we learn from our community and what health looks like to them.

We also will align our strategic plan with the Pierce County Community Health Improvement Plan since it is the community's strategic plan for health. We encourage all community organizations, businesses, and governments to consider their role in the CHIP and to incorporate its priorities and strategies into their work plans.

Our strategic plan has helped us chart an ambitious course for our work in the past few years. As we continue to work toward realizing our vision of healthy people in healthy communities, we will make sure to ask our community members and partners to help us navigate.

A relevant local health organization must respond to the needs of the community. We have learned that we need to ask in order to understand. We promise to listen. 🌸

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Urgent Care Practice Opportunity. WOODCREEK HEALTHCARE has a full time position for a BC/BE Family Practice Physician to practice in the group's urgent care clinics. Located in Puyallup, Washington, WOODCREEK offers the opportunity to practice in a progressive, growing group. In addition to urgent care, WOODCREEK offers general pediatric care, behavioral health and expanded allergy/asthma services. A competitive salary and benefits, a pleasant working environment, and top quality colleagues make this a great opportunity. For more information about Woodcreek visit www.woodcreekhealthcare.com. Experience preferred, but recent graduates will be considered. Contact: Karen Denzinger, Director of Provider Relations, 11102 Sunrise Blvd E Ste 103, Puyallup, WA 98374. (253) 446-3202. kdenzinger@woodcreekhealthcare.com.

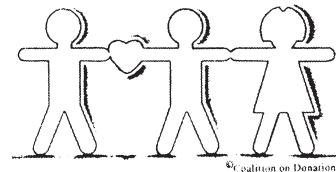
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MEDICAL VOLUNTEERING HAS GREAT IMPACT



Keith Dahlhauser, MD

We all have unique skills and abilities as physicians. Our training in the United States is exceptional. We do not just do a job, we are altruistic in our professions. As part of society, and the human race, we like giving back to others. Although it is important for us to give to the greater good with taxes and charitable contributions etc., we as physicians are in a unique position to give medical care. Some of us do that by providing free care to some underprivileged patients in our practice. We do it by providing low-payment care to patients on Medicaid. There are services in the area that help us provide free care, such as Project Access. My practice, Cascade Eye and Skin, has donated two free cataract surgeries per month over the last few years through Project Access. There are free clinics and community health services to which we can volunteer our abilities as physicians. Over the years I have found an additional organization to which I donate my skills.

After my ophthalmology training sponsored by the Air Force, I was stationed at Madigan Army Medical Center. During my ten-year military career at this training institution, I participated in many medical missions. For the last 11 years after leaving the military, I have volunteered as a surgeon and clinical instructor on these same missions. They are designed to train ophthalmologists on how to provide surgical care in an austere third world environment. The missions also help connect the United States military team with the host nation's military and medical teams, thereby improving relations with these nations. We spend two weeks doing mostly cataract surgery and strabismus surgery on underserved individuals who would not be able to have the surgery done otherwise. Most of my patients in the United States would receive surgery if I were not here, whereas on these missions our team is the patient's only option. I have been on missions to Honduras ten times, the Dominican Republic three times, Costa Rica, Nicaragua, Trinidad, Peru and Malawi (in Africa). We travel with a team of surgeons, nurses, and technicians; sometimes a team up

to 20-25 people. We rely on host nation volunteers, such as the Honduran Boy and Girl Scouts, as interpreters and medical workers. The surgical volume varies, with the most productive mission providing 400 surgeries. I am lucky to be an ophthalmologist and to be able to provide an efficient surgery that has a huge impact on patient's lives. Cataract surgery in the United States is done with disposable, expensive equipment; the natural lens is removed in pieces through a small wound and a foldable lens is placed in the

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PARTNERS IN OUR STUDENTS' ACADEMIC SUCCESS



Anthony Chen, MD, MPH

Schools are key partners in supporting the health and well-being of children. At the same time, public health and the medical community contribute to better academic performance and success in life.

To succeed, students need to arrive at school ready to learn, remain engaged, and have access to strong support systems in school, home, and community. They cannot if they are hungry, have decayed teeth or poorly controlled asthma, live in homes with substance abuse (whether it is alcohol, tobacco, marijuana, or opiates), or are traumatized by abuse and family dysfunction.

The medical community and Tacoma-Pierce County Health Department share responsibility to reduce health risks and to prioritize healthy development that contributes to our children's academic success.

How we already support students

Examples of successful partnerships between Pierce County's school districts, medical and dental providers, and the Health Department include:

- School- and neighborhood-based immunization clinics.
- School-based oral health services.
- Early learning and parenting.
- Indoor air monitoring and asthma home visiting.
- Targeted funding to schools and school districts through Healthy Schools grants.
- Policy guidance, content expertise, and training for school staff on topics such as asthma management and sexual health.

Six school districts in Pierce County host immunization clinics in schools or have mobile immunization clinics in their communities, contributing to Pierce County's overall student vaccination rates coming in higher than Washington state totals.

In 2013-2014, the Pierce County School-Based Oral Health Program screened 13,168 students, provided more than 5,500 fluoridation treatments, and provided sealants to nearly 1,500 children.

With partners, the Health Department helps mothers during pregnancy and early childhood to stimulate child development so their children enter school ready to learn. Parenting interventions are provided through Family Support Centers, many of which are located at schools.

To address environmental factors that exacerbate asthma, the Health Department monitors air quality at schools and accepts referrals from medical providers to home visit children with asthma.

In 2015, six more schools in Pierce County received Healthy Schools grants, which recognize the connection between health and academic success. Schools can receive up to \$5,000—and districts up to \$10,000—to increase physical activity, improve nutrition, and prevent tobacco use.

Strengthening school partnerships

The Health Department continues to assess school districts' health priorities and opportunities for collaboration. Since 2013, many districts have increased programming to support students' social and emotional health, enhanced tobacco policies to include electronic cigarettes, implemented evidence-based strategies to reduce obesity, and placed greater focus on health equity.

See "Partners" page 10

“Impact” from page 3

eye. On these mission trips, the cataract of the patient is extremely old and solid. It cannot be broken into pieces, and we cannot afford to use disposable equipment and expensive machines. Our team has been performing a surgical technique that removes the lens in one piece through a uniquely constructed wound. This wound can usually be closed without sutures, thereby providing quick visual recovery. Furthermore, this procedure costs a fraction of what the “high-tech” cataract surgical procedures performed in the U.S. and other developed nations cost, and provide equivalent visual outcomes. Not only do we provide this surgery free to our patients on these missions, we also train surgeons from the host nation on these techniques.

I could fill this bulletin with amazing personal experiences from these missions. Our patients are blind and we are giving them sight. We are freeing up family members from a full-time job of caring for a blind grandparent, parent, or sibling. My strongest memory among many is taking the patch off of the eye of a blind grandmother the day after surgery who then proceeded to cry tears of joy. She held my face, kissed my cheek and told me in Spanish that she could now see her grandchildren for the first time.

I have been on many vacations as a tourist, but would much rather visit a country welcomed by their medical community, appreciated by the local population, work with them as a team, and to be accepted by their culture. My situation is admittedly unique, but as physicians and altruists we can all find niches that enable us to donate our skills in a rewarding way. 🌱



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HEALERS IN AN ACHING WORLD



Bruce Ehrle

As I assume the role of Executive Director of the Pierce County Medical Society benefiting from the outstanding stewardship of the organization by Sue Asher for so many years, I wanted to begin my tenure by explaining what motivates me when I think about the physicians of our community.

We all know that the medical community in Pierce County, like in the rest of the United States, faces some big changes and challenges. In fact, those changes and challenges are some of the biggest in decades and for many of you the biggest in your entire careers.

Payment reforms to modify the nature of the reimbursement system away from fee-for-service to payment for value and quality are now well underway and are set to be implemented nationally by early in the next decade under laws passed earlier this year and late in the previous decade. The economic models for physicians are very different than they were for a long time. Patient-centered care is moving outside provider silos very quickly to encompass a focus across the full continuum of the experience. Technology is not only playing a greater role in care but it is being mandated. Quality metrics are now a daily fact of life for providers and will continue to grow in importance even as efforts are made to streamline them. Outcomes are being looked at as closely as processes. Time is short and the to-do list is long. These are just a handful of the things on the minds of physicians as each of you fulfill your important duties to care for your patients.

Given that, it's easy to be fatigued and to lose sight of the core of what each of you mean to our society. As your medical society here in Pierce County serves to be your ally, seeks to help you navigate all these things in the years ahead, and provides opportunities tied to your profession including education, innovation spread, advocacy, coalition building, and chances for peer-to-peer collegiality, it is incredibly important to remember that above all, no

matter how many times things don't seem to make sense or how often it feels like the ground is shifting under your feet, as a physician you are a healer in an aching world.

For your patients you are all that stands between them and pain, problems, or worse. Your education, training, wisdom, experience, and knowledge that has continued to be developed over many years and that has required you to dig deep in to your personal character is applied to make a vital difference for those who you see whether it be as a primary care doctor or specialist, whether you focus on treating children, adults, or the elderly, or whether you utilize your talents in active practice treating patients or as a retired doctor seeking to find ways to reduce disparities or make progress with population health in Pierce County.

We can't spare any of you because all of us are fragile—and all of us need your healing ability. As the health of the community becomes tied to the success of individual providers whether they be small physician practices or large health systems, it will require the meaningful efforts of all involved including all physicians from independent doctors to those employed by large provider organizations because here in 21st Century America, nobody will be able to do it on their own anymore. The penalties and incentives that loom large on the horizon will require that everybody work to raise all boats. More than ever, the actions of the employed physician at a health system, the staff at a long term care facility, the home health worker, and the independent doctor will all be tied together. The brave new world of patient-centered care based on value, quality, and outcomes is surely here and it has the prospect to do wonders for people but only if implemented in a way that makes sense and only if carried forward in a way where physicians are considered valued partners in that process—and where the physician profession is a robust one.

See "Healers" page 8

“Healers” from page 7

Through it all, what motivates me as the new executive director of your county medical society is my firm knowledge that you are healers in an aching world. Those aren't my words. They come from somebody who has served as a model for me during my many years working in health care policy and politics—Dr. Donald Berwick. As one of the most caring and passionate physicians that I have ever encountered, Dr. Berwick has been relentless in his pursuit of the very models of patient-centered care across settings that we are now embracing in this country. Several years ago he delivered the graduation address for Yale Medical School. Weeks after giving that speech Dr. Berwick was appointed as Acting Administrator of CMS and passages from that speech were being recited all over the nation's capital and at CMS. I am including a few of those passages here for your consideration:

With your white coat and your Latin, with your anatomy lessons and your stethoscope, you enter today a life of new and vast privilege. You may not notice your power at first. You will not always feel powerful or privileged – not when you are filling out endless billing forms and swallowing requirements and struggling through hard days of too many tasks. But this will be true: In return for your years of learning and your dedication to a life of service and your willingness to take an oath to that duty, society will give you access and rights that it gives to no one else. Society will allow you to hear secrets from frightened human beings that they are too scared to tell anyone else. Society will permit you to use drugs and instruments that can do great harm as well as great good, and that in the hands of others would be weapons. Society will give you special ti-

ties and spaces of privilege, as if you were priests. Society will let you build walls and write rules.

What is at stake here may seem a small thing in the face of the enormous health care world you have joined. It is as a nickel to the \$2.6 trillion industry. But that small thing is what matters. I will tell you: it is all that matters. All that matters is the person. The person. The individual. The patient. The poet. The lover. The adventurer. The frightened soul. The wondering mind. The learned mind. The Husband. The Wife. The Son. The Daughter. In the moment.

Those who suffer need you to be something more than a doctor; they need you to be a healer. And, to become a healer, you must do something even more difficult than putting your white coat on. You must take your white coat off. You must recover, embrace, and treasure the memory of your shared, frail humanity – of the dignity in each and every soul. When you take off that white coat in the sacred presence of those for whom you will care – in the sacred presence of people just like you – when you take off that white coat, and, tower not over them, but join those you serve, you become a healer in a world of fear and fragmentation, an “aching” world, as your Chaplain put it this morning, that has never needed healing more.

Yes, you are indeed healers in an aching world and as your county medical society stands by you to help navigate the seemingly endless maze of new challenges for physicians, I urge you to begin and end your days knowing the importance of what you do because I certainly begin and end each of my days knowing the positive difference that you make. 🌱

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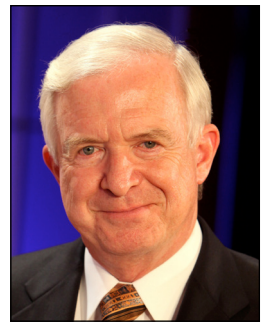
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SIMULATING THE FUTURE OF HEALTHCARE



John Nance
New York Times best-selling author
of "Why Hospitals Should Fly"

Most of us have, at one time or another, embraced and used the word "virtual" to describe a computer-based experience in which computer-aided humans participate or communicate with someone or something at an electronically aided distance.

In a game of virtual chess, for instance, the game exists in the player's minds, but the chess board is a construct of 1's, zero's, and pixels floating in that "virtual" world.

In a sense, simulation - whether aviation or nautical or medical - mines the same willing suspension of selective disbelief as that chess game, aiding the process of pretending to fly an airplane, drive a ship, or perform a medical procedure, all for the purpose of practicing and improving skills without taking chances.

In aviation, multi-million dollar flight simulators have almost completely replaced the real airplane in training pilots to be ready to fly. And in healthcare, simulation is just now in its infancy, with sophisticated dummies (such as "Noel") available to greatly aid the tactile learning of nurses, techs, and physicians on a wide variety of invasive procedures without imperiling a real human.

In it's infancy? Why? Where can it go from here?

That, you see, is the exciting promise on the horizon, because perhaps the most effective use of simulation will be in training professional humans to operate like a finely-tuned team, supporting and communicating seamlessly with each other for the best interests of the patient.

I call it "Empty-Room Simulation," because it doesn't require expensive dummies or real OR's pulled out of service. In fact the only thing required for a highly effective training center is that empty room with a table, the room festooned with small HDTV cameras, a seasoned medical team (from the OR, the ED, the Cath Lab, etc), and a very well-trained facilitator. With the participants talking the facilitator and themselves through the steps they would take in a real procedure, the facilitator throws a wide variety of problems and variations their way (Okay, Doc, you just nicked an artery. Talk me through your response).

The prime deficiency in medical practice is teamwork fueled by poor communication and hierarchical blockages to communication of timely information. Simulation enables us to attack such deficiencies with devastatingly effective confrontations in which the poor or deficient or even defiant actor is confronting their own performance on video. You have not been fully chastised for poor performance in communication, coordination, and teamwork until you have watched yourself, through video, falling short of the mark. The motivating force of that alone is very important as we enter the dawn of a massive cultural shift in medicine from the lone-eagle practice to teamwork.

Health care organizations are beginning to embrace this type of critical skills training. They've seen how skills gained through real-life situations is one of the most important factors to impact patients' safety as well as physicians' long-term wellbeing. Physicians Insurance, a medical professional liability insurance company, recognizes this principle with their "Get Ahead of the Code: Advanced Simulation for Physicians" event. In partnership with InSytu Advanced Healthcare Simulation and Pacific Northwest University, they have put together simulation training of eight medical procedures and five different ER codes for their members as well as the broader community of physicians in the Northwest.

Get Ahead of the Code

Advanced Simulation Training for Physicians

Saturday, September 19

Pacific Northwest University, Yakima WA

9:15am to 4:15pm

*This activity approved for AMA PRA Category 1 Credit™

In this, the "crank telephone" stage of simulation, it is vital that the headlights of any hospital or healthcare system's program be focused way down the track. There is much to be done and to be learned, and we're just beginning.

For more information about the event visit www.PhyIns.com/Ahead-OfTheCode or call (800) 962-1399.

PCMS LAUNCHES NEWSLINE

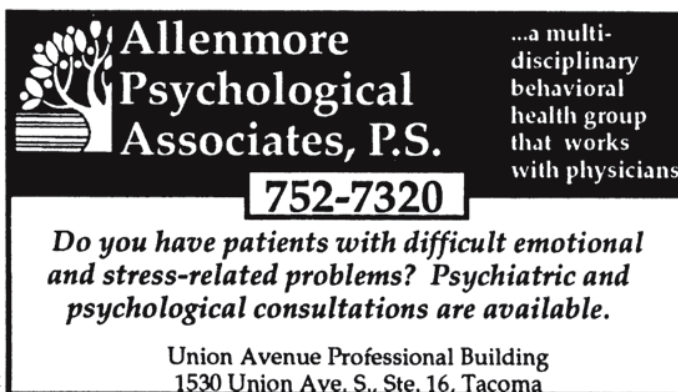
The Pierce County Medical Society has launched the PCMS Newsline as an additional benefit of membership in the Society.

The Newsline will feature periodic items of interest to physicians from major sources that relate to broad health care topics so that busy members of the Society have an additional resource to quickly turn to in order to be aware of how certain stories that pertain to their profession are being covered in the national media which so often influences policymaking.

To get to the PCMS Newsline to see what has been posted recently, simply log in with your member e-mail and password at pcmswa.org, go to the Membership drop down menu on the home page and select Newsline. The pdf document will be updated with links to older pieces maintained as links to new pieces are added closest to the top. A brief introduction will accompany

each link along with the date that the piece appeared in the media and the news outlet it appeared in.

If you need password assistance with your member account for the website, please contact Tanya on the PCMS staff at tanya@pcmswa.org. 🌱



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“Partners” from page 5

Among the issues of greatest concern from district data and the 2014 Healthy Youth Survey are:

- Student attitudes towards and use of marijuana.
- Severe depression and suicide among students.
- School-based medical and mental health services.

The Health Department will use this information to fine-tune our school health strategies and inform our 2016-2020 Strategic Plan.

We are only one part of the solution. The medical community, the Health Department, and schools are all partners — working together — to protect, enhance and ensure the health of students through healthy homes, healthy practices and healthy communities. 🌱

UPDATED PCMS MEMBER PROFILES

The Pierce County Medical Society has a well-designed website that we want to make sure is being fully utilized by members and the public. A vital component of the site are the member profiles which allow your fellow physicians to see information about their colleagues and allow the public to search for a physician in our county. Something like the Physician Search feature on the PCMS homepage is only as good as the data that members put in to it so please take a moment to log in to your profile on the PCMS website and make sure that it is fully complete and up to date. Your help with this effort will make our Society's website a robust resource. If you need login assistance to your member profile, please contact Tanya McClain on the PCMS staff at tanya@pcmswa.org. Thank you very much for your assistance.

POSITIONS AVAILABLE

PCMS NEEDS YOUR E-MAIL ADDRESS

The Society is going to be communicating with the membership more via e-mail about events, breaking health care policy news, and upcoming webinars/conference calls so it is very important that we have your preferred e-mail address. Please update your PCMS member profile by logging in to the website or send your e-mail address to Tanya McClain on the PCMS staff at tanya@pcmswa.org. Your attention to this important matter will help us make sure that you are receiving timely information and updates about the activities your medical society.

Urgent Care Practice Opportunity. WOODCREEK HEALTHCARE has a full time position for a BC/BE Family Practice Physician to practice in the group's urgent care clinics. Located in Puyallup, Washington, WOODCREEK offers the opportunity to practice in a progressive, growing group. In addition to urgent care, WOODCREEK offers general pediatric care, behavioral health and expanded allergy/asthma services. A competitive salary and benefits, a pleasant working environment, and top quality colleagues make this a great opportunity. For more information about Woodcreek visit www.woodcreekhealthcare.com. Experience preferred, but recent graduates will be considered. Contact: Karen Denzinger, Director of Provider Relations, 11102 Sunrise Blvd E Ste 103, Puyallup, WA 98374. (253) 446-3202. kdenzinger@woodcreekhealthcare.com.



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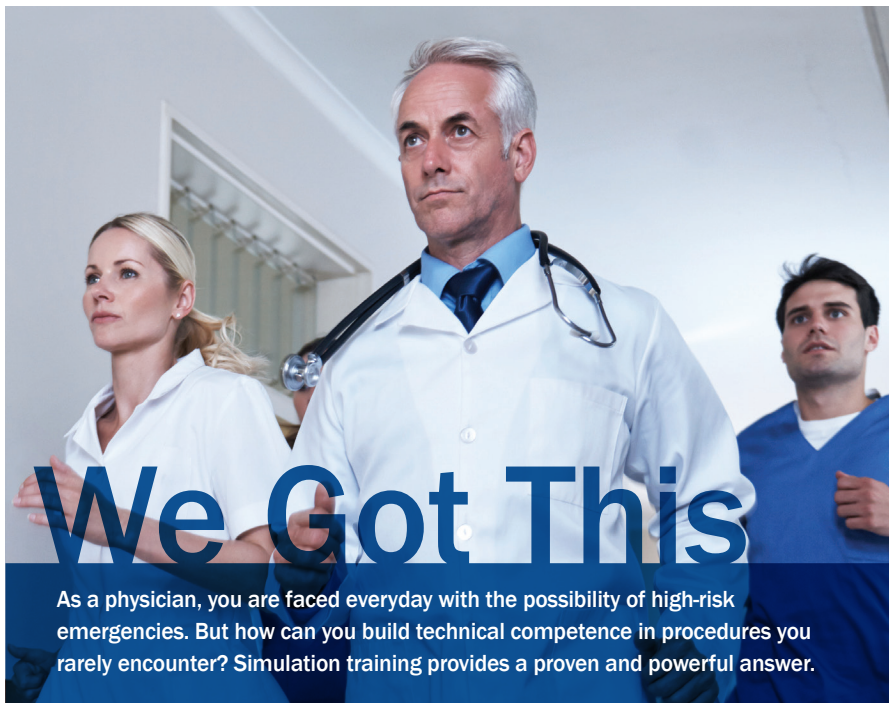
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SEPTEMBER/OCTOBER 2015 EDITION



PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Serving Our Members and Community Since 1888



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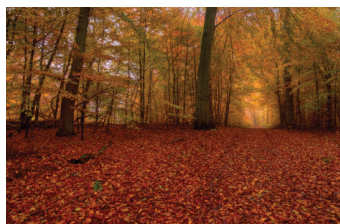
Staff

- Executive Director: Bruce Ehrle
- Administrative Assistant: Tanya McClain
- Bookkeeper: Lynne Hayes

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ON THE COVER

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MEDICAL SCRIBES CAN IMPROVE PHYSICIAN JOB SATISFACTION



Keith Dahlhauser, MD

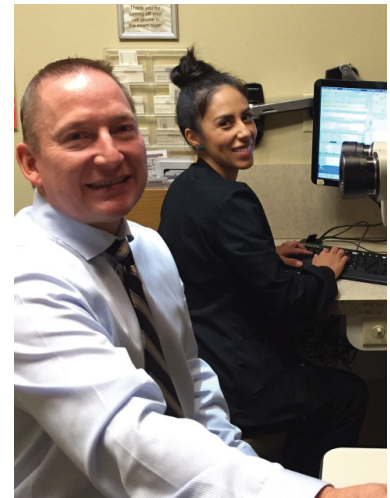
Just as in a productive factory assembly line, an efficient physician and surgeon is constantly looking at the rate limiting step. Not always do administrators have that same mindset. At the beginning of my career, I was an Air Force ophthalmologist stationed at Madigan Army Medical Center. The hospital commanders knew there was a backlog of ophthalmology patients needing care. To help decrease this backlog, an Air Force asset was given to the Army. Unfortunately, they were not looking at the big picture. The Ophthalmology Department did not need another doctor. In order to make the clinic more efficient, they should have hired more technicians and scribes. Each of the physicians could have doubled their patient volume with appropriate support staff.

As a civilian now, with appropriate staffing, I am able to care for three times more patients per day. Traditionally, the physician's job has been focused solely on direct patient contact and care. However, with the advent of electronic medical records (EMR) and pay for performance, the charting and documentation responsibility is markedly increased. Thus, physicians are slowed down and pulled away from actual patient care to perform documentation tasks. To relieve this overload, physicians are turning to medical scribes.

A medical scribe is essentially a personal assistant to the physician. They perform documentation in the medical record, gather information for the patient's visit, and partner with a physician to deliver efficient patient care. In my current practice, a scribe is assigned to me for the day. They help position the patient in the room and set up the computer to that patient's chart before locking it. When I arrive into the room, I open the EMR and review the clinical history and complaint. I will clarify and adjust the chart specifics as needed. I can then direct my full attention to the patient. I dictate exam findings and discuss the diagnosis and plan with the patient, while the scribe enters the same information into the EMR.

Most of my time is spent in examination and communication with the patient. Before the patient leaves, I do a final review of the EMR and place a statement in the chart expressing that my scribe's notes were reviewed, complete and accurate. By staying with the patient and completing one task before moving on to another I ensure that my thoughts regarding the exam are complete and a chart is never left partially done.

A physician is the highest cost member of the health care team. We cannot be cost effective providers of health care if we have physicians doing tasks such as typing, documentation and basic tests. It is far more cost effective to leave this to the support staff, freeing up the physician's time to administer quality health care. I have the



advantage of being a partner in my practice, having some control over my employees and work environment. As an employed physician, if you are in a system that does not provide scribes, you will need to have a discussion with your administrators about this option. It may take researching other organizations in your specialty that have adopted scribes and their effect on production. Although less practical, another option would be to personally hire a scribe for a one-month demonstration to see if your production income increases beyond the cost of a scribe. With this objective data you could then approach the discussion with your administration. Had my production income remain unchanged; I'd still enjoy my occupation more with the additional direct patient time that a scribe provides. 🌱

PCMS LEADERS MEET WITH REPRESENTATIVE DEREK KILMER

On September 4, Pierce County Medical Society Vice President **Dr. Nicholas Rajacich**, Treasurer **Dr. Khash Dehghan**, and Executive Director Bruce Ehrle met with U.S. Representative Derek Kilmer of Washington's 6th District at his office in Tacoma about topics of importance to physicians in our county.

The PCMS leadership raised the ongoing problems relating to achieving meaningful use of Health Information Technology, stressing that flexibility with regard to Stage 3 needs to be offered by CMS.

The current landscape of only 20 percent of physicians having achieved success with Stage 2, the very serious interoperability issues where different systems from different vendors can't communicate, and questions about how upcoming quality metrics will be included in meaningful use standards were all discussed in the meeting with Rep. Kilmer.

The PCMS delegation noted that great achievements in patient care, quality improvement, practice management, and cost reduction can be realized with Health Information Technology but that the haphazard nature of implementation has created many difficulties for physicians that will only be exacerbated if Stage 3 moves forward without an effort to fix deficiencies that exist.

PCMS leaders advocated that common sense modifications are needed in the push toward meaningful use and those modifications should not come at the expense of physician practices and other providers that have adopted EHR systems in

good faith only to find that their systems are inadequate to evolving regulations out of Baltimore and Washington, DC.

The PCMS leadership stressed that as any changes are made to EHR systems to fix current shortcomings and as future regulations are released, potential disruption to physician office workflow be kept in mind while a priority is placed on offering technical assistance to providers to help them manage those changes.

The Pierce County Medical Society leadership also noted to Rep. Kilmer that with quality metrics under the new MIPS and Alternative Payment Model due out from HHS and CMS in the next year, it will be vital that those metrics which will determine incentive and penalty payments reflect the reality of front-line care that physicians are experts at.

PCMS updated Rep. Kilmer about upcoming interactions planned for

the Society with CMS leadership to offer suggestions about those upcoming quality metrics and he stated his belief that it would be wise for CMS to consult with practicing physicians as the agency designs what health care quality will mean in the United States over the coming years. Rep. Kilmer offered his assistance getting access to CMS leaders for PCMS in the event of any roadblocks.

Rep. Kilmer offered to speak to the PCMS membership in the coming months in order to provide an update on federal health care policy. The Society will be looking to schedule a conference call for him to be able to do that--and for PCMS members to interact with one of the U.S. Representatives that has a part of Pierce County in their House District.

PCMS leaders and Rep. Kilmer agreed to remain in close touch on these issues as well as the implementation of ICD-10. 🌱



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Anthony Chen, MD, MPH

HEALTH SYSTEM TRANSFORMATION IN PIERCE COUNTY

Tacoma-Pierce County Health Department and healthcare partners are helping to transform how Pierce County residents will experience health care in coming years. In February 2014, the Health Department convened the Pierce County Health Innovation Partnership (PCHIP) to develop innovative ways to improve our community's health and prepare our county's health system for changes on the horizon.

In addition to health insurance and coverage, the Affordable Care Act sketched out changes to healthcare delivery, priorities, and payment. In Washington, the State Health Care Innovation Plan (Healthier Washington) aims to improve population health and quality of care and to lower costs. The plan includes three core strategies to transform how our residents experience health and health care:

1. Improve how we pay for services

Washington will move away from fee-for-service to a patient health outcomes-based system. Quality will be rewarded rather than quantity. Providers will have to harness all their tools including improving health behaviors, preventing illness, and engaging patients in their care.

2. Ensure health care focuses on the whole person

Currently, the healthcare delivery and financing system artificially separates physical, emotional, and social health. Medicaid-funded mental health and substance abuse treatment will be integrated by next spring. The Health Care Innovation Plan calls for subsequent integration with physical health and addressing social and economic needs that affect health, such as housing, food, education, and employment.

3. Build healthier communities through a collaborative regional approach

Recognizing that each community has unique needs, challenges and opportunities, the State is supporting regional collaboratives called Accountable Communities of Health (ACH) to design and implement the changes. The ACHs will strive to reduce health disparities and achieve health equity. Addressing underlying conditions that contribute to poor health will help all people in Pierce County achieve better health outcomes, no matter where they live, learn, work or play.

Help Transform Health and Health Care in Pierce County

The Health Department is leading efforts to build the Pierce County Accountable Community of Health. The Pierce County Health Innovation Partnership wants to expand the array of community partners transforming healthcare in our region: social services, housing, transportation, education, business, labor, faith, health care providers, and community members.

We need health providers like YOU to take ownership of this initiative. We invite you to learn about state efforts via the Healthier Washington website (<http://www.hca.wa.gov/hw/Pages/default.aspx>) and local efforts of the Pierce County Health Innovation Partnership (<http://www.tpchd.org/about/pchia/meetings/>).

The steering committee meets monthly in the auditorium of Tacoma-Pierce County Health Department. Some committees are tackling health information technology and health information exchange, community health workers, quality measures, integration, and other issues. In addition, workgroups are tackling governance, community engagement, sustainability and other operational issues. We look forward to having you join us. 🌱

WASHINGTON QIO LAUNCHES HEALTHY HEARTS NORTHWEST TO ASSIST PHYSICIANS

Qualis Health, the Medicare Quality Improvement Organization for the State of Washington, is conducting the Healthy Hearts Northwest Project to provide free quality improvement assistance to primary care physicians.

The Agency for Healthcare Research and Quality (AHRQ) has funded the MacColl Center for Health Care Innovation at Group Health Research Institute to conduct a three-year project that helps primary care practices improve their patients' cardiovascular health – while also building their capacity for quality improvement. Healthy Hearts Northwest will be led by the MacColl Center with its partners Qualis Health, the Oregon Rural Practice Research Network, and the Institute of Translational Health Sciences.

The study seeks to advance the understanding of

primary care process improvement through monitoring of the ABCS measures (Aspirin, Blood pressure Management, Cholesterol Management and Smoking Cessation). 250 small and medium-sized primary care practices in Idaho, Oregon and Washington that participate will receive the following benefits:

- 15 months of practice support
- Technical assistance for health information technology (IT)
- Coaching in quality improvement (QI)
- Opportunities to participate in trainings to build QI competencies

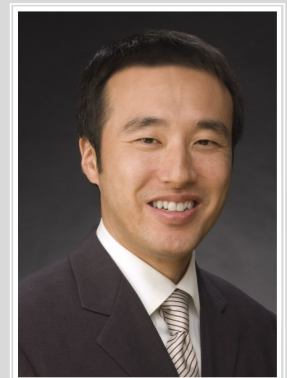
Healthy Hearts Northwest is actively enrolling new practices in to late October. To enroll or for more information, please email h2n@qualishealth.org. 📧

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Bruce Ehrle

PCMS AS YOUR ALLY

To be an effective ally to physicians as you carry out your important duties every day, your county medical society needs to remain active on multiple fronts.

At a time when massive changes are occurring in health care delivery, advocacy has never been more important for the physician community.

Though the annual threat of a huge cut in reimbursement rates has gone away with a permanent fix to the Sustainable Growth Rate, that fix has been accompanied by an overhaul of the entire payment system. What other initiatives such as the Affordable Care Act began with a movement away from fee-for-service to payment for quality and value with things such as ACOs has been greatly amplified by the creation of MIPS (Merit-Based Incentive Payment System) and the Alternative Payment Model which are meant to replace other current quality reporting initiatives such as PQRS, reduce costs, and improve the quality of care in a patient-centered manner across the entire continuum of care as fee-for-service is further eliminated.

The measures that will implement these new programs are currently being devised by CMS and HHS and as they become fully effective in the next decade they will result in large incentive payments for success and large financial penalties (close to ten percent) for failure. Private payers will follow the actions of CMS on the Medicare side of payment with their own similar changes.

Now is the time for physicians to speak up about what makes sense in terms of quality metrics so that the guidelines that the provider community will have to follow in the coming years reflect the front-line reality of patient care that you are experts at. In that spirit, your medical society will be continuing a dialog with

leaders at CMS in the coming months and also maintaining contacts with our Congressional delegation so that when the metrics of what the new world of quality means are issued, they are based on the wisdom of physician experience and proper oversight by Congress is provided. This is one example of important advocacy that the Society will be pursuing.

Another giant area of policy implementation that requires vigilant advocacy is in the push to achieve meaningful use of Health Information Technology. As we know, the laudable and worthwhile goals of increasing patient safety, reducing costs, and streamlining the practice of medicine through the use of HIT have been hampered by a haphazard adoption of the technology resulting in interoperability problems and disjointed systems that instead of alleviating burden, create the need to find innovative solutions to handle the systems while still allowing for time with patients—just as **Dr. Dahlhauser** writes about in his column this month on the use of medical scribes to assist with workflow issues.

The current state of HIT in America is not fully helping patients or doctors in the ways that was intended. Therefore, new ideas will be examined even as CMS looks to implement Stage 3 of Meaningful Use at a time when only 20 percent of physicians have demonstrated full success at Stage 2. Again, now is the time for physicians to speak up about what makes sense in the continued adoption of HIT and PCMS will make sure that the local voice of front-line providers is heard on this topic in the corridors of Congress and CMS. These are just two examples of many where the Society will play an ongoing role in advocacy, with your expertise as caregivers serving as the guide.

See "Ally" page 8

“Ally” from page 7

Even as we try to shape health care policy to fit the realities of daily patient care, that care does continue each day in your hands. There are tremendous things happening in our community and across the nation in a wide variety of areas to improve the quality of care, meet the new realities of 21st Century medical practice, and reduce costs to demonstrate value. PCMS will be conducting periodic conference calls and webinars that you may participate in as a benefit of membership with policy leaders, fellow practitioners, and community partners so that the county medical society may augment important opportunities for education and peer-to-peer sharing in order to foster innovation spread that will be critical as so many changes continue to occur in health care delivery.

By successfully sharing information and knowledge, all boats can rise in population and community health in Pierce County. That will provide the best chance for all entities in our county, from the large health systems to the long term care facility and independent small physician office to meet the new world of payment for quality and value head on with success in a manner where the patients of our county receive the best possible care--and those providing it, including physicians, share in the financial rewards and appreciation. Knowing that schedules are busy and time is tight to try to get to an in-person event, the formats for these offerings will often be 30-45 minute conference calls and webinars that can either be accessed live from your office or be watched and listened to via recording at a time that is most convenient for you. Please be on the look-out for these educational events as part of your membership in PCMS.

Part of achieving success in our county on these topics that PCMS will be continuing to advocate and provide education on will be to promote active coalitions between PCMS and other entities that share the goals of the local physician community. Your county medical society will be continuing to foster those partnerships with government, other providers, community-based advocates seeking improved population health, and private sector entities vital to patient outcomes. As these new policies relating to patient-centered care across settings become fully realized, nobody is going to be able to do it alone. The success of care for a patient in one part of our community will dictate the success of care for that same patient in another part of the community—with the incentives and penalties that

will go along with those measures of success. Our approach as a physician community needs to constantly push partnerships to enhance the maximum amount of coordination and communication as we realize that the actions of a laborer in a nursing home, an employed physician working in the health system, the nurse on the ward, and a physician practicing in an office with a couple of partners are going to be all tied together as value, outcomes, and quality become paramount in how providers interact with payers.

Your county medical society is better positioned than any entity to offer opportunities for you to have informal social time with your colleagues in order to share your experiences, successes, and frustrations with those who are your fellow physicians down the street. PCMS will be continuing to provide activities where you are warmly welcome to join your fellow members for that collegial time to talk shop or talk about the best hiking trail to hit in order to step away from the shop for a bit while enjoying experiences such as a wine tasting, pub happy hour, art museum tour, dinner, or other local activity. Please know that these activities are designed for you as part of your membership and that your own attendance adds to the experience for everybody. A mentoring program will provide opportunities for early career physician members of the Society to be matched with established physicians to get informal advice and experience in topics that cross generations applicable in a world where your chief responsibility remains the care of your patients.

Health care in America is going more local right now, not less. Though the policies are often devised far away in places like CMS Headquarters in Baltimore and in the nation's capital, implementation of those policies is increasingly carried out at the local level. As public health, population health, and community health all merge in a patient-centered universe built on outcomes, value, and quality, increasingly interdependent health care providers in localities are having to identify resources that they didn't even know were there right down the street as we are forced to fully coordinate our efforts. At a time like this, county medical societies like PCMS are vital resources for the physician community, perhaps more so than in their entire histories. The initiatives outlined above are a handful of the ways that the Pierce County Medical Society will seek each and every day to be an ally to you as a valued member of our collective organization of physicians. 🌱

DONATED CARE UPDATE



*Leanne Noren,
Executive Director*

We can never be thankful enough for all of the physicians who participate in the Pierce County Project Access network. Your generosity continues to improve the lives of low-income, uninsured people who are themselves caregivers, landscapers, construction workers, and restaurant and hotel staff just to name a few vocations of our patients. Their health is important and you are a significant contributor!

PCPA will be six years old in October. It's exciting to see the positive trends of our work continue. To date, the PCPA physicians and healthcare providers have donated more than \$20.5M in care. Our no-show rate remains at less than 1% for the fourth straight year. And, non-emergent emergency room usage for enrolled patients declined again by 50% in 2014. In a situation where costs are generally shifted for the uninsured patient who continues to utilize the emergency department for non-emergent care to insured patients in an upward cost spiral, it's encouraging to see the decline of ER utilization for non-emergent care for uninsured patients in PCPA. The data suggests that an intervention for uninsured patients such as what Project Access provides can not only help these individuals receive important health care but can assist with reducing costs in the larger health care arena.

The 2014 Pierce County Annual Report is now available! Thank you **John VanBuskirk, DO** for sharing your story and the value of partnering with PCPA. We have also highlighted several patient stories and comments which show the direct connection between the value of donated care and the impact it has on real lives of people in our community. If you would like a copy, please contact me at Leanne@pcmswa.org. 📧

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Washington State Attorney General Bob Ferguson
Phillip Gardiner DrPH, University of California Office of the President
Jonathan Bricker PhD, Fred Hutchinson Cancer Research Center
Lonnie Johns-Brown, Office of the Insurance Commissioner

Featured topics to include

E-cigarettes and cessation
Closing the health disparities gap
Cessation coverage under the Affordable Care Act
Using new technologies to help people quit smoking
Using social media to promote cessation

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PCMS GROUP TOUR OF MUSEUM OF GLASS

POSITIONS AVAILABLE

The Pierce County Medical Society will receive a docent led tour of the galleries at the Museum of Glass on Saturday, November 7. The museum is at 1801 Dock Street on the downtown Tacoma waterfront. Parking is available in a garage under the museum with an elevator leading directly to the entrance.

Part-Time Pediatrician Opportunity, Puyallup. Woodcreek Healthcare has a part time position for a board certified/board eligible Pediatrician to practice in the group's pediatric clinic. Located in Puyallup, Wash., Woodcreek offers the opportunity to practice in a progressive, growing group. In addition to pediatrics, Woodcreek offers urgent care, behavioral health and expanded allergy/asthma services. A competitive salary and benefits, a pleasant working environment, and top quality colleagues make this a great opportunity. For more information about Woodcreek visit www.woodcreekhealthcare.com. Experience preferred, but recent graduates will be considered. Contact: Karen Denzinger, Director of Provider Relations, 11102 Sunrise Blvd E, Suite 103, Puyallup, WA 98374, (253) 446-3202, kdenzinger@woodcreekhealthcare.com

PCMS members attending the afternoon at the Museum of Glass may arrive at 12noon to share social time over lunch in the museum's café and to get their entrance tickets (\$15 adults, \$13 AAA members, \$12 62 years of age and over, Free for museum members). The docent led tour for PCMS will begin at 1pm and last until 2:15pm. The tour will be highlighted by "Chihuly's Venetians: The George R. Stroemple Collection" which is on view until early January. At 2:15pm there will be glassblowing demonstrations in the Hot Shop for any attendees who wish to remain for a bit and watch. The gift shop will also provide an opportunity for holiday shopping--or picking up a piece of glass art for your own enjoyment.

To attend the PCMS afternoon at the Museum of Glass on Saturday, November 7, please register by e-mailing Tanya McClain on the PCMS staff by the end of the day Friday, October 30 at tanya@pcmswa.org. There is no cost to register however advance notice by October 30 is required to attend. Registration will be capped to the first 75 attendees. We hope that you can join in this PCMS activity at the Museum of Glass on November 7!! 🍷

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SAVE THE DATE PCMS ANNUAL MEETING

The 2015 Annual Meeting of the Pierce County Medical Society will be held the evening of Wednesday, December 2. Please plan to join your fellow local physicians at a time of immense developments in the profession for an evening of collegiality. Further details will be forthcoming in the weeks ahead by mail, e-mail, and on the website.



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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN



Serving Our Members and Community Since 1888

WINTER



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

2015 Holiday Sharing Card Art
Artist: Tung Nguyen
Artist was a winner of the art contest at Jason Lee Middle School



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PASSING THE GAVEL



Keith Dahlhauser, MD

As I prepare to transition from President of the Pierce County Medical Society to Immediate Past President, I would like to reflect a bit on the past year for PCMS and look forward to the future.

This has been a year of giant transition for the Society with the retirement of Sue Asher after 30 years of service to our organization and its members, 15 years of those as our Executive Director beginning in 2001.



Sue Asher

All of us who know Sue are fully aware of the personal commitment that she consistently offered to the physicians of our community. Whether it was planning a social event for us, helping

with an advocacy project, or executing a business endeavor, Sue could always be counted upon to tirelessly make sure that we had full opportunities for success, collegiality, and progress toward our shared goals.

An important feature of this transitional period has been that Sue helped the Board of Trustees make sure that our foundation for the future is strong, both financially and organizationally. Her critical contributions in being able to hand off the torch to a new Executive Director with PCMS in such a good place is deeply appreciated by me and the rest of the Board.

With Sue's retirement this past summer, I know you share my best wishes and strongest hopes that she will fully enjoy her new found—and much deserved—time to pursue various other activities. Sue Asher will always be a part of PCMS. Her tenure as Executive Director will forever be installed as an important part of the long history of the Pierce County Medical Society.

That history for PCMS, begun well over a century ago, continues on with all of us in the medical community who continue to have many reasons to utilize a strong county medical society as Bruce Ehrle starts his own tenure as Executive Director.

Our profession is facing many challenges and changes but tied to that is the opportunity for physicians to be valued partners in the continued evolution of the health care system toward one that focuses on our patients across all settings of care and one that seeks to improve population health through a linkage between those of us providing that care to those who are critical to improving the social determinants of health that we know must be raised in order for Pierce County to achieve the levels of healthy communities we all work so hard toward.

Advocacy, practice success, and community engagement will all be important components of our activities as we also continue to provide social opportunities for collegiality so that we can spend time together as professional colleagues who are also neighbors.

I have been honored to serve as your President this year. I thank you for the opportunity to do so. It is never easy for any of us to find enough time in the day to check off the tasks we have in our professional and personal lives but I firmly believe that it's important to offer precious hours to a leadership role in our Society because the value of the organization is so high, it provides a chance to work alongside other committed physicians, and the importance of the mission of PCMS is such that every minute is worth it. I look forward to the coming year on the Board of Trustees as Immediate Past President—a diverse, engaged, thoughtful, and talented Board of Trustees who

See "Gavel" page 4

PCMS SUPPORTS E-CIGARETTE REGULATIONS

Pierce County Medical Society Executive Director Bruce Ehrle testified on behalf of the Society at the November 18 meeting of the Tacoma-Pierce County Board of Health in strong support of proposed regulations concerning e-cigarettes.

The Board of Health permitted public comments about a Tacoma-Pierce County Health Department initiative to ban the use of vaping in public places and in places of employment with the goal of bringing regulations for e-cigarettes in line with second hand smoke prevention measures governing tobacco products such as cigarettes. PCMS went on record in favor of this measure as well as the other components of the proposed regulations including banning the sale of vaping products such as e-cigarettes to minors and requiring licensing of establishments selling such products to adults.

PCMS is pleased that the Board of Health voted to adopt the regulations regarding e-cigarettes and views these measures as wise and reasonable steps to help protect the health of youth in our county as well as safeguard the public against the ill effects of second hand smoke. ✿

PCMS LAUNCHES MENTORING PROGRAM

The Pierce County Medical Society is launching a physician mentoring program as an additional benefit of membership in the Society. There is no additional charge to participate.

Though certain aspects of technology, approaches to career/life balance, and professional circumstances will differ across generations and between individuals, there are many areas of commonality among physicians—the desire to help people and be healers, the need to professionally interact with colleagues, superiors, and subordinates, challenges with evolution of the health care system, and making ongoing decisions as a career matures just to name a small handful.

Therefore, PCMS wants to serve a function whereby those who are experienced and established physicians can mentor those physicians who are in the earlier stages of their professional journey—and do so within the context of being local neighbors in Pierce County.

If you would like to volunteer to be a mentor or are interested in being matched with a physician mentor as an early career physician, please send PCMS Executive Director Bruce Ehrle an e-mail at bruce@pcmswa.org ✿

“Gavel” from page 3

work with your interests in mind month after month. Brian Mulhall, who I hand off this office of President to, is an example of the energetic and committed nature of our leadership at PCMS.

I encourage you to consider taking on a leadership role in PCMS, if not on the Board of Trustees then perhaps in another way that the Board and Bruce could identify for you to participate in. Just ask. I think that you will find it as rewarding and valuable as I have. In the meantime, thank you for your continued membership in our Society. All of our vital and necessary efforts begin with your support of the Pierce County Medical Society. ✿



Anthony Chen, MD, MPH

E-CIGARETTES AND HEALTH IN PIERCE COUNTY

Worldwide, tobacco use remains the leading cause of preventable death. In the United States, we have made significant strides against tobacco but the increasing popularity of electronic cigarettes and vapor products may pose health threats and create a new generation of addicts.

Electronic cigarettes and vaporizers are electronic nicotine delivery systems, which are also called e-cigarettes, e-cigs, vape pens, vape pipes, hookah pens, e-hookahs, digital cigarettes, or e-smokes. They are marketed as a safe alternative to tobacco smoking, as an aid to quitting smoking, to bypass smoke-free laws, and for lifestyle. Sales have exploded and totaled \$7 billion in 2014.

Locally, one in five Pierce County 10th graders use these products—double the number who smoke cigarettes. Your patients are likely using or being exposed to e-cigarettes.

Health Effects of E-cigarettes

Among the many concerns about e-cigarettes' safety and efficacy for cessation are:

- E-cigarettes contain propylene glycol, glycerin, water, nicotine, and flavorings. They have also been found to contain contaminants and carcinogens, reflecting the fact they are completely unregulated.
- The long-term safety of inhaling the aerosolized ingredients and ultrafine particles is unknown. The vaporization devices can generate heavy metals and formaldehyde.
- Inhaled or second-hand vapor can cause respiratory irritation, exacerbate asthma, and triggered cravings in former smokers.

- Nicotine is addictive. While e-cigarettes may be used to reduce tobacco use, the U.S. Preventative Health Services Taskforce found inadequate evidence for their efficacy in cessation. They may reduce harm in smokers, but they also lead to tobacco use in some nonsmoking users.

- Nicotine can be acutely toxic when inhaled, ingested, or absorbed through the skin. In youth, it impairs attention and cognitive development. The Washington State Poison Control Center reports a significant increase in child exposure to e-juice in recent years.

- E-cigarettes are used to deliver many drugs including marijuana and methamphetamine, which makes it difficult to identify what drugs are being vaped.

Listening to Our Community's Concerns

For the past several months, we listened to our community through meetings, focus groups, surveys, and individual conversations. Some of common themes we heard included:

- Schools face challenges monitoring youth use of e-cigarettes and have multiple health and safety concerns.
- Parents are concerned that it is difficult to detect if, and what, a youth may be vaping.
- Exposure to vapor is a concern because of the unknown content of the vapor.
- Bars and employers have created policies to address vapor use in their establishments.
- People think they are safe and are unaware of health concerns.

See "E-Cigarettes" page 10

GOALS TO SERVE PCMS MEMBERSHIP

The Board of Trustees of the Pierce County Medical Society has detailed four goals to accompany the organization's Mission and Vision Statements. They articulate how PCMS wishes to demonstrate value and to serve its membership in an ongoing manner. These are our guiding principles:

MISSION:

Promoting healthy medical practices, collegiality, and the well-being of the public.

VISION:

A strong, interconnected community of physicians and physician assistants in Pierce County, advancing good health for residents, and healthy medical practices for physicians.

GOALS:

1. Advocacy

PCMS will be a strong and effective advocate for physicians and patients, promoting a robust physician profession as a valued partner in the continued evolution of the health care sector through meaningful interactions with state and federal government leaders.

2. Practice Success


PCMS will advance the success of the practice of medicine for physicians by offering education about innovations in the delivery of care, information about trends in health care policy, assistance in navigating changes to the payment system, opportunities for mentorship, and resources to achieve positive results in order to provide the best possible care for patients.

3. Community Engagement

PCMS will build and maintain coalitions with local government, health care providers, and community-based organizations to foster improved population health in Pierce County with physicians serving as a vital component in efforts to provide high quality care for all patients.

4. Collegiality

PCMS will provide a social networking structure for physicians, physician assistants, and medical residents in Pierce County to informally interact with each another in order to build relationships with professionals who are neighbors as well as colleagues facing similar opportunities and challenges as they care for patients each day. ✨



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Bruce Ehrle

RESOLUTIONS

There often is a feeling that there aren't enough hours in the day. Just in the professional part of the lives of physicians there are the demands of the schedule, the requirements of coding and billing, malpractice insurance to worry about, guidelines to adhere to, boxes to check, reimbursement changes to follow, and outcomes measures to learn—just to name a short list that doesn't even include all the things to keep track of in the personal part of life.

These conflicting time pressures can easily lead to letting precious days slip away, not in the sense that you aren't making a terrific positive difference for your patients, but rather in the sense that you neglect yourself. The days then add up to weeks, months, and even years of missed opportunities to lead a full life while phrases such as "I want to do that—maybe next year" or "That is on my list for when I retire" become commonplace. It's an easy pattern to fall in to but risks missing much because there are no guarantees about life.

Given what physicians see during the treatment of patients, logic would seem to dictate that doctors would be as aware of the need to not put off special experiences in life as anybody in the whole world. Some indeed make sure to utilize the chances that their career provides them to pursue a wide variety of unique life experiences. Yet, others do not.

For those of you in the Society who make sure to find that professional/personal balance in life, I encourage you to keep it up without interruption. For those of you who hear yourselves saying those phrases above (or others), I wish to take this time of the holidays approaching and preparation for the dawn of a New Year to urge you to not let a resolution for 2016 be unmet.

We all have experiences or circumstances that we can point to our lives where we have been reminded of the all too brief time we have in this world yet there is much variation in how much we heed those experiences and circumstances to make sure that we fully integrate our professional and personal endeavors in a way to where we can answer "Yes" to the question, "Am I seeking to live life fully, in the moment?"

I personally have many experiences and circumstances that I can point to which have caused me to try to pursue all my interests to the maximum extent possible and to spend as much time as possible with those friends and family with whom I share bonds with. My most recent experience in this regard relates to a buddy of mine who is an Army Major who just returned from yet another deployment overseas. I have known this friend for over a decade, since he was a cadet. I have witnessed him leave the comforts of home (and in recent years his wife and two children) to serve a high purpose for us all. For any of us who share close friendships with military personnel in this current world climate, we know that sometimes just a singular day's duty can bring with it vast unknowns including a lack of certainty whether the end of the day will be reached safely. My Army officer friend's return home from deployment coincided within one week of the Paris attacks and of the 10th anniversary of the death of his 34 year old company commander in Iraq on a fall Sunday by an explosion hitting his vehicle—an Army Captain whose grave site I had attended to earlier this year at Arlington National Cemetery by planting a US Flag at it on behalf of me and my friend. These were three signs about life to heed within just one week.

Just days ago my buddy went out for a special evening with his wife and did me the honor at the start of their

See "Resolutions" page 10

“Resolutions” from page 7

dinner of texting me that they had ordered a bottle of wine, the variety of which I had put him on track to many years ago (from the Pacific Northwest!!)—and that they were toasting me for my ongoing support of them as a military family with me in their thoughts. You can imagine how good this simple yet incredibly kind and thoughtful gesture made me feel. Additionally, and perhaps far more important, his return back to the safe haven and hearth of home, and the knowledge that he and his wife were making sure to hire a babysitter for their own special night out together in their first days back together again, was yet another one of those experiences and circumstances in my own life calling me to live life fully in the moment.

It's not always easy to find those few extra minutes in a given day to do things to look out for somebody like a close buddy in the military or to send a kind and thoughtful text message but the rewards are far more immeasurable than those few minutes. Likewise, the feelings that go along with spending time in that dreamed about or favorite destination, successfully cooking that dish, learning to paint or play an instrument, catching that big fish, hiking that perfect trail,

or listening to that amazing music are all the singular elements that add up to a whole life well lived.

The holidays and the start of a New Year are celebratory and often very busy times but they are also a time of reflection about life. Each of you very well might be thinking, as I am, about the challenges for physicians that need to be attended to in the coming year. However, I wanted to finish this year by motivating all Society members to find that morsel in each day that makes it one worth living and in the larger sense, to make sure to not put off the travel you would love to do, the hobby you would love to take up, or the time devoted to and with important people in your lives. Those morsels and those goals will be different for each person but they are hugely important to commit to for all of us no matter what they may be.

I warmly wish our PCMS membership of vital professionals who do so much to heal others a wonderful holiday season and a prosperous, healthy, and Happy New Year during which your county medical society will keep standing with you as your ally. 🌲

Aksel G. Nordestgaard, MD, FACS, RVT

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PREMIUM ASSISTANCE



*Leanne Noren,
Executive Director*

David was recently referred to PCPA from MDC Healthcare for the Homeless clinic. He had come to the clinic for a check-up and when the staff reviewed his insurance they learned his income had increased which made him ineligible to continue on Medicaid. David's complicated medical conditions require that he be insured. Josh, the clinic manager, referred him to PCPA for Premium Assistance.

When David arrived at our office we discussed his primary concerns – he needed a health insurance plan that covered his oxygen and monthly medications. Hannah, our Premium Assistance Coordinator, made several phone calls to confirm David was choosing a plan that would meet his needs.

When David left he had a silver level health insurance plan that covered his medical needs. Because of what he is receiving through PCPA, he is going to give back to his community by providing coffee for the homeless people in his neighborhood.

This is just one example of what can happen for people when they participate in our Premium Assistance program. Through a partnership with MultiCare Health System and CHI Franciscan Health, PCPA is again offering the premium assistance program where monthly premiums are paid directly to insurance carriers for people who qualify.

Those who are eligible select from the silver level plans on Washington Health Plan Finder. Staff screens patients for eligibility, which includes being a Pierce County resident for at least three months, patients must file taxes, and have a household income up to 400% of Federal Poverty Level.

In 2015 our goal was to enroll 150 people. Because premiums averaged less than expected, we were able to enroll 226 people representing 143 households.

WSMA Reports noted that in 2014 more than 16,000 enrollees ended their enrollment either due to non-payment or voluntarily. Additional reports show that many who do not qualify for Medicaid also cannot afford the premiums for private health insurance. We are currently engaged in open enrollment for 2016 and are privileged to have an opportunity to positively impact people's lives in Pierce County. 🌱

Total Patients Enrolled	226
Current Active Patients	186
Patients who left the program	40
Reasons for leaving	
Apple Health/Medicaid eligible	17
Medicare eligible	5
Employer insurance	9
Other (moved, unable to reach, etc.)	9

PCMS NEWSLINE AVAILABLE ON WEBSITE

The PCMS Newline is available on the medical society's website as a benefit of membership in the Pierce County Medical Society.

The Newline features periodic items of interest to physicians from major sources that relate to broad health care topics so that busy members of the Society have an additional resource to quickly turn to in order to be aware of how certain stories that pertain to their profession are being covered in the national media which so often influences policymaking.

To get to the PCMS Newline to see what has been posted recently, simply log in with your member e-mail and password at pcmswa.org, go to the Membership drop down menu on the home page and select Newline. The pdf document will be updated with links to older pieces maintained as links to new pieces are added closest to the top. A brief introduction accompanies each link along with the date that the piece appeared in the media and the news outlet it appeared in.

If you need password assistance with your member account for the website, please contact Tanya on the PCMS staff at tanya@pcmswa.org. 🌿

"E-Cigarettes" from page 5

Local Regulations Expected

Our Board of Health passed regulations on e-cigarettes four years ago and on November 18 will act further on regulations to protect youth, prevent access to vapor products, and protect the public from exposure to second-hand vapor. Check our website at www.tpchd.org for updates.

As you adapt your tobacco screening policies to include the use of vapor products and educate patients and families about e-cigarette use, we hope you will share what you learn. In the meantime, we will move forward with protecting the public—especially our youth—from existing and emerging public health threats. 🌿

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Part-Time & Full-time Pediatrician opportunities, Puyallup. Woodcreek Healthcare has a part time and full time position for board certified/board eligible Pediatricians to practice in the group's pediatric clinic. Located in Puyallup, Wash., Woodcreek offers the opportunity to practice in a progressive, growing group. In addition to pediatrics, Woodcreek offers urgent care, behavioral health and expanded allergy/asthma services. A competitive salary and benefits, a pleasant working environment, and top quality colleagues make this a great opportunity. For more information about Woodcreek visit www.woodcreekhealthcare.com. Contact: Karen Denzinger, Director of Provider Relations, 11102 Sunrise Blvd E, Suite 103, Puyallup, WA 98374, (253) 446-3202, kdenzinger@woodcreekhealthcare.com.



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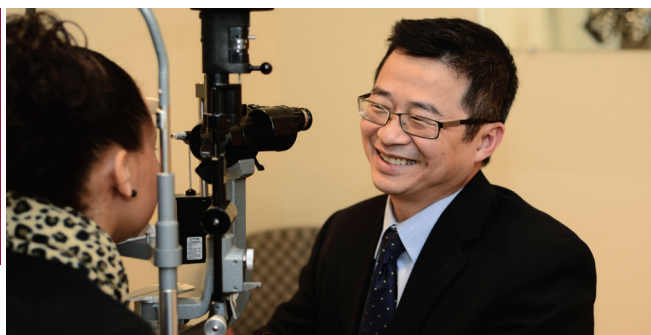


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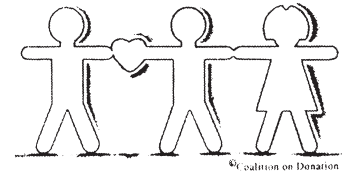
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