

MAY | JUNE 2018

# THE message

*A Newsmagazine of Spokane County Medical Society*

**Healthcare Leaders:  
Five Imperatives for Now  
to Succeed in the Future**

**Medical Advocacy  
in Eastern Washington**

**Ayumi Corn, MD**

**Precious Free Time  
with Family & Friends**







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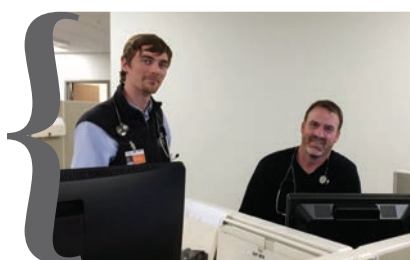
Advertising Correspondence:  
SCMS Publications  
Attn: Shelly Bonforti  
708 N. Argonne Rd., Ste. 5,  
Spokane, WA 99212  
509-325-5010  
Fax 509-325-5409  
shelly@spcms.org

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"Dr. Lewis challenges me to improve myself and inspires me with his patient-centered practice. I am grateful to have such a great preceptor."

— RYAN LUCAS  
UWSOM FIRST YEAR MEDICAL STUDENT  
GONZAGA CAMPUS  
FEBRUARY 2018



## President's Message



Dear Colleagues,

With the coming of spring, I took the opportunity to think about Leo Tolstoy, the Russian writer who is often regarded as one of the most talented authors of all time. He lived and wrote in the 1800s, but his insights apply to us today.

His six life lessons were recently summarized as:

- Keep an Open Mind
- Practice Empathy
- Make a Difference
- Master the Art of Simple Living
- Beware your Contradictions
- Expand your Social Circle

I feel that the missions of the Spokane County Medical Society align perfectly with Tolstoy's lessons. We set out four pillars of effort for the society in 2018:

1. Clinical issue of immense importance to our community: the Opioid Crisis
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

To date, we have convened three task forces to address this crisis while working closely with the Spokane Regional Health District, we have supported in-kind the UW physician and public lectures here in Spokane by Dr. Tauben, Chief of Pain Medicine at the UW. By continuing to heed Tolstoy's lessons, I am confident that we can make a difference in our community.

On April 5, we sponsored the workshop, "Medical Advocacy in Eastern Washington". We are most grateful to our speakers from the Washington State Medical Association (Dr. Donna Smith and Ms. Jennifer Lawrence Hanscom) and the Washington Academy of Family Physicians (Dr. Carl Olden). This was a wonderful opportunity for us to both support medical education (as the participation by the students and trainees was immense) and encourage medical advocacy in our community.

I can think of no better way "to expand your social circle" than through the neutrality and impartiality of the SCMS. I look forward to seeing all of you at our events. In the words of Tolstoy: "Spring is time of plans and projects." Let's do it! ■

Best,  
Brenda

Brenda Sue Houmard, MD, PhD  
2018 SCMS President



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## 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.

### MAY

#### 40 YEARS

**Thomas E. Berndt, MD**  
5/23/1978

#### 30 YEARS

**Jonathan P. Keeve, MD**  
5/18/1988

**Leland G. Siwek, MD**  
5/18/1988

#### 10 YEARS

**Leslie D. Judah, PA-C**  
5/21/2008

### JUNE

#### 20 YEARS

**Steven E. Day, MD**  
6/24/1998

**Edgar A. Figueroa, MD**  
6/24/1998

**Brent M. Hjermstad, MD**  
6/24/1998

**Terri H. Lewis, MD**  
6/24/1998

#### 10 YEARS

**Gary L. Fillmore, MD**  
6/02/2008

**Ann K. Smolinski, PA-C**  
6/24/2008

## New Members



## Welcome, New Members

### PHYSICIANS:

#### **Eaton, James P., MD**

*Diagnostic Radiology*

Medical School: Vanderbilt University (2001)

Transitional Internship: Tripler Army Medical Center  
(2001-2002)

Diagnostic Radiology Residency: Tripler Army Medical Center  
(2002-2006)

MSK Imaging and Interventions Fellowship:  
University of Colorado (2011-2012)

Joining Inland Imaging Associates (4/2018)

#### **Pflugrad, Randall W., MD**

*Internal Medicine*

Medical School: Loma Linda University (1981)

Internal Medicine Internship & Residency:

Internal Medicine Spokane (1981-1984)

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# Ayumi Corn, MD

PRECIOUS FREE TIME WITH FAMILY & FRIENDS



**By Shelly Bonforti**  
**SCMS Development Coordinator**

Ayumi Corn, MD, was born in Japan, and her family moved to Oklahoma when she was six years old. She mostly grew up in and around Oklahoma City, from elementary school through part of residency. (Both she and her husband, Todd, grew up in Oklahoma; they met in high school.) After spending time away with residencies, fellowship, and jobs in Arizona, Texas, and New Mexico, they eventually moved back to Oklahoma, but she found that she did not enjoy living there. "I got Todd's okay to start looking for an opportunity elsewhere," Corn explained, "and was fortunate to find an opening for a Hematopathologist here in Spokane in 2011 with Incyte Diagnostics. Todd is a hospitalist with Providence Medical Group," she included.

"We have felt very fortunate to live here for the past six and a half years in this beautiful part of the country and have had the opportunities to enjoy skiing and hiking more frequently than ever before in our lives," Corn declared. "We have gone downhill snow skiing for years, but since moving to Spokane, my husband Todd and I have learned to cross country ski at the great nearby trails at Mount Spokane. There are so many more opportunities for outdoor activities here," she maintained.

Dr. Corn has a variety of activities she enjoys to help her unwind from a busy workweek. "I do a variety of things and am not really great at any of them! These include running, hiking, skiing, biking, tennis, racquetball, reading, traveling (including visiting my parents and relatives in Japan and visiting my daughter who attends college in California), dabbling in golf, cello, piano, and yoga," she listed. "I have also attempted snowboarding, but that can be a painful experience," she added.

"Being outdoors and taking in the beauty of our community and surroundings is what I love to do," she described. "I have had a full and busy life for many years, and most of the activities I have participated in have allowed me to spend precious free time with







my family and friends. I'll shoot baskets in the driveway with my kids and play video games with them. When my children were younger, all three of them played soccer, which led me and Todd to join a coed indoor soccer team and we could all practice together. My two sons played the viola and violin growing up and suggested that I learn to play the cello, so we could play trios. It was great fun learning to play an entirely new musical instrument, and they patiently worked on simpler pieces with me so that I could play with them. I ended up taking cello lessons for several years and played with a large group of cellists at Cellobration Spokane at Eastern Washington University a couple of times. My youngest son plays high school golf, and Todd has played for years, so recently I have had fun going to the range with them and playing an occasional round. Maybe someday soon I will focus on a few things, but for now I am enjoying the activities that allow me to spend time with my family, especially since my kids will be off on their own very soon," she acknowledged.

Ayumi started running before high school and claims that's where she peaked. "I ran and played tennis competitively in high school, but since then, I think of any activity as a way to spend time with others and as a good way to stay in reasonable shape, particularly when my job is a fairly sedentary one. I did just complete my first half-marathon with my husband Todd, my daughter Megan, and my son Alec, in January, although at a snail's pace. Running at an ever increasingly slower pace has been one thing that I have done through all these years. My family and I have also run Bloomsday every year since we moved to Spokane in 2011," she shared.

Dr. Corn joined Incyte Diagnostics in 2011, and feels she has found a very rewarding career. A typical workday for Ayumi is spent mostly at the microscope diagnosing hematopathology, surgical pathology, and cytology cases. She also spends time discussing cases with her clinician colleagues, and currently has additional administrative duties as immediate past president, member of the Executive Team, and member of the Board of Directors. "I have enjoyed participating in the teaching the growing numbers of medical students we have in Spokane for the past two years," Corn stated. "I have a very rewarding career in that I participate in the overall care of the patient as a pathologist and have the opportunity to work with great pathologist and clinical colleagues and wonderful staff," she further explained. ■

*Dr. Corn is board certified in anatomic and clinical pathology and hematology. She attended the University of Oklahoma, where she graduated Summa Cum Laude with a Bachelor of Science degree in Zoology. She received her medical degree with distinction from the University of Oklahoma College of Medicine in Oklahoma City, and is a member of Alpha Omega Alpha. She completed her anatomic and clinical pathology residency at the University of Oklahoma Health Sciences Center and at St. Joseph's Hospital and Medical Center in Phoenix, Arizona. During her residency at the University of Oklahoma Health Sciences Center, the*



*catastrophic bombing of the Alfred P. Murrah Federal Building in downtown Oklahoma City occurred, where Dr. Corn assisted in body identification and shrapnel recovery for the Oklahoma State Medical Examiner's Office in the aftermath of this tragedy.*

*Dr. Corn later completed a hematopathology fellowship at the University of New Mexico Health Sciences Center in Albuquerque, New Mexico, where she trained under Dr. Kathryn Foucar, a world-renowned hematopathologist. Dr. Corn has subspecialty interests in bone marrow and lymph node pathology, flow cytometry and molecular pathology. Dr. Corn also serves as Clinical Assistant Professor at Washington State University College of Medical Sciences and Clinical Instructor at the University of Washington School of Medicine. She has been a member of the Spokane County Medical Society (SCMS) since 2011 and currently serves on the SCMS Board of Trustees.*

#### Current Page, Left to Right:

Half marathon Phoenix  
Hawaii  
Visiting my daughter in San Luis  
Golf & wine tasting in Walla Walla

Golf with my mom and daughter  
Hiking in Costa Rica

#### Opposite Page, Top to Bottom:

Skiing with my two sons  
Biking the Hiawatha Trail

# 5 Things to Know

## about marijuana use while pregnant or breastfeeding

Pregnancy and breastfeeding can be exciting and full of learning experiences for new moms. No two women have the same experience. Here are five things new moms should know about using marijuana.

To learn more, visit [LearnAboutMarijuanaWA.org](http://LearnAboutMarijuanaWA.org)

1



There are safer ways to manage pregnancy discomforts.

Morning sickness, stress, pain, and nausea can cause discomfort. If you have any of these symptoms, there are ways to manage them that don't harm your baby. Talk to your primary care provider for safer alternatives.

2



The chemical in marijuana that makes you feel “high” can transfer to your baby.

The active ingredient in marijuana, THC, can pass to your baby during pregnancy and breastfeeding. This can happen no matter how you use marijuana. Babies exposed to THC can have problems with feeding, paying attention, and learning. You may not see some effects until your child is older.

3



Smoking and storing marijuana in the home has risks.

Protect your children from secondhand smoke by only smoking outside, washing your hands, and changing clothes afterwards because smoke can linger. If you have marijuana products in your home, be sure to keep them locked up and out of reach of your children.

4



Marijuana can affect your ability to protect your baby.

Marijuana can impair your judgment, alertness, and reaction time. You need these skills to drive safely and tend to your baby's needs.

5



“Natural” does not mean safe.

Marijuana has health risks for you and your baby. Just because it is a plant, does not mean it is safe to use while pregnant or breastfeeding.

For help quitting marijuana, call  
**Washington Recovery Helpline: (866) 789-1511**

For people with disabilities, this document is available on request in other formats.  
To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).



140-NonDOH March 2018





# New and Improved: How Curriculum Changes Focus on Clinical Skills for Medical Students

**By Judy Swanson, MD, FACP**  
**Clinical Professor of Medicine**  
**UWSOM/GU Partnership Spokane**

This morning as attending on one of the internal medicine residency housestaff services at Sacred Heart, I meet the residents and the new student by the patient's doorway. This is the student's very first presentation on her very first clerkship rotation, and her attitude is a mixture of excitement and anxiety. This is what the first 18 months of UW's new curriculum has centered on, preparing the student to have the skills to hit the ground running when they enter into the clerkship phase of their training, starting in March.

I typically tell the student where to stand when they are presenting at the bedside. This is so I can watch the patient as their history is presented but also look at the student at the same time. This newly minted clerkship student takes her position instinctively, without prompting on my part. The residents appear totally absorbed in her presentation, and by their attentiveness I know that they have previously engaged in the age old practice of telling the student "what this particular attending wants to hear". They want their student to shine, and this prepping of the med student has not changed in all the years since I was on my first rotation as a student. But what has markedly changed is how good these presentations are from the very start.

This brand new student shines, giving me a chief complaint that contains a carefully abbreviated and prioritized past history, flowing into the history of present illness with a precise and concise review of systems and physical exam topped off with laboratory and imaging data. She ends this with her assessment and plan which is at a level I would not expect from a third year student, much less one on her first rotation. This reflects her previous 18 months of training, where every other week she and four of her fellow students have been interviewing and presenting patients with their "college mentor", faculty from the UW who has been teaching them how to present a coherent history at the bedside. Physicians in Spokane and Eastern Washington, on the wards and in the

office setting, are now reaping the rewards of "college mentors", experienced community educators, teaching clinical skills to the student from the moment they arrive at the door of the UW Medical School/Gonzaga University Schoenberg Center in Spokane.

I have had the experience of being a faculty college mentor, paired with five students each year to teach them the necessary skills to obtain the history, examine the patient and then communicate their findings to another physician. It has been a privilege to watch them grow from awkwardly putting the stethoscope on a patient's chest for the first time, to someone who can now tell you confidently that they note decreased breath sounds and dullness to percussion on the left. They are concerned the patient may have a pleural effusion. The students are also taught from the first day how to work as part of a team, and how the patient is the center of the encounter. They learn how to talk with patients, to accept other points of view, and how to conduct difficult interviews and situations with empathy and compassion.

Medical education has grown along with the population of Spokane, becoming more complex with the years, and offering more opportunities to the various medical students that come to the east side of the state. The UW/GU partnership now offers a Spokane Track, where students can choose to make Spokane their home, and to pursue all four years of their education in Spokane, with only 8 weeks required in Seattle. I can truly appreciate the advantage to the student of consolidating undergraduate medical education in one region, and am myself an example of the WWAMI program's goal of keeping students in Eastern Washington to stay on as practicing physicians. Students are now a common sight on the wards, in physician offices and are an integral part of the residencies that are available in Spokane. It will be exciting to have student clerks from WSU along with UW and PNWU to teach and hopefully retain as practicing physicians in Eastern Washington in the coming years.

However, one thing hasn't changed; the medical student still breathes a huge sigh of relief once the presentation is over. She has made it through another milestone in her career as a physician. ■

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# Medical Advocacy in Eastern Washington



On April 5, 2018, SCMS co-sponsored the workshop “Medical Advocacy in Eastern Washington” held at the Jepson Center—Wolff Auditorium on Gonzaga University Campus, followed by a food and beverage reception.

Hearing from Dr. Donna Smith and Ms. Jennifer Lawrence Hanscom from the Washington State Medical Association, and Dr. Carl Olden from the Washington Academy of Family Physicians, students

had an opportunity to learn more about advocating for change at the state and local level. “This was a wonderful opportunity for SCMS to both support medical education (as the participation by the students and trainees was immense) and encourage medical advocacy in our community,” stated Dr. Brenda Houmard, 2018 SCMS President. ■



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# SCMS Calendar of Events



## JUNE

### SCMS Executive Committee Meeting

June 27, 5:30 pm  
SCMS Conference Room

## 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

### SCMS Member Mixer

August 1, 5:30 pm–8:00 pm  
Bridge Press Cellars  
39 W. Pacific Ave.  
*Sponsored by  
Spokane Federal Credit Union*

### 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

### SCMS Medical Education Committee Meeting

October 9, 5:30 pm

### Sr. Physicians Dinner

October 11, 5:00 pm  
Manito Golf & Country Club

### **SAVE THE DATE!**

### Medicine 2018

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 Board of Trustees Meeting

October 24, 5:30 pm

## NOVEMBER

### SCMS Board of Trustees Meeting

November 14, 5:30 pm

## DECEMBER

### SCMS 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](mailto:shelly@spcms.org).  
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# SCMS PROPOSED BYLAWS CHANGES

This is the first reading of the proposed bylaws changes. The vote will take place electronically following this publication. Comment by members is open at this time. Please email Karen Hagensen with any questions or comments at [karen@spcms.org](mailto:karen@spcms.org).

The bylaws change approved by the Board of Trustees include the change noted in red below:

## Change to 13.3:

- 13.3** (a) Executive: The Executive Committee shall consist of the President, President-Elect, Vice-President, Immediate Past President, and the Secretary/Treasurer. The ~~Immediate Past President~~ **President** shall be Chairman. The committee shall exercise the power of the Board of Directors when the Board

is not in session, reporting to the Board at its succeeding meeting of any actions taken. Three (3) members shall constitute a quorum for the transaction of business. The Executive Committee shall perform such other duties as directed by the Board of Directors. Any action reflecting Society policy shall be reported to the Board for ratification by mail, phone, fax or email, or at the next Board meeting. The Executive Committee shall meet at the request of the President, or at the request of three (3) members of the Executive Committee. The Executive Committee will act as the Finance and Management Committee. It shall also cast the membership's vote in the Spokane County Medical Society Foundation.



**Medical Volunteers  
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Spokane County Medical Society members and a guest are invited to enjoy a summer evening cruise aboard The Serendipity on the Spokane River.

Meet and socialize with your colleagues!

**Thursday, July 12, 2018**

Cruise starting at Templin's Marina

Boat loading starting at 6:00 p.m.

Embarking promptly at 6:30 p.m.

Returning approx. at 9:00 p.m.

Heavy hors d'oeuvres \*\* Wine and other refreshments

Limited space available. **Please RSVP by 7/3/18!**

*Thank you to our host!*



RSVP TO [SHELLY@SPCMS.ORG](mailto:SHELLY@SPCMS.ORG) OR MEMBERS CAN LOGIN AND REGISTER ONLINE AT [SPCMS.ORG](http://SPCMS.ORG).





# Radiology Groups Come Together to Expand Imaging Services in the Inland Northwest

Two of the most highly regarded radiology groups in the northwest are joining forces. Inland Imaging, PS, based in Spokane, and Columbia Basin Imaging (CBI), based in the Tri-Cities, are combining their professional radiology groups, effective September 2018. The new group brings together nearly 90 radiologists, making it one of the largest professional radiology practices in the Western United States.

"Combining our two groups allows us to better connect our region's medical imaging technology, expertise, and resources so that we can continue to improve the way we serve patients and their referring physicians," said Dr. Jayson Brower, President of Inland Imaging, PS. "This partnership allows us to promote best practices and standardization, while assuring that studies are reviewed by the subspecialized radiologists best equipped to read them. The ultimate winner is the patient."

CBI is a Tri-Cities based group of physicians who have provided radiology services at Kadlec Regional Medical Center for more than 30 years. "This partnership not only helps us better support radiology and imaging services throughout the region, it will also



help promote the integration of services on the Kadlec campus by combining both interventional and diagnostic radiology services within the new group," said Dr. Richard Nguyen, president of CBI.

"By expanding our geographic footprint to more closely match that of our important health system partner, we are able to generate more effective ways to deliver services," said Inland Imaging CEO Steve Duvoisin. "It allows us to see the region's healthcare resources in a more global and holistic way. That broader point of view helps us imagine new ways to raise our quality and efficiency while holding down costs by serving more patients around the region."

For more information, please contact Steve Duvoisin, CEO, Inland Imaging at (509) 363-7700 or Richard Nguyen, MD, President, CBI at (509) 943-5616. ■



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# Healthcare Leaders: Five Imperatives for Now to Succeed in the Future

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

There is a lot of dialogue among healthcare industry experts describing the change in the industry as disruptive, revolutionary, transforming, and innovative. Regardless of the adjective we use, we know that change is happening!

With all this change, there is uncertainty as to how organizational leaders should move forward on strategic initiatives. While focusing on revenue cycle, service line assessments, quality improvement, and operational efficiency through lean principles are all still critically important, below are five additional thought leader issues to consider for success in the future.

## 1. INVEST IN THE DEVELOPMENT OF A COMPREHENSIVE CUSTOMER EXPERIENCE STRATEGY.

The patient experience today does not live up to customer experience expectations. Outside of the direct nursing and physician caregiver experience, the patient experience in the past has been very fragmented.

Since healthcare does not have a specific target market, customer experience should come through many channels:

- Focus on pricing transparency. Since more consumers are moving to high deductible health plans, they will be incurring more financial spend earlier in the healthcare delivery process and are going to demand to understand more about your prices.
- Focus on mobility and convenience. Today's consumers' lives are mobile. They are going to get more comfortable with their healthcare being delivered through mobile channels.
- Implement a system wide training program on delivering customer service. Engaging your employees in understanding the importance of great customer service will separate the strong providers from the weak.

## 2. EMBRACE DATA. MOBILIZE DATA. SECURE DATA.

Believe it or not, it is estimated that medical data will double every 73 days by 2020! Our current processes in healthcare are not designed to handle and utilize that volume of data—and a lot of that data is going to be extraordinarily important in patient diagnosis and care plan design, but also in managing the business of healthcare.

As a result, organizations need to embrace this data by redefining the expectations of how employees will work with patients through this data.

## 3. REDUCE VARIATION THROUGH STATISTICAL MODELING.

Remember your statistics class in college and how standard deviation measured the amount of variation within a set of data points? A low standard deviation meant that the data points were close to the mean and a high standard deviation meant that the data points were much more dispersed. In analyzing productivity, cost related data and outcomes, healthcare providers have a much higher standard deviation—and it needs to improve. This higher standard deviation causes too much variation in our system of care. This variation is something that both government and commercial payers are not willing to pay for anymore.

## 4. CAPITAL ASSET INVESTMENT PHILOSOPHY.

Healthcare organizations need to take a step back and reassess their capital asset investment strategy. In the past and today, the answer has been to invest in physical building space. But here are a couple of reasons why we should reconsider this:

- There are a number of technologies that are helping organizations become much more proficient at process improvement and resource utilization. The ability of these systems is leading to significant improvements in patient flows and helping to open up practitioners' schedules. Operating without these systems in the past led to decisions to expand space and add resources. These requests were accommodated through capital investments. Investing in these new technologies and process enhancements can create a very valuable asset in healthcare: capacity in our current physical settings and amongst our resources.
- Ponder on the banking industry operations: the volume of traffic through banks today is considerably lower than what it was 10 to 20 years ago. How will healthcare compare? As organizations deploy more mobile applications to connect to consumers, it is highly probable that we will see less foot traffic through healthcare buildings.

## 5. ENCOURAGE DIVERSITY OF THOUGHT.

One of the toughest challenges healthcare leaders are facing today is the question of, "What new information do I need to consider to lead my organization into the future?" The pace of change is faster than ever before and the type of new payment models are significantly challenging in regards to how to migrate your organization from volume to value. In order to successfully traverse through this major transition, organizational leaders will need to surround themselves with diversity of thought. To challenge the status quo and the ability to take your organization into the future of healthcare, a paradigm shift in thought leadership is needed. The organizations that reassess the decision makers and the decision-making process have the opportunity to truly change the trajectory of healthcare cost and utilization within their respective markets. ■

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

*Shayna is a tax 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) 789-9138 or sewood@eidebailly.com.*

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# New Dental Clinics: Latest of Many Steps to Improve Oral Health in Spokane

By Nick Velis, D.D.S., F.A.G.D. and Bob Lutz, MD, MPH

Spokane continues to make new strides against the painful and costly effects of dental disease. These efforts are certainly needed given we live in the largest city in Washington that doesn't have the benefit of community water fluoridation.

The latest development is Spokane will get two new dental clinics and a new dental residency program as the result of a \$2 million grant to Providence Health Care, on top of a \$2 million appropriation from the State Legislature. Non-profit Delta Dental of Washington and its foundation, Arcora Foundation, are funding the grant to increase access to dental care, especially for underserved and disadvantaged individuals and families. In case you missed it, you can read the full article from the Spokesman-Review.

Results from surveys by the Spokane Regional Health District illustrate the significant need for increased dental care access and services. For example, one of every three Spokane County adults has lost one or more teeth to decay, and five percent have lost all their teeth. Also, more than half of Spokane County children have had cavities by the 3rd grade.

Even having insurance coverage doesn't guarantee access to care. Nor does the expansion of dental coverage through Apple Health (Medicaid), as only 23 percent of Spokane-area adults with Apple Health (Medicaid) went to a dentist in 2016.

The new clinics at Providence Sacred Heart Medical Center and the Northside Clinic operated by CHAS Health will bring online a total of 26 new dental chairs for the community.

It has long been recognized poor oral health is damaging in many ways. Though our community thus far has chosen not to adopt fluoridation as most major cities across the country have, it has taken many innovative steps to address the problem.

The Smile Spokane Oral Health Local Impact Network (LIN) is one such effort. Community leaders and stakeholders convened in 2015 to discuss how to more effectively address the community's oral health issues. They created Smile Spokane with financial and program support from Arcora Foundation to help increase community awareness of the importance of oral health.

The LIN grew out of these discussions. Organizations pledged to take defined roles in leading complementary strategies as part

of a comprehensive effort to make real progress on oral health. Smile Spokane is leading the Local Impact Network. Partners leading specific LIN strategies include Providence Health, Frontier Behavioral Health, Spokane Regional Health District, Communities in Schools, Arcora Foundation, Oral Health Connections, and Aging & Long-Term Care of Eastern Washington. The LIN is working closely with local dentists and healthcare providers, who are providing guidance via a Clinical Implementation Committee.

Spokane is also where the groundbreaking Access to Baby and Child Dentistry (ABCD) program was created more than two decades ago. Dentists concerned about the prevalence and impacts of dental disease in young children decided there needed to be a greater emphasis on prevention and getting kids into care early. From Spokane, (with help from Arcora Foundation) ABCD spread to every county in the state, has been touted nationally as a model program, and has been replicated in other states.

The reasons for all this emphasis on oral health go beyond statistics of cavities in children and lost teeth in adults. Oral disease is almost totally preventable. But for our friends, family and neighbors who don't have access to fluoride or dental care, oral disease is painful, its treatment is costly, and it makes many aspects of life difficult – everything from learning, getting good nutrition and finding a job to being able to get a decent night's sleep. It is also linked to many serious health problems, including diabetes, heart disease, stroke, and complications in pregnancy.

We are thrilled that the two new clinics will be coming to Spokane and look forward to the day when oral disease is not a fact of life for Spokane residents. ■

*Dr. Velis is a practicing general dentist in Spokane Valley, is the current co-chair of Smile Spokane, and is the past president of the Spokane District Dental Society Foundation.*

*Dr. Lutz is a board certified family medicine physician who moved to Spokane, WA in 2004 to practice Urgent Care. He is currently the Spokane County Health Officer.*



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# Medical School Students Promote Healthy Habits Through Walking School Bus

By Cindy Hval

Many local elementary students have discovered not all school busses are big and yellow.

Instead of the wheels on the bus going round and round, this bus runs on the foot power and commitment of a group of dedicated student volunteers from the University of Washington School of Medicine (UWSOM). It's called a Walking School Bus; groups of children walking to school with one or more adults. This simple idea can have profound health benefits.

These medical students are attending school at the UWSOM on Gonzaga University's campus that's part of a public-private collaboration to advance medical education through a regional health partnership in Spokane.

Studies show that fewer children are walking and biking to school, and more children are at risk of becoming overweight.

Providing a safe and fun activity, like walking to school with medical students, can help children get a healthy start to their day.

"It's been really amazing to get to know the kids," said Blake Henley, a first-year student and organizer for the program at UWSOM. "The hope is to be consistent role models for them."

The Walking School Bus is part of the Safe Routes to School Spokane program operated by Spokane Regional Health District (SRHD). When leaders of UWSOM's Med for Ed program heard about Walking School Bus, they quickly added it to their roster of volunteer opportunities in Spokane.

Other Med for Ed activities include tutoring and assisting in high school classrooms, supporting Sleep Over for Science events, facilitating high school student shadowing of med school activities, and participating in college outreach fairs.

For Henley, hanging out with kids and getting fresh air, proved a good fit. "It's a great way to give back," she said.

Approximately 15 UWSOM students participate, walking kids from their homes to Bemiss Elementary, one or two times a week. Four volunteers usually accompany five to eight kids. The school



The Tuesday Walkers at Stevens, all first year medical students, from left to right: Kristine Madsen, Blake Henley, Caleb Hood, Jocelyn McCornack, Samantha May, & Demi Galindo

identifies the children and helps organize the route. Henley said some of the kids were curious about college students. "They asked if we were in middle school," she said, laughing. "We told them we were a bit older and are going to school to become doctors."

The staff at Spokane Regional Health District is delighted with the participation of the UWSOM students. "We sing the medical school students praises," said Annie Sotkowski of SRHD. "They are wonderful to work with. They're real go-getters!"

Second-year medical student Alex Vaughn led the Walking School Bus program for the medical school volunteers last year. "I loved working with the kids," she said. "It was a great way to be part of their lives, and help them get exercise and a good start to their day."

Sotkowski said the Walking School Bus always needs more volunteers. "We've had firefighters and Avista employees help too," she said. "We really appreciate the Med for Ed program and their leadership and commitment to student health and safety. We're seeing increased student attendance with students who participate in the program."

It's not just the elementary students who benefit from the Walking School Bus. "It was a great start to my day too," said Vaughn. "Talking about simple things with kids took me out of my world for a bit."

For Henley, the program solidified her career goals. "I realized I want to go into pediatrics," she said. "I wasn't sure before, but now I am. I love being with kids. I get so much joy out of this experience."

For more information visit <https://saferoutesspokane.org>. If you are interested in becoming part of the Walking School Bus, call Jenny Arnold at 509-324-1537 or email [jarnold@srhd.org](mailto:jarnold@srhd.org).

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# Estate Planning for Digital Assets

By Greer Gibson Bacon, CFP®

## SCMS Community of Professionals

Today, we live in a digital world. We connect with friends, families and others using electronic devices, like our smart phones and computers. We send messages, photos and videos using email and social media, like hotmail.com and Facebook. We enjoy books, movies and music using online services and subscriptions, like Amazon, Netflix and iTunes. These are a few of the more common “digital assets” in which we hold a right or interest. But, there are many more.

What would happen to your digital assets if you died or became disabled? Would your attorney-in-fact or personal representative be able to access, conserve and manage them for your benefit or that of your heirs? Before Washington and Idaho adopted the *Uniform Fiduciary Access to Digital Assets Act, Revised 2015 (RUFADAA)*, the answer was probably “no”. In other words, your digital assets probably would have been lost forever.

RUFADAA is important because it recognizes that digital assets can be accessed, conserved and managed by third parties just like real and personal property. Here are a few steps you should take with respect to your digital assets. An important note ... RUFADAA does not apply to your employer’s digital assets. So, keep your personal assets separate on your personal devices and in your personal accounts.

### 1. CREATE A DIGITAL ASSET INVENTORY.

Begin by inventorying your electronic devices. Then, inventory all of your accounts. If you are like most people, you will be surprised by how many you have. Add URLs, User IDs and Passwords and store in a secure location.

### 2. DEFINE YOUR GOAL FOR THEM.

Begin by determining which digital assets you would like to be

accessible and which ones you want to remain private, and to whom you wish to grant access. For example, you may want your healthcare proxy to have access to your medical records but not your Ancestry.com account. Then, investigate providers and their terms of service. Today, many (but not all) provide an online tool allowing you to grant accesses to your accounts. Record your findings and any actions you take.

### 3. MEET WITH YOUR ESTATE ATTORNEY.

If your documents are more than a few years old, it is likely your power-of-attorney, trust or will needs updating to fully address digital asset access. Be sure to provide him or her with all of the information you have compiled.

### 4. MAINTAIN YOUR DIGITAL ASSET INVENTORY.

There are several ways you can do this. You can keep a *master password list* using a notebook or the notepad function on your computer or smart phone. You can subscribe to a *password manager service*. Most charge a monthly fee and some allow you to set-up accesses for trusted persons. Finally, you can subscribe to a *digital estate planning service*. Although some do not store your passwords, most provide reports to help your attorney and trusted persons locate your digital assets. Whatever you do ... be diligent! And, be sure your attorney and trusted persons know where this information is located and how to access it.

Digital assets are a rapidly growing part of our estates. And, whether you want to preserve financial assets or family history, proper planning is required. ■

*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.*

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