

SEPTEMBER | OCTOBER 2018

THE

message



A Newsmagazine of Spokane County Medical Society

**Managing Long-Term
Disability Risk: Part One**

**Top 5 Tips To Work
Precepting Students
Into Your Day**

Svetlana F. Cox, MD

The Beauty of Mushrooming and Outdoor Adventures



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"Getting to work alongside Dr. Nordeen has been a tremendously rewarding experience. With the help of his mentorship and dedication to teaching, I have been able to fine-tune my doctoring skills and start to shape into the physician I want to be for my future patients."

— BRITTANY BERGAM, UWSOM MS2 SPOKANE, FEBRUARY 2018



President's Message



Dear Colleagues,

I thought continuing the topic of 'Medical Advocacy' may be useful. During the last address to you, I talked about the definition of advocacy and its importance in our profession. The ability of the Spokane County Medical Society to serve as your voice in this mission and to do so in a neutral and bipartisan manner is one great benefit of SCMS membership.

The House of Delegates of the Washington State Medical Association (WSMA) is going to be held in Spokane this year on October 13th and 14th (that is the weekend following the SCMS Medicine 2018 CME on Oct 12th so make a weekend out of it!) at the Historic Davenport Hotel in downtown. This annual event location is alternated every year between Seattle and Spokane. This event brings together several hundred voting delegates to set the course for society policy and advocacy, elect officers and provide opportunities for networking. The SCMS typically has 5-8 members in attendance – we hope you will join us this year.

In addition, we are often asked as the county medical society to meet with our state and national legislators (one such meeting is pictured here as members of the SCMS Board met with Congresswoman McMorris Rodgers on August 10th). It is our duty and our pleasure to




Pictured left to right: Hadley Morrow, Better Health Together (NAMI); Dr. Stephen Pakkianathan, Spokane County Medical Society; Dr. Brenda Houmard, Spokane County Medical Society; Dr. Dean Cranney, Spokane County Medical Society; Congresswoman Cathy McMorris Rodgers; Dave McCann, Medtronic; Nicole Dorsh, Novo Nordisk; Jim Moyer, Novo Nordisk; and Paul Pearson, Healthcare Leadership Council.

give these legislators our view of the medical issues that affect our patients and our ability to care for our patients. In this way, they can help to bring appropriate change to the issues that affect the health of our patients. I absolutely envision our role with the politicians to be a bipartisan informational pathway. It is my experience that they value the voice of the 'boots on the ground.'


As I said before, I am pleased that the SCMS has medical advocacy as one of its pillars of focus this year. I hope you will join me in the SCMS medical advocacy push! ■

Sincerely,

Brenda S. Houmard, MD, PhD
2018 SCMS President



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SCMS Membership Recognition



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.



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9/17/1988

Royce L. Zobell, MD
9/17/1988

20 YEARS

Jodi L. Bailey, MD
9/15/1998

10 YEARS

Eric C. Mueller, MD
9/1/2008

Miguel A. Schmitz, MD
9/2/2008

OCTOBER

60 YEARS

David C. Groenig, MD
10/9/1958

Thomas H. Jones, MD
10/9/1958

10 YEARS

Steven R. Goodman, MD
10/1/2008

Molly K. Howlett-Curran, DO
10/1/2008

Karen M. Wildman, MD
10/1/2008

Richard W. Casey, MD
10/22/2008

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Dr. Guss is also fellowship-trained in cosmetic dermatology and is an expert in the use of Botox, Fillers, and over 40 lasers and radiofrequency devices. She additionally has extensive experience using minimally-invasive techniques for the treatment of varicose veins and is certified by the American Board of Venous and Lymphatic Medicine.

Dr. Guss grew up in Southern California before attending Yale University. She then received her medical degree from Johns Hopkins Medical School and was awarded the Clarendon

Scholarship to the University of Oxford for a master's degree in immunology. Following medical school, she completed her internal medicine internship at the Naval Medical Center, San Diego. Dr. Guss then returned to Johns Hopkins for her dermatology residency where she served as chief resident and also received the Frank L. Coulson, Jr. Award for Clinical Excellence and the Stanford J. Lamberg, MD Research Prize in Dermatology. Upon finishing her residency, she completed her fellowship training at the Scripps Clinic in La Jolla, CA.

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Svetlana F. Cox, MD:

**THE BEAUTY OF MUSHROOMING
AND OUTDOOR ADVENTURES**

Above, Arches National Park with Sam; center, Svetlana Cox, MD on a mushrooming hike; below, a bounty of morel mushrooms.



By Svetlana F. Cox, MD

In 1993, I moved from Vladivostok, Russia to Spokane, Washington. I completed the Spokane Internal Medicine Residency program in 2001 and joined the Physicians Clinic of Spokane, which is now Providence Internal Medicine Clinic. What I enjoy most about my practice is spending time with my patients, who often have complex and multiple medical issues. I believe that most well-trained physicians can solve medical mysteries, but I want more from my practice; I want to hear patients' stories, learn about their families, the books they read, places they travel. In a sense, I am a family physician. Although I sometimes run behind my schedule, I want to make sure I listen to all my patients and give them the attention they deserve. My days are long and sometimes draining, paperwork is often overwhelming. However, it is a great reward to be a Physician and help improve the quality of other people's lives.

I stay busy outside of work as well. I enjoy many outdoor activities: traveling around the country and abroad, skiing, hiking, fishing, camping, backpacking, reading, and spending time with my family. I have a great partner in life, Tim, and we share many passions together. We recently experienced the pilgrimage on the Camino de Santiago, hiking 80 miles through small hamlets and enchanted forests. We made friends with people from different countries and hiked alone. There are many reasons people go on a pilgrimage. Although, I am not a religious person, it was definitely a spiritual experience for me.

Recently I completed my third annual "scramble" up Roman Nose Peak in the Selkirk Mountain range in Idaho. Tim leads these

TOP 5 TIPS TO WORK PRECEPTING STUDENTS INTO YOUR DAY

By Chris Anderson, MD
SCMS Medical Education Committee Co-Chair

1. Don't stress out about the teaching.
Take excellent care of your patient first!

Much of the student's learning takes place organically as she soaks in your work completing a patient encounter. That's mostly what being a Preceptor is about.

2. Don't stress out about the time.
See #1 above. However, do allot some time to answer questions.

3. It's OK to assign reading. If your student asks a broad-based question, one that is germane, but you really don't have the time to describe the mechanism of action, route of administration, many adverse drug reactions, and monitoring plan for your chemotherapy protocol for Ms. Lopez, consider: "That's a really good question, Zach, one that really could take a half an hour or more to adequately answer. I'd like you to understand these principles, so won't you consider reading about this over the next few days? Here's a good resource for you..."

4. Ask your student at the beginning of the day if he has a specific educational goal he wants to achieve for the day. This will help you to focus on one important learning objective for the session. If all h*** breaks loose during your clinic, the chances are still high that you can at least meet this one objective for your student.

5. Make sure your office staff is aware of how you want to make teaching a priority. They will undoubtedly recognize that you are training their next generation of doctors, and how important that teaching is. In this way they will hopefully be a little more sympathetic to your schedule.



Top, Hiking Roman Nose with Tim Gerlitz, my children Katya and Sam, and my son-in-law Gavin Radke; bottom left, fishing in Alaska; center top, on the Great Wall of China; center bottom, in China with my daughter Katya; right, Bloomsday with Katya.

annual ascents and every year I have an eerie feeling a few days before we go. But at the end, I like the challenge and the feeling of accomplishment this hike brings.

Growing up in Russia, I remember going with my mother and grandmother to the forest looking for edible mushrooms. We came home with baskets full of King Boletes, Button Mushrooms, Chanterelles and others. My love for hunting mushrooms was rekindled when I met Tim, who happens to be an amateur mycologist and an educator for The North Idaho Mushroom Club. Our mushroom fever starts at the end of winter with anticipation and waiting. We start hiking forests looking for mushrooms in April through November. We spend hours and hours in the forest, hiking miles for the thrill of finding a "treasure" in the woods. I now get to share this experience with my son, as well as my daughter and her husband who come over from Seattle just to go mushroom hunting with us.

Mushrooming helped me appreciate the beautiful forests and mountains of the Northwest, spending time outdoors away from crowds, listening to the birds, and witnessing early spring flowers and colors of the seasons. The peace of the outdoors leaves me feeling recharged and ready to get back to seeing my patients. ■

Dr. Svetlana Cox is an internal medicine physician in Spokane, WA and has been practicing for 20 years. She graduated with honors from Pacific State Medical University, Russia, in 1988 and specializes in internal medicine. She is a member of the Spokane County Medical Society (SCMS) and currently practices at Providence Medical Group - Internal Medicine.



Transitions in SCMS Foundation



The SCMS Foundation Board wants to update you on some of the changes we are facing. First, and as a guiding principle, the Foundation this spring re-evaluated and updated its mission to include the following:

- promote and support the development of future physician and physician assistant leaders within our community
- identify and fund important and innovative projects that advance the health of our community.

This has helped our focus as we have approached the changing world of medicine in which we live. Our hallmark activity over the last decade was Project Access. With the implementation of the Affordable Care Act, there has been a decreased need for Project Access and we have discontinued that program. While this is heartening to appreciate that the need for sponsored care was not as profound, there certainly have been people who continue to fall through the cracks. With the need being less, but far from absent, we would encourage you to consider this if a colleague approaches you regarding a patient who has limited resources.

Additionally, the Foundation has historically fostered a Wellness Program. This program allowed counseling for physicians and physician assistants who were requesting this. We considered this to be an important component of how the Foundation could bring value to membership. With dwindling resources, no sponsorship, and limited uptake, we elected to discontinue this program as well. We believed this was an important program for our membership to have access to and many physicians are currently getting this access through their employers.

As we make transitions in what the Foundation is supporting, we are entertaining proposals for developing physician/physician assistant leaders in our community. We realize that going forward, professional societies like our county medical societies, specialty organizations, and state/national medical societies need to have members who will lead us into a rapidly changing future within the field of medicine.

Currently, we are entertaining proposals for those innovative projects that will advance the health of the community. As with our SCMS colleagues, we are very aware of the opioid problem within our community and have a particular interest in projects which will help mitigate this issue. We think that physicians have investment in these kinds of projects, but at this time, the Foundation is not prepared to be the lead on these projects and is more interested in being the convener.

To that end, the Foundation is accepting small grants/proposals which will help meet these two missions. We recently accepted a proposal to develop a leadership program in medicine at the Gonzaga University/University of Washington Partnership and hope to develop leaders for our membership going into the future. We remain committed to the support for our members and our patients within the greater Spokane community. We see significant needs existing and the Foundation, and more importantly the greater community, will continue to benefit from your support. ■

Respectfully,

John McCarthy, MD
2018 SCMSF President

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Spokane Foundations Immersion Celebration Kicks off 2018 School Year

On Friday August 31, 2018, 60 entering 2018 UWSOM Spokane medical students received their first physician white coat in front of 400 proud family members, friends, UWSOM alumnae, UWSOM faculty and staff. Every student in this year's class selected Spokane as their top choice over other campuses in the Pacific Northwest where they will attend medical school on the Gonzaga University campus as part of a regional health partnership amongst the two universities.

The celebration included words of encouragement delivered by UWSOM Associate Dean William Sayres, MD; Gonzaga University Assistant Dean of Arts and Sciences, Patricia Terry, PhD; UWSOM Assistant Dean for Rural Programs John McCarthy, MD (UWSOM Class of 90) and Casey Collins, 2019 MD Candidate (Spokane Foundations).

During the program Spokane College faculty members, Caitlin Allen, MD; Janelle Clauser, MD; Darin Eckert, MD; Clint Hauxwell, MD; Matthew Hollen, MD; Catherine (Anne) Lee, MD; Denise Pounds, MD; Nan Smith, MD; Laura Spence, MD; Cilcey White, MD and Karen Wildman MD invited the students individually to the stage in Hemmingson Center Ballroom to receive their white coats and a rousing round of applause from the crowd.



The ceremony concluded with the Spokane E-18 class taking the stage and reciting in unison their class written physician oath. This oath will serve as a reminder of their enthusiasm and commitment to the medical profession. ■

Photos courtesy of Gonzaga University.



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University of Washington School of Medicine– Gonzaga University Regional Health Partnership Creating a Pipeline to Rural Healthcare

25 students are serving Eastern Washington as part of
the Rural Underserved Opportunities Program (RUOP)

By Cindy Hval

Sara Phillips is discovering Native American culture in Wellpinit. Justin Thompson is becoming a familiar face in Moses Lake. And Erin Boland is experiencing a homecoming of sorts in Grand Coulee.

The three University of Washington School of Medicine students are participating in RUOP (Rural Underserved Opportunities Program) – a four-week, elective immersion experience in community medicine for students between their first and second years of medical school.

During the summer months, students live in rural or urban underserved communities throughout Washington, Wyoming, Alaska, Montana, and Idaho. They work alongside local physicians in hospitals, clinics and private practices. They also partner with community organizations to address public health issues relevant to the area.

“Our students develop a profound appreciation of what life is like for physicians practicing rural medicine,” said John McCarthy, MD Assistant Dean for Rural Programs.

Sara Phillips understands how important it is to have physicians in rural areas because she grew up without easy access to medical care. She was raised on the tiny island of Kauai.

“We had lack of access to medical care in our small native community,” she said. “It has a tremendous impact when you see how chronic health issues can deteriorate without readily available primary care. It’s the reason I wanted to go into medicine.”

Phillips said the town of Wellpinit, located on the Spokane Indian Reservation, has welcomed her into their tight-knit community. Her schedule includes time spent at the Indian Health Services Clinic in Wellpinit, as well as going out on home visits with the public health nurse. “You never know what’s going to come through the door of the clinic,” she said. “It’s partly why I enjoy rural practice. You have to be prepared for everything.”

But it’s been her work with the public health nurse that has been most meaningful to her. “To be able to go into people’s homes and see what their lives are like is amazing,” said Phillips. “It’s the experience I cherish the most.” And it’s cemented her career goals. “Wherever I end up, I want to work with a native community,” she said.

Justin Thompson isn’t sure where his career path will take him, but he’s enjoyed his experience in Moses Lake. The third-year student’s first visit to the town came before he’d even attended a class at medical school. That’s because Thompson is a TRUST (Targeted Rural and Underserved Track) student. TRUST is an optional program that provides an exceptional educational experience to



Left to right: Sara Phillips, Justin Thompson, and Erin Boland.

prepare students for careers working in underserved rural areas and underserved small cities. TRUST students not only do their RUOP training in their designated community—they also return as often as possible throughout their medical education.

Confluence Health family practice physician Dennis Kearns is Thompson’s preceptor. “I worked with Dr. Kearns throughout RUOP and stayed in their home,” said Thompson. “It’s been great.” Thompson served six years in the military, and said the lure of small town life is tempting. Especially since he and his wife have a young daughter.

“My goal is to live and work in a place where I can make the most difference,” he said. “I like having more time to spend with patients—it’s refreshing and rewarding. Making connections with people is why I came to medicine.”

In addition, he said the educational opportunities he’s had in Moses Lake have been valuable. “Learning from someone with so much experience and knowledge— the benefit was immeasurable.” But the benefit isn’t only for the students.

McCarthy said students bring new ideas and technologies to the physicians they work alongside. “As a physician, it’s helpful to me. They bring the latest and greatest technology,” he said.

They also bring questions—lots of questions. “They want to know what life is like for doctors in rural areas. They ask about the lifestyle— about what it’s like to see a patient at the grocery store,” said McCarthy.

However, Erin Boland didn’t have those kinds of questions. She grew up in tiny Ephrata, Washington, and is doing RUOP at nearby Grand Coulee Medical Center, an hour’s drive from where she was raised. Like Thompson, she is a TRUST student. From radiology to urgent care, she said she’s experienced a wide variety of specialties



at the 25-bed hospital. "You don't know what rural medicine is until you get out here—the diversity, the energy!" Boland said.

That's exactly what McCarthy hopes his students will experience. "I want the students to have an appreciation of the reality that medicine is different in rural areas," he said. "There are nuances of practicing in smaller communities where relationships can be very different due to social realities." He added underserved doesn't always mean rural—some students work in urban clinics with an underserved population.

One of the goals of the University of Washington School of Medicine is to develop a workforce for the region. Programs like

RUOP allow students to work in and begin to understand rural/underserved communities.

Indeed, when looking at graduates from 2003 to 2013, data shows that RUOP students were more than twice as likely to enter rural practice than their classmates who didn't participate in the program.

"We've helped populate Eastern Washington with physicians in rural communities," said McCarthy. Erin Boland plans to be one of them. "This is the medicine I want to do," she said. "Working and living in a rural community is the perfect fit for me." ■

WSU's Longitudinal Integrated Clerkship: Valuing Relationships

The Washington State University Elson S. Floyd College of Medicine (ESFCOM) was founded to improve the access to healthcare in rural and urban underserved communities in Washington. The development of the Longitudinal Integrated Clerkship model for the clinical training of ESFCOM students is designed to connect patient needs and foster relationships between student and these communities.

Medical students at ESFCOM begin their first two years of education with strong connections at WSU's four clinical campuses – Everett, Spokane, Tri-Cities and Vancouver – and their surrounding communities through preceptorships, clinical weeks, and, in many cases, personal connections to the community. Upon completion of the pre-clerkship objectives, students settle at their clinical campuses for their third and fourth years to further develop the relationships that support their comprehensive clinical education.

Rather than spending clerkship learning in specialty specific block rotations based at tertiary care hospitals, ESFCOM students will be immersed in the community health systems and partners that support the integrated learning of six major clinical disciplines simultaneously. Learning will happen in the ambulatory setting, community hospitals, outpatient surgery centers, and ancillary service locations where more than 99% of healthcare is delivered and where learning will align with present and future healthcare needs.

Because the learning happens longitudinally over the entire 10 months of curriculum, students develop relationships with patients and their providers that are more trusting and meaningful than what 6 to 8 week block rotations can offer. The dual continuity of both patient and preceptor results in greater integration of science with clinical medicine in the curriculum as well as enhancement of role-modeling and mentorship. Students are encouraged to follow patients through healthcare experiences, allowing them to see the evolution from wellness to disease and back to wellness again, acute and chronic care, and to be present for meaningful life events such as birth, trauma, and death.

Not only does this educational approach improve the quality of learning for students by reinforcing how the foundational curriculum helps explicate both the natural history and patient experience of illness as well as the effects of management decisions, it builds physicians who are more developed professionals and who are empathic, socially aware, and connected to the meaning of their work.

There remain many opportunities for clinicians, clinic groups, and community organizations to become engaged in this evolved model of training. For more information, please visit <https://medicine.wsu.edu/md-program/curriculum/community-based-medical-education/>. If you are interested in connecting to the Longitudinal Integrated Clerkship, please contact Dr. Bowman, below. ■

Jaime K. Bowman, MD, FAAFP; Clerkship Director – Longitudinal Integrated Clerkship; Clinical Assistant Professor; Department of Medical Education & Clinical Sciences; 509-368-6906 | jaime.bowman@wsu.edu.

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[ii] David Hirsch, MD; Elizabeth Gaufbert, MD, MPH; Barbara Ogur, MD; Peiter Cohen, MD; Edward Krupat, PhD; Malcome Cox, MD; Stephen Pelletier, PhD; and David Bor, MD. Educational Outcomes of the Harvard Medical School - Cambridge Integrated Clerkship: A Way Forward for Medical Education. Academic Medicine. 2012.

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Medical Education Happenings

UWSOM Alum Welcome Incoming Medical Students with Gift

On August 20, 2018, UWSOM Alumni Association President, Scott Stuart, and eight University of Washington Medical School Alumnae welcomed the incoming Spokane medical students each with the gift of a stethoscope at a casual ceremony hosted at Jundt Museum on the Gonzaga University campus. This alumnae tradition occurs in a similar fashion across the WWAMI region during the first week of Immersion. Incoming medical students need to purchase several pieces of equipment in order to participate in clinical training and this thoughtful gift is a welcomed! ■

Photos courtesy of Matt Weigand and Gonzaga University.



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In Memoriam

MERLE L. MOBERLY, MD



Merle L. Moberly, MD, peacefully passed away in his sleep August 29, 2018, at Rockwood at Hawthorne – his home for several years. Merle was born in Greybull, Wyoming, on his parents' cattle ranch on March 15, 1932. His parents and brother, Harry, made up the Moberly family. Merle graduated from Rochester Medical School followed by residence in Radiology at the University of Oregon Medical School Hospital and Clinics. He met Diana Daniels in New York and started his married life and their immediate family of two daughters. Merle was a Major in the Air Force practicing radiology from 1959-1969. Being transferred to Fairchild Air Force Base, he decided to stay in Spokane. Merle's first private practice was with Dr. Robert P. Sagerson in Spokane. He then joined Radiology Associates for many years. When retiring, he and Diana raised llamas and alpacas on their farm on the Little Spokane River.

Moberly was preceded in death by his wife, Diana, their daughter, Heather, and his brother, Harry. He is survived by daughter Lisa, grandsons and sister-in-law.

Merle was a friendly fellow with a smile for everyone— especially when he was skiing with Heather and his grandsons; fly-fishing on Rock Creek with friends in his camper; golfing with buddies at the Spokane Country Club; traveling with Diana to all parts of the world; with family or friends; or piloting his own airplane from here to there and everywhere. Rotary Club 21 was an important part of Merle's caring for others. ■

DAVID GRANVILLE MORGAN, MD



After a four-year battle with cancer, Dr. David Morgan passed away in his South Hill home on June 28, surrounded by his loving family.

Born and raised in Kilgore, TX, Dr. Morgan graduated from the University of Texas, Austin and University of Texas Health Science Center, San Antonio. He began a solo pediatric practice in Spokane, WA, in 1981, which continued to flourish and serve the community for 37 years. He retired in December of 2017. He was a member of Colbert Presbyterian Church and was a founding member of Christ the King Anglican Church, Spokane. As a mountaineer and adventurer, Priest Lake, ID, was his happiest place to engage with his family and nature. His love for the outdoors was only preceded by the love for his family and faith.

He is survived by his wife, Christine McBeth Morgan, five children, four stepchildren, seven grandchildren, and his brother. ■

ROBERT P. PARKER, SR., MD



On June 29, Robert Patrick Parker "Bob" passed away after a brief illness. He lived his last few days the way he lived his life, with courage, dignity, and his Irish sense of humor.

Born July 24, 1925 in Rochester, Minnesota, to Stephen and Eusebia Parker and one of five children, Parker grew up in the Capitol Hill area of Seattle. During the war years, the need for physicians was great and he attended Seattle University for 18 months, and at age 19 started Creighton Medical School. Towards the end of medical school, he met Marcella Jeanne Sampson of Omaha, Nebraska. They married on November 27, 1948, and shared a beautiful life together for 67 years until her death in 2016.

The early years were filled with children and constant moving around as he pursued his specialty training and his service obligation in the Navy as a shipboard doctor. The family settled in Spokane in 1954, where Parker started his practice in internal medicine, practicing in Spokane until his retirement in 1990.

Parker had a fulfilling career in medicine, earning the love and respect of his patients and colleagues. His professional career was enhanced when he formed a partnership with George Anderson M.D. and Wayne Atwood M.D. Parker was active in the medical community becoming president of the Spokane County Medical Society and later served a year as president of the Washington State Medical Association. A devout Catholic, Parker was a member of St. Augustine's Parish for 64 years. He provided pro bono medical care to the priests and nuns for years, resulting in a constant supply of wine and gifts from grateful clergy every Christmas.

After his wife died, Parker moved into an apartment at Rockwood South where he continued his old friendships and enjoyed making many new friends. He inspired us with his enduring passion for life and learning. Parker skydived on his 90th birthday, was taking piano lessons and filled his i-Pad with e-books.

Parker is preceded in death by his wife, Jeanne, son, Steve, and a sister and brother; he is survived by his large family and his brothers. ■

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OCTOBER

NEW DATE!

Senior Physicians Dinner

October 4, 5:00 pm

Manito Golf & Country Club

SCMS Medical Education Committee Meeting

October 9, 5:30 pm

SCMS Medical Informatics Committee Meeting

October 18, 6:00 pm

Summit Cancer Center North, 6001 N. Mayfair St., Spokane

Medicine 2018 CME

October 12, 7:00 am–5:00 pm

DoubleTree by Hilton Spokane City Center, 322 N Spokane Falls Court

WSMA House of Delegates

October 13–14,

Historic Davenport Hotel, Spokane

SCMS Executive Committee Meeting

October 24, 5:30 pm

SCMS Conference Room

NOVEMBER

SCMS Board of Trustees Meeting

November 14, 5:30 pm

SCMS Medical Informatics Committee Meeting

November 15, 6:00 pm

Summit Cancer Center North, 6001 N. Mayfair St., Spokane

DECEMBER

SCMS 1st Wed, Member Mixer

December 5, 5:30 pm–8:00 pm

Bridge Press Cellars, 39 W. Pacific Ave.

Sponsored by Inland Imaging

SCMS Executive Committee Meeting

December 12, 5:30 pm

SCMS Conference Room

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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Managing Long-Term Disability Risk: Part One

By Greer Gibson Bacon, CFP®
SCMS Community of Professionals

If you count on *earned* income to pay living expenses and save for the future, you need long-term disability insurance. Here's why. If you're under 65, you're more likely to suffer long-term disability than die. Almost 30% of workers age 25-65 experience a disability lasting 90 days or more. Yet, most fail to manage this risk and the financial consequence can be catastrophic. Disability income protection may come from Social Security, workers' compensation, and group or individual insurance.

- **Social Security** pays benefits to workers with a total and permanent disability that is expected to last 1 year or more or result in death. This ultra-strict definition explains why only 36% of all claims are approved.

To file a claim, you must be fully and currently insured. This means having 40 quarters of covered employment, of which at least 20 quarters were earned in the last 10 years[1,2]. To see if you're covered, go to ssa.gov and set-up a MyAccount.

If your claim is approved, your benefit equals your primary insurance amount (PIA)[3]. But, it may be reduced for any disability benefit paid under federal, state or local law, like workers' compensation. Depending on modified adjusted gross income (MAGI), benefits may be 100% tax-free or up to 85% taxable.

- **Workers' compensation** pays benefits to workers disabled by occupational accident or illness. It may pay medical, health-related travel and other benefits, too.

Permanent partial disability awards are paid for specified disabilities (like loss of a limb) are statutory amounts and will not stop if you return to work. Whereas, awards paid for unspecified disabilities (like partial loss of limb function) are not statutory and may stop if you return to work. Absent a structured settlement agreement, such awards may be paid as a lump sum.

A FUNDAMENTAL PRINCIPLE OF INSURANCE IS THE "LARGE LOSS PRINCIPLE". IT MEANS INSURING FOR LARGE LOSSES BEFORE SMALL LOSSES. ACCORDINGLY, IT MEANS INSURING FOR LONG-TERM DISABILITY BEFORE SHORT-TERM. SHORT-TERM DISABILITY SHOULD BE MANAGED WITH YOUR EMERGENCY CASH RESERVE AND SICK LEAVE.

By contrast, permanent total disability pensions are paid as a monthly annuity. In general, the single life annuity equals 60-75% of your prior wages and benefits depending on whether you elect a survivor annuity or not, and other factors. Although benefits are tax-free, they may be reduced if combined Social Security and workers' compensation benefits exceed a certain limit.

Workers' compensation covers a broad spectrum of disability and offers a broad spectrum of benefits. But, in 2016, only 1% of workers missed work due to an occupational cause.

Since Social Security and workers' compensation may not provide sufficient benefits, you shouldn't rely on them as your primary coverage. You may not have a total and permanent disability (required by Social Security) or occupational disability (required by workers' compensation). Still, you may have a disability resulting in material loss of income. To be continued ...

This is Part One of a multi-part series, discussing the important topic of long-term disability and your primary sources of coverage. Look for Part Two in the next issue of The Message.

Bacon is a Certified Financial Planner™ and President of Asset Planning & Management, Inc., a fee-only firm providing wealth management services to individuals and their families since 1997.

References:

- [1] In 2018, you earn one quarter of coverage for every \$1,320 you subject to a four quarter maximum.
- [2] Special rules apply to those 30 and younger or blind.
- [3] Your dependents may claim benefits, too. But, they will be subject to a family maximum.

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- Patricia Fernandez, PsyD, Pain Psychology
- Sean Smitham, PhD, Pain Psychology

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SCMS Annual Cruises

8TH ANNUAL MEMBER SUMMER CRUISE



A perfect summer evening was the setting for SCMS' 8th annual river cruise on Thursday, July 12, 2018. SCMS members and their partners cruised to Lake Coeur d'Alene aboard UBS' Serendipity while enjoying great music by guitar player, Steven King, great food by C3 Chef Services, and great conversation with colleagues and friends. ■



A very special thank you to our host and sponsors!



4TH ANNUAL MEDICAL EDUCATION CELEBRATION CRUISE

The Spokane County Medical Society hosted its fourth annual evening cruise on the Spokane River aboard The Serendipity celebrating medical education in Spokane on Thursday, August 30, 2018. The event was held for medical and PA students, and limited faculty and practicing physicians who are either involved, or have an interest, in medical education in the community. The evening provided an opportunity for those pursuing careers in medicine to meet and converse with practicing physicians and PAs. ■



A very special thank you to our host and sponsors!



Why HR Matters

By Shayna Wood, CPA, Partner, Eide Bailly LLP
SCMS Community of Professionals

You spend a lot of time building up your organization and perfecting your product. But what about your people? As a small business owner, staffing is vitally important, especially for organizations in growth mode. These are the people that keep you from working long(er) hours, help you scale and provide you with valuable feedback.

Often, human resources (HR) is overlooked, especially as you're trying to wear multiple hats. But we're here to tell you it's an essential component of any organization and critically important to get right.

Here are a few reasons why:

It's the law. There's a lot of legal stuff surrounding HR, and not just in the context of disciplinary action and termination. For instance, did you know you can't ask about age, citizenship status or what they enjoy doing in their spare time? And that is only the beginning.

All organizations strive to have happy, healthy employees. Most businesses have specialized professionals for finance, marketing and operations. In a small business, these roles may be taken

on by one individual, and that may even be you. However, since the HR field is full of complexities, it's important to have a knowledgeable HR professional or team. Part of their job is to gauge and maintain employee satisfaction. They can send out satisfaction surveys, meet with key team members and facilitate exit interviews, all of which will give you vital information and insight into the people on your team.

Why is this so key? In small organizations especially, people are often performing multiple duties, as well as carrying around a lot of knowledge about the way things are done. Think about what would happen if you lost just one key individual during the early stages of your business. How would that affect your bottom line?

The real cost of training. Let's not forget to consider the cost of training a new employee versus maintaining a good employee. It can cost anywhere between 30-50% of an employee's salary to onboard a new employee. Those numbers can really add up.

It's important to have a future-forward attitude, so you can resolve any issue that may arise ultimately improving your business. When you're just starting a company, you're looking for anyone to help make your dream a reality. But what happens if, as your company expands and grows, you realize one particular employee isn't in the

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right place within your organization? Do you have a plan to improve employee performance?

"Without a human resources staff person to construct a plan that measures performance, employees can wind up in jobs that aren't sustainable for their skills and expertise," says Ruth Mahew of Chron.

We are all human beings, and sometimes we don't get along with everyone else. Do you know who within your organization will handle workplace conflict? As ideal as it would be to say, "We're all adults, figure it out," it's best to have a skilled professional available to handle employee relations and conflicts.

When an employee begins working with your company, they need some sort of training. HR helps to perform onboarding functions like training and review of benefits, and can even be part of the interview process. HR teams can also provide training and development opportunities to make sure current employees are able to improve on their skills and qualifications. By identifying areas for improvement, HR professionals can

work to improve the skills of your current work force, saving you time and money in hiring and training new employees. And if an employee decides to leave, HR professionals can work to ensure they know the reasons why through an exit interview, and can also assure that employees aren't walking away with valuable knowledge which hasn't been transferred.

The bottom line is that HR doesn't only affect people within your organization, it affects your bottom line. It's important to have systems in place, all the way from recruitment to exit, to ensure you're not only compliant, but also employing good, quality people.

If this seems like a big undertaking, Eide Bailly's HR Consultants can help. ■

Shayna is a partner at Eide Bailly in Spokane, a top 25 CPA and business advisory firm. Our healthcare services go beyond cost reports, tax and audit, to help you drive results and plan for a strong future. For more information, contact Shayna at (509) 747.6154 or sewood@eidebailly.com.

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Classifieds

MEETINGS/CONFERENCES/EVENTS

SPOKANE COUNTY MEDICAL SOCIETY PRESENTS MEDICINE

2018: Friday, October 12, 2018, at DoubleTree by Hilton Spokane City Center. 7.0 Hours of Category 1 CME credit, sponsored by the Spokane County Medical Society. Visit the Spokane County Medical Society website at www.spcms.org for more information and to register online, or contact Karen Hagensen at (509)325-5010 or karen@spcms.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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MEDICINE 2018

FRIDAY, OCTOBER 12, 2018

7:00 AM – 5:00 PM

DOUBLE TREE HOTEL BY HILTON

322 N SPOKANE FALLS COURT, SPOKANE, WA 99201

Agenda & Faculty

- 7:00 AM Registration / Light Breakfast
- 7:45 AM Welcome and Introductions
Program Chair
- 8:00 AM Opioids and Chronic Non-Cancer Pain - Panakeia or Siren's Song
Matt Hollon, MD, MPH, FACP
- 9:00 AM Diagnosis, Risk Reduction, Prevention and Treatment of Alzheimer's Disease - Nancy Isenberg, MD
- 10:00 AM Break
- 10:30 AM The Diagnosis of Latent and Active Tuberculosis
Katie Dickeson, RN and Robert Lutz, MD
- 11:30 AM Lunch
- 12:30 PM Returning to the Physical Exam- STOP RULES - Kang Zhang, MD
- 1:30 PM Teen pregnancy – LARC's to the Rescue - Deborah Wiser, MD
- 2:30 PM Break
- 3:00 PM Updates in the Treatment of Chronic Heart Failure - Sean Spangler, MD
- 4:00 PM Resident Presentations:
Worsening Severe Hypertriglyceridemia in 46 Year Old Male
Sama Kamal, MD, Internal Medicine Resident
Atypical Causes of Pancreatitis
Megan Sakamoto-Chun, DO, Family Medicine Resident
- 5:00 PM Adjourn

COURSE OBJECTIVES:

At the conclusion of this program participants will be able to:

- Identify risk factors for opioid use disorders and patients who are reasonable candidates for chronic opioid therapy
- Explain risks of chronic opioid therapy
- Apply CDC guidelines for opioid prescribing to patient care
- List three ways to reduce risk of Alzheimer's Diagnosis
- Identify several characteristics that distinguish active TB disease from latent TB infection (LTBI)
- Understanding and applying likelihood ratios to evidence-based physical examination diagnosis
- Understand the current state of teen pregnancy rates in Spokane
- Review long-acting contraceptive methods and their application in the teen population
- Understand guideline-based medical treatments for heart failure
- Review the different kinds of dyslipidemia and their corresponding treatments
- To evaluate the potential causes of Acute Pancreatitis

CME Category 1

7.0 Total

This activity has been planned and implemented in accordance with the accreditation requirements of the Washington State Medical Association through the joint providership of Providence Health Care and the Spokane County Medical Society. Providence Health Care is accredited by the WSMA to provide continuing medical education for physicians.

Providence Health Care designates this live activity for a maximum of 7 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity meets the criteria for up to 7 hours of Category 1 CME credit to satisfy the re-licensure requirements of the Washington State Medical Quality Assurance Commission.

Spokane County Medical Society Presents MEDICINE 2018

I prefer: ☐ Thumb Drive ☐ Copied Syllabus

Meal Preference: ☐ Regular ☐ Vegetarian ☐ Other _____

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FULL DAY SYMPOSIUM – 7 CREDITS: Friday, October 12th

	Early Registration By 9/7/18	Registration Fee After 9/7/18	Total
Physician Member (MD, DO)	\$150	\$175	
Physician Non-Member (MD, DO)	\$200	\$225	
PA Member	\$100	\$125	
PA Non-Member	\$125	\$150	
Retired Member	\$95	\$120	
Allied Health (ARNP, RN, Etc.)	\$85	\$110	
Resident/Medical Student (must pre-register)	\$50	\$50	
Total Due:			\$ _____

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