

JANUARY | FEBRUARY 2018

THE message

A Newsmagazine of Spokane County Medical Society

**Three Tips to Stop Fraud
within Your Organization**

**Judy A. Benson, MD, Awarded
SCMS Physician Citizen
of the Year for 2017**

Ruxandra M. Costa, MD

Family, Outdoors and Travel



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"I've been learning from John Colver, PA-C, hands-on since the day I showed up at the Maple CHAS clinic. He immediately made me feel comfortable and I've been given the opportunity to see a plethora of patient conditions. His motto is "Watch one, do one" and his quiet leadership gives me confidence in whatever he asks of me. He challenges me without overwhelming me and his laid back but persistent nature brings out the best in the students he precepts. Personally, I feel I hit the jackpot with having been paired up with him. He has always provided a safe environment that is conducive to my learning and growing. His respectful and caring interactions, even with the most difficult patients, have shown me how gracefully he navigates the jungle of primary care at a community clinic. His teachings will forever stay with me."

— ELVIRA (WILLIE) RUSH, UW/MEDEX PA STUDENT



Outgoing President's Message



It has been an impressively fast-paced year from my perspective as the Immediate Past President of the Medical Society. It's not one that allowed as much quiet time for reflection and contemplation as I might have appreciated. It has been one filled with changes, realigning of goals and re-affirmation of our mission statement. In my first Message note, I discussed an appreciation of our Mission Statement, which

states to **"fairly and objectively serve as a guardian of community health and wellness while leading and promoting the professional practice of medicine..."**

I have been impressed with the SCMS Board's commitment to this mission statement, and I have been impressed with the physicians in this community who have voiced support for this mission. After our period of deep introspection, we will be looking to hone in on how we can operationalize some of these things.

In order to keep you abreast of some of the changes completed this year, I would like to share some with you. We have moved away from a model with a CEO, and together with our foundation, we have tightened up personnel such that we have two rather than four employees. Our two amazing employees, Karen and Shelly, have taken cuts to 80% time. All of this was completed to increase our fiscal viability and we think we have done so while continuing with most of our most important services.

We did this at a time when we felt it important to cut membership dues. We had been the most expensive society in the state with respect to dues (this came from a period of time when we were credentialing all the doctors at all the hospitals). This is no longer the case and it became necessary to align dues with what we were offering in value. We strongly believe they are aligned appropriately and ask you to encourage your colleagues to consider joining the society. We believe we will offer you and your patients an appropriate return on investment for your engagement, and our patients and community will be better for this.

As we have cut dues, we have also created a realistic balanced budget that we believe we will be able to follow. This is in contrast to some of our transitional years; we have completed the transition.

Cutting dues while balancing the budget; perhaps the society should help the federal government you are thinking? Sorry, we have honed what we are doing for our community and we have focused in on what our constituents requested through our introspective discernment. We believe this is the course most suitable for our society. I am pleased that our colleague, Brenda Houmard, MD, is looking to lead us as we operationalize our transition. She has been engaged and is engaging, and I encourage you to read her comments about what the path ahead will look like.

It has been my honor to serve as a lead for the county society. I have gained more than I have given. I am optimistic about the future in new ways, and confident that you have a board and leadership that will advance us along our journey in a fashion that will continue to support our mission; a mission that underscores the work we do in this community. ■

John F. McCarthy, MD
SCMS President

SCMS 2018 Kickoff Reception

February 7, 2018 • 5:30 – 7:30 p.m.
Spokane Teaching Health Clinic
624 E Front Ave., Spokane

- ☀ You and a guest are invited to attend SCMS' 2018 kickoff event at the Spokane Teaching Health Clinic.
- ☀ Appetizers, drinks, and collegiality provided!
- ☀ Hear about the re-visioning of our Society and our key project for 2018 – tackling the opioid crisis in our community.
- ☀ The evening features guest speakers on the opioid crisis and an address by the SCMS President.
- ☀ **An incredible opportunity to connect with colleagues and to engage with your community!**

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Gordon Teel, MD
Daniel Yang, MD **NEW**

Incoming President's Message



It is the time of year that most of us assess the progress of last year and make plans for improving next year. As the incoming president of the Spokane County Medical Society, I feel that this is an opportune time to do just that.

Under the leadership of John McCarthy and with the hard work of those who are dedicated to the society, the financial status of the society has regained stability. In addition, the McCarthy year (as it will become known) started a revolution in how we view our society. In a time when the society was struggling for a balanced budget (and it is so!), the value for its members was clearly addressed. The question that was brought forth was, "What cost/benefit set-point exists that clearly will make physicians and physician assistants want to be a part of the great movement of the Spokane County Medical Society?" The first aspect of that equation was addressed by the reduction of the membership dues for 2018.

The second aspect of that equation is our mission for this year. Our current goal is that every member can easily answer the questions, "What actually does the medical society do?" and "How does the society benefit my patients, my interests and my professional life?"

We are currently focusing on four pillars of effort for the society:

1. Clinical issue of immense importance to our community
2. Support of medical education

3. Advocacy for physicians, physician assistants and the patients in our community
4. Impartial venue for physician/physician assistant collegiality

While future editorials will outline the society's efforts to support medical education and advocacy, I would like to highlight the current clinical focus of the Spokane County Medical Society - **the opioid crisis**. While national statistics indicate that this crisis leads to at least 90 American deaths from overdose each day, this is only a small fraction of those whose lives are controlled and altered by the devastating disease of opioid abuse and misuse. This impacts all people from all walks of life. It is our duty to our community to try to impact this crisis.

I hope you will attend our 2018 Kickoff Reception which will highlight these efforts, hearing from experts in the field and a recovering addict, and identify ways that you can participate in these community efforts. This exciting event will be held on the evening of February 7th at the Spokane Teaching Health Clinic. Your invitation will be arriving soon. We hope that you and your guest will join us, and that you will encourage your colleagues to attend as well. ■

Brenda Sue Houmard, MD, PhD
2018 SCMS President

Membership Recognition & New Members



thank you

to the members listed here. Their contribution of time and talent has helped to make the Spokane County Medical Society the strong organization it is today.

JANUARY

60 YEARS

John E. Hershey, MD
1/09/1958

FEBRUARY

50 YEARS

Michael A. Donlan, MD
2/27/1968
Donald A. Ellingsen, MD
2/27/1968

FEBRUARY

30 YEARS

Cynthia L. Cilyo, MD
2/17/1988
Robert K. Hedlund, MD
2/17/1988
Richard S. Herdener, MD
2/17/1988
Michael J. Lemberger, MD
2/17/1988

Welcome, New Members

PHYSICIANS:

McDermott, Carmen, MD

Internal Medicine
Medical School: University of Washington (2004)
No Information on Internal Medicine Residency
Currently practicing at Spokane Internal Medicine Residency

Spence, Laura, MD

Internal Medicine
Medical School: University of New Mexico (2009)
Internal Medicine Internship & Residency: Presbyterian Hospital (2012-2015)
Joined Providence Medical Group IM Hospitalists (11/2016)



Fill out a Membership Application online!

www.spcms.org/application



In-Depth Interview



Dr. Costa and her family enjoying Vancouver, BC; Buchart Gardens in Victoria, BC; and Radium Hot Springs, BC, in Canada.

Ruxandra M. Costa, MD:

Family, Outdoors and Travel

By Shelly Bonforti | SCMS Development Coordinator

Born in Bucharest, Romania, and a graduate of Carol Davila University of Medicine and Pharmacy in Bucharest, Ruxandra Costa came to the United States in 1998 after matching for her Neurology Residency at the University of Louisville Humana Hospital in Louisville, Kentucky. Due to difficulties in commuting from Louisville to Toronto, where husband Florian resided, they decided to move to Syracuse, New York, and she completed her residency at the State University of New York. This was followed by two years of Neuro-oncology Fellowship at the University of Toronto, Canada.

It was during her fellowship that they decided to come back to United States, and lived in the “beautiful Oregon state” for ten years. In Portland, she worked with Providence neurologists and covered calls, and also did locums for Providence Portland Medical Center. “I have felt very fortunate to be part of the Providence system since 2009, and identify with their compassion and human values,” Ruxandra declared.

In 2013, a neuro-hospitalist opportunity opened up in Spokane and she decided to take it. “Spokane is a fantastic family-oriented community and we are very proud to call it home,” she proclaimed. “We enjoy all summer and winter activities. 49 Degrees North is our winter destination, and Green Bluff is our destination in the summer and fall, where the orchards are full of fresh ripe fruits, waiting to be picked. We love to hike at Painted Rocks and sometimes bicycle on the trails. On the weekends, there is always something fun to do in Spokane. Whether it’s going to the arena for a hockey game, or going to the INB or Fox for a Christmas show, play or concert, we always find little pleasures all year round in this beautiful town,” she continued.

Family is very important to Ruxandra. “Florian, my husband, is a Professional Electrical Engineer and owns a small business in high voltage equipment,” Costa explained. “He is a supplier for several Electric Utility Companies in the US and Canada.” She also enjoys

volunteering at her son’s school and in the community when her schedule allows.

Their son, Patrick Anthony, is a 10-year-old fourth grader and attends a great Catholic School, Assumption Parish. “In my spare time, I am very happy to volunteer with other moms for different events. This fall the school had a book event, and this winter break was St. Nick’s Festival where kids went shopping for Christmas and parents bid at Silent Auction for different Christmas items. We also try to volunteer at the Library and as driving chaperones for field trips,” Ruxandra expounded.

“SPOKANE IS A FANTASTIC
FAMILY-ORIENTED COMMUNITY
AND WE ARE VERY PROUD
TO CALL IT HOME”

The Costas enjoy travelling together, and the highlight of 2017 was their trip to South Korea. “Our son has been involved in Taekwondo for four years, and this November he passed the Black Belt test. 1st Dan. Master Jung Kim, his Taekwondo master, organized a 2017 trip to South Korea for immersion into the Korean culture and civilization,” she announced. “It was the trip of a lifetime!” she stated.

“We visited the DMZ (demilitarized zone) where we walked the underground tunnels between North and South, Busan on the Eastern Sea (also known as the Japan Sea), a real gem of the Korean coast full of ancient Buddhist temples and monasteries,” Ruxandra described.

“We visited the most amazing bridge, the Diamond Bridge, built over the ocean,” she went on. “It’s about 5 miles long, connecting two



urban areas in Busan, and its light show is internationally renowned. They went on to visit Muju, the Taekwondo headquarters, Incheon and Seoul. "Another highlight," Ruxandra recounted, "were the blooming cherry trees and the walkways filled with cherry blossom scents. We filled our lungs with the scent so we can remember it for a lifetime!" she declared.

In the summer, the Costas took a trip to Vancouver, British Columbia in Canada, and then to Lincoln City, Oregon, "our beloved destination". They enjoyed watching the fantastic Total Sun Eclipse of 2017 at the starting point!

In November, they decided to go back to BC and visited Radium Hot Springs and the thermal waters in the middle of the Canadian Rockies. "We felt refreshed every day, experienced great massage and relaxation, and slept amazingly well after the healing power of the water touched us," she detailed.

Dr. Costa loves her profession. "Providence Sacred Heart is an amazing place to work, and our team is one of the best (if not the best!) in all of Washington State in caring for stroke patients," she proclaimed. "Together with Intensive Care, Interventional Radiology and Neurosurgery teams, the work done here for these patients is incredible. We are blessed with our nursing staff and a great rehabilitation team that are all doing an impressive job in taking care of these challenging patients."

As time permits from a busy schedule, she also tries to be involved in research. "We are currently enrolling patients with different types of stroke in ARAMIS trial and registry and in other clinical trials. Part of our team are also the residents and students from Internal Medicine and Family Medicine Programs who do their rotations in Neurology. We certainly enjoy teaching them and giving lectures as often as we can," she maintained.

"I am extremely proud, and at the same time, fortunate to be part of this amazing team. A day does not go by without being grateful and mindful for everything and everyone I have met since I moved to Spokane," she concluded. ■

Dr. Costa is a Neurohospitalist and part of the Providence Spokane, WA Neurology Neurohospitalist/TeleStroke Program. She is Board Certified in Neurology through the American Board of Psychiatry and Neurology. She has been a member of the Spokane County Medical Society since 2013.



Clockwise from top left: At the Observatory in Korea; Dr. Costa's son, Patrick, with the two children from a family with whom they stayed in in South Korea; Dr. Costa and family at the hotel South Korea; Visiting the Third Tunnel tourist spot in the demilitarized zone between North and South Korea. Dr. Costa with the staff of Assumption Parish School at their St. Nick's festival; Dr. Costa.



Looming Physician Shortage and How Our Local Undergraduate and Graduate Medical Education Community is Responding

By Robert K. Maudlin, Pharm.D.
Designated Institutional Official and
Associate Director of Medical Education
for Providence Sacred Heart Medical Center
and the Spokane Teaching Health Center

For many years I have had an interest in physician workforce, particularly for those serving our rural communities. Recognizing the population of Washington State is growing and aging, that access to care is increasing, all at a time our physician workforce is aging, presents a serious problem in preserving the quadruple aim of: enhancing the patient experience, improving population health, reducing costs and improving the work life of healthcare providers.

In 2014, the WWAMI Center for Health Workforce Studies published a brief on the overall physician supply and demographics. Notable findings in that report included:

- There were 19,260 physicians (275 per 100,000 population) with WA licenses, however only 15,421 were providing direct patient care (220 per 100,000);
- there were 5,504 generalist physicians (79 per 100,000, of which 41 were family medicine/general practitioners, 25 were general internists and 13 were general pediatricians);
- the mean age of the generalists was over 50 y/o (52 y/o for FP/GP, 49 y/o for general IM and 50 y/o for general pediatricians); and
- there were 675 psychiatrists (9.6 per 100,000) with a mean age of over 55 y/o.

Comparing physician workforce between Eastern Washington and Western Washington it is notable:

- There were 1,089 generalists in Eastern Washington (70 per 100,000) and 4,415 generalists in Western Washington (81 per 100,000);
- the maldistribution is particularly evident among general internists with 300 (19 per 100,000) in Eastern WA and 1,427 (26 per 100,000) in Western WA and general pediatricians with 149 (less than 10 per 100,000) in Eastern WA and 774 (14 per 100,000) in Western Washington;
- Family Physicians and General Practitioners were equally divided with 640 (41 per 100,000) in Eastern WA and 2,214 (41 per 100,000) in Western WA; and
- there were only 79 psychiatrists (5 per 100,000) in Eastern WA and 596 (11 per 100,000) in Western WA.

In 2014, the role statewide graduate medical education (GME) programs contributed towards physician workforce were:

- 1,195 Family Physicians/General Practitioners or 45% completed residency in Washington State;
- 580 General Internists or 34% completed residency in Washington State;
- 249 General Pediatricians or 27% completed residency in Washington State; and
- 289 Psychiatrists or 43% completed residency in Washington State.

In summary the brief concluded: "Residency is known to be highly associated with the location where a physician eventually chooses to practice and of the population he or she prefers to serve, and therefore a useful recruitment tool. ... While not an easy task, creating more residencies in locations and for specialties that serve the populations where shortages are greatest could be an effective tool to reduce disparities in the distribution of Washington physicians."

On March 14, 2017, the Association of American Medical Colleges (AAMC) released a study which concluded that as the demand for physicians increases to meet the needs of a growing and aging population, the Country will face a shortage of up to 104,900 doctors by 2030. It appears that this will only worsen as both the population grows and ages and the physician workforce also ages. By 2030, the US population is expected to grow by 12%. The number of US residents aged 65 and older is expected to increase by 55% and the number of people aged 75 and older will increase by 73%.

The AAMC projections for physician' shortfall by specialty include primary care (FM, General IM and General Pediatrics) is between 8,700 and 43,100 while medical/surgical/other specialties is between 33,500 and 61,800. The anticipated need in specialty care is driven by the assumption that as patients get older they will need 2-3 times as many services mostly in specialty care. For all specialties, retirement decisions among doctors will have a major effect on physician supply, with more than one-third of all active physicians being 65 or older in the next 10 years. An interesting observation from this AAMC study is in the effect on physician workforce in response to improvements in population health goals. For example, reducing obesity and diabetes would initially result in a slight decline in physician demand, but then an overall increase in demand because of an increase in life expectancy.

The AAMC sees the main solution to this physician shortage is to train more physicians. They acknowledge that although enhancing undergraduate medical education by starting new medical schools and expanding class sizes is beneficial it will be difficult to increase the overall number of practicing physicians without greater support for GME.

In May 2017, the Government Accountability Office (GAO) released a study on physician workforce regarding the locations and types of GME training which reportedly have changed little between 2005 and 2015:

- The GAO continues to report a severe shortage of physicians serving rural areas, and yet 99% of GME is concentrated in urban areas;
- 61% of all residents (76,918) complete their training in the Northeast and South, while only 15% (19,604) complete training in the Western US; and
- combined the Northeast and South graduate 100 residents per 100,000 population annually while the West graduates 26 residents per 100,000 population.

Spokane is following the National trend of starting new medical schools (Elson S. Floyd College of Medicine at WSU) and expanding enrollment in existing medical schools (UWSOM/Gonzaga and the Pacific Northwest University College of Osteopathic Medicine in Yakima). Each medical school prioritizes enrollments to include students from Eastern Washington and the Pacific Northwest. Curriculum emphasizes experience and exposure to primary care and in rural communities. Our region is fortunate in this regard. However, a GME “bottleneck” or logjam” still exists to some extent.

The following is a snapshot of the current Spokane-based GME programs:

PROGRAM	# of RESIDENTS	STARTED	#of GRADUATES	REGIONAL GRADS
FAMILY MEDICINE RESIDENCY	30	1972	280	181 (85%)
FM RURAL TRAINING TRACK	6	1987	42	24 (81%)
INTERNAL MEDICINE	30	1975	260	117 (45%)
TRANSITIONAL YEAR	18	1928	800+	?
SPORTS MEDICINE FELLOWSHIP	1	2008	7	4 (57%)
PSYCHIATRY	9 (to inc to 16)	2015	0	0
RADIOLOGY, DIAGNOSTIC	8	1959	79	14 (18%)
OBSTETRIC FELLOWSHIP	2	1985	55+	Most

The GME Sponsoring Institutions (Providence Sacred Heart Medical Center and the Spokane Teaching Health Center [Providence Health Care, Empire Health Foundation, Washington State University]) recognize the importance to diversify and increase the number of our residency and fellowship programs to better serve our region and to provide GME opportunities for the increasing numbers of medical students that will graduate from the regional medical schools.

By July 2019, we anticipate the start-up of a new Family Medicine residency based at Providence Holy Family Hospital with a Rural Training Pathway in Pullman WA. Jeffrey O'Connor MD has agreed to become the residency program director and Stephen Hall MD will be site director in Pullman. There will be six residents completing all 3 years of their training in Spokane and there will be two residents who complete their first year in Spokane and their second and third years in Pullman. The educational goal for the Spokane graduates

will be to serve an urban-based underserved, poor and vulnerable population. The Pullman pathway will emphasize preparing graduates to provide full-service family medicine (including OB) to rural communities.

Also in July 2019, we anticipate the start-up of a Child & Adolescent Psychiatry fellowship. This program is a collaborative venture between Providence Sacred Heart Medical Center and the Elson S. Floyd College of Medicine and will include training two fellows in the 2 year fellowship. The Washington State Legislature is providing financial assistance for this program.

Lastly, in July 2020, we anticipate the start-up of a Pediatrics residency. For nearly 3 years local GME leadership and the pediatric community has been planning this residency program which is likely to have six residents in each of 3 years. The curricular emphasis will be to prepare graduates for practice as general pediatricians.

The Spokane GME leadership envisions these new programs will augment our current residency and fellowship programs. Graduates from all of the GME programs will address our regional physician shortage and diversify the specialty mix completing their GME in the Spokane area. As always, we are dependent on our community physicians to serve as faculty, mentors and role models to the next generation of physicians. For this we are grateful. ■

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College of Medicine Class Profile Gives Glimpse into Medical Education Need

By Christina VerHeul, Elson S. Floyd College of Medicine

A new profile of the WSU Elson S. Floyd College of Medicine charter class shows it is comprised of a strong percentage of women, low socioeconomic status and first generation students.

The class, a group of 60 students who are current residents of or have significant ties to Washington, represent a population of talented students who would otherwise have been forced to go out of state for their medical educations.

Selected from more than 700 applications that were submitted in just 27 days – the timeframe between receipt of preliminary accreditation and the application submission deadline – competition was stiff for the coveted spots.

“Our recruitment cycle for this first class was extremely truncated,” said Dr. John Tomkowiak, founding dean of the Elson S. Floyd College of Medicine. “While most schools began recruiting in the summer, we couldn’t begin recruitment until November 2016. Despite the challenge, the fact that we received more than 700 applications in less than a month only highlights the pent-up need for medical education in this state.”

The college focused on drawing students from a wide cross-section of rural and urban underserved areas across the state to increase the likelihood they will return to their communities to practice medicine. It then selected students from 15 of the state’s 39 counties, with 15 percent of the class hailing from rural communities.

The college exceeded national averages for admission of females and average age, and had great success recruiting first-generation college graduates, as well as students with low socioeconomic status.

“We are proud of the highly accomplished group of students we selected for this charter class,” said Tomkowiak. “As we continue to grow in awareness and reputation, as well as build our recruitment efforts across the state, we anticipate the applicant pool and matriculated classes will continue to impress.”

On the right is a profile of the charter class:


DEMOGRAPHICS

- Females: 34 (56.7%)
- Legal Washington residents: 57 (95%) *The 5% non-legal Washington residents must have demonstrated they were from Washington by meeting at least 3 of the 4 requirements: born in Washington, childhood address in Washington, graduated from a Washington high school, parent/guardian currently lives in Washington.
- Childhood in a rural Washington county: 10 (16.7%)
*Based on Office of Financial Management data.
- Childhood in a medically underserved county: 58 (96.7%)
*Based on the area health resources files from Health Resources & Services Administration.
- Washington counties represented: 15, including Clallam, Clark, Cowlitz, Franklin, Grant, King, Pacific, Pierce, Snohomish, Spokane, Stevens, Thurston, Whatcom, Whitman, Yakima.
- First-generation college graduate*: 11 (18.3%)
*bachelor’s degree
- Low socioeconomic status*: 20 (33.3%)
*Based on AMCAS EO1 or EO2
- Average age: 26 / range 21-36
- Advanced degrees: 7 (11.7%)


APPLICATIONS

- Total AMCAS applications: 711
- Total secondary applications sent: 501
- Total completed applications: 466
- Total interviewed: 332
- Matriculated class: 60

For more information, visit medicine.wsu.edu. ■



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UW School of Medicine Students at GU Advance to Clinical Training

The University of Washington School of Medicine (UWSOM) celebrated an important milestone as the 2016 class — the first class to be fully integrated into the UW School of Medicine-Gonzaga University Regional Health Partnership -- completed the first phase of their training—the Foundations Phase—which educates students on the basic sciences.

The class of 60 students will now advance to clinical clerkships in hospitals and clinics throughout Washington and other states served by WWAMI, a region served by UWSOM that includes Washington, Wyoming, Alaska, Montana and Idaho. UWSOM's innovative curriculum builds upon the experience of over 900 clinical partners throughout the region from whom the students will learn. The students will complete their required clinical experiences but have the ability to customize their learning experiences to meet their personal needs and learning style. Thirty students will complete the Spokane Track, completing most of their required 3rd year clerkships here in Spokane. Others will travel to a single rural community within Washington State as part of UWSOM's nationally recognized TRUST (Targeted Rural and Underserved Track) or WRITE (WWAMI Rural Integrated Training Experience) programs. Other students will elect to take advantage of the five-state network and be able to experience and learn medicine in a wide variety of settings.

Justin Thompson, a second-year medical student, said in a Spokesman-Review interview that he and his classmates made a collective decision to help and support each other to the end of the Foundations, even when it meant less time for their own studies. This approach worked, as all 60 students finished the Foundations Phase together. Thompson thinks a team-based approach to medical care will also ultimately benefit patients. "To me, that is what healthcare needs: more physicians who are willing to ask others on the care team one more question that might prevent a medication error."

The UWSOM Foundations curriculum consists of clinically relevant cases that emphasize the basic sciences as the underpinning of the science of medicine. Students are engaged in active learning in a flipped classroom model for the first 18 months of the curriculum. Having successfully completed this phase of their training, the students will spend the next several months consolidating their knowledge to take the first of several National Board examinations that ultimately lead to licensure. With early introduction of clinical material in the curriculum these students are well prepared to begin the next phase of their education.

Darryl Potyk, M.D., UWSOM's Associate Dean, and Chief of Medical Education for the UW-GU partnership had some inspiring words for these young physicians-to-be. He encouraged them to be open minded on each clerkship, although many students have ideas of what they will end up doing, others less so. Dr. Potyk encouraged the students to approach each clerkship experience with a sense of possibility and curiosity. He noted that many students are surprised at what they learn on clerkships. Some find that their preconceived notions about a particular field were wrong while others are astonished when they discover a previously unknown passion that totally redirects their career path. Dr. Potyk also encourage the students to remain curious and to learn as much as they can on



each clerkship for the simple and wonderful reason that very soon, they will have an MD after their names. Noting that family, friends and caregivers from all walks of life will look to them for answers and for advice in their time of need. He spoke for the entire faculty when he said, "I trust that you will be up for this awesome responsibility and challenge based upon the solid clinical training you are about to embark upon." ■





SCMS Member Mixers

Spokane County Medical Society's Member Mixers were held on November 1 and December 6, 2017, at Marketplace Wineries. Guests enjoyed appetizers and drinks, as well as great conversation with colleagues in a relaxed atmosphere. A great time was had by all! ■



A special thanks to our sponsors for the evenings!



November



December

Calendar of Events



JANUARY

SCMS Board of Trustees Meeting
January 24, 5:30 pm

FEBRUARY

SAVE THE DATE!

2018 SCMS Kickoff Reception
February 7, Wednesday
5:30 pm–7:30 pm
Spokane Teaching Health Clinic
624 E. Front Ave., Spokane

SCMS Board of Trustees Meeting
February 28, 5:30 pm

MARCH

SCMS Board of Trustees Meeting
March 28, 5:30 pm

APRIL

**SCMS Medical Education
Committee Meeting**
April 10, 5:30 pm

SCMS Board of Trustees Meeting
April 25, 5:30 pm

MAY

1st Wed. Member Mixer
May 2, 5:30 pm–8:00 pm

Sr. Physicians Golf Tournament
May 18, 8:30 Shotgun Start
Manito Golf & Country Club

SCMS Board of Trustees Meeting
May 23, 5:30 pm

JUNE

SCMS Board of Trustees Meeting
June 27, 5:30 pm

JULY

**Annual Summer
Member River Cruise**
July 12, 6:00 pm–9:00 pm
The Serendipity, Templin's Marina

**SCMS Medical Education
Committee Meeting**
July 24, 5:30 pm

AUGUST

1st Wed. Member Mixer
August 1, Wednesday
5:30 pm–8:00 pm
Bridge Press Cellars
39 W. Pacific Ave.

**SCMS Medical Education
Celebration Cruise**
August 30, 6:00 pm–9:00 pm
The Serendipity, Templin's Marina

SEPTEMBER

SCMS Board of Trustees Meeting
September 26, 5:30 pm

OCTOBER

CME Medicine 2018
Date & Location TBD
7:00 am–5:00 pm

**SCMS Medical Education
Committee Meeting**
October 9, 5:30 pm

Sr. Physicians Dinner
October 11, 5:00 pm
Manito Golf & Country Club

WSMA House of Delegates
October 13–14,
Historic Davenport Hotel,
Spokane

SCMS Board of Trustees Meeting
October 24, 5:30 pm

NOVEMBER

SCMS Board of Trustees Meeting
November 14, 5:30 pm

DECEMBER

1st Wed. Member Mixer
December 5, 5:30 pm–8:00 pm
Bridge Press Cellars
39 W. Pacific Ave.

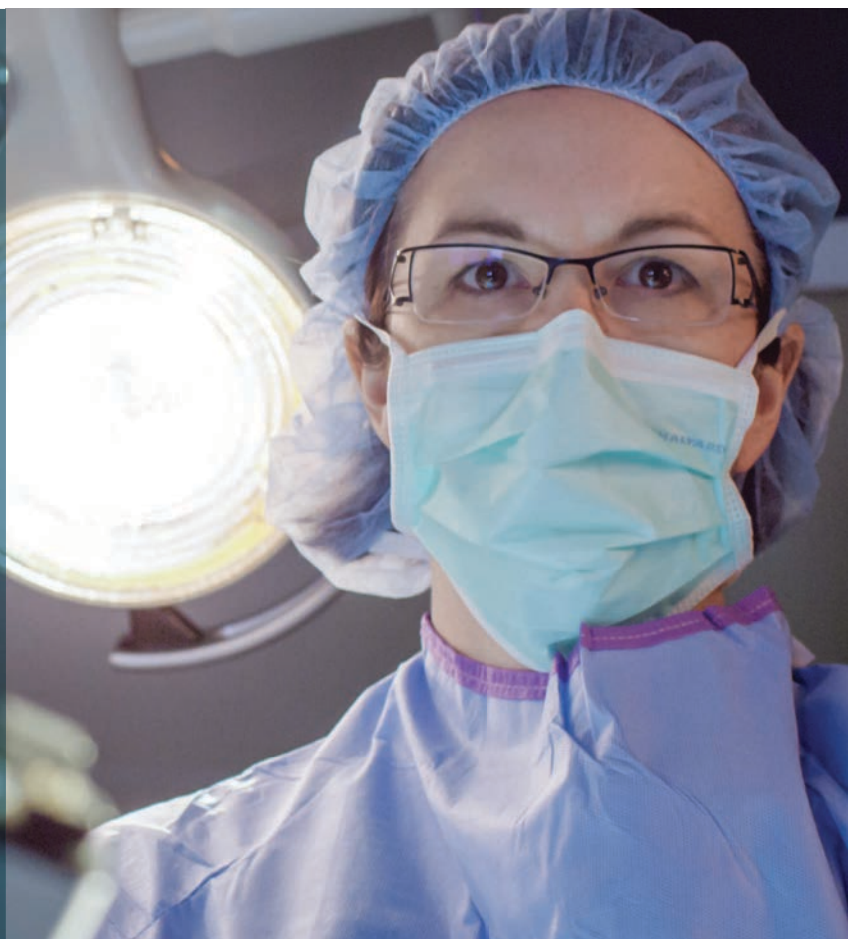
SCMS Board of Trustees Meeting
December 12, 5:30 pm

If you have any questions regarding an event, please call SCMS at (509) 325-5010 between 9:00 am and 5:00 pm, Monday through Friday, or email shelly@spcms.org

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In Memoriam

DAVID HENRY WESCHE, MD



David Wesche, MD, passed peacefully in his sleep on November 20, 2017, at the age of 80 at his home in Liberty Lake.

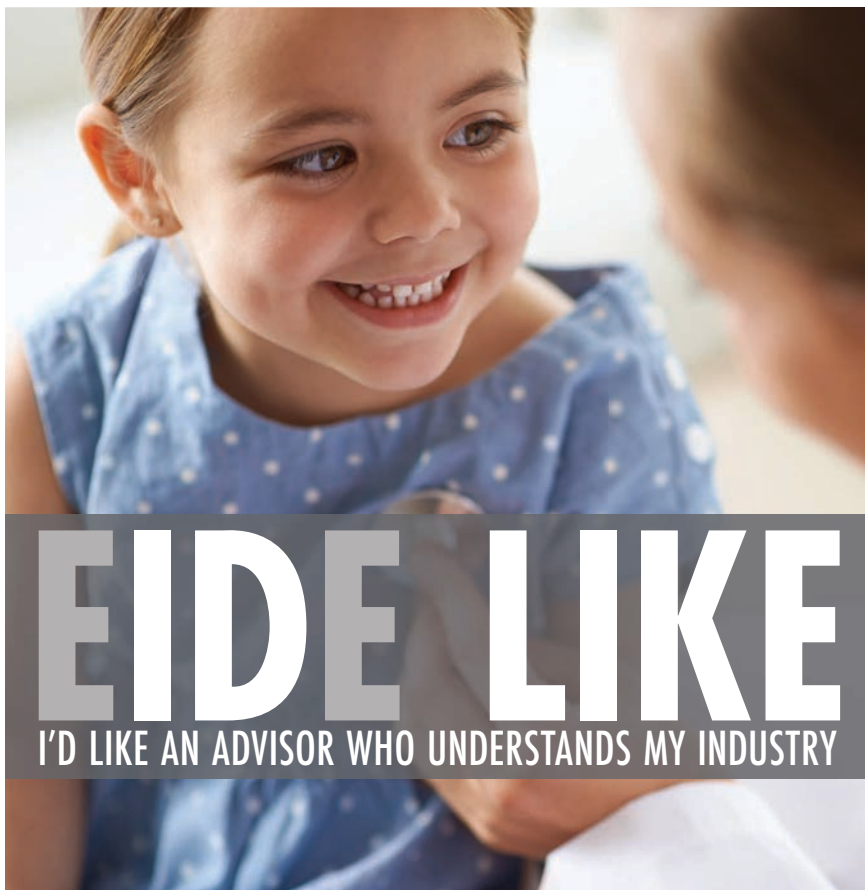
David was known for his sense of humor, hard work, his kindness, encouragement to others, and for his generosity. He was inquisitive and compassionate. He still kept in touch with many childhood friends and considered his Liberty Lake neighbors as family.

David and his twin were the youngest in a family of five boys, born to missionary parents in 1936 in Tientsin, China. With the start of WWII, the family left China by ship and moved to Wilmore, Kentucky, then Nampa, ID. After the war, they returned to China but two years later had to return to the US due to the Communist takeover. They moved to Jennings Lodge, Oregon, where David attended school. In 1954, he attended Northwest Nazarene College and then transferred to Seattle Pacific College. Dave and his twin Daniel both applied to medical school in 1957; his twin was admitted and Dave was deferred for a year, as the school wanted to keep twins separated. On June 21, 1959, Dave married Janet Lee Martinson.

In his second year of medical school, a stomach ulcer convinced Dave to drop out of school. He attended seminary for a year and then moved to Port Angeles, WA, and worked as a chemist for a paper mill. In 1961, they returned to Beaverton, OR, where he worked at the Primate Research Center, and a year later he pled his case and was reinstated at the medical school. In 1963, Dave joined the US Air Force, moving to San Antonio, TX, and then Travis Air Force Base, CA. In 1967-68 David was sent to Vietnam as a USAF surgeon in Da Nang during the great Tet Offensive, and was also loaned to the Navy for several months at Cam Ranh Bay. He was later awarded the Bronze Star for his service.

The family moved to Elmendorf Air Force base, AK, for three years where Dave loved to climb mountains and hunt in his free time. After four more years of surgical training in Portland, Dave moved to Liberty Lake, WA, and joined Frank Stadler in a busy surgical practice near Valley Hospital where he practiced for 25 years. He opened the non-invasive diagnostic Valley Vascular Lab. Dave and Jan founded and were part-owners of an assisted living facility in Spokane Valley, Brighton Court, where Jan's mother spent eight years of her life. Dave retired in 2001.

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NUVODIA SELECTS CHRIS PATRICK TO SUCCEED RETIRING CEO JON COPELAND



Nuvodia, a nationally recognized leader in Healthcare Informatics and Information Technology Services recently announced the selection of Chris Patrick as the company's new CEO. Patrick has served Nuvodia in a number of positions over the past 11 years, most recently as president. He succeeds Jon Copeland who announced his retirement plans earlier this year.

"Our work at Nuvodia focuses primarily on helping client organizations effectively leverage technology in order to succeed—as businesses, as employers and as meaningful contributors to their local communities," says Patrick. "As a leader within the organization, it's my responsibility to help to ensure that our company, through the work of our employees, will thrive now and well into the future."

According to Dr. John W. Bell, president of Inland Imaging Investments, Nuvodia's parent company, "Jon Copeland, has been an integral part of the Inland family for 21 years as CIO, Inland Imaging Business Associates CEO, and most recently as CEO of Nuvodia. He has been talking about his potential retirement for several years, and in September decided to retire effective December 31, 2017," according to Bell. "In addition to working for the remainder of 2017," Bell said, "we are fortunate that Jon will remain a resource to Nuvodia and Inland Imaging Business Associates IT through his consulting firm, jcbway." Bell also commented that "the

Board is very excited to see where Nuvodia goes next under the leadership of Chris Patrick." ■

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Summit Cancer Center is proud to be the first in a six state region to molecularly target a resistant form of colorectal cancer.

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"Molecular targeted therapies have revolutionized treatment for a number of cancers over the last 20 years. As soon as this became available in 2016, we wanted to get this for our patients," says Dr. Arvind Chaudhry, the medical director and head of Summit Cancer Centers Research Trials. "This trial meets our Center's mission of being a local treasure to patients who face cancers where conventional chemotherapy is not effective. We also noticed that Summit began to attract patients from other states, thus meeting our goal of being a regional resource for other cancer centers."

This molecularly targeted clinical trial is only available at a limited number of centers in the United States. Summit was the first cancer center in a six state region, including Washington, Hawaii, Alaska, Montana, Idaho, and Wyoming, where this trial is open. Due to the success of the trial, a site has since opened in Seattle, WA. ■



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Three Tips to Stop Fraud within Your Organization

By Curt Andersen, CPA, Partner, Eide Bailly LLP
SCMS Community of Professionals

Five percent of a company's annual revenues are lost to fraud each year—that's \$3.7 trillion worldwide. While the median loss is \$150,000, 23 percent of cases involve losses of greater than \$1 million. In 83 percent of fraud cases, the fraud involves asset misappropriation.^[1]

The primary weakness in many fraud cases is lack of internal controls. It is important to be aware of the trends in fraud so your organization can avoid occupational fraud and abuse. The longer a fraud scheme occurs without detection, the greater the financial damage.

A REAL-LIFE EXAMPLE

Eide Bailly recently assisted a small rural hospital in which we identified internal control weaknesses over their purchasing and inventory function.

The office manager was responsible for ordering supplies such as diabetic test strips, which were then available for hospital patients to purchase. However, the hospital failed to have a procedure to accurately inventory these test strips.

Eide Bailly was engaged by the hospital and through a forensic accounting examination, we learned that the office manager was selling test strips on the black market for personal gain. By the end of the scheme, the hospital lost more than \$178,000.

THREE WAYS TO PREVENT FRAUD

Healthcare organizations should consider the following controls to help prevent and/or detect common fraud schemes:

1. **Use a hotline.** More than a third—39.1 percent—of fraud cases are detected by a tip line and, in 51.5 percent of cases, employees are the source of the tip. Organizations with a hotline are 50 percent quicker at detecting fraud.^[1] Hotlines are beneficial for both the employer and the employee due to ease and anonymity.

2. **Establish preventative controls.** Preventive controls include deterring or preventing unauthorized transactions, requiring proper authorization, and instilling physical safeguards such as locks, keys and passwords.

Another important preventative control is an inventory control system. Whether this system is manual or technology driven, the desired result should be to keep an accurate inventory count, which can help an organization identify irregular purchases as well as any item being used at an unusually high rate. A review can then be conducted to see if this unusual activity is an indication of deeper issues. This can keep someone from ordering large amounts of supplies and selling them for personal gain through sites like eBay and Craigslist, like in the hospital example above.

3. **Establish detective controls.** Detective controls include independent checks to ensure that transactions have proper authority and are recorded correctly. For example, rotating job duties, a mandatory vacation requirement, surprise audits, and routine inventory counts are effective detective controls.

Assuring adequate documentation and records are maintained is also an important detective control. Procedures should be implemented to ensure these detective controls are in place.

With appropriate measures in place, you can successfully decrease the risk of fraud in your organization. Believe it or not, most frauds are uncovered by accident. It's important to remember not to overlook the most obvious signs. If you suspect fraudulent activity, contact a forensic accountant to investigate the matter for the purpose of potential insurance recovery, civil and/or criminal litigation purposes. ■

Curt is a Partner at Eide Bailly in Spokane, a top 25 CPA and business advisory firm. Our healthcare services go beyond cost reports, audit and tax, to help you drive results and plan for a strong future. For more information, contact Curt at (509) 789-9118 or candersen@eidebailly.com.

Reference:

[1] Association of Certified Fraud Examiners 2016 Report to the Nations on Occupational Fraud and Abuse



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Judy A. Benson, MD, Awarded SCMS Physician Citizen of the Year for 2017

The Spokane County Medical Society proudly announces Judy A. Benson, MD, as the recipient of the Physician Citizen of the Year award for 2017. Dr. Benson has taken on a number of lead positions wherein she has been the face of our medical community from the perspective of the Internal Medicine Residency, the Spokane County Medical Society, Providence Healthcare Director of Medical Education, and Deaconess President of the Medical staff. During her 30 years in this community, first as a private practitioner, and for the last couple of decades in education at the GME level, she has impacted hundreds of learners at the Graduate level of medical education and she has impacted thousands of patients.

She graduated from the University of Nebraska School of Medicine in 1983, and from the Spokane Internal Medicine Residency in 1987. She practiced internal medicine in the community while directing the Transitional Residency at Deaconess, before becoming Director of the Internal Medicine Residency in 2001, and continues to care for her patients in the clinic. Dr. Benson is a certified ACLS instructor who teaches the cohort of new interns every June, to be certain they are prepared to deal with emergencies that will arise during their training, as well as a certified High Reliability Trainer, working to reduce errors in medical practice in the hospital as well as the outpatient setting.

She joined the faculty of the Internal Medicine Residency program in 1993 and was the director of medical education at Deaconess for a decade until becoming the director of the Spokane Internal Medicine Residency in 2001. She was president of the medical staff at Deaconess 1998 through 2000. Dr. Benson also led the development of the Hospitalist program at Sacred Heart and was director of the faculty hospitalists from 2001 until 2010. She has now been the director of Graduate Medical Education in Spokane since 2012. In this role, she oversees and is responsible for ALL of the residency training programs in Spokane. More recently, with her leadership, the Spokane Teaching Health Clinic is a reality, opening in August 2016.

Through her dedication to medical education Dr. Benson has had a tremendous impact on so many physicians; it's hard to calculate the number of doctors, as well as patients, that she has influenced and touched in a positive manner. To quote one of the three physicians who nominated her, "She is really like a pebble tossed into a pool, with ripples that extend far beyond the moment."



Recipients of this award are nominated by their peers, and an independent entity reviews each nomination and selects the award recipient. Nominations are based and judged on five components:

- Contribution to public understanding and appreciation of the role of medicine, and to an improved public image of the medical profession and its members;
- Demonstration of high standards of competence, ethics and professionalism;
- Show outstanding ability in medicine;
- Work for the advancement of the medical profession; and
- Contribution to the betterment of our community and nation.

She has served in various capacities within the Spokane County Medical Society, including the Credentials Committee since 2010, the Medical Education Committee since 2015, and currently sits on the Board of Trustees. The Spokane County Medical Society is proud to award this honor to Dr. Judy Benson. ■

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The Truth About Retirement

By Greer Gibson Bacon, CFP®
SCMS Community of Professionals

It takes serious money to maintain a secure, comfortable lifestyle in retirement. Yet, most people under-estimate how much they'll need to save, *especially successful professionals who often confuse high earnings with wealth (net worth)*. As you examine your retirement plan, here are a few key considerations.

How much income do you need? A good indicator of what you'll need later is what you need today. Although you may spend somewhat more or less in retirement, a 55-year old couple enjoying a \$350,000 lifestyle today is not likely to enjoy a \$175,000 lifestyle in retirement. Defining your magic number requires brutal honesty.

Once you've defined how much income you'll need, subtract estimated Social Security benefits to arrive at how much you'll need from retirement savings. For example, if our 55-year old couple has estimated benefits of \$50,000, they'll need \$300,000 from retirement savings.

How much retirement savings do you need? That depends. Do you want to leave a legacy or spend your last dime? Do you want to retire early? A good rule of thumb is you need \$1 million in retirement savings for each \$40,000 to \$50,000 of income you'll need. In other words, our 55-year old couple needs retirement savings of \$6 million to \$7.5 million. "Stuff" doesn't count.

When do you want to retire? Retirement savings don't grow overnight. This means you need to define a realistic time horizon based on your saving (and spending) habits and ability to achieve solid investment returns. For example, let's say our 55-year old couple wants to retire at 60. They're adding \$100,000 annually to their current savings of \$3,000,000 and earning an average return

of 7%. If they continue "as-is", they'll have \$4,782,729 at 60. In other words, they'll be short by \$1.2 million to \$2.7 million.

What if you're not on track? Although it's better to figure this out sooner rather than later, all is not lost. And, anyone can use these basic techniques.

- **Time is your friend.** If our 55-year old couple delays retirement to 63, they'll increase their retirement savings by \$1.4 million. Less obviously, they'll shorten the time period over which their savings must stretch.
- **You can earn more.** You can work extra hours or invest for a higher return. A word of caution ... if you're close to retirement, you may not be able to assume the higher risk often associated with a higher return.
- **You can save more.** If our 55-year old couple boosts their annual savings by \$25,000 to age 63, they'll add \$256,495 to their retirement savings. Importantly, they may find there's not much difference between a \$325,000 lifestyle and \$350,000 lifestyle. And, a \$325,000 lifestyle requires less retirement savings (\$5.5 million to \$6.9 million).

In reality, most people use one or more of these techniques to achieve a secure, comfortable retirement. If you need help creating or refining your retirement plan, please contact a Certified Financial Planner™ or other qualified professional. ■

For simplicity, the impact of inflation has not been explicitly discussed in this article. But, in reality, it's a major risk factor and must be considered in your retirement plan.

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MEETINGS/CONFERENCES/EVENTS

SCMS 2018 KICKOFF RECEPTION Join SCMS on Wednesday, February 7, 2018, 5:30 PM-7:30 PM at the Spokane Teaching Health Clinic as they announce the re-visioning of the Society and their key project for 2018 – tackling the opioid crisis in the Spokane community. This event is open to members, and non-member physicians and physician assistants and a guest. Please RSVP by January 24, 2018. To RSVP or for more information, please email shelly@spcms.org or call (509) 325-5010.

2018 CURRENT TRENDS IN CARDIOVASCULAR CARE – A PRIMARY APPROACH Presented by Providence Spokane Heart Institute on Sat., April 14, 2018, 8 AM–3:00 PM, Spokane Conv. Center. This program will feature 12 speakers with key topics that will provide current practical guidelines for differential diagnoses, proper evaluation, and treatment of common cardiovascular clinical challenges. Anticipate 6 hours of continuing medical education. For more info, please email Lori.Prusa-Mustard@providence.org.

AL-ANON FAMILY GROUPS AND ALATEEN REFERRALS: Al-Anon and Alateen support groups are available in Spokane County for family members and friends of alcoholics at which men and women share experiences of solving common problems arising from living

with or loving a problem drinker. Alateen meetings are for teenage family members and friends of alcoholics and are not suitable for teens with current drinking problems. For further information and meeting schedules contact District2AlAnonOutreach@yahoo.com or (509) 456-2125. Al-Anon and Alateen support groups can supplement medical treatment and counseling therapy. Information provided by Al-Anon District 2 Public Outreach Committee.

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