



PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Serving Our Members and Community Since 1888

2015 ANNUAL MEETING



**INSIDE
THIS
EDITION**

**Building on a
Strong Past...**

by Brian Mulhall MD

Page 3

**Annual
Meeting
Highlights**

Page 4

**New 2016
Board of
Trustees**

Page 7

**Paving the Path
to the Future**

by Anthony Chen, MD

Page 9



- 3 Building on a Strong Past for a Bright Future
- 4 PCMS Annual Meeting Creates Real Holiday Magic
- 7 New Board of Trustees will Lead PCMS in 2016
- 9 Paving the Path to the Future of Public Health in Pierce County
- 11 Navigating the Maze
- 12 PCMS Launches Practice Success Forum
- 13 PCMS Foundation Thanks Generous 2015 Contributors
- 13 PCMS Mentoring Program
- 15 Classified Advertising

ON THE COVER

Top left: Sue Asher honored by PCMS President Keith Dahlhauser, MD for her service as Executive Director

Top right: Brian Mulhall, MD delivers introductory remarks as President

Bottom: Outgoing PCMS President Dr. Keith Dahlhauser welcomes incoming President Dr. Brian Mulhall to the podium

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BUILDING ON A STRONG PAST FOR A BRIGHT FUTURE



Brian Mulhall, MD

I consider it a privilege to be writing these words. As the past Presidents rose in recognition at the Annual Meeting, I marveled at the pillars of our medical community—including so many who were not standing. Pierce County Medical Society has played a vital role in this community for over 120 years. It's pretty incredible, and I find it difficult to think of many other organizations that have played such a vital role in their community for a similar length of time. As I reflected on the individuals standing as past presidents, I was able to reflect on the challenges they navigated or the specific projects they championed.

It may come as no surprise, but I have been reflecting on my own priorities for my role in PCMS during the upcoming year... and there are many. But, to be honest, I have no monuments to build. My vision for the future of this Society has been evolving over my last few years on the Board. As I reflected on the struggles of other medical societies (near and far), I have always had faith the PCMS has a better future in store. Many of my aspirations have really arrived 'incarnate' in our new Executive Director, Bruce Ehrle. As was said to the Board after his interview, 'If we are brave enough, Bruce can help us transition into an even more vital role in this community.' We were; and, he will.

For those of you who have not met Bruce, he is an incredible individual. He comes from the leadership at AHQA—where he staffed the organization in a senior role for many years. He championed quality assurance through educational programs as well as relationships with legislators and the executive branch at the federal level that he spent over a decade working within prior to his time at AHQA, mostly for U.S. Senator Ron Wyden of Oregon. He has exceptional managerial skills, a unique familiarity with the inner-workings of medicine, sharp insights into the political forces bearing on our profession, and many invaluable connections within the political world to help PCMS have vibrant conversations with the change-agents in medicine today. Most importantly, he is keenly aware

that the future of medicine is 'here'—hyperlocal—and that physician leadership is of critical importance to the well-being of medical care in this country. He is genuinely enthusiastic about making medicine better for all of us (including 'us' as patients) and has already deeply involved himself in many of the organizations that are working to shape our local healthcare system.

In a clichéd phrase, Bruce "gets it." I believe we were fortunate to find him and believe he feels fortunate to have found a good place to pursue his passion. I believe that the vision of the Board and the skill-set of our new Executive Director are a sound match to champion this Society through many upcoming challenges. And, there are many challenges on the horizon.

But, I am no soothsayer nor am I chicken little. The sky is not falling. However, many changes are occurring in medicine... and change can be difficult. APCs (Advanced Practicing Clinicians, i.e., PAs and ARNPs) are serving in expanded roles in medicine. Virtual medicine is a reality and its' role is likely to expand. Kiosk medicine is likely to play a role in primary care and urgent care settings, especially in remote areas. New modes of healthcare delivery, such as Uber doctors, could become viable options for patients. Individualized pharmacologics, targeted gene therapy, cyber prosthetics, and many other incredible technologies are all in development. Perhaps the most unavoidable and recent changes are within the Affordable Care Act and MACRA. Most of these changes will alter the nature of medicine and how we practice.

'Disruptive technologies' and trends are not new to medicine, however. Many of us have experienced dramatic changes in medicine (new pharmacologic agents, robotics, varied payer models, EMRs, ICD-10, etc.), and yet here we are... still caring for our patients, still practicing medicine. We remain a profession most decidedly dedicated to doing our best to help each and every pa-

See "Future" page 10

PCMS ANNUAL MEETING CREATES REAL HOLIDAY MAGIC

The 2015 Annual Meeting of the Pierce County Medical Society was conducted on December 2 at the Tacoma Country and Golf Club.

Dr. Keith Dahlhauser presided over the event as PCMS President. He presented the 2015 PCMS Community Service Award to **Dr. Ovidio Penalver** for his work to support the well-being of children in Pierce County and for his efforts to secure proper housing for those in our community. He also presented the 2014 CSA to **Dr. Dan Wiklund** for his work on overseas medical missions. Dr. Wiklund had been unable to attend the 2014 Annual Meeting. Dr. Dahlhauser honored Sue Asher for her many years of service to the Pierce County Medical Society including 15 years as Executive Director. Along with a contribution made in her honor to World Wildlife Fund to reflect her love of animals as well as a personal gift, Sue was presented with a plaque of appreciation that featured all the PCMS Presidents that she served under during her tenure as ED.

Past PCMS Presidents, the 2015 PCMS Board of Trustees, the PCMS Foundation Board, and the PCMS Staff were all graciously thanked by Dr. Dahlhauser for their contributions to the Society. He then introduced **Dr. Brian Mulhall** as the incoming PCMS President for 2016 and presented him with his presidential gavel.

Dr. Mulhall gave introductory remarks as the new PCMS President that focused on the strength of the organization, Bruce Ehrle coming on as the new Executive Director, and the many varied activities that the Society will be pursuing in 2016 in order to be a continuing ally for its physician and PA members.

The festive evening concluded with fun and surprises brought to attendees through the show of magician Tony Oberio and featured PCMS Board Members **Dr. Aaron Pace** and **Dr. Swati Vora** serving as his assistants on stage much to the delight of the crowd. 🎩



Magician Tony Oberio entertains during the reception



Attendees enjoy collegiality during the reception



Gifts donated to the YWCA Shelter of Tacoma brought by attendees



Dr. Dan Wiklund receives the 2014 PCMS Community Service Award



Dr. Ovidio Penalver receives the 2015 PCMS Community Service Award



Dr. Nick Rajacich wins one of the hearty gift baskets to enjoy over the holidays



Kelly Lane lucky raffle winner number two



Dr. Allison Odenthal lucky raffle winner number three



Dr. Brian Mulhall thanks Dr. Keith Dahlhauser for his service as PCMS President in 2015

More pictures page 6



PCMS Trustee Swati Vora, MD helps with part of the magic show



PCMS Trustee Aaron Pace, MD serves as an assistant to magician Tony Oberio



Dr. Vern Larson and PCMS Trustee Dr. Swati Vora discuss jewelry and watches with magician Tony Oberio, some of which started disappearing and appearing



Dr. Vern Larson contemplates what he's going to find in the red box



Dr. John Fuchs gets in on the magic act with Tony Oberio while PCMS Trustees Drs. Aaron Pace and Swati Vora help out on stage



Members of the Tacoma Youth Symphony provide musical cheer

More pictures page 8

NEW BOARD OF TRUSTEES WILL LEAD PCMS IN 2016



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 will serve as **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 **President-Elect**.



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 **Vice President**.



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 **Immediate Past President**.



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



Aaron Pace, MD is a dermatologist in Tacoma. He graduated from Loyola University, completed an internship at MacNeal Hospital and residency at Loyola University. Dr. Pace will serve as **Treasurer**.



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



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.



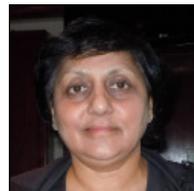
Courtney Kennel, DO, Trustee is a family practitioner in Lakewood. She attended medical school at Pacific Northwest University of Health Sciences. She completed her residency at East Pierce Family Medicine.



Pringl Miller, MD, Trustee, is a general surgeon with CHI Franciscan. She attended medical school at the University of Chicago and did her residency at Santa Barbara Cottage Hospital.



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



Swati 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.



Retired pediatrician Dr. Joe Wearn "catching" a deck of cards



Magician Tony Oberio demonstrating a magic trick



Attendees enjoying the social hour



Attendees enjoy catching up during the social hour

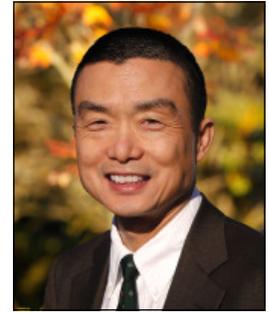


Attendees enjoying appetizers during the social hour



Gift baskets waiting to be raffled off to lucky winners

PAVING THE PATH TO THE FUTURE OF PUBLIC HEALTH IN PIERCE COUNTY



Anthony Chen, MD, MPH

In 2015, we set a priority to pave the path to the future of public health in Pierce County. We focused on two areas: building a robust infrastructure and leading the way on critical public health issues. Here is our 2015 progress and a preview of 2016 work:

Building a Robust Infrastructure

Public health and community needs have changed, and we need to prepare for what comes next.

2016-2020 Strategic Planning — *Know where we want to go, what we want to do and how we will do it.*

The yearlong planning process involved our Board, staff and community members. We relied on the Pierce County Community Health Assessment and Community Health Improvement Plan to clarify the community's priorities and our support of them. The resulting Strategic Plan reorients the Health Department and has some new content areas such as mental health and injury prevention.

While our vision remains Healthy People in Healthy Communities, we have updated our mission to reflect a focus on health equity: We protect and improve the health of all people and places in Pierce County.

In 2016, we will create work plans and align our structure and processes to our new Strategic Plan.

Accreditation — *Demonstrate and recognize our quality culture and excellence.*

As the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) does for healthcare, the Public Health Accreditation Board (PHAB) establishes standards, accredits, and promotes quality in public health services. We submitted our PHAB accreditation application and are planning for a March 2016 site visit.

New Building — *Create a home that helps us work more efficiently and better serve the public.*

Our 40 year old building has significant challenges. We had hoped to join the proposed Pierce County General Services Building, but the unfavorable vote in November ended those plans. We will develop new plans in 2016.

Leading the Way on Critical Public Health Issues

In 2015, we focused on our role providing public health information, data, services and policy.

Health Equity — *Eliminate health disparities and reduce health inequities.*

We conducted a health equity assessment and released summaries and maps showing striking differences in health outcomes across the county. We will release the full report in January.

We are promoting a Health in All Policies approach to governments and organizations. Decision makers need to explicitly consider whether health and equity are impacted and how they can be improved when developing policies. In 2016, we will continue to educate and provide tools.

As providers, you can elevate health and equity issues in policy discussions and make changes in your practices.

Health System Transformation — *Support quality, cost-effective, whole-person health care to improve population health.*

The Health Department and partners are helping to transform how Pierce County residents will experience health care in coming years. As part of the statewide transformation process, we established governance and applied to be designated an Accountable Community of Health. This year, we will focus on improving how we deliver care and explore different ways to pay for it. 🌱

“Future” from page 3

tient stay well, get well or manage their morbidities and die well. I may not understand Neurosurgery or Occupational Medicine, but I am very connected to what these providers strive to do each day. And, so are each of you.

The Pierce County Medical Society is where we come together as local professionals in comradery, collegiality and support of one another. PCMS is the unified voice of providers in our community, whether employed or in private practice, practicing or retired, mentoring or being mentored, invigorated or burned-out. It is unique in its role within our community and is not tethered to any particular corporate entity, practice model or ideology. It is our professional forum.

Consider this: If the Governor of Washington came to our county and needed to hear the voice of those who are most instrumental in the practice of medicine, there is really only one organization that could most reasonably provide that voice. Us. PCMS.

Needless to say (at this point), I feel strongly about the society. I’m a believer. I have some aspirations for the year that have me excited, but one stands out most prominently: to hear from you! Your concerns and interests are paramount. But, as you search for your phone

to send us a message, know that this year we will be working to: augment the functionality and purpose of the web page; provide newsfeeds about important developments; create educational webinars regarding some of the important changes in medicine we should understand, with a particular emphasis on quality measures/metrics; facilitate conversations with law- and policy-makers regarding our perspectives on changes that are forthcoming; better endow the Foundation to continue to serve the community; and create an array of activities wherein we come together and connect within our community, outside of our offices. Be prepared to hear from us throughout the year, and please get involved—and bring your colleagues along with you.

The most important goal of my year is to help each of you appreciate why being a member of this Society is valuable, and to help you to be passionate enough to share that realization with others. I ask you (yes you!) to take 2 minutes, send us a message, and tell us something that is important to you that we can work to address. Because, believe it or not, PCMS is truly all about you... and what you do best.

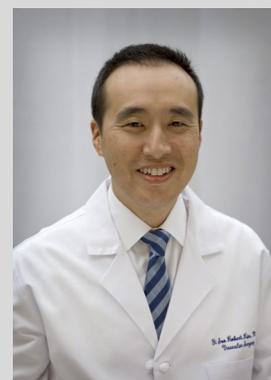
Please send me a message at: president@pcmswa.org. I look forward to hearing from you. 🌱

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NAVIGATING THE MAZE



Bruce Ehrle

As we begin 2016, the physician community finds itself within the maze of payment reform, transformation of the health care delivery system, and evolution of the profession. As complicated as the maze is, it is one where the paths keep changing making it even tougher to get through successfully. New initiatives are launched. Experiments are tried. Best practices are discovered and pursued. Information isn't always shared fully or properly. Things frequently don't reflect the realities of front line care. A profession based on the principle of healing patients is filled with administrative burdens, constant learning of new technologies, and dealing with the latest and greatest codes. Primary care is changing right in front of us to new settings including the home as apps on phones are used to call and dispatch doctors to residences within hours. It's enough to make a doctor sometimes feel swamped by the seas and unable to navigate the maze.

President Kennedy kept a small plaque on his desk in the Oval Office that read, "Oh God, Thy Sea is So Great and My Boat is So Small". You can imagine how true that saying was at a time like during the Cuban Missile Crisis when the entire world was just hours away from nuclear holocaust and the weight of humanity's future rested on his shoulders.

Just as Kennedy kept the world intact in a sea with waves threatening to overturn the boat, physicians can, will, and must keep things intact and make it through the maze.

It won't be easy—but then it is often stated that nothing truly worthwhile is really easy. The well-being of our fellow citizens whose health is dependent on your expert care is worthwhile. Having a robust physician profession in this country is worthwhile. Furthermore, the alternatives of poor patient care and a degraded physician profession are not acceptable.

This year is going to see some of the big elements of the maze that medical care is in become a bit clearer. MIPS and the Alternative Payment Model will move forward at the federal level. What quality is supposed to mean in the United States will be revealed by CMS as the metrics that will determine federal reimbursement bonuses and penalties are determined. Private payers will follow in those footsteps. ACOs will continue to grow in number. Initiatives such as the Accountable Communities of Health here in our state will be further refined in order to test out locally based payment models while seeking to improve population health in bold new ways that are tied to federal efforts such as the movement to pay for outcomes instead of services.

Nothing will be finished in 2016. The end of the maze is still quite a bit of time off. For example, MIPS and the Alternative Payment Model that will largely reflect the new world of physician payment both in the independent office and as an employed doctor within a health system won't be fully implemented until the start of the next decade.

However, 2016 is a year worth being engaged and active. Though there will always be evolutions and innovations afoot, by ten years from now, most of the biggest changes and challenges such as migration to a new payment system, evolution of the delivery system to focus on the patient and on outcomes across all care settings including at home, and adoption of Health Information Technology should be complete. Whether the profession of physician comes out the end of the maze in the middle of the next decade as a robust one and a valued partner in the health care sector is up to us and our efforts right now. We must resist the temptation to feel overwhelmed or feel that what is transpiring is not at all under our control or even worth our time to frame.

See "Maze" page 14

PCMS LAUNCHES PRACTICE SUCCESS FORUM

As part of its priority activities relating to practice success, the Pierce County Medical Society is launching the PCMS Practice Success Forum.

The forum will focus on conducting webinars and conference calls for PCMS members with elected leaders such as Members of Congress, state legislators, and their staffs, those across the country advancing quality improvement and navigating payment reform as well as evolution of the delivery system, and government policymakers including at the national level (CMS, think tanks, etc.), state level (Department of Health and Department of Labor and Industries), and local level (Tacoma-Pierce County Health Department).

As significant changes occur in all areas of health care impacting physicians and PAs such as payment reforms focused on outcomes and value as well as in care delivery with the patient at the center across the continuum of settings, it is vital that PCMS members have as many opportunities for education, sharing innovation spread, and interaction with colleagues on these topics as possible. It is also important that PCMS Members have access to policymakers to not only hear about recent developments but

to provide input on policy development and implementation based on their front-line care delivery experience. These 30-60 minute PCMS Practice Success webinars and conference calls that will begin during 2016 will permit Society members to have these opportunities in a convenient setting that does not require them to leave their place of practice or otherwise give up a large part of their day to attend the sessions.

The webinars and conference calls will be free to PCMS Members as a benefit of membership. As part of their organizational goals to promote patient safety, practice success, and improved patient outcomes, Physicians Insurance has agreed to serve as a partner with the Pierce County Medical Society on this initiative.

Please look for webinar and conference call notices on the web site and via e-mail in the coming months. In all instances, as much advance notice as possible will be given for the webinars and conference calls so that PCMS members may get the Practice Success Forum events on their calendars. Recordings of the events will also be available for free to PCMS members if their schedules don't allow them to attend at the time of the webinar/conference call. 🌱

PCMS: WHO WE ARE

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.

PCMS FOUNDATION THANKS GENEROUS 2015 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 all who contributed...

Organizations receiving grants from the Foundation include:

A Step Ahead

Associated Ministries

Catholic Community Services

Crystal Judson Justice Center

Exceptional Families Network

Family Renewal Shelter

New Phoebe House

Pierce County AIDS Foundation

Pierce County Perinatal Collaborative

Pierce County Project Access

St. Leo Food Connection

Tacoma Pierce County Habitat for Humanity

Trinity Neighborhood Health Clinic

Wishing Well Foundation

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. Your contributions to the PCMS Foundation are tax deductible.

Members that donated to the Holiday Sharing Card were listed on an insert in the holiday sharing card that was sent to the membership in mid-December. Contributions made since that time, that did not make the deadline to be included in the card, include: **Philip & Karen Craven** and **George Tanbara, MD**.

PCMS again thanks everyone for their generosity and their participation in this important and meaningful project. Thanks also to **Drs. Charles Weatherby, Larry Larson** and **Mark Grubb**, Foundation board members, for their many contributions! 🙏

PCMS MENTORING PROGRAM

The Pierce County Medical Society has 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. 🙏

"Maze" from page 11

We know that physicians and PAs are absolutely vital to our society. We know that having a weak or wounded profession for physicians would be terrible for countless reasons. Therefore, we need to make sure that physicians are valued partners in this process and we need to make sure that the profession of physician is robust.

How will we work in 2016 to accomplish this and continue to proceed through the maze in a way that puts physicians on track for a successful exit of the maze?

We will explain to policymakers the realities of care and what makes sense when it comes to things like payment reform and quality/outcomes metrics. If those policymakers don't listen or things get off track, then we will work with our legislators to seek strong oversight and proper policies.

We will conduct webinars and learnings in other settings for PCMS members to hear from and interact with leaders in quality improvement so that we can see how local efforts fit in to national endeavors. We will conduct similar interactions with government leaders to build relationships and foster dialog.

We will be fully engaged with other entities here in Pierce County from the health department to other physician organizations and the health systems with the goal of achieving maximum coordination of our efforts to improve population health and to make sure that physicians are effectively represented by their medical society whether they be independent physicians or

employed because these new realities will impact every doctor, every patient, and every organization. Never before have the fates of all in the health care sector been so intertwined by the actions of all. At a time when an employed physician may face a salary penalty if the health care system they work for fails to meet its quality metrics under the payment models, at a time when the health care system may fail to meet its quality metrics due to patient outcomes determined outside its walls by the actions of others, and at a time when the independent physician faces hefty challenges just to stay independent, fates for all are indeed tied together. PCMS will be out in the community seeking the best results for all physicians, for all providers, and for all patients because in this new environment, all boats are likely to rise or fall together.

We will also be here as your best local resource for social collegiality. No physician needs to go through this maze alone. We're right here for you. Opportunities for time with colleagues and neighbors who are employed and independent, early career to late career and retired, primary care or specialty care, these all are provided by PCMS locally in Pierce County in ways that no other organization can do. All members are warmly welcome to attend our social events.

All of this will be things that your medical society will be involved with during 2016. Together, we will advocate, learn, engage, and socialize. Together, we will work to get through the maze and have all physicians in Pierce County be successful. †



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PLEASE UPDATE YOUR 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

Full-time Pediatrician opportunities, Puyallup. Woodcreek Healthcare has a 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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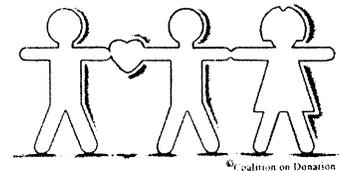
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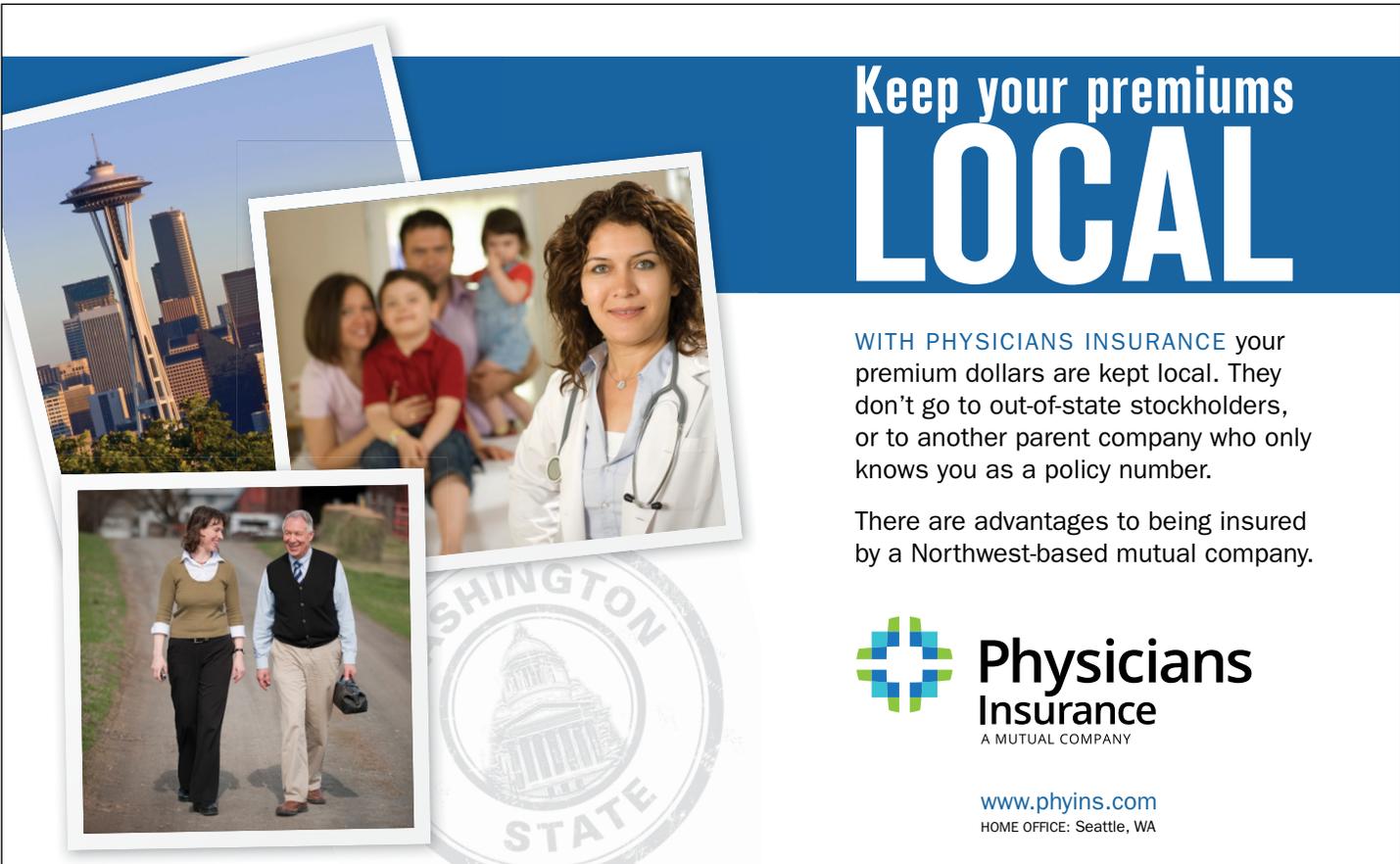
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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Serving Our Members and Community Since 1888



INSIDE
THIS
EDITION

- President's Column
- Retirement Advice
- June 17 Webinar
- TPCHD Strategic Plan
- Article from School Nurses
- Executive Director Message
- Initiative for Social Determinants
- Project Access Recognized
- June 8 Wine Tasting
- Advocacy for New Hospital

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PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
Serving Our Members and Community Since 1888

- 3 The Sound of Your Voice
(Your Voice in the Sound)
- 5 Retirement Really?
- 6 CMS Deputy Administrator and Chief
Medical Officer Patrick Conway, MD to
Speak to PCMS Membership
- 7 2016-2020 Strategic Plan - Transforming
Our Efforts to Foster Health
- 8 Life-Threatening Chapped Lips:
Communicating with School Nurses
to Improve Quality of Care
- 9 Collaboration - More Than Just a Buzzword
- 10 PCMS Launching Effort to Improve
Social Determinants of Health
- 11 City of Tacoma Recognizes Project
Access Volunteers
- 13 PCMS Wine Tasting
- 15 PCMS Advocates for New Behavioral
Health Hospital in Tacoma

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*Spring Tulips*36

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THE SOUND OF YOUR VOICE (YOUR VOICE IN THE SOUND)



Brian Mulhall, MD

“The living voice is that which sways the soul.” - Pliny The Younger

Every moment has its own set of challenges and opportunities. This moment, for medicine and for all of us, is brimming over. It has been said in many contexts that humans are more subject to change now than in any time in history. Whether this is true or not, we have become so accustomed to change that much of it is hardly notable anymore. (Just think about how many cell phones have you had in the last 10 years.) But the changes in healthcare are hard to miss as myriad aspects of it are being scrutinized, refined and discussed. I am astonished by the number of planning meetings, councils, committees, work groups, etc. that gather each month. As you would expect, there are many important constituents that are being represented in these many conversations. Have you stopped to think: ‘Who is at the table representing my interests and values?’

If you’re reading this, your answer is PCMS. Your executive board, by way of our executive director, is consistently representing the interests and values of this medical society in a variety of settings on a broad range of topics. PCMS is a vital voice in the conversations regarding the Accountable Communities of Health (ACH), current developments in the expansion of mental health care, and community initiatives on a host of issues and political actions--both locally and nationally. We are seated at these tables as an important stakeholder, as a critical voice in the conversation. Because,...what’s the saying? If you aren’t at the table, you’re on the menu. Perhaps not an entirely accurate sentiment in healthcare, but physicians must play a central leadership role in many of the changes that are occurring locally and nationwide in order for these changes to be effective and sustainable.

So, for the purpose of underlining the manner in which PCMS is representing your voice, I thought it might be worthwhile to list some of the groups/settings where

PCMS engages the greater community.

Following are the groups where our Executive Director is part of the organizational body:

- **Pierce County Accountable Communities of Health, Steering Committee**
Focused on improving health/health equity as a part of the health systems transformation
- **Pierce County Accountable Communities of Health (ACH), Behavioral Health Integration Committee**
Examining methods to bridge physical health and behavioral health in ways that apply best practices elsewhere to local realities in Pierce County - and spurring ideas about what PCMS can do immediately on this important linkage of care
- **Washington State Medical Association Advocacy Council**
Focused on providing health advocacy by empowering patients and improving outcomes
- **U.S. Representative Dave Reichert’s Healthcare Advisory Council**
A forum for input from the local physician perspective to one of the most senior majority members of the House Ways and Means Committee overseeing national health policy who represents eastern Pierce County in the US House of Representatives
- **South Sound Military and Communities Partnership, Healthcare Working Group**
Focused on providing regional leadership to bridge military and civilian communities
- **Pierce County Project Access, Board of Directors**
Focused on improving access to health care for the low-income/uninsured

See “Voice” page 4

- **Community Health Care, Education Oversight Committee**

Permitting PCMS to offer service to one of Pierce County’s largest health care providers through participation in their residency program and internal educational offerings as they teach new physicians

The following are organizations or individuals with whom we have more informal relationships:

- **U.S. Representative Derek Kilmer**
- **U.S. Senators Patty Murray and Maria Cantwell**
- **Northwest Physicians Network**
- **CHI Franciscan**
- **MultiCare**
- **GroupHealth/Kaiser**
- **Tacoma-Pierce County Health Department**
- **Washington Academy of Family Physicians, Pierce County Chapter**
- **Alliance for South Sound Health** (the entity led jointly by CHI Franciscan and MultiCare to build a new mental health facility in Tacoma)
- **South Sound Women in Medicine**
Focused on building a robust community of female clinicians in our region
- **Pierce County Immunization Coalition**
Bringing together public and private entities throughout the county to coordinate immunization activities
- **Madigan Foundation**
Focused on supporting military families in order to quality of life and healthcare for patients, families and providers
- **HopeSparks** (partnership with PCMS focused on behavioral and physical health integration)
An organization serving families who have suffered trauma, abuse and life challenges
- **Healthy Communities of Pierce County**
A non-profit entity made up of volunteer leaders

seeking to improve nutrition, increase physical activity, reduce use of tobacco related products, and overcome barriers to the best possible health outcomes for Pierce County residents

- **Physicians Insurance** (as exclusive sponsor of PCMS Practice Success Forum webinars)
- **Centers for Medicare and Medicaid Services** (re: quality metrics, payment models, HIT adoption)
- **Tacoma Fire Department, West Pierce Fire and Rescue, Central Pierce Fire and Rescue**

Internal to PCMS, we have several organizations that interact with the community regarding local priorities:

- **PCMS Public Health School Health Committee**
Brings together school nurses from all over Pierce County with physician leaders to address health situations encountered in our educational system
- **PCMS Residency Collaborative**
Convenes leaders of medical residency programs throughout Pierce County to share information and coordinate activities
- **PCMS Foundation**
Grants money to help local organizations provide direct services for individuals in need

One of the most critical conversations we have been engaged in surrounds the development of the Pierce County Accountable Communities of Health which is working to shape the future of care within our county. There are a large number of key participants, each representing their role in the community and their related constituents. Bruce serves as the voice of our membership, assuring that the physicians in this community continue to play a leadership role in regard to the changes that are (and will be) occurring as the ACH matures and clarifies the new healthcare environment.

We have a robust and mature relationship with the Tacoma-Pierce County Health Department and their Director of Health (**Dr. Anthony Chen**) is a member of the PCMS Board of Trustees. We are regularly talking with the largest (and smallest) healthcare systems in the region and working with them on a variety of priorities.

See “Voice” page 14

RETIREMENT REALLY?



Steve Duncan, MD

In my two previous articles, “Considering Retirement” (2014) and “Retirement Finally” (2015), I chronicled my journey through planning for and arriving at retirement. After all the paperwork or on line work is done, there you are retired. Now what to do? I am now a part of the senior group that arrives early to every event and shows up consistently if food is involved. What is that?

I have been retired nine months. I have to say it is a transition. Leaving behind some of my leadership roles in my professional corporation and officially retiring from my group was a relief and a grieving process. A year ago, I was on the Board of a very large multi-specialty medical group and caring for patients; now I am an hourly locum seeing patients of physician’s, who are absent for one reason or another. It is time for younger colleagues to carry the worries of running a large corporation but I do miss the excitement of being in the know. I am practicing a few days a week, which gives me a lot of satisfaction. My wife is electing to work; so practicing medicine part time helps keep me busy.

Retirement and not being a full time employee radically changes your benefits. As I separated from my medical group, I had to decide if I wanted to continue my medical insurance, dental insurance, life insurance, disability insurance, etc. Of course each one of these comes with a cost. The COBRA law provides for continuation of medical and dental coverage for up to 18 months after leaving employment. For those over 65, Medicare is available to take care of medical coverage. What many do not realize is that part B of Medicare, which covers doctor visits and outpatient care, is not free like part A. Also it is means tested. What this means is that if you made above a certain amount late in your career, you get to pay more for part B than the base rate of \$121.80 per month (2016). This amount represents 25% of the premium of part B. The Social Security Adminis-

tration calculates your MAGI (Modified Adjusted Gross Income); a number derived from a recent tax filing of income, and uses it to multiply the monthly premium by 2X or more. You can end up paying 35%-80% of the cost of the part B.

I desired, at least for the first couple of years, to discover the rhythm of time absent the hectic daily and weekly schedules. Some of my contemporaries move from busy working life to busy retired life full of consulting, volunteering, constant travel, and care of grandchildren. Other than working a couple days a week, which I get to schedule, my calendar is mostly blank. However, this can present a challenge for a person who has thrived on structured time since birth.

I do find that some days can be tedious, if there is nothing to do. But during my brief introduction to retirement, I have enjoyed my new found life style. I am reading more, exercising more, seeing more movies, traveling more and watching more sports. One of the things I really like is that I get to say yes to more family and friend events. There is not the pressure for needing to complete projects on a strict timeline and there is time for diversion onto tangents that used to derail me. Also there is more time to attend to my elderly parents and family. I find that scheduling events like lunch or breakfast with special friends keeps the connections going. Good intentions to spend time with those who mean a great deal to me are not enough.

I can see that the next few years, while my wife makes the decision to retire, will bring changes. For me the biggest lesson so far is that like life, retirement is a period of transition and change. There are good days and bad. There is routine and the unexpected. There are joys and disappointments. There is the realization that life is short and making the best of times out of the time I have is the best recipe for happiness. 🌱

***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.

CMS DEPUTY ADMINISTRATOR AND CHIEF MEDICAL OFFICER PATRICK CONWAY, MD TO SPEAK TO PCMS MEMBERSHIP

PCMS Practice Success Forum webinars kick off on June 17 at 8am featuring Dr. Patrick Conway, Deputy Administrator and Chief Medical Officer of CMS (Centers for Medicare and Medicaid Services).

Dr. Conway is one of the top leaders in the federal government overseeing the transformation of the entire health care system in the United States. As the Deputy CMS Administrator for Innovation and Quality, he heads the Center for Clinical Standards and Quality (CCSQ) which is responsible for all CMS quality measures, value-based purchasing programs, reimbursement policy, health care quality improvement initiatives, clinical standards and survey and certification of Medicare and Medicaid health care providers, and all Medicare coverage decisions. As director of the CMS Innovation Center, Dr. Conway oversees ACOs (Accountable Care Organizations), bundled payment initiatives, primary care medical homes, and state innovation projects. He is one of the most recognized advocates in the entire nation for advances in patient-centered care across settings while improving outcomes and demonstrating value.

On June 17, Dr. Conway will update members of the Pierce County Medical Society about the status of transforming the payment system away from fee-for-service to payment for value and quality, what physicians and PAs can expect from the new streamlined quality metrics

that will replace the Physician Quality Reporting System (PQRS), the Value Based Payment Modifier, and other reporting programs with the Merit-Based Incentive Payment System (MIPS) and the Alternative Payment Model that will define what health care quality means in the United States for years to come, and what the future of HIT adoption looks like. He will also discuss how physicians across care settings can help meet CMS goals as they care for patients.

In addition to hearing from an individual at the heart of health care transformation in our country, this PCMS Practice Success webinar on June 17 will permit front line clinician members of the Society to offer their feedback and suggestions to Dr. Conway for applying the experience of local care in Pierce County to national priorities.

PCMS members will be able to access the webinar on the WebEx platform from wherever they happen to be that morning.

Further information about the webinar will be e-mailed and posted on the PCMS website.

The webinar technology for PCMS Practice Success Forums on WebEx is made possible by a generous grant from Physicians Insurance. 🌸



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2016-2020 STRATEGIC PLAN - TRANSFORMING OUR EFFORTS TO FOSTER HEALTH



Anthony Chen, MD, MPH

In March, the Board of Health adopted our new 2016-2020 Strategic Plan with its renewed vision of healthy people in healthy communities. The plan affirms work that we do well and identifies unmet and evolving public health needs.

While our vision remains the same, we have updated our mission to reflect a focus on health equity: We protect and improve the health of all people and places in Pierce County. The plan includes four priorities:

- People are healthy and safe here.
- People have equitable opportunities for health.
- Children, families, and communities thrive.
- Our organization is high performing, innovative and quality-focused.

Unmet and evolving public health needs

Mental health and injury prevention are two new elements of the Strategic Plan.

In our Community Health Assessment and 2014 Pierce County Community Health Improvement Plan www.tpchd.org/chip, the community told us mental health was a top priority. Depression, anxiety, and other disorders are widespread, cause much suffering, and are intertwined with many medical issues.

Injuries are the leading cause of death among youth and cause significant disability at all ages.

Partnering countywide on health equity initiatives

We know that healthcare and genetics produce 20% and 5%, respectively, of health. In contrast, social, economic, and environmental factors contribute 50-60% and we must address them to significantly improve health and decrease disparities.

Our second priority—people have equitable opportunities for health—parallels the community's emphasis on health equity in the CHIP and builds on the Health Department's 2015 Health Equity Assessment (www.tpchd.org/healthequity).

On the one hand, we will work with organizations, governments, and businesses to identify how policies can either create barriers to or promote health. Is your organization considering health in its policy decisions?

On the other, we will work with providers and communities to address the underlying factors that produce health.

Many of you understand the challenges of managing diabetic patients. Even when you do everything right—order tests, prescribe medications, and make referrals—the patients may have poor control and follow up. There may be many reasons: perhaps the patient is dealing with financial instability, unstable housing, transportation, poor health literacy (maybe linked to education or language), cultural barriers (dietary practices or health beliefs), or a neighborhood which is unsafe for walking.

We work with the Medical Society (PCMS) and others in the health community to help you talk to patients and refer them to community resources about issues like housing and employment. Quick screening and referral tools have been used elsewhere (e.g., <http://tinyurl.com/jzc8tbs>).

We work with providers, community organizations, and residents in East Tacoma to align efforts and collectively affect social, economic, and environmental factors to improve health and equity.

Work plans reimagine our culture, reinvent how we work, recommit to our community

Now, staff teams are creating two- to three-year work plans to carry out our new Strategic Plan. There will be significant cross-disciplinary work and community engagement so we will have to reimagine our work culture, reinvent how we work, and consider changes in our organizational structure or budgeting.

We are excited about our partnership with community partners—including you—to implement our 2016-2020 Strategic Plan and achieve healthy people in healthy communities. 🌱

LIFE THREATENING CHAPPED LIPS: COMMUNICATING WITH SCHOOL NURSES TO IMPROVE QUALITY OF CARE

Licensed healthcare providers in Pierce County provide outstanding care for public school students and their families and can be a tremendous support for school nurses working in our 16 different school districts. School nurses practice both primary care and public health in their settings, coordinating care for students both in and outside of school, monitoring for quality improvement, leading health policymaking activities, and performing vital functions in community and public health (National Association of School Nurses, 2016).

Improving communication between school nurses and primary care providers is an absolutely essential ingredient in improving care quality, keeping students in school and ready to learn. While most communication between licensed healthcare providers and school nurses works efficiently, problems still exist. Medication authorization forms, for example, need to be signed by both provider and parent in order to comply with state law regarding administration of medication during school hours and school-sponsored activities. Yet complying with this rule for something as simple as medicated lip balm might seem a waste of time. In the survey we describe in this article, one school nurse recounted how "...one provider wrote 'life-threatening chapped lips' on an order - the school nurse did not accept it."

This winter, we conducted a brief online survey of thirteen school nurses working in Pierce County. We asked them questions about their communication with providers, including their "Faves and Raves." We also asked for their suggestions on improving communication in order to better serve the needs of students, parents, and school staff. This article provides a brief snapshot of what we found.

Faves

School nurses recognized that a great provider was one who understood the context of nursing care in the schools, for example the challenge of having to adapt a medical directive inside a non-medical environment. Nurses ap-

preciated it when communication was "respectful" and shared a common "understanding of how our two systems can work together." In particular, one nurse noted that it is imperative for healthcare providers to ensure accurate and timely immunization records and anticipate the need for a new medication authorization each year.

Nurses also talked about how much they appreciated access to the providers and knowledgeable nurses in the clinic offices. Providing a back office number and responding to faxes and requests within 24 hours was greatly appreciated. "They will talk to me!" one nurse wrote. They emphasized the importance of timely completion of paperwork in order to achieve school nursing's main goal: a student in school who is safe, healthy and ready to learn.

Raves

Much of the raves we heard from our survey concerned the use of inappropriate paperwork. It seems that there are still providers who mistakenly think that orders for discharge are sufficient for ensuring appropriate care in schools: "providers do not understand that when it comes to paperwork, we are being legislated as to what we can and can't accept."

Nurses spoke about providers who still did not understand that ALL medications, including cough drops, yes cough drops, need a medication order. Nurses urged providers to use the "medical orders at school" form from the PCMS website (<https://pcmswa.org/school-forms>) to assure continuity of care at school. Nurses especially emphasized the importance of completing the paperwork for the four most common life-threatening conditions before the start of the school year: asthma, diabetes, seizures, and life-threatening allergies.

In our under-resourced school settings, today's school nurse may shuttle between several buildings in one day. In this situation it is common that non-medical staff are the people who administer medication. Nurses in the

See "School Nurses" page 12

COLLABORATION - MORE THAN JUST A BUZZWORD



Bruce Ehrle

As I near my first anniversary as Executive Director and reflect on my experiences thus far working with and on behalf of the physician and PA community, something that happily stands out as a central feature is the eagerness of those involved with health care in Pierce County to innovate, shape the evolution of the system, and build meaningful relationships to further shared goals. From our own engaged Board of Trustees at PCMS to government leaders and those providing care in a wide variety of settings, there is a keen understanding that as changes occur, partnerships and collaboration are vital to the success of all involved.

“Collaboration” is a word we hear a lot of these days. It is central to Power Point presentations in hotel ballrooms provided by management gurus and featured throughout the pages of books on business. However, examining the pace of change in medicine leads to the conclusion that “collaboration” must be more than a buzzword—it is understood that without collaboration the future vitality of all involved in the pursuit of providing health care is at risk.

We know that in the coming years we will witness the transformation of the delivery and payment systems to one based on value and quality across the full continuum of settings. We know that great emphasis will be placed on raising the levels of population health that links clinical care with social determinants. We know that the distinctions between behavioral health and physical health will be erased as full integration is sought. We know that physicians in independent practice and physicians employed by large health systems will all have their own financial outcomes tied at least in some manner to the outcomes of their patients. It is in this knowledge that we also know that trying to go it alone, even with all the infrastructure a large health system might possess, will not work. It is in this knowledge that we also know that reaching heights of community collaboration never before witnessed in health care will be absolutely necessary to meet both the results this new era of health care will demand and the rewards of

seeing it through to success—a success where our fellow citizens achieve high standards not just of care but of health and where physicians are valued partners in that triumph. It’s daunting and exciting at the same time. We know that collaboration must be real. This is why it is so encouraging that I have discovered so much innovative thinking and so much amazing effort underway in Pierce County as I look back over this first year as PCMS Executive Director.

The voice of the trained professional physician and PA must be part of this collaboration and so PCMS is involved on a wide variety of fronts with a wide variety of organizations and endeavors as the train of health care transformation moves down the tracks at speed.

We seek to be an effective partner with those many other entities in Pierce County joining together to raise population health in the Pierce County ACH. At the same time, we seek to develop individual partnerships to foster initiatives where PCMS can make a positive difference. The value of having everyone get around the table is that ideas spurred at the table can turn in to immediate action out in the corridors away from the table to buttress the efforts of the larger collaborative.

In this issue, **Dr. Mulhall** lists in his presidential column the many entities that PCMS is involved with all over Pierce County. Our partnerships are a reflection of two main facts. First, PCMS wants all physicians in all settings to achieve success and realizes that partnering with these entities—and more to come—can help achieve that. Second, these entities realize that to achieve success, they can utilize the expertise and capabilities of PCMS to help them reach their goals. It is indeed, all about collaboration. It is about all boats rising because in this bold new era of health care, it is more likely that all will fail or all will succeed together in any given community. In Pierce County, we want the highest levels of success including for our physicians and PAs.

See “Collaboration” page 10

PCMS LAUNCHING EFFORT TO IMPROVE SOCIAL DETERMINANTS OF HEALTH

The Pierce County Medical Society will soon be releasing resources for physicians to utilize to improve social determinants of health for patients in our community.

It is now accepted within the world of health care policy that the majority of patient outcomes are determined by what happens outside the walls of the clinical setting. While patient safety, appropriate access to good health through the most sensible payment/reimbursement methods, and providing the right care for every patient every time are crucial to patient outcomes, coordination with other entities about care transitions and raising population health through improving social determinants will be equally important for physicians. The evolution of the system will make the home the most important care setting for both the patient and the physician.

PCMS is designing resources that will include a checklist for use in screening patients for shortcomings in areas such as access to good housing, nutritious food, and transportation as well as a referral tool indicating the appropriate agencies or organizations to send patients in need to. If a physician or practice doesn't have the capability to refer the patient, they can refer them to the medical society and PCMS will refer them for assistance.

The idea behind providing these tools is for PCMS to do what we can right now to have an impact on reducing barriers to social determinants as part of larger efforts to improve population health—leading to better patient outcomes, reduced hospital admissions, reductions of acute conditions, and the highest levels of success for physicians. Please look for distribution of this resource before the summer. 🌱

“Collaboration” from page 9

One example is what you will read about in another part of this Bulletin—the PCMS initiative to work on improving population health by screening for shortcomings in the social determinants that impact outcomes and then referring patients for assistance. This isn't the magic wand to fix everything for patients in Pierce County—but it's an important piece of the solution. Improving the social determinants of health improves outcomes beyond what is possible solely in the clinical setting. Given that reimbursement/payment will be based on outcomes in the years ahead, this gives physicians in independent practice and those employed by larger systems an improved chance at practice success. In recent weeks I have heard from both small practice and employed physician members of the Society as well as community leaders and leaders at our large health systems that this is an important endeavor and represents how we can all work together in new ways. I can report that the Pierce County Medical Society is valued for how physicians across all settings are willing to be engaged on this important aspect of our shared future.

Another example is how PCMS can serve as a coordinating and convening entity in support of health integration. In recent weeks I have conferred at length with representatives from payers and providers in Pierce County about how, in partnership, we can augment efforts that must be

pursued in the coming years to link physical health care and behavioral health care. The enthusiasm is terrific. I can report that the Pierce County Medical Society is being looked to as an important resource in driving this transformation forward.

There are many more examples. Explaining to government leaders what makes sense from a front line care perspective as they seek to reduce costs and improve quality, serving as an honest broker between physicians and those who determine so much about their daily professional lives, bringing clinical expertise of doctors to bear on a wide variety of initiatives, and demonstrating the value of physician and PA knowledge in the evolution of the world of medicine are just a few.

Just as in other aspects of personal and professional life, we can be pressured by the forces around us or we can seek to be a force ourselves—through effective collaboration and genuine partnership. PCMS seeks to be the ally of those physicians and PAs providing care each day all over Pierce County. That is central to the organization's purpose. A big part of that will continue to be to make sure that your Society is providing that effective collaboration and effective partnership each day. 🌱

CITY OF TACOMA RECOGNIZES PROJECT ACCESS VOLUNTEERS



*Leanne Noren,
Executive Director*

Congratulations to all of our Project Access volunteers! The City of Tacoma has granted the City of Destiny Award for Health and Wellness to the Pierce County Project Access volunteer physicians!

Each physician who signs on to donate care through PCPA chooses how many patients to see on an annual basis. PCPA patients are then appointed to the provider for the type of care they need. The provider typically does not know when they have a PCPA patient in their office so the quality and type of care matches with any other patient they may be seeing in their office.

The impact of the volunteer care from this group is significant for the community. Because PCPA patients can access care through a clinic, we have been able to show a 50% reduction in non-emergent emergency room visits totaling more than \$3 million saved to date. In 2015, more than \$2 million in care was donated to 125 patients in Tacoma. This type of expense reduction is crucial given the current emphasis on cutting costs while improving care.

We have heard many stories from our patients about how they are able to control chronic disease now that they have a healthcare provider that they can see regularly and without a barrier to access. With chronic conditions controlled or acute episodes taken care of more efficiently, patients are able to continue working or have become employed, are able to care for family members, volunteer for a program that is meaningful to them, and move forward toward the goals in their life. This also reduces repeated visits to the ER.

The impact these volunteers have on each individual is significant. Here is one patient's story:

When I faced a layoff and was no longer able to afford health insurance I received assistance from your organization. Two quality specialists in Tacoma saw me while I was able to stay with my primary care provider. Each specialist has worked diligently on my behalf to develop treatment options to cure my current and oftentimes complex health issues and I truly admire and appreciate their efforts. With the help of these doctors I am finding relief from my symptoms and I feel as if I am on my way to recovery.

I am writing to express my sincerest gratitude to the Project Access staff and physicians. They made me feel as if someone truly cared about my hardship and they were always positive, professional and helpful. This experience has made an indelible mark on my life. - Tiffany

The contribution of these physician volunteers makes a difference every day, one individual at a time. As we look to build a stronger community, the contribution from these medical professionals must be celebrated!

Please join us Friday, June 3 from 5:00 – 8:00 p.m. at the STAR Center as Mayor Marilyn Strickland and the City Council will honor Tacoma's top volunteers during the recognition event. This is the 30th year of the City of Destiny Awards.

If you would like to know more about participating in Pierce County Project Access, please contact Leanne Noren, Executive Director at (253) 336-4810 or Leanne@pcmswa.org. 🌱

"School Nurses" from page 8

survey raved about the difficulties they had sometimes getting an accurate match between the medication order form and the pharmacy label which is a legal requirement, "so [that when I get an order from XXXX] there is no question of how, when, and how often [I will need] to administer the medication."

The significant concern school nurses had with communication was that providers "don't treat us as the licensed professionals that we are." Several nurses commented that some providers did not know that the Health Insurance Portability and Accountability Act permits "covered health care providers to disclose protected health information about students to school nurses, physicians, and other healthcare providers for treatment purposes, without the authorization of the student or the student's parent" (United State Department of Health and Human Services & United State Department of Education, 2008, p. 6).

School nurses in public schools deal with confidentiality issues under the older and more comprehensive Family Educational Rights and Privacy Act (FERPA). Under FERPA schools cannot disclose the education records of students or personally identifiable information from education records, without a parent of eligible student's written consent unless it is a health or safety emergency (34 CFR 99.31). Education records include a student's health records, including immunization records, as well as records maintained by a school nurse are education records under FERPA (United State Department of Health and Human Services & United State Department of Education, 2008, p. 1-2).

Conclusion

Nurses in our survey commented many times how "proud" they were of the resources available to them in Pierce County, and they hoped this survey would spur greater collaboration between providers and school nurses. Some suggested that a joint continuing education offering, especially on immunization requirements or individualized education plans might help smooth out common misunderstandings. School nurses also wanted more opportunities for providers to get to know their school communities in order to better understand the various roles played by school personnel, health clerks, and school nurses in managing the care of the child in school.

Overall, the nurses who responded to our survey were very positive about the opportunities presented by the

great communication they already had with providers. They are hopeful that communication between both providers and school nurses will continue to improve as we all become more, "approachable, willing to listen, and compassionate with our wide span of cultural variables." ✿

Acknowledgments

We want to thank Janice Doyle, MSN, RN for her careful editing of this article; DeAnna Dudley, BSN, RN-CPN for providing background research on Physicians Insurance and FERPA/HIPAA regulations; and the Pierce County Medical Society School Health-Public Health Committee for inspiring this work.

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PCMS WINE TASTING

With Paul Gregutt

Wednesday, June 8, 2016

5:30-8:30pm

Landmark Convention Center, Rooftop Ballroom
47 Saint Helens Avenue, Tacoma

PCMS attendees at this special opportunity for collegiality will be led through a tasting of highly regarded wines from Washington and Oregon by noted Pacific Northwest wine expert Paul Gregutt, author of the book many view as the authoritative publication about wine in the State of Washington—"Washington Wines and Wineries: The Essential Guide." Paul is a contributing editor for *Wine Enthusiast Magazine* and *WineMag.com*. Over his career he has also written wine reviews for the *Seattle Times*, the *Yakima Herald-Republic*, the *Walla Walla Union-Bulletin*, and the *Spokane Spokesman-Review*. The tasting will focus on wines of both high quality and high value. Food will also be served at the event just prior to the tasting tour of top Pacific Northwest wines. Spouses and guests of PCMS members are welcome.

Food served beginning at 5:30pm. Tasting event 6:00-8:00pm. Post tasting social 8:00-8:30pm.

There is ample free street parking near the event venue. There is also a pay parking lot across the street.

ADVANCE REGISTRATION IS REQUIRED AND CLOSSES WEDNESDAY, MAY 25

Register online at pcmswa.org, by phone, 253-572-3667, fax 253-572-2470
or mail to PCMS, 223 Tacoma Ave South, Tacoma 98402.

Due to advance ordering needs—no on-site registration.

Please reserve _____ ticket(s) at \$60 per person (includes all food and wine expenses)

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

Visa MC AmEx Exp. Date: _____ Code: _____ Signature: _____

Name: (please print) _____

Spouse/Guest(s) name for name tag: _____

To guarantee reservation, registration is required by Wednesday, May 25. Thank you!

"Voice" from page 4

Although PCMS strives to represent the voices of our membership, we are also working to encourage more communication directly from our membership. We hear from some of you intermittently and informally, but are also striving to create social-leisure activities to bring more of us together--in part to further our own internal conversations. We will be engaging you throughout the year in order to encourage each of you to participate in a wide range of gatherings within the community. Notably, the upcoming wine tasting event should be fantastic.

In regard to our engagement with larger community, one particularly important development for PCMS is the creation of the *Practice Success Forum* webinars. These will be a series of interactive online sessions where we will get the chance to hear from, and engage with, leaders within the greater medical community. The first of these webinars will be with Dr. Patrick Conway, CMS/Medicare Chief Medical Officer. Dr. Conway is leading CMS/Medicare's efforts to clarify quality metrics and

payment models and will provide insights into this process exclusively to our members. We are very fortunate to have the opportunity to be interacting with a leader at the highest levels of CMS who is overseeing this sea change in the healthcare system. Truly, this is a unique opportunity to gain perspective on forthcoming changes and to offer reflections that might prove beneficial to the CMS leadership as they refine their processes.

Needless to say, PCMS is working hard to make sure that our membership is well-represented in the conversations taking place within our community, including at the highest levels. We are assisting in the transformation of healthcare within the county.

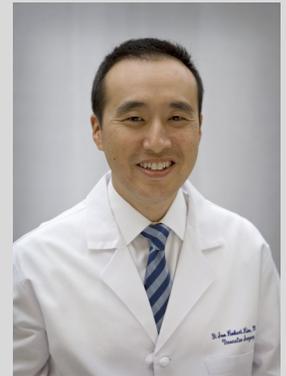
As I stated in the last Bulletin, we would like to hear from each and every one of you. But rest assured, we are striving to make sure that the voice and vantage of our members are part of the lively conversation about the challenges and opportunities we are all facing in healthcare in this community. ✿

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PCMS ADVOCATES FOR NEW BEHAVIORAL HEALTH HOSPITAL IN TACOMA

Pierce County Medical Society President Brian Mulhall, MD and Executive Director Bruce Ehrle have sent communications on behalf of the Society to members of the Congressional delegation representing the State of Washington strongly advocating that federal funding be provided for the Alliance for South Sound Health initiative launched by CHI Franciscan and MultiCare to jointly build a new behavioral health hospital in Tacoma.

Given the lack of behavioral health capacity in the State of Washington and in Pierce County it was stressed how vital this new facility will be toward improving population health in the community, providing patients the mental health resources they need, and being part of a larger effort to give these fellow citizens the dignity they deserve.

PCMS is taking an active role in Pierce County to seek innovative methods to address behavioral health issues including promoting increased capabilities by physicians and PAs to screen patients for conditions and refer them to the appropriate behavioral health specialist, seeking integration of physical health and mental health to achieve the best outcomes for patients, and examining

new partnerships between the Society and first responders to help address situations they encounter in the field. Please be on the lookout for more developments on these PCMS initiatives in the coming weeks. The Society is also partnering with other entities working on these important topics and actively participating in the Pierce County ACH which is part of the State of Washington's Accountable Communities of Health program.

As part of PCMS involvement in these endeavors where no one gets left behind or goes without access to the highest possible level of care across all settings, the Society has encouraged members of the Congressional delegation to aggressively work toward full federal funding opportunities in support of the new behavioral health hospital that the Alliance has already pledged half of the needed capital costs for. PCMS will continue to work with Alliance members to press for the necessary federal grants, appropriations, and programs in order to make the badly needed facility being launched by CHI Franciscan and MultiCare become a robust reality serving patients in our community for years to come as an added resource capacity in Pierce County. ✿



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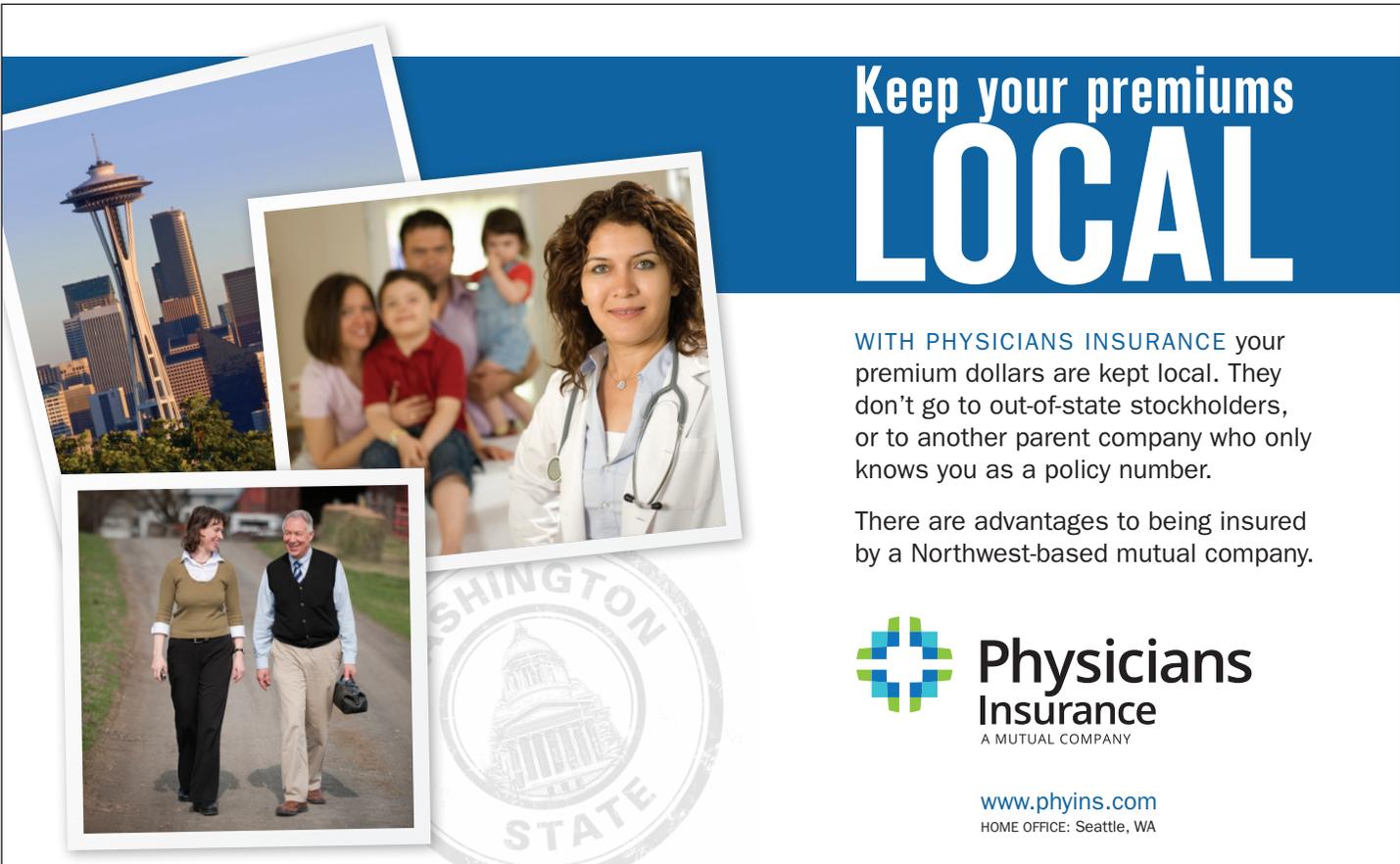
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BULLETIN

Serving Our Members and Community Since 1888



INSIDE
THIS
EDITION

- President's Column
- CMS Leader Speaks
- TPCHD Tackling Lead
- Wine Tasting Event held

- Executive Director Message
- Project Access Message
- Reichert Meets with PCMS
- Work on Social Determinants

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PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
Serving Our Members and Community Since 1888

- 3 Just Beyond the Horizon
- 5 CMS Deputy Administrator and Chief Medical Officer Patrick Conway, MD Meets with PCMS
- 7 Lead, Water: Public Health Preventing, Identifying and Tackling Threats
- 8 PCMS Members Gather for 2016 Wine Tasting Event
- 9 Patients, Populations, Physicians
- 11 PCPA: We Appreciate Your Partnership
- 13 PCMS Leaders Meet with U.S. Representative Reichert to Advocate for Physicians and PAs
- 15 PCMS Issues Tools to Work on Social Determinants of Health

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JUST BEYOND THE HORIZON



Brian Mulhall, MD

“**U**ncertainty. It’s certainly a familiar word, but it’s been the buzzword du jour since the ‘Brexit.’ It seems that no one likes uncertainty (except currency traders), but it makes for good news coverage.

In Medicine, we have lived in an atmosphere of uncertainty since the passage of the Affordable Care Act (ACA). Despite the ~300,000 words in the ACA (and 11 million words in regulations since then), there remains a great number of unknowns—a great deal of uncertainty. Still more uncertainty was created with the passage of MACRA to change the nature of payment as well as magnifying the emphasis on patient outcomes.

As we well know, living with uncertainty is uncomfortable. Despite this uncertainty, we have had to continue to serve our community and remain true to our profession. Some of us have stayed attentive to the process and the news; and most of us have marshaled-on waiting for the next hurdle or challenge to come. Some have remained employed physicians; some have transitioned into employed status; some still remain independent. Some of you have been talking with friends, family, patients and colleagues; some may have avoided the topic altogether. Some of you may have even made the effort to provide feedback to CMS during their latest commentary period. Most of us did not.

As you hopefully know, PCMS has striven to gather reputable information and engage with the decision-makers—both locally and nationally. Some of you may have participated in our recent webinar with Dr. Patrick Conway, Chief Medical Officer of CMS (Center for Medicare and Medicaid Services). From the engagement with Dr. Conway it became clear to me that they value physician input, are still working through the development of a cohesive plan, and that plenty of uncertainty remains—at all levels throughout the healthcare system. I don’t feel that any ‘secrets’ were revealed, but we were given a clearer picture of the current plans and trajectory of the ACA’s evolution and MACRA’s implementation.

Several important points from Dr. Conway’s talk deserve to be underlined. The ACA and MACRA (through HHS and CMS) are shifting our profession away from fee-for-service towards value-based payments—and progress in this transition is ahead of schedule. They are expanding proven models and testing others. Over 90% of fee-for-service will be linked to quality or value by 2018, including the sub-category of alternative payment models (APMs). The ACA and MACRA are driving adoption of APMs by private payers and purchasers, citing substantial cost savings in the last 5 years. Concomitantly, CMS is partnering with health-care systems to reduce ‘patient harms’ and reform delivery systems through the testing of innovative approaches.

Accountable Care Organizations (ACOs) are the primary arenas where models and innovative approaches are being tested that may improve the quality of healthcare and (perhaps most importantly) save money. Nearly 500 ACOs have been established around the country so far—with at least 20% of those in the last year. So, inertia is building towards the development of ACOs; and models for expanding ACO accountability (i.e., the ACOs accepting greater levels of risk and reward) are also being tested.

Similarly, CMS is using the leverage of state governments to test innovative approaches in order to encourage faster transformation of the healthcare system nationally. Concomitantly, the Accountable Health Communities model is striving to tackle the impact of unaddressed (or under-addressed) community social needs on health-related issues and promote better coordination of care.

I will share two personal reflections derived from having met with local congressional leaders and listening to Dr. Conway: being engaged in the process is equally empowering and humbling; and a system this big and complex has many levers that no one solely controls. Being part of the conversation has been rich and meaningful, but even our congressional leaders and the Chief Medical Officer of

See “Horizon” page 4

CMS cannot see the future clearly nor steer it commandingly. Nonetheless, I think we can have a better idea of the (expected) changes to come and feel reassured that our voices can be heard in this process.

All that being said, it is increasingly clear to me that the most important arena for sensible and proactive change is local--right here in our community, our county. Local initiatives within the healthcare systems, through the local ACOs, the Department of Health, local partnerships, schools, agencies, etc. stand the best chance of meaningful impact upon the quality of healthcare within our community.

Quality is another 'hot' buzzword, though certainly ambiguous and open to interpretation. But, one of the important aims of these new laws and accompanying regulations is to clearly define, quantify and incentivize quality (and outcomes). So, initiatives to help improve the quality of the care that we provide will be an essential part of the evolution of healthcare--whether these initiatives germinate locally or

are imposed from outside our community (and both).

I do believe that we can feel confident that the leadership in Pierce County (including PCMS) is making important strides with initiatives that will help transform the healthcare system in our community (for the better) and possibly set an example for others. In the last Bulletin I listed the many roles PCMS plays in the county healthcare system and the relationships it continues to foster. These efforts continue in earnest.

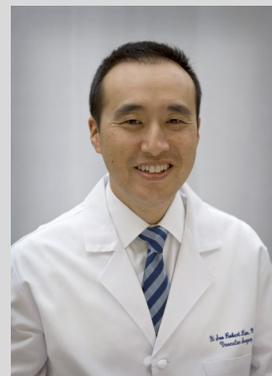
Pierce County is uniquely poised to weather the uncertainty of the moment and we are certainly learning quickly and striving to help lead the way. In this moment, we might do well to remember Voltaire's observation that 'uncertainty is an uncomfortable condition, but certainty is a ridiculous one.' Perhaps better yet is the encouragement from Emerson... *Don't waste life in doubts and fears; spend yourself on the work before you, well assured that the right performance of this hour's duties will be the best preparation for the hours and ages that follow.* 🌱

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CMS DEPUTY ADMINISTRATOR AND CHIEF MEDICAL OFFICER PATRICK CONWAY, MD MEETS WITH PCMS

Dr. Patrick Conway of CMS, the government official responsible for leading federal efforts on health care payment reform and quality improvement, spoke to members of the Pierce County Medical Society on June 17, 2016 about transformation of the health care system.

In his remarks to PCMS clinicians, Dr. Conway outlined the characteristics from the historical state of the health care system and how they are evolving in to the future system. He also reviewed elements of the vast movement in payment away from fee-for-service to payment for value and quality with patient outcomes at the center.



Patrick Conway, MD

Dr. Conway noted that in addition to payment reform, efforts have been underway within the CMS Innovation Center that he directs to focus on delivery system reform. He spoke about the roles that ACOs and bundled payments are also playing to transform the health care system. The State Innovation Model (SIM) grants and Accountable Health Communities Model were noted as more recent initiatives coming out of the agency to achieve improvements in population health along with the Transforming Clinical Practice Initiative designed to assist practices over the coming years with quality improvement and entering alternative payment models.

As a practicing physician on weekends, Dr. Conway stressed the importance of physician leadership at this time of large scale change and thanked physicians practicing in Pierce County for all they do. He reflected that while he was trained to be a good clinician in medical school, he was not fully trained to think about topics such as population health management, quality improvement, and system redesign which are now at the heart of 21st Century medicine in the United States and elsewhere. He said that while this changing in medical schools today, he is aware that this is the case with many other physicians too but concluded his remarks by enumerating ways that physicians can help achieve the goals of Better Care, Smarter Spending, and

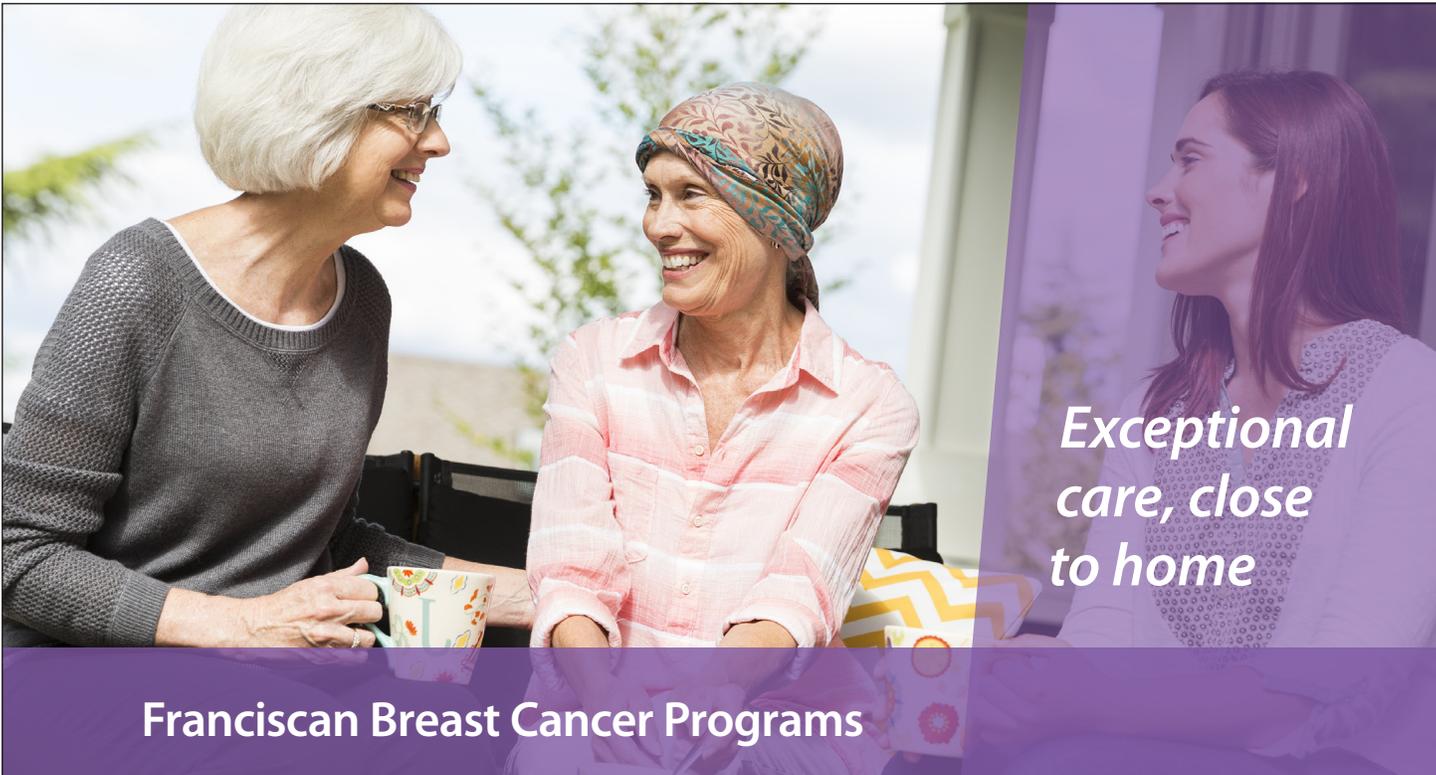
Healthier People in addition to being leadership partners in the transformation effort such as being fully engaged in the development of new innovations, quality initiatives, and payment models.

After Dr. Conway's presentation, PCMS President **Brian Mulhall, MD** asked about what other engagement CMS is undertaking with the physician community on an ongoing basis to collaborate on system transformation. Dr. Conway noted an aggressive plan to consult with physicians that had led to the MACRA implementation regulations that the physician community seems largely pleased with but acknowledged that with the massive numbers of physicians practicing in the country, the agency needs to continue to be aware of the importance of outreach and conversation with physicians on health care policy matters.

PCMS Executive Director Bruce Ehrle followed up on that by stressing the importance of CMS leaders such as Dr. Conway being available on an ongoing basis moving forward to explore modifications to certain initiatives if potential harmful or unintended consequences began to result from implementation of MACRA such as negative impacts to the internal environments of health care systems that would include undue harm to employed physicians, metrics being used that don't translate to the realities of better front line care for patients, small independent physician practices being placed at an unfair disadvantage in their ability to succeed in the new systems, and patient behavior being taken in to account when measuring payment for patient outcomes when the physician or health care system had fully delivered the proper care yet patient behavior still led to a poor outcome. Dr. Conway agreed that this type of dialog and feedback will be very important.

Tacoma-Pierce County Health Department Director **Anthony Chen, MD** requested that CMS consider better and more detailed alignment of the multiple initiatives that have come out of the agency. Dr. Conway acknowledged the myriad programs that have come out of the agency in recent years including from the Innovation Center as they launched things to address various policy and program

See "Conway" page 14



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LEAD, WATER: PUBLIC HEALTH PREVENTING, IDENTIFYING, AND TACKLING THREATS



Anthony Chen, MD, MPH

Throughout April and May, parents, community members and leaders, and media focused on lead in water. Abnormal lead tests at Tacoma Water, Tacoma Public Schools, and other school districts were found to be isolated and not reproducible. This confirmed what public health already knew from long-standing work on water quality and lead exposure:

- Our drinking water quality is good. Our county and state have some of the best water quality in the country.
- Risks from lead exposure are not from the local water supply. Lead-based paint and contaminated soil are the more common sources of lead exposure.
- Water testing protocol influences results. Testing that is not conducted under established protocols can produce confusing results that do not represent actual drinking water quality.
- Blood lead level testing is important for young children at risk for exposure. Even low lead levels can have neuro-developmental and other health effects. In Washington, targeted testing should be done based on lead screening guidelines.

Drinking water quality stays high when standards and testing protocols are followed.

The Department of Health (DOH) and local health departments work with water systems to ensure our water supply is clean and safe. The Safe Drinking Water Act provides clear standards including routine bacterial and chemical testing. While we face the challenge of upgrading and maintaining infrastructure, we have few lead water pipes in our area. Tacoma Water consistently tests within normal limits for lead, but the recent news focused on its plan to remove isolated connectors and fixtures that contain lead. This contrasts with elsewhere in the country where many old water mains and service lines are lead.

For schools, guidance for water testing was developed but never funded or implemented. This means inconsistent

testing and monitoring. Again, elevated lead levels generally result from isolated fixtures rather than lead pipes.

Lead is still a problem for some communities and those with certain risk factors.

While lead in water is not a big health threat in Washington, certain groups are at risk for lead exposure. DOH's Lead Risk Index Map (<https://fortress.wa.gov/doh/wtn/WTNIBL/>) shows that parts of Tacoma and Lakewood are at higher risk. These neighborhoods are poorer or contaminated by the Asarco smelter. To learn about the Health Department's work on education and remediation of the latter, see www.tpchd.org/dirtalert.

The risk of elevated lead levels is higher for those who:

- Are poor.
- Are recent immigrants.
- Live in houses built before 1978.
- Work in professions like demolition, painting, smelting, battery recycling, or involving guns and ammunition.
- Use certain imported foods, cosmetics, or traditional remedies.

Providers have an important role in targeted blood lead testing of children.

Fortunately, Washington has relatively few old houses with lead paint or water pipes. Children are not routinely tested for lead and the Health Care Authority has applied for a waiver from Medicaid (Apple Health) requirements. Still, in 2015, 365 Washington children ages 0-6 years had elevated blood lead levels ($\geq 5\mu\text{g}/\text{dl}$); 15 of those were reported in Pierce County and investigated by the Health Department.

At 12 and 24 months, children should be screened according to DOH algorithm: <http://bit.ly/29SKkM6>. For full information about blood lead testing and reporting, see <http://bit.ly/29U440I>.

See "Threats" page 14

PCMS MEMBERS GATHER FOR 2016 WINE TASTING EVENT

On a pleasant summer evening atop the Landmark Convention Center in Tacoma, members of the Pierce County Medical Society joined in a collegial opportunity on June 8 to taste wines suggested by Paul Gregutt, a contributing editor for *Wine Enthusiast* magazine, former columnist for the *Seattle Times*, and author of the authoritative book on Washington wines, "*Washington Wines and Wineries: The Essential Guide*".

After arriving for a reception that included hot and cold foods as well as a chilled rosé of Pinot Noir from Oregon, attendees were seated classroom style to taste a flight of Oregon wines known for their high quality and value including a Pinot Gris and three Pinot Noirs of differing price points.

Following a break that permitted PCMS members and their guests to take in the view from the rooftop venue and get a bit more to eat, attendees were led through a flight of Washington wines also known for their high quality and value including a Chardonnay, Merlot, red blend, and Syrah. Paul wrapped up his presentation to PCMS with suggestions about shopping for wine and about especially scenic wineries in Oregon and Wash-



ington to visit. He also kindly distributed guides to Walla Walla wine country for attendees to utilize.

Thanks to Paul Gregutt and all the PCMS members and guests who attended the June 8 event for making it such a successful, educational, and fun evening! 🌿



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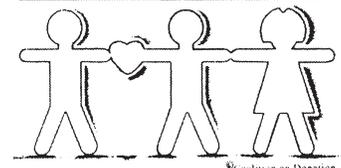
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PATIENTS, POPULATIONS, PHYSICIANS



Bruce Ehrle

For the entire careers of most physicians and PAs, the equation has been pretty much the same. In many instances, patients come in for help with an acute condition (either outpatient or in a dire situation at Urgent Care or the ED), they are diagnosed, and they are treated—hopefully healed completely. In other instances, they come in for screenings or physicals and preventive measures to avoid acute conditions. The goal has been to offer the right care to every patient every time. As improvements in diagnosis and treatment have been made, those innovations have been brought in to practice and as systems have been overhauled to strengthen the quality of care, those techniques have been learned and integrated in to the clinical setting. That has been, is, and remains the vital healing role of physicians and PAs.

However, now in the early decades of the 21st Century, the equation for U.S. health care providers is changing. Simultaneous evolution of both the care delivery system and the payment system is broadening the focus from what transpires within the clinical walls of a hospital, long term care facility, or physician office to include physician responsibility for the patient after they walk out the door back to the world that impacts their overall health more than what has occurred within those clinical walls. Does the patient have a quality place to go home to? Do they have enough good food to eat? Are their economic prospects strong enough to keep them employed—with decent health insurance? Are they sufficiently educated to meet the challenges of a world marketplace dominated by globalization? Are they impacted by disparities that put them at greater risk of diabetes, heart disease, or substance abuse? Do they suffer from behavioral health issues that need attention such as depression? If so, what is the right course of treatment? Prescribing drugs? Therapy? With who? For what payment? How?

What the health care delivery system and payment

system has centered on for so long—paying a provider for a service to prevent an acute condition or treat an acute condition—is now changing to payment for the quality of that service, the value of that service, and the overall health outcome of the patient—the majority of which is determined not by actions within the clinical setting but by those social determinants of health such as housing, food, economic opportunity, and education. This change means a new reality for health care providers. They must now make a positive impact for their patients outside the clinical setting. The clinical practice of medicine must be joined to those sectors impacting social determinants of health.

The expectations of those leading evolution of the delivery system and payment system, in ways where the government sets the rules for the patients under their payment control and then the private sector follows along for patients of all payers, are clearly demonstrating linkages in these new areas.

Last month when the government leader sometimes referred to currently as the most powerful physician in the nation, Dr. Patrick Conway, Deputy Administrator and Chief Medical Officer of the Centers for Medicare and Medicaid Services (CMS), spoke to members of the Pierce County Medical Society from the nation's capital via live webinar, he articulated eight specific things that physicians can do in order to meet the new expectations of the profession that the United States is mandating through new laws and regulations. Those eight things he noted were:

- Eliminating patient harm
- Focusing on better care, smarter spending, and healthier people within the population you serve (the Triple Aim)

See "Physicians" page 10

“Physicians” from page 9

- Engaging in accountable care and other alternative payment contracts that move away from fee-for-service to a model based on achieving better outcomes at lower cost
- Investing in the quality infrastructure necessary to improve (including HIT)
- Focusing on data and performance transparency
- Helping the federal government develop specialty physician payment and service delivery models
- Testing new innovations and spreading successes rapidly (Innovation Spread through wide sharing of best practices)
- Relentlessly pursuing improved health outcomes

As we read these stated expectations of physicians in our nation, it becomes clear how the right care for every patient every time remains critical within the clinical setting but it also becomes clear how those broader factors impacting population health through such things as reduction in health inequities, improving the social determinants of health that dictate outcomes more than clinical actions, and integrating physical/medical health with behavioral/mental health are now part of the equation for MDs, DOs, and PAs. Just look at the final one he had on his list. Relentlessly pursue improved health outcomes.

Though some providers have made brave and successful steps through the door in to this new world, most of the health care delivery and payment systems have yet to either feel the full weight of these new expectations mandated by law and regulations enacted within the last few years or experience fully the altered methods that are going to be employed to practice medicine in America going forward. These evolutions are still in their infancy. So much so in fact that there is consideration underway in the corridors of power to delay the start of implementation of some measures until next year because some physician organizations have reported that their members have not been following these drastic developments, have not been engaged in their implementation, or have been inadequately preparing for the new reality.

However, we know that the changes are coming. MACRA is law. The Quality Payment Program announced weeks

ago by the federal government is the result. Private payers are ready to follow the lead of CMS. Social determinants, population health, patient outcomes, health equity. These are the watchwords for 21st Century health care in America. Money will get paid or withheld based on how those watchwords are enshrined as the Gospel of Medicine through actual practice. The livelihood of physicians, the lives of patients, and the well-being of populations will hang in the balance on success or failure. The nature of the physician profession will be altered by the time of full implementation of most programs by the middle of the next decade.

We are seeing some of the initiatives to address this new approach take shape at the local, state, and federal level.

For example, as part of the Healthier Washington endeavor, the Accountable Communities of Health initiative has been launched here in the Evergreen State. It aims to build the strongest of linkages between those providing clinical care with those working on social determinants of health to improve population health, patient outcomes, and health equity—the very things that the physician community will need to have happening to meet the growing expectations of the profession by payers. The state has set up a structure so that various localities in Washington can set up an ACH that meets their local needs and circumstances.

Pierce County has its own geographic ACH. A wide spectrum of local organizations and entities have been meeting in auditoriums and conference rooms right here in Tacoma to tackle what the rest of the nation is grappling with—how to improve population health and outcomes while reducing inequities in health—in other words, meeting the new expectations. PCMS is actively participating in the ACH because a healthier population in Pierce County means better outcomes for patients, less inequity for populations—and success for physicians in achieving payment including bonuses while avoiding penalties that will be tied to compensation for both the physician in independent practice as well as the physician employed by health systems which will increasingly structure contracts to reflect these reimbursement models. Innovative projects through Medicaid are also part of the coming Pierce County ACH activities.

Likewise, at the federal level, the Accountable Health Communities initiative is being rolled out by CMS to

See “Physicians” page 12

WE APPRECIATE YOUR PARTNERSHIP



*Leanne Noren,
Executive Director*

It is customary for Project Access to thank our volunteer physicians at Thanksgiving. We enjoy sending the postcards with pictures of the staff and grateful message. However, there is never too much thanking that we can do, so I would like to take this opportunity to say thank you again and share a story.

The best way to share our thankfulness is through patient stories. Without you, we would not have these wonderful anecdotes of patient experiences or feel the profound impact of the work you do by donating care as a volunteer through Project Access. Angela's story is powerful and we thank you for making her story, and so many others like it, possible.

It's important to share how this program literally saved my life. A while ago I was diagnosed with hypertension and Project Access allowed me to be able to see a doctor on a regular basis, something I was never able to do before because I could not afford it. I was matched with an amazing doctor at Tacoma Family Medicine who was able to monitor my condition and give prescriptions for necessary medicine to help me manage it. This doctor is also the person who suggested I get a scan for clotting when I complained of leg swelling and shortness of breath even though it is highly uncommon for someone my age to have that. It turns out that I did in fact have a pulmonary embolism, which is clotting in my lungs, and had she not caught them when she did I could have had a stroke or worse.

Project Access also allowed me to see a specialist that was able to determine that the clotting was caused by a genetic blood disorder, which is important because now I know that the clotting was no fluke, and I need to take medicine for the rest of my life to manage my risk factors. The program is also allowing me to go to the clinic that manages the medicine necessary to dissolve the clots and prevent me from getting them again. I am now on my way to being clot free and back to normal! Otherwise, I was a ticking time bomb that could drop dead at any moment due to complications from an undiagnosed embolism, and it is all because of the doctors and medical care available to me now through the Project Access program. There aren't even words for how truly, truly thankful I am for the help I receive from Project Access.

This patient's story is emblematic of why Project Access healthcare provider volunteers recently were honored with a City of Destiny Award from the City of Tacoma. Thank you for partnering with Project Access to serve someone like Angela. You are appreciated!

If you are not currently a Project Access volunteer physician and would be interested in learning more, please contact me at Leanne@pcmswa.org or (253) 336-4810. 🌸

“Physicians” from page 10

focus on these things from a national perspective. We can expect to see more on this because these efforts are viewed by policymakers and health care experts as a tremendously vital pillar in achieving the Triple Aim.

When Dr. Conway spoke to the Society last month he stated that the Quality Payment System is just the first step to a fresh start, a reference to the fact that as huge as it is (MACRA implementation through the QPS), more will be on the way—and these efforts to improve population health will be featured in those further steps.

Patrick also stated something else—“We’re listening and help is available.”

The fact that most if not all physician organizations did not bounce off the walls when the Quality Payment System was announced as the method to implement MACRA is an indication that CMS is listening to suggestions and feedback. More consultation has been offered, including with the Pierce County Medical Society as these new measures are implemented. PCMS also has the ear of our elected leaders at both the state and federal level. That doesn’t mean that we blow through the door and get anything and everything we want. It does mean however that the experienced front line caregiver and healer that the physician profession is the personification of does have a relevant voice—including right here in Pierce County.

I urge all members of the Society to reflect on the eight requests that Dr. Conway has made of the physician community to help achieve national goals.

Additionally, if you ever in your day of helping the patients you care for and care about roll your eyes and mutter, “If it was only done this way it would make so much more sense!”—please let the Society know your thoughts. Universally I have heard leaders at CMS, in Congress, and in Olympia say, “Who better to advise us on how to achieve these goals in a way that works than those practicing on the front lines of care?” Let’s take them up on their offer for input!

If you don’t already have a mechanism for screening patients for shortcomings in social determinants of health and referring them for help, please consider using the tools that the Society has issued and distributed to assist with this. It’s a small step, more than some are doing but

not as much as others are doing. However, it’s a step we can take right now to take a stand and make absolutely sure that we are united in our determination to seek ways to work in this vital area so that as new methods and best practices on this topic are shared, or new initiatives are launched that take it steps further such as providing personnel and financial resources for follow-up as well as data tracking of utilization and outcomes in unified health records, we are ready to integrate them in to an already aggressive approach to working on the very patient outcome priorities that will increasingly determine payment in the future.

Finally, as you are able, try your best to stay in tune with the latest events impacting the profession. PCMS will help with this through the Newline as a one-stop source for media coverage of many of the most important developments, webinars, and other means of communication.

PCMS fills many roles in an attempt to be your loyal professional ally each and every day. Providing opportunities for you to share collegiality with colleagues who are also neighbors is one of them. Advocacy (through articulating your experiences and the cause of your profession to government leaders at all levels and in all settings), Community Engagement (through things such as PCMS participation in the Pierce County ACH to work on improving population health so that physicians can be valued partners and share in that success as the payment system changes), and Practice Success (by providing educational opportunities and pressing for measures that lead independent physicians as well as employed physicians along with their health systems to chart a course to robust results in this evolutionary system) are the others.

As the delivery and payment systems are modified to focus on the patient not just across the full spectrum of care but also the full spectrum of life, your Society will be providing information, linking with the rest of the community, and advocating on your behalf so that as we go from Point A to Point B to Point C, the profession itself is not degraded along the journey but instead remains robust—and serves as a vital participant in shaping these new realities that benefit patients and populations so that physicians can correctly be viewed as part of the solutions being sought because in the final analysis, the success of patients, populations, and physicians are all firmly linked together. 🌱

PCMS LEADERS MEET WITH U.S. REPRESENTATIVE REICHERT TO ADVOCATE FOR PHYSICIANS AND PAs

Pierce County Medical Society President **Dr. Brian Mulhall**, Treasurer **Dr. Aaron Pace**, and Executive Director Bruce Ehrle met with United States Representative Dave Reichert on June 1, 2016 to advocate for physician and PA members of the Society.

Rep. Reichert is a senior member of the U.S. House Ways and Means Committee that includes health care within its jurisdiction and who represents Washington's 8th Congressional District that includes eastern Pierce County. He and PCMS leaders spent 45 minutes discussing a wide variety of issues.

Society leaders advocated for a fair and sensible implementation of the Quality Payment System brought about by passage of MACRA that will not unduly harm health systems such as CHI Franciscan or MultiCare with metrics that impact reimbursement which do not reflect the realities of front line care nor place independent practitioners at a disadvantage that will hurt their ability to continue to deliver care in that setting.

The group discussed recent testimony by the CMS Administrator before the House Ways and Means Committee where he was questioned by committee members about the impact MACRA implementation will have on private practices whereupon the Administrator stated that it is not the intention of the agency to drive such practices out of business or put them in a position where they find it impossible to succeed in the new payment models focused on quality and patient outcomes. Rep. Reichert noted that the committee will be continuing such oversight and expressed his willingness to remain in close contact with PCMS about how implementation is impacting physicians across the wide spectrum of care settings. He noted the importance of having the movement away from fee-for-service toward payment for quality and value include physician input and reflect physicians being valued partners in the process.

With HIT adoption being rolled in to MACRA implementation, PCMS leaders also reviewed the challenges that remain toward achieving full interoperability and full inclusion of both medical and behavioral data in such records.

Rep. Reichert expressed his continued commitment to seek sensible solutions to the tremendous hurdles that have yet to be overcome with regard to HIT adoption and use. Additionally, PCMS attendees discussed methods by which first responders could achieve access to unified, interoperable EHRs in order to direct patients to the correct physicians in the correct care settings and as a former first responder himself, the Congressman was very interested in the improved patient outcomes and reduced costs that such approaches for paramedics and EMTs could assist with.

Society leaders and Rep. Reichert spent a significant period of time discussing elements of medical and behavioral health integration along with the need to overcome substantial barriers that prevent the best care and outcomes for patients including frequent lack of referral capability and incongruities in the payment system to adequately reimburse for certain types of care in a seamless manner. With graduate medical education increasingly providing incentives for new physicians to go in to primary care, PCMS leaders recommended similar measures to increase the number of behavioral health care providers in order to overcome a significant shortage nationally and especially within the State of Washington.

The group also discussed how getting military personnel in to confidential behavioral health care off post in off-duty hours is hampered by these same payment and care supply issues and the Congressman agreed that they absolutely must be solved. Society leaders also noted the importance of appropriate resources for primary care physicians, especially those treating patients going through a first economic or housing crisis and in the pediatric setting, to prevent traumas from leading to severe behavioral health conditions. Rep. Reichert stated his strong interest in these issues and a willingness to work in partnership with PCMS on public policy solutions as well as innovative privately based behavioral health programs.

The Society continued its advocacy for federal funding for the new mental health hospital being pursued by CHI Franciscan and MultiCare as a way to help address the

See "Reichert" page 14

“Conway” from page 5

topics but now that the programs are all up and running for the most part that it is an appropriate time to examine how they can be better aligned.

The Society’s time with Dr. Conway wrapped up with PCMS Executive Director Bruce Ehrle noting that what CMS leadership has heard so much about regarding the importance of full interoperability of EHRs and having such records contain both medical and behavioral information on every patient in a unified easily accessible manner across the health care provider spectrum is constantly raised because it is so critical in order to achieve the kind of success that CMS and physicians want with regard to quality improvement and better patient outcomes. Dr. Conway stated that interoperability of complete patient records is also at the top of the priority list for CMS as well as with their partner in the process, the Office of the National Coordinator.

The WebEx platform for PCMS Practice Success Forums is made possible through a generous grant by Physicians Insurance. 🌱

“Threats” from page 7

Whether in water or elsewhere in the environment, public health is working with partners to get the lead out. We need our state legislature to tackle this next session and fund public health to keep up the work, schools to test for lead, and water systems to update infrastructure. 🌱

“Reichert” from page 13

behavioral health capacity crisis in Pierce County with a facility that will represent the best aspects of 21st Century care.

With regard to two final issues addressed in the meeting, PCMS leaders expressed a willingness to work with Rep. Reichert to explore ways to direct health care resources to the underserved rural eastern part of Pierce County that he represents and asked him to keep in mind that dramatically higher health insurance deductibles, co-pays, and annual out-of-pocket costs are increasingly impacting patients’ ability to seek and pay for care by physicians. He acknowledged an appreciation for both issues and agreed that ongoing collaboration with the Pierce County Medical Society will be important including through Bruce Ehrle’s continued service on his Healthcare Advisory Committee and other future interactions with the Society. 🌱



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PCMS ISSUES TOOLS TO WORK ON SOCIAL DETERMINANTS

On July 27, 2016, PCMS issued tools to assist physicians and PAs screen patients for shortcomings in social determinants of health and refer them to appropriate local organizations for help. The screening tool consists of several questions that have been integrated elsewhere around the nation and world in to patient questionnaires in order to identify challenges they may be experiencing in areas of their life such as housing, food, and economic opportunity which are now accepted to impact patient outcomes to a greater extent than clinical treatments.

The Society is heavily engaged in these evolutionary areas of the health care system that align with payment reforms that focus on quality, value, and outcomes rather than fee-for-service. Though some providers have already implemented work in this vital area of patient care in to their practices, these tools issued by PCMS are meant to serve as additional resources for members of the Society and other interested clinicians to utilize while further innovations tied to work by the medical community on social determinants are developed locally and nationally. 🌱

PLEASE UPDATE YOUR 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.

Another nice feature permits members to identify their personal interests allowing colleagues with similar leisure pursuits to reach out to each other. Your help with this effort will keep our Society's website a robust resource for the public and members.

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.

SAVE THE DATE - WEDNESDAY, DECEMBER 7 PCMS ANNUAL MEETING

Please mark your calendars for the 2016 Annual Meeting of the Pierce County Medical Society on Wednesday, December 7 at the Tacoma Golf and Country Club in Lakewood.

A reception will begin at 6pm and the evening will conclude by 9pm. More details will be forthcoming later in the year.



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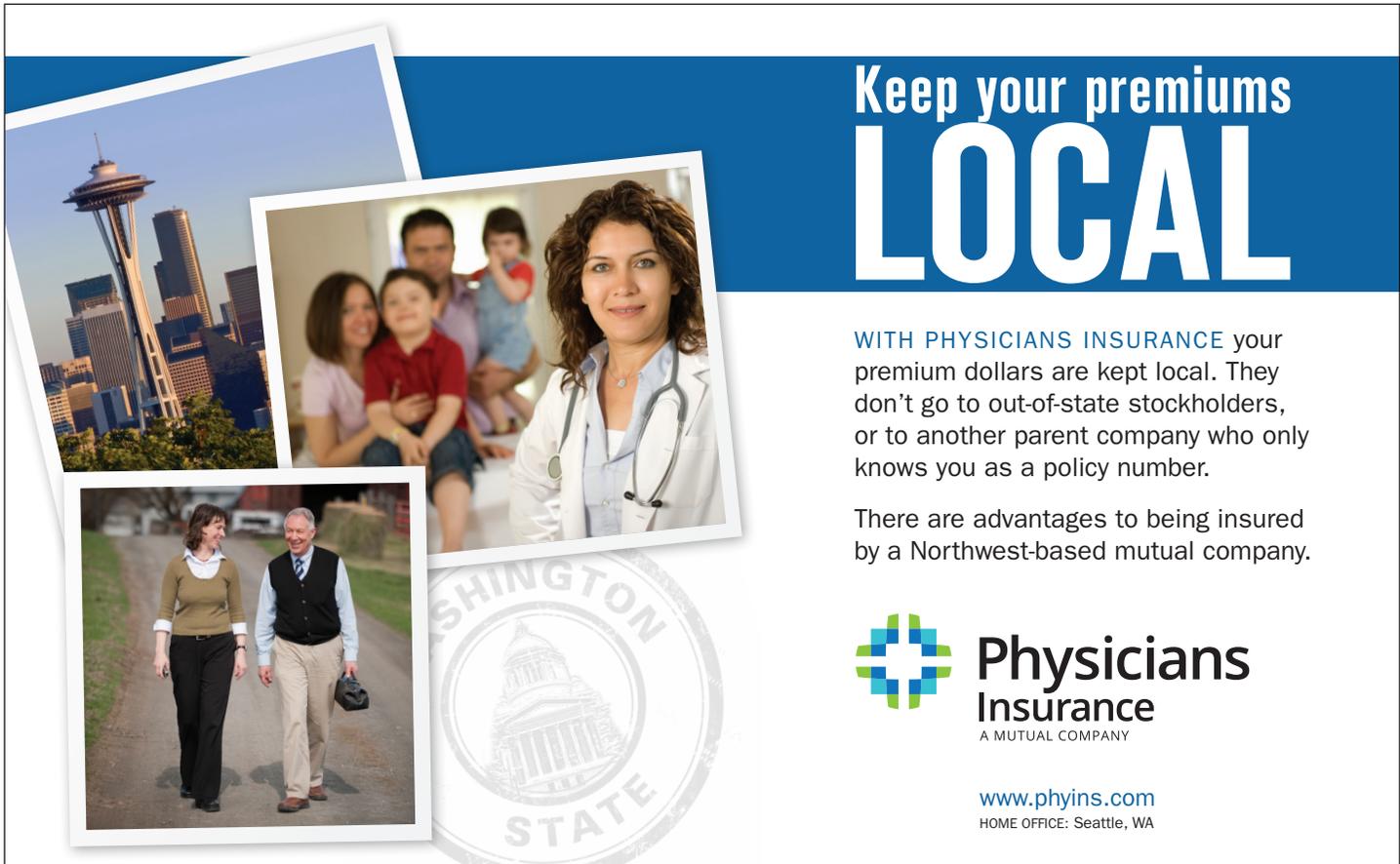
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INSIDE
THIS
EDITION

- President's Column
- Neighborhood Clinic Update
- TPCHD Health Equity
- Military/Civilian Provider Forum
- Executive Director Message
- Project Access Message

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PIERCE COUNTY MEDICAL SOCIETY
BULLETIN
Serving Our Members and Community Since 1888

- 3 Vital Conversations
- 5 You Can Help Neighborhood Clinic!
- 6 PCMS Plays Leadership Role with Military/
Civilian Health Care Provider Forum
- 7 PCMS: Your Voice
- 9 Health Equity in Practice
- 11 Project Access Appeal

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VITAL CONVERSATIONS



Brian Mulhall, MD

This seems like a particularly pivotal time. That being said, I recognize that most humans in most periods of history have felt this way at least once in their lifetimes. I also recognize that many events that others have lived through were truly more pivotal. I recently watched a documentary about the 'dust bowl' era; wow. Nonetheless, it still seems like this is an important moment in our country's history also.

As a matter of full disclosure, I am writing this article in the final hours of October. The election remains a week away. Week-to-week, and sometimes day-to-day, a 'certain' outcome becomes less certain. The latest headline, the newest revelation, the choicest gaffe seems to change polls and opinions. Yet, early voting is at record levels around the country perhaps because individual voters just want to be done—regardless that many more votes will be cast before the final outcome. It's been a long and difficult conversation and I think many citizens are fatigued or drained by it all.

Personally, I find politics interesting. I wouldn't say I like it, but there has been a particularly Shakespearean intrigue this election cycle. Despite having read many articles and hearing many pundits talk about the various aspects of this election, I certainly have no confident predictions. I have plenty of opinions, but they remain just that. Uniquely, I have not discussed this election with many friends or colleagues. There has been so much vitriol and partisanship during this process that it has been difficult to feel comfortable that I would not offend someone with my opinions. So, I have been mum. Certainly I will vote, but I have limited my conversations with others (alas, which seems contrary to concept of democracy).

Well, I have been mum except with my daughter. I have been surprised at the topics we have had to discuss as they have been brought into her awareness, spun-off by the unusual issues raised in the run-up to this election. These were certainly valuable conversations, but they were not topics I had expected to be discussing with a 5th-grader. Ah, parenthood and politics.

My reluctance to have conversations with friends and colleagues has felt strange to me. As I recently mentioned at a forum, my observation is that we all talk less with one another, in general. The context of these comments was my invitation to speak at a forum hosted by PCMS and the South Sound Military and Community Partnership. The goal of the forum was to gather representatives from the military medical community, the VA, the largest healthcare systems in our region, community medical providers, and some of the payors within that system in order to define solutions that might help improve access to care for active-duty military members, their dependents and retirees. As you can imagine, several of the biggest issues raised were the need for adequate reimbursement for the care provided and simplification of the administrative challenges of such care. Admittedly, these are issues best addressed in 'the other Washington.' But, I did emphasize the need for better sharing of records and the need for intelligent conversations between providers. I had to acknowledge that (in my experience) civilian providers don't have these conversations as often anymore. Of course, I get to speak to providers calling from the ED, or the FIT or MIS providers taking care of inpatients. But, it is far less common for me to get a call from a colleague with a complex patient that they want to discuss. These days I can too easily review notes in EPIC or pull-up information from CareEverywhere, so perhaps a phone call is less necessary. I have my list of providers that I know that I can trust to see the more complicated patients and am confident that they will 'figure it out.' But, it's pretty rare for me to have to step-away from a patient to take a call from another provider--or to make that call.

This makes my days less chaotic and I can more easily focus on the patient of that moment. But, there was a richness (and reward) in that culture of regular conversation. 'Colleagues' were not just colleagues because of a shared professional affiliation, but because we knew one another clinically (and sometimes socially) and could co-mingle our thoughts about interesting, challenging and endearing

See "Vital" page 4

“Vital” from page 3

patients. In saying this I am not just lamenting the past, but speaking to something that I believe remains vital to our profession.

Some of you may have recently seen coverage in the media (or talked with colleagues) about local efforts to unionize physicians. I won't pretend to have any unique insights into the many concerns that were driving this effort, but it does seem that the historical drive to create unions was founded in a breakdown within a system to hear the individual. Thus, the need for a collective voice.

I hope that you are aware that PCMS remains committed to creating opportunities for these conversations to take place for all members of our community. We strive to be a collective voice in relation to many issues in the community, albeit true that PCMS has boundaries defined by our mission to our members. But, we have hosted educational opportunities, a variety of social events, created members-only webinars (with prominent local and national leaders) and championed forums like the one I mentioned above. We are engaged in conversation with the community through our relationship

with the Department of Health, our role in the development of the Accountable Communities of Health and meetings with local (and national) policy- and law-makers. We also recently hosted a gathering of past-presidents of PCMS in order to solicit their wisdom in relation to opportunities in our strategic planning.

It's been a productive year and many long-term relationships have been deepened while new relationships have been fostered. But, my hope is that we will be hearing more often from more of you. And further, that you will not hesitate to call one another. I warned the military providers (whom I encouraged to call us) that some of the community providers may need a little time to warm-up to such phone calls. But, I do suspect that such engagement will be a refreshing experience for each of you. Without hesitation, I truly welcome any of you to call me anytime. But, for the moment, I am still not going to talk politics.

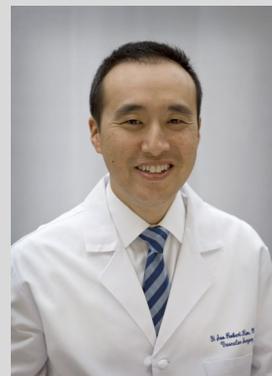
I want to thank you all for the privilege to serve as president for PCMS this year. It is a truly valuable organization that is working well to serve all of us in this pivotal time. 🌱

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Mission: To care for underserved patients in our community, provide prompt care for urgent and/or ongoing chronic medical conditions. We strive to provide a compassionate presence for our patients. We make every effort to refer patients for free or affordable follow-up care and a Medical Home. Our onsite social worker helps with this, including referrals to Project Access.

Brief Operations Description: Open Monday and Thursday evenings. Posted hours are 5pm to 8pm. Volunteers: 2-3 Primary Care Providers per night; physician shifts begin at 6 PM, as able, and end when all patients are seen (or at 8pm, whichever is later). Two nurses, two clinical support workers (medical assistant, CNA, etc), interpreters as available, and one social worker. Paid Staff: Executive Director, Clinic Coordinator, Office Coordinator, and Bookkeeper. Key Volunteers: Volunteer Coordinator, Medical Director.

Collaborations: Mobile Dental Unit from Medical Teams International, Tacoma Pierce County Health Department, University of Washington School of Social Work and Health Care Leadership Department, PLU Nursing School, Project

Access, Franciscan Health Care System, MultiCare Health Care System (including Tacoma Family Medicine Residency).

Updates: Sue Asher (former PCMS Executive Director) retired from our Board after serving for many years and was tremendously helpful in collaborating with the Medical Community; Judy Robinette left the role of Executive Director after many years of service; Bette Miller, RN retired from the Board at the end of 2015 after serving in countless roles for > 25 years. She was honored to receive the Tacoma City of Destiny Award this summer; Stacey Romero is our first paid Executive Director joined us in mid 2015 and has been a tremendous help with Operations, Marketing, and Fundraising; we are very excited to have just hired Amanda Agena, CMA as our new Clinic Coordinator (Kelsey Wardlow left in the Spring to attend Physician Assistant school, and hopes to return as a provider).

We are no longer able to provide prescription medications on site due to changes in enforcement regulations of the State Board of Pharmacy, but have partnered with community hospital systems pharmacies to help meet our patients' needs.

Volumes are back up in 2016. Our visits were down in 2014 with the initial implementation of the Affordable Care Act, and we optimistically thought that we might be "out of business." But visits have been rising again with 859 patient encounters in 2015.

We are seeing from 5-20 patients per Clinic night, 1/2 of them for the first time. There remain an estimated 40,000 uninsured in Pierce County (down from > 100,000 2 years ago) so unfortunately the need remains.

We Need:

- 1) Primary Care Physicians and Nurse Practitioners:
 - to provide direct clinical care
 - to support Family Medicine Residents and new Nurse Practitioners

See "Help" page 6

PCMS PLAYS LEADERSHIP ROLE WITH MILITARY/CIVILIAN PROVIDER FORUM

The South Sound Military and Communities Partnership conducted the Inaugural Military and Civilian Health Care Provider Forum in Lakewood on October 26, 2016. PCMS played a leading role in the forum that was filled to capacity with Executive Director Bruce Ehrle serving as master of ceremonies and moderating the event. He was also heavily involved with the planning of the forum as Vice Chair of the Partnership's Health Care Working Group. President **Brian Mulhall, MD**, offered two presentations as part of the program including speaking about his experiences as a Madigan physician earlier in his career, caring for military personnel and their dependents now as a civilian physician, how Pierce County is an ideal place to seek collaboration between the military and civilian provider communities, and some of the challenges faced by military personnel and veterans when seeking care from civilian providers such as the rates of reimbursement and lack of capacity.

The purpose of the unique forum was to bring together leaders in the military and civilian health care provider and payer communities in Pierce County to learn from each other and to develop a collaborative action plan.

Colonel Michael Place, MD, Commanding Officer of Madigan Army Medical Center, welcomed attendees to the forum stressing the importance of the mission of looking after our

troops given how much they look out for us. Bruce Ehrle backed that message up with his own opening comments where he stated that with as much as our service members are willing to sacrifice for us, we owe active duty troops, their dependents, and veterans our best efforts to provide for their health care even if that means making some level of sacrifice ourselves. In order to illustrate the point on a personal level, he read from an e-mail that a 19 year old Army Specialist had written to his parents just days before he was killed in action that was filled with noble sentiments of service and sacrifice.

PCMS Member **Jared Capouya, MD**, Medical Director for Quality (Pediatrics) at MultiCare/Mary Bridge provided a presentation about the movement away from fee-for-service in the civilian provider sector toward a payment system based on quality and value that will include expanded roles for physicians such as involvement in the social determinants of health that impact patient outcomes to a larger degree than what transpires in the clinical setting.

The Pierce County Medical Society is proud to have been part of the forum and looks forward to helping maintain positive momentum on the wide-ranging areas of collaboration between the military and civilian providers in our community on behalf of our local troops and veterans—patriots who are also our neighbors. 🌱

“Help” from page 5

-- to mentor Pre-med students (we have had many volunteer students come thru, help our patients, and successfully apply to Medical School!) What a lasting influence our volunteer physicians have had on these enthusiastic students.

- 2) Financial Donations
- 3) Fundraising and Outreach

Please visit our Website <http://www.neighborhoodclinictacoma.org/>

Thank you to our Supporters: United Way, Pierce County Medical Society, American Academy of Family Physicians—Pierce County, Rotary Chapter 8, and multiple foundations, faith groups, and individual donors.

Thanks to Pierce County Physicians who volunteered in 2015 and who include:

Ashley Bieker, MD	Christen Eidal, MD	Kate Landy, MD	Lindsay Newlon, MD
Stephen Cook, MD	Joan Halley, DO	Enrique Leon, MD	Natalie Nunes, MD
Mark Craddock, MD	Deborah Hammond, MD	Mary Jo Ludwig, MD	Michael McGinty, MD
Timothy Dahlgren, MD	Bryan Ho, MD	Rebecca Mandell, MD	Keith Pasternak, MD
Howard Davidson, MD	Ravi Kalwani, MD	Anna McLuen, MD	Daniel Sentero, MD
Jessica DiBari, MD	Kenneth Kirkwood, MD	Bela Mohapatra, MD	John Van Buskirk, DO
Truc Do, DO	Meghan Kusko, MD	Michael Mosely, MD	Robert Wu, MD 🌱

PCMS: YOUR VOICE



Bruce Ehrle

Between patient appointments, being on-call, coding, charting, continuing medical education, family responsibilities, and just buying groceries, the schedule of physicians has seemingly never been busier. Opportunities to participate in meetings, attend forums or conferences, lobby elected officials, and engage in workgroups are few and far between. However, at this time when focusing on patient outcomes across care settings and beyond those care settings right in to the home, collaboration among providers and other community entities, and having a physician voice in the evolution of payment and care delivery are all so hugely important to the physician profession, activity related to meetings, forums or conferences, and workgroups tied to that profession is vital.

This is an area where your medical society gets your advice, hears your perspectives, and represents your interests. The Pierce County Medical Society serves as your advocate—your voice—in all those settings.

A few examples of PCMS aggressively representing your interests moving in to 2017 include:

--Advocating with our Congressional delegation and CMS to ensure a realistic implementation of the Quality Payment System that has come out of MACRA. Far more than the pilot projects associated with the Affordable Care Act, MACRA represents the wholesale change of the federal payment system from fee-for-service to payment for quality and value with as much as a nine percent penalty on the table for failing to achieve its metrics and as much as a nine percent bonus on the table for achieving those metrics. CMS has already listened to the medical community on a wide variety of issues including providing a choice of methods to participate in the program in 2017 before further implantation steps are taken in 2018, exempting around one-third of physician practices entirely, and providing pathways to safe harbors such as participation in Ac-

countable Care Organizations. The impact of this program will be huge even with those provisions though, especially because private payers will follow the lead of CMS.

Heading in to the next decade the long-time practice of a physician being paid to heal a singular ailment will be replaced by payments that are based on the overall health of the patient. It's important that CMS keep listening to doctors who know more than anybody about the realities of front line care. The metrics must make sense, be dynamic as experiences are learned, and physicians must be viewed as valued partners in these massive evolutions of health care in America. All physicians are impacted by this because not only will the finances of independent practices be dictated by success or failure with this new system of payment, physicians employed by large systems will increasingly have their compensation determined by whether their employing organization achieves success or suffers failure in this new system of payment.

Other topics of ongoing dialog with federal leaders will include finding ways to help young physicians with their gigantic debt loads as they come out of medical school and residency facing amounts that have never been more staggering to pay off, examining incentives to get more new physicians to choose primary care and behavioral health, pressing for federal funding for the new behavioral health hospital being built by CHI Franciscan and Multi-Care at Allenmore, seeking the maximum degree of access for patients to you as healers, raising the importance of getting more behavioral health resources to help not just patients in need but physicians who are increasingly overburdened (and not just in the ER setting but in the primary care/pediatric setting too), making the patriotic case that reimbursement rates for the insurance programs that cover active duty troops, their dependents, and veterans be raised so that providers don't have to make a financial sacrifice in caring for these heroes living in our

See "Voice" page 8

“Voice” from page 7

community, pursuing HIPPA reforms that make sense so that maybe, just maybe, physicians don't have to resort to faxing records back and forth, and dealing with the HIT/EHR mess that has resulted in lack of interoperability not just between different systems but between practices and medical centers that use the same HIT system.

There is no shortage of things to interact with the federal government on. These are many of the big issues that impact you on a daily basis and that will impact the profession for years to come. We could throw up our arms and say that it's all just too much—that we can't impact change. Well, I have faith in the power of the physician voice in our nation's capital because I have witnessed it. We must, and we will advocate and agitate on these issues that will benefit patients and physicians together. Your schedules don't always permit going in to see our Members of Congress and getting on the phone with CMS leaders but you can be assured that with my 25 years of experience in the nation's capital and the commitment of your Board of Trustees to get these meetings and calls on their schedules, your voices will be heard all the way from this Washington to the other Washington. The high value of what you do with your professional lives demands that we make these efforts.

--Advocating with our state legislators not just down in Olympia but here in Pierce County while they are home from session about such important topics as raising Medicaid reimbursement rates so that the Medicaid expansion that has the opportunity to help so many patients in Washington actually gets paid for, interstate licensure to provide you as a physician in Washington greater flexibility at a time when practicing medicine is no longer confined to singular locale, having the proper resources dedicated to the medical community to deal with a massive disaster such as a high magnitude earthquake, and having the state devote full resources to behavioral health in our state and especially Pierce County. Again, we know that physician schedules don't always permit the opportunity to press these issues with our elected officials but your PCMS Board and I will be doing our best to make your voices heard in close consultation with the WSMA team in Olympia.

--The Pierce County ACH (Accountable Communities of Health) as part of the Healthier Washington initiative continues to bring together a long list of entities across sectors in our community that represent health care providers as well as those providing services that focus on social determinants of health with the goal of raising population health standards in Pierce County. High standards of population

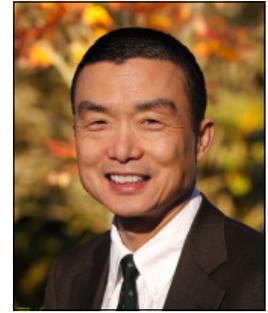
health mean that patients not only get the best quality of care that they can in the clinical setting but that when they leave the clinical setting they go to good housing with good access to nutritious food, and economic opportunity that together can extend their lives by as much as a decade. It is daunting but successes have been achieved in other parts of the country in these areas already and there is positive momentum creating projects here in our own community. To achieve improved population health means improved health outcomes for patients—and this equates to success for providers with the new reimbursement metrics coming on-line.

The ACH conducts many meetings including the large Steering Committee made up of all the entities at the table and smaller ongoing discussions such as the Integration Workgroup that is focused on how to have physical/medical health providers integrate care for their patients who require behavioral/mental health care with solutions that work for Pierce County. All these meetings take place during the hours that so many of you are providing clinical care but PCMS is there offering the physician perspective and making sure that the Pierce County Medical Society is known as a valued partner in these initiatives. The recent PCMS initiative to encourage screening of patients for shortcomings in social determinants of health and referring patients who demonstrate need to the appropriate agency or organization arose out of PCMS involvement in the ACH and it has generated a lot of positive comments as well as interest from the Washington Health Care Authority, placing you and your medical society on the cutting edge of this new direction for medicine that is being called for in both health care payment and health care policy at the federal, state, and local levels.

--There is a new momentum in Pierce County to tear down the fence between the health care provider on our large military base, Madigan, and the civilian provider community. This is only natural since so many civilian physicians here once practiced at Madigan or have some other kind of professional relationship with the base. New ongoing meetings are drawing together the commanding officers at Madigan (who are physicians) with civilian provider leadership including PCMS with the goal of providing even better, even more seamless, and even more timely care for troops, their dependents, and veterans who are not just our neighbors but patriots among us. Again, these meetings are usually held during the day when most of you are providing clinical care but PCMS is in those rooms representing you.

See “Voice” page 10

HEALTH EQUITY IN PRACTICE



Anthony Chen, MD, MPH

When we find a job, buy a home, or choose a school for our children, we consider many factors. The perfect home is not just its size and style. We also consider the yard, neighborhood, school district, ease of commute, and access to shopping and recreation. Context and environment matter.

Health is no different. To achieve the best health for our patients, we must consider their context and environment. When we try our best but our patients do not respond, perhaps what they eat at home or what they believe about their illness conflicts with what we tell them. Or they cannot afford a medication, get to or take time off for an appointment, or understand because of education or language barriers.

From a population-based public health perspective, we know social, economic, and environmental factors account for 50-60% of health. Health behaviors and clinical care each contribute about 20%. Two general strategies—one for you and the other for your practice and organization—can help to address the big root causes and further improve your patients and our community's health.

Consider social, economic and environmental factors when delivering care

Perhaps you are doing your best to manage an asthmatic patient, but he or she lives in substandard housing, cannot afford prescriptions, misses appointments, lives next to a polluting factory or highway, or cannot read or understand an asthma action plan. Income, housing, education, transportation, and environment all drive health.

You can screen for these factors as you deliver care. The Pierce County Medical Society recently developed a Social Determinants of Health Checklist. Other hunger and poverty tools will be integrated in the new revision of the AAP Bright Futures guidelines.

You can intervene with referrals. If you do not have access to a social worker, think about a school nurse for the school-

aged; maternity support services for the pregnant; a parish nurse or health minister for the churchgoer; a navigator for the cancer patient; a case manager through their insurance provider; or a community health worker. The Medical Society's resource guide and United Way's 211 line can connect you with community organizations to help.

To learn more about or to pilot the PCMS checklist and resource guide, contact Bruce Ehrle, executive director.

View internal practices and policies through a health lens
When we examine our organizational policies and practices, we find ways to meet our patients' needs, or eliminate unintentional barriers. Are our printed materials, signs, and website only in English? When we cancel someone who is 15 minutes late, how does that affect those who rely on buses? Do we involve patients in decision making and negotiate what will work?

It is not just patient-oriented policies—everything our organization does affects someone who is a patient somewhere. As businesses, our practices contribute to the local economy's health and our community's health. Our hiring practices, pay scale, insurance, and sick leave policies contribute to the factors that produce health.

At the Health Department, we provide insurance, sick leave, bus pass and carpool subsidies, employee wellness activities, and telecommute options. We also examined our organizational hiring biases and changed how we recruit. We also changed how we promote our contracting and purchasing opportunities, and we have a healthy food policy for catered events.

Working together to improve health in Pierce County
While we strive to provide world-class clinical care for our patients, we must also be conscious of the important role of social, economic, and environmental factors. By addressing these factors clinically and in our policies and practices, we can improve health in Pierce County. 🌱

These are just a few examples of PCMS being in rooms that your schedules don't always permit you to be. There are many more such as the valuable role PCMS serves as a liaison to school nurses, the physician community including pediatricians, and the county health department with the PCMS Public Health School Health Committee, the coordinating role that PCMS serves to bring residency programs together for consultation, and PCMS participation in Pierce County Project Access which so many of you assist with in its vital role of helping people afford their ACA health insurance premiums or getting access to donated care.

On any given day when each of you as physicians are performing your caregiving duties that make the difference between life and death, pain or the freedom to live a full life, and allowing us to fulfill our potential without being slowed down by physical or behavioral ailments, PCMS is committed as your ally to serving as your voice in the growing list of settings that require the physician perspective.

Now this doesn't let you off the hook completely. As loyal dues paying members of our organization that returns that loyalty with the loyalty of passionately acting on your behalf, your participation in our endeavors makes PCMS that much stronger. As the Society continues to press on multiple fronts during the coming year to ensure a robust physician profession in the years ahead, I encourage you to be as active in the Society as your busy schedules will permit. Attend a webinar using our platform that permits you

to participate on your smartphone, computer, or tablet from wherever you are. Come to a collegial event to reacquaint yourself with old friends or get to know new ones—professional colleagues who are also your neighbors. Or, if you've got an idea—just shoot me an e-mail or give me a call.

Historians have often stated that the sign of an advanced civilization is the ability of humans to heal one another so that survival is possible. It is one of the key factors that is looked for when examining physical evidence of past human settlements. When you're charting and feeling fatigued about how that is just one of the many things to handle in your busy lives, please take a moment to know that you play an important role in society that goes back as far as the existence of human brains and bones—and please also know that the Pierce County Medical Society endeavors to have your backs just as you have the backs of your patients. We share the goal that all physicians, providers, and patients from the smallest independent practice to all at the largest health systems are all in a rising boat on a rising tide of improved quality of care for all patients where physicians are valued partners in that journey to new heights, not left behind or drowned but instead recognized always and forever for the central part you play in an advanced civilization as healers of your fellow humans.

All my deepest and best wishes to each of you, your families, and friends for a wonderful holiday season and Happy New Year!! 🌸



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FINANCIAL NEED



*Leanne Noren,
Executive Director*

The connection between PCMS and Pierce County Project Access has been a strong relationship from the very beginning. PCMS leadership was the catalyst to creating this organization and the continued support has helped the organization to thrive and serve those most in need in our county. October marked 7 years of service for us! Thank you to all of the PCMS members for your ongoing support.

As innovative, engaged leaders in the healthcare community, I am using this opportunity to share that Project Access is experiencing a down year in funding. Non-profit organizations like ours go through ups and downs with funding partners and we are now at a point where we may miss our income goal by up to \$50,000. While our patient giving campaign and individual donors are growing, our corporate and foundation support has declined in 2016, therefore creating a gap in our budget.

The gift that PCMS physicians often give Project Access as a volunteer through donating care is fully recognized and appreciated. Providers who donate care are such valued partners and we strive to be thankful every day for the work you do and the tremendous difference you make for patients we serve in our community. However, I would be remiss if I did not let the current financial need of the organization be known to those who care about access to

health care for those living in Pierce County and who may be willing to make a financial contribution to our efforts.

For a \$120 donation, a patient can be supported for a single visit to primary care. A \$1,000 donation can create an opportunity for someone to access primary and specialty care for six months. I am therefore seeking a financial contribution from members of PCMS, and any organizational support you may wish to direct our way from contacts that you may have in the local business community.

PCPA has served our patients and providers by coordinating care for the uninsured which has reduced non-emergent, emergency room usage by 70%. We have maintained a 1% no-show rate for five years. We believe that Project Access (including with the help of donated care from PCMS physicians) is making a positive difference for citizens in our community who need access to care and in helping to reduce health expenditures. To sustain and grow on these accomplishments though, we do need direct financial support which can be provided by check or by credit card via our web site.

Thank you for considering this request. Please feel free to contact me at (253) 336-4810 or Leanne@pcmswa.org if you have any questions. We appreciate your partnership and support! 🌱



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