

NOVEMBER | DECEMBER 2018

THE message

A Newsmagazine of Spokane County Medical Society



Dawn Dewitt, MD

**The Meditation Quality
of Outdoor Activities
and Musical Theater**

In The News

**Spokane's Dr. Kang Zhang
Honored with a
UW Department of Medicine
Excellence in Teaching
Faculty Award**

**Tips for Medical
Student Instruction
Brought to you by
a Medical Student**



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“Dr. Ionescu impresses me every day. The relationships she has built with her patients are amazing. The effort always seems to be worth it as she demonstrates how much can be done for our patients and how much they will listen to you when they respect and value your opinion. Her mentorship has been incredible always showing me how to connect with our patients.”
– DEMI GALINDO, UWSOM MS2 SPOKANE, FEBRUARY 2018



President's Message



Dear Colleagues,

Fall is the time for change, right? I want to keep you abreast of some of the changes in store for the Spokane County Medical Society. Under the guidance of Dr. John McCarthy in 2017, the Board of Directors of the SCMS started the process of confirming the value for our members and the appropriate price-point for membership dues.

It was during that time that we downsized the staffing of the medical society from four employees to two employees and decreased the cost of membership. We were lucky to have Karen Hagensen and Shelly Bonforti to help us during that transition. We then re-affirmed our mission and put forth four pillars of emphasis:

- A Clinical Issue: the Opioid Crisis
- Medical Education
- Medical Advocacy
- Opportunities for Collegiality for our Members

Please refer to the article on the Opioid Crisis for the great initial strides made by the medical society and the Spokane Regional Health District. We are looking for these benefits to make a great impact on our society in this challenging era.

Previous issues have highlighted the work that the society has pursued for medical education. I am so pleased that our students have been integral in helping us as a society with our efforts in both the opioid crisis and medical advocacy. They are truly the future of medicine and have risen to the occasion.

Speaking of medical advocacy, check out the article by Dr. Deb Wiser. We were fortunate to have the Washington State Medical Association (WSMA) House of Delegates in Spokane for its annual meeting this fall. I echo the sentiments of Dr. Wiser – the experience brings you back to why you chose medicine as a career path.

SCMS has continued to experience financial challenges and 2019 is going to bring some changes to its organizational structure. Karen Hagensen's last day with the SCMS will be November 21st. Please see the article thanking her for her tremendous contributions over the last few decades. The office space will be correspondingly decreased in size. We have yet to locate the precise location, but will keep you informed of that process. The SCMS will contract with WSMA to provide the administrative support necessary to run the society efficiently. Shelly Bonforti will become a WSMA employee, but remain locally to help us provide the same exceptional service to our members. We, as your leadership team, are excited for this transition as it will give us the breadth of experience and necessary depth to meet the precise needs of the Spokane County Medical Society in a very fiscally responsible manner.

Shortly, the request for membership renewal will be coming. I encourage you all to renew your membership to allow us to continue the momentum we have created. ■

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.



NOVEMBER

20 YEARS

Rana N. Ahmad, MD

11/18/1998

10 YEARS

Barry Linehan, PA-C

11/24/2008

DECEMBER

20 YEARS

Karen M. Ireland, MD

12/01/1998

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SCMS New Members



PHYSICIANS:

Andersen, H. Frank., MD

OB/GYN, Maternal-Fetal Medicine

Medical School: University of Iowa (1976)

OB/GYN Internship & Residency:

University of Michigan Medical Center (1976-1980)

Maternal-Fetal Medicine Fellowship:

Case Western Reserve University (1982-1984)

Joined Elson S. Floyd College of Medicine (07/2018)

Guss, Lark G., MD

Dermatology

Medical School: Johns Hopkins Medical School (2013)

Internal Medicine Internship:

Naval Medical Center San Diego (2013-2014)

Dermatology Residency: Johns Hopkins (2014-2017)

Micrographic Surgery & Dermatologic Oncology Fellowship:

Bighorn Mohs Surgery Center (2017-2018)

Joined Advanced Dermatology & Skin Surgery (08/2018)

Nemri, Ghassan, MD

Anesthesiology/Pain Management

Medical School: Minsk State Medical Institute, Belarus (1979)

Internal Medicine Internship: St. Michael's Hospital (1993-1994)

Anesthesia Residency: Cook County Hospital (1994-1997)

Pain Management Fellowship: Cook County Hospital (1997-1998)

Joined Northwest Spine & Pain Medicine (10/2016)

Sood, Lonika, MD

Internal Medicine

Medical School: Maulana Azad Medical College, India (2008)

Internal Medicine Internship & Residency:

Rochester General Hospital (2009-2013)

Joined Elson S. Floyd College of Medicine (9/2018)

Stone, Donald U., MD

Ophthalmology

Medical School: University of Texas, Southwestern (2000)

Internal Medicine Internship:

Presbyterian Hospital of Dallas (2001-2004)

Ophthalmology Residency: Dean McGee Eye Institute (2004-2005)

Cornea, External Disease, Refractive Surgery & Uveitis Fellowship:

University of California, San Francisco (2005-2006)

Joined Spokane Eye Clinic (08/2018)

**welcome,
new members**



Dawn Dewitt, MD:



THE MEDITATION QUALITY OF OUTDOOR ACTIVITIES AND MUSICAL THEATER



By Shelly Bonforti
Executive Director

With the arrival of modern technology we have a multitude of indoor entertainment available to us, from Smart TV's and engaging video games to Virtual Reality systems. This entertainment has essentially replaced a lot of outdoor activity. According to 5 Ways Technology is Altering our Brains, "Our inability to look away from our tablets, smartphones and social networking platforms is changing the way we process information and perceive the world," states Adam Alter.[1] To combat this, Dr. Philip Zimbardo suggests that "we dedicate a certain amount of time each day to mindfulness, such as meditation. Such practice can actually alter time perception by shifting the brain's attention resources to a truly present state." [2]

Dr. Dawn DeWitt can attest to the effects of technology in her world. She is currently serving as WSU ESFCOM's Associate Dean of Clinical Education at the Spokane Campus where days are typically spent in meetings about building the medical school programs that includes recruiting doctors to teach here in Spokane, working with local health systems and with her WSU colleagues (she also works with UW colleagues), writing cases and exam questions, "and too, too many emails!," she agreed. However, her favorite days are working with students, either in a clinical setting or in simulation or case-based learning.

To get away from technology DeWitt heads to the outdoors to partake of activities that she maintains have a meditation quality.



"I just feel awesome after doing something outside. It's such a gift to have so many opportunities here....," she described. "Rowing, cycling and cross-country skiing all have a meditation quality," she maintained. "Rowing is the best—it's rhythmic and you need to focus on blade work and timing so you can't be stressing about your work."

DeWitt really loves the outdoors opportunities shared with her husband and family around Spokane. "We've made such good friends. There are lots of doctors in our cycling group – riding off the South Hill and on the Centennial Trail are our usual favorites; we run into friends all the time up on Mt. Spokane at the Nordic Hut or at Schweitzer; and we love to kayak in the area", she expounded. "My kids are grown up now and doing their own thing, but they have enjoyed the outdoors around Spokane too," she added.

Growing up in "rural flat Wisconsin", DeWitt lived eight miles from the center of town. "We only had one car so my sister and I used to cycle to tennis lessons, band practice, etc....," she conveyed. "When I was in high school I competed in tennis, was an equestrian hunter-jumper in college, and then rowing and learned dressage (horses, again) in grad school in England," she continued. "I've just never stopped commuting by bicycle—we only really started road riding for fun after we had children. I've also cross-country skied since I was a teen, but just learned to skijor with my dog on Mt. Spokane last winter!" she proclaimed.

Staying healthy and enjoying the outdoors with friends is what motivates DeWitt to stay active. "According to all my research - exercise is the 'Holy Grail' of staying healthy," she held. "I first started hiking seriously in England when I started dating my husband (ok, I wanted to go to Paris but we had no money...so a trip to hike in the Lake District with a tent was the compromise). My mother is Norwegian and everyone on that side my family has obesity, heart attacks, high blood pressure and diabetes, etc. I'm trying not to go there....," she confessed. She also got very interested in diabetes—"partly because I have several close relatives with type 2 diabetes and a first cousin and a niece with type 1 diabetes," she revealed.

Although she's pursued outdoor activities for practically her entire life, DeWitt admits that over the years, she's had to change sports. "I keep hurting myself doing various sports," she shared. "I think I am/was too competitive...two concussions (one downhill skiing and one riding horses competitively), quadriceps tear running track, hamstring tear playing squash, broken ankle playing tennis, and an MCL tear in magnificent powder at Schweitzer a year ago (darn)... I'm learning to play 'Pickle Ball' because it's less dangerous than tennis (seriously)," she cajoled.

A second passion of DeWitt's is music and musical theater. "I started in high school and college before co-founding an a cappella group (The Arrhythmics) in medical school," she divulged. "After 10 years off for residency and small children, we moved to Australia and the children (6 & 8) and I volunteered to sing in a fund-raiser for breast cancer. When a local theater group was performing 'The King and I', I ended up playing the King's wife (she has a beautiful song) and the children were a royal prince and princess. My husband came along to build sets, and he's English, so they talked him into playing Anna's beau, the English diplomat," she detailed.

"We did several shows together as a family," DeWitt went on. "I played Mrs. Potts in 'Beauty & the Beast,' 'Mame' and many other roles—the children did productions with us and at school. I ended up playing in pit orchestras (clarinet) and finally in the community orchestra. I talked some of my medical students into playing as well. I sang in a pop choir in Vancouver and here I sing with the Spokane Symphony Chorale. We are so lucky to have a wonderful symphony here and the Fox is a fantastic venue!" she declared. "I told my children, 'You have to do music because it makes you smarter by using every part of your brain at once.'"

DeWitt has won several acting and singing awards—"and the most formal ones look like garden trowels on a pedestal," she joked. "It's a way to keep myself humble....but I remember getting ready to go on stage every night and thinking, 'Wow, I can't believe I get to do this, especially with my family!' Then, you take a deep breath, gather your courage and go on....so much fun, and we made so many friends," she reminisced. ■

Dr. Dawn DeWitt is a General Internist with special interests in diabetes, caring for the under-served, indigenous health, rural health, patient-centered care, and health systems, and she volunteers for the House of Charity Clinic a couple times a month. She is also a career medical educator who loves teaching medical students and residents. With an M.D. from Harvard Medical School, Dr. DeWitt has held academic positions and been an attending physician in three countries. Originally working for UW in Seattle, primarily WWAMI- related outreach for 10 years, she ended up in Australia and Canada working on rural medical education/underserved medicine with the University of Melbourne and the University of British Columbia before returning to the Pacific Northwest. She has been a member of the Spokane County Medical Society since 2016.

References:

- [1] Samuel Merritt University. 5 Ways Technology is Altering our Brains. Retrieved from www.samuelmerritt.edu/news/2017/5-ways-technology-altering-our-brains
- [2] (Updated 2014, January 23) How Technology Speeds Up Time (And How To Slow It Down Again). Retrieved from www.huffpost.com/entry/technology-time-perception_n_4378010?utm_hp_ref=healthy-living



Dentistry and Opioids

By Randall Stephens DDS

Do you remember having your wisdom teeth removed when you were a teenager or young adult? For many of us those extractions led to our first exposure with opioids. Typical follow up pain relief options were Tylenol #3 or hydrocodone 5/325 mg both prescribed as short-term scripts.

Variables in postop discomfort are affected by difficulty of the procedure, operator expertise, and patients' unique responses, which require pain control adjustments.

Other dental procedures dictating possible short-term opioid prescriptions include periodontal (gum) surgery implant placement, and root canal treatment.

Due to the opioid crisis, dentistry is responding with various proposals and mandates:

- 1) State mandated continuing education courses have been proposed.
- 2) Patient and/or parental education concerning opioid risks may be mandated. Topics discussed may include use, misuse, sharing, and disposal.
- 3) Various non-opioid medications are being used. These include higher dosing of Ibuprofen, combinations of acetaminophen and ibuprofen, and Exparal.

4) Possible prescribing limits on opioid dosing and duration for treatment of acute pain.

5) Recommended use of prescription monitoring programs.

66.5 opioid prescriptions were written for every 100 people in the US in 2016. Eight to ten percent of said people are thought to develop an opioid use disorder. Furthermore, in 2016 opioid overdoses killed more than 42,000 people nationally. Forty percent of those deaths involved a prescription opioid. The economic burden is estimated at \$78.5 billion annually. Dentistry's percentage of immediate release opioids has decreased from 15.5% in the late 90's to 6.4% in 2012. We, as a profession, must do better.

Dentistry is reducing opioid prescriptions through education and possible mandates. Many dentists are concerned that regulations may interfere with the doctor patient relationship.

For further and/or more in-depth information relating to dentistry and opioids, I would suggest the following sites:

- NIH HEAL (Helping to End Addiction Long –term) Initiative
- NIDAMED Initiative
"Opioids" NIDCTC (Nat'l Institute of Dental and Craniofacial Research)
- "The Role of the Oral Health Community in Addressing the Opioid Overdose Epidemic"
- Drug Abuse.gov ■

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On October 12, 2018, SCMS sponsored their annual CME event Medicine 2018 at the Double Tree Hotel by Hilton. The program focused on the more challenging management issues that clinicians encounter. The sessions were very informative, and the event was well attended. ■



We would like to thank the event supporters for helping make this day a great success!





Medical Education Happenings

The Spokane Veterans Affairs Medical Center Puts Medical Education Front and Center

By Kimberly Morris, MD, CMD

**Mann-Grandstaff Veterans Affairs Medical Center
Chief of Geriatrics, Rehabilitation & Extended Care
Designated Education Officer; LSTDI and Ethics
Consultation Team Chair**

Learning Community Mentor Elson S. Floyd COM

Veterans Health Administration (VHA) operates one of the largest healthcare systems in the world and provides training for a majority of America's medical, nursing and allied health professionals. Roughly 60 percent of all medical residents obtain a portion of their training at the Department of Veteran's Affairs (VA) hospitals (www.va.gov/health). Through affiliation agreements with more than 1,800 individual health professions schools and colleges, VA provides training to students in more than 40 disciplines. In 2017, 25,428 Associated Health trainees and 27,549 Nursing trainees received training at a VA facility and 70% of current VA optometrists and psychologists participated in VA training programs prior to employment, per OAA website. (www.va.gov/oaa/ahe_default.asp)

The Spokane metropolitan area is poised to take advantage of tremendous opportunities in the areas of medical innovation, biomedical research, and healthcare delivery with the introduction of two new medical schools: the Elson S. Floyd College of Medicine, Washington State University and the University of Washington-Gonzaga Medical School. These medical schools will bring a total of 140 medical students to the Spokane community each year.

Mann-Grandstaff Veterans Affairs Medical Center (MGVAMC) has prioritized medical student and resident education in its FY19 strategic plan. Over the last four to five years, our involvement in medical resident and student teaching, as well as allied health rotations, has risen exponentially. In FY18, more than 400 students from multiple healthcare-related disciplines completed a rotation

at the MGVAMC. Participants include nurses, nurse practitioners, physician assistants, nurse anesthetists, pharmacists, laboratory technicians, radiology technicians, social workers, psychologists, physical therapists, optometrists, podiatrists, chiropractic practitioners, dietitians and others.

MGVAMC maintains affiliation partnerships with the University of Washington, Elson S. Floyd College of Medicine – Washington State University, University of Washington, Providence Health Care, Spokane Teaching Health Center, and Pacific Northwest University of Health Sciences. Multiple opportunities for resident rotations include surgery, dermatology, neurology, cardiology, geriatrics, physical medicine and rehabilitation, radiology, primary care, and neuropsychology.

MGVAMC plans to expand teaching opportunities in other areas such as inpatient acute medicine, urgent care, telemedicine, outpatient primary care in our Community Based Outpatient and Rural Health Clinic sites, mobile clinics, and our many innovative behavioral health clinics.

During a recent strategic planning session in September 2018, MGVAMC worked on developing an expansion plan for both Undergraduate Medical Education (UME) and Graduate Medical Education (GME) programs. This plan includes the pursuit of joint academic appointments to enhance our ability to attract highly-qualified medical professionals, a faculty development plan to train our current medical professionals in student and resident teaching, and additional opportunities for medical student and resident rotations. MGVAMC currently supports rotations of approximately 30 residents from our current local residency programs annually. Residents learn skills by completing training in various disciplines such as Family Medicine, Internal Medicine, Psychiatry and a Transitional Year.

MGVAMC aims to develop unique and innovative ways to improve the quality of care to Veterans through support of learning opportunities offered to medical students and residents. One such innovation involves relocating a number of our outpatient PACT (Patient Aligned Care Teams) to community health clinic partners in downtown Spokane and Spokane Valley for the purpose of enabling VA professional staff to train healthcare students during provision of care to Veteran beneficiary patients.

MGVAMC continues to collaborate with key stakeholders in the Spokane region to create a state-of-the-art medical and research hub Dr. Kimberly Morris, the Designated Education Officer (DEO) at MGVAMC, is committed to community outreach and to bringing these new partnerships to fruition. The future success of medical education and residency training in Spokane depends on close collaboration and teamwork from all the academic affiliates in the area. The Spokane VA Medical Center will continue to work proactively to help make this vision a reality. ■

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Medical Education Happenings

Tips for Medical Student Instruction Brought to you by a Medical Student

By Mara Hazeltine
MS4, UW School of Medicine

The word **doctor** originates from Old French and Latin, meaning **'teacher'** (from docere 'to teach').

Dr. Anderson gave some tips in the last issue of The Message from the perspective of a clinical educator; we thought you'd like to hear from a student. I hope you find our suggestions helpful, but I wonder: What in the world is holding you back? Be a teacher. Jump in and try it out. Make a difference. Change the life of a student. Train the future of medicine.

As a former middle school teacher, I can tell you that having students is addicting – to see them learn and grow is absolutely inspiring. Once you teach your first student, you'll understand. Your students will make you a better doctor, a better communicator, a better human.

Top 3 tips to work precepting into your day:

1. **Give your student access to your schedule in advance.**
You will get a greater depth of inquiry if the student can look up diseases, prepare, and have their thoughts and questions ready. They will be able to anticipate what comes next, and you will watch them grow exponentially.
2. **Divide and conquer.** If you have two patients in rooms, go in one and send your student in the other to start the visit.

Patients feel cared for when they can tell their story. Your student has the time, so give it to them. Your patient will feel heard. Your student will feel a part of the team. You can even start charting. This should keep you on time, but if you get behind, no worries! Have your student shadow the next case, and then divide and conquer again.

3. **Talk out loud.** Say everything you're doing while you're doing it. This will eliminate simple questions from your student later and will give them a real-time play-by-play of how you think. You are teaching the art of doctoring. Your patients will also appreciate your thoroughness and are often curious as to what's going on too!

There is an incredible need for clinical educators in Spokane with a large medical student community. With an ever-growing physician shortage in this region and the nation, it is your duty to educate, and it is in the very root of your professional title. Each institution has resources if you feel inexperienced. Forgive yourself if you have room to grow. If you want to be part of bringing that positive change to Eastern Washington, join the culture and teach. ■

Mara is a fourth-year medical student at the University of Washington School of Medicine and will be going into Family Medicine. She is the president of her medical school class and founded the first educational outreach organization for medical students in Spokane, called UW Med for Ed.

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Learning and Serving in Spokane

By Ken Roberts, PhD
Professor, Biomedical Sciences
Vice Dean, Academic & Community Partnerships
Elson S. Floyd College of Medicine
Washington State University

It is hard to believe that we have our next class of students in the Elson S. Floyd College of Medicine (ESFCOM) and are now in full planning mode for our third year of the curriculum. It seems like just yesterday that we were planning for our inaugural class. Most gratifying of all is to experience the support of the Spokane community for the new medical school at WSU. Hospitals, physician practice groups, clinics, and individual physicians have joined with us to help educate our students in clinical settings, mirroring what has happened at our other campuses across the state.

Physicians from the Providence system, Multicare-Rockwood, the VA Hospital, Kaiser, and multiple specialty practices, many of whom are active members of the Spokane County Medical Society, have stepped up to join as ESFCOM faculty and teach our students. Many of these clinical faculty have also committed themselves to important service work in the college, such as serving on the admissions and curriculum committees, for example. To date, more than 300 physicians have joined this work and more join each week. Many of these physician faculty also hold faculty appointments at the University of Washington School of Medicine (UWSOM) and/or Pacific Northwest University (PNWU) medical school and are committed to teaching students from all of our Washington schools.

What makes this all possible is the spirit of collaboration and support that has always been part of the Spokane community. This spirit is alive and well in the medical training programs in Spokane, both at the programmatic level and among medical students. For example, students from the ESFCOM and the UWSOM collaborate in learning about the social determinants of health and how to address them through the WSU "Community Organizing for Health Equity course."

In this elective course, led by ESFCOM faculty member Luis Manriquez and open to students from WSU, EWU, UWSOM, and Gonzaga, students learn how to use the principles of community organizing to address the social determinants affecting patients and the community.

Students from ESFCOM and UWSOM also meet together in medical specialty interest groups, such as a recent meeting on the Gonzaga campus of students interested in the field of surgery. Additionally, students from both medical schools can be found working with faculty at the House of Charity free clinic serving the underserved. UW medical students take their anatomy course in the anatomy lab facilities in WSU's Pharmaceutical and Biomedical Sciences building, sharing the same labs with ESFCOM medical students, and often finding themselves studying together in the labs at off hours.

There are more than 300 medical students studying in Spokane in addition to all the other health sciences students studying here. Accommodating this much medical education is only possible if we all work together for the benefit of our students and, ultimately, our community. A special thank you to those members of the SCMS who have shown such commitment to our students. ■



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In Memoriam

DR. WAVERLY J. ELLSWORTH, JR.



Dr. Waverly Ellsworth, Jr., passed away on October 31, 2018. He is survived by his beloved wife, Betty, his five children, as well as six grandchildren and five great-grandchildren.

Waverly was born in Buffalo, New York and persevered through a challenging childhood to realize an exceedingly rich and fulfilling life. He attended the University of Buffalo, Emory University, Dartmouth and the University of Michigan, completing 17 years of education. He joined the Navy where he met his first wife, who was volunteering as a Wave, on Parris Island. He had been commissioned to serve during the final stages of WWII and was ready to be shipped out when he heard he'd been accepted into an anesthesia program at Emory. He went on to serve as a medic in the Korean War.

Although he was board certified in anesthesiology, he found his passion in thoracic and cardiovascular surgery. He was instrumental in starting the open heart program and ICU at Deaconess Medical Center in Spokane. Many of his former patients have come forward over the years to express their gratitude for a life of health.

His list of accomplishments was extensive. He was president of the Washington State Heart Association and Spokane Blood Bank, as well as being involved in many other organizations such as Rotary and the Spokane County Medical Society. He was especially proud of his work with standardizing state treatment for trauma, some procedures of which were adopted nationwide. He loved his Northwest with a passion. He rode with his "Over the Hills Gang" buddies for over 30 years on his mountain adventures. He also loved tennis, skiing, hunting, golf, fishing, fly-tying, chess, painting, and reading. His days were typically overscheduled as he did not know the meaning of "can't" or "quit". He was truly part of the 'greatest generation,' a mentor, a friend and an inspiration who embodied the spirit of reaching for the stars. He was a great patriot and he loved his family and country. ■

DR. JAMES V. JOY III



Dr. James V. Joy III, best known as Jim, passed away Thursday, November 1, 2018, in Ushuaia, Argentina in a skiing accident while on his journey to Antarctica to ski all seven continents. Jim was 54 years old and leaves behind his beautiful wife, Lori and daughters,

Katie and Audrey. Jim was born on May 12, 1964 to James V. Joy, Jr and Clare Joy. His grandfather, James V. Joy Sr., was born in County Kerry, Ireland in 1898, the second youngest of 17 children.

Jim grew up in Darien, Connecticut and attended Holmes School and St. John-St. Thomas More School for his elementary school years and with his family formed his strong Catholic faith. He graduated from Darien High School in 1982 and attended Fordham University with a dual major in both Biology and Philosophy. A member of the Mimes and Mimmers at Fordham, Jim was both an actor and director. He also started the Fordham Outdoors Club, an important aspect to a school located in the Bronx, New York. After graduating with high honors in 1986, Jim went on to attend the College of Physician and Surgeons at Columbia University. Jim had his internship at Greenwich Hospital in Greenwich, CT and residency at the University of Washington in Seattle. Jim met the love of his life, Dr. Lori Frank Joy, in 1992 at the University of Washington. Jim and Lori were married in Billings, Montana surrounded by hundreds of friends and family. Their first daughter, Katherine "Katie", was born in 1999 followed by Audrey in 2001. The family resides in Spokane, Washington where Jim was an anesthesiologist with Anesthesia Associates for many years. Jim loved puns so the fact that both he was Dr. Joy, alleviating the suffering of hundreds, along with his wife, Dr. Lori Joy who is an OB/GYN, was not lost on anyone.

Jim is survived by his mother, his three older sisters, mother-in-law, brothers-in-law, sisters-in-law, and numerous nieces and nephews. Jim touched his community with his care for others, love for the outdoors and adventuring, great intelligence and wisdom, generous and kind spirit, and for his deep, powerful love for his family. He was a spark, and through his life, he set the world on fire. ■



In The News

SPOKANE'S DR. KANG ZHANG HONORED WITH A UW DEPARTMENT OF MEDICINE EXCELLENCE IN TEACHING FACULTY AWARD



The University of Washington Department of Medicine has named Kang Zhang, M.D., of Spokane, WA, as a recipient of the 2017-2018 WWAMI Excellence in Teaching Faculty Award.

Dr. Zhang is one of six recipients that were selected for this award from more than 325 University of Washington clinical faculty

members in the Department of Medicine from the states of Washington, Wyoming, Alaska, Montana and Idaho (WWAMI). The recognition is based on medical student nominations and committee selection for "demonstrated enthusiasm and dedication to the teaching of medical students and residents." Dr. Zhang is an Internist at Providence Sacred Heart Medical Center in Spokane, WA.

Student comments included accolades for enthusiasm, passion, extensive knowledge, empathy and rapport with patients.

"The guiding light of my teaching philosophy is creating a positive learning environment," said Dr. Zhang. "Just like a patient-physician relationship builds on rapport, fostering a relationship between a learner and teacher begins with trust and support. I strive to make my learners feel their ideas and thoughts are supported. All views are worthy of consideration, and valued without judgment."

The six faculty awardees include:

- Chad Byrd, M.D. – Wenatchee, WA
- Meghan Johnston, M.D. – Bozeman, MT
- Kari Kale, M.D. – Billings, MT
- Chuong Nguyen, M.D. – Olympia, WA
- John Thalken, M.D. – Douglas, WY
- **Kang Zhang, M.D. – Spokane, WA**

The University of Washington Department of Medicine is proud to celebrate these faculty educators and as exceptional role models for aspiring physicians. ■

SCMS Member Mixer



Spokane County Medical Society's Member Mixer was held on September 19 at Bridge Press Cellars. Guests enjoyed appetizers and drinks, as well as great conversation with colleagues in a relaxed atmosphere. A great time was had by all! ■



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for the evening!*



Managing Long-Term Disability Risk: Part Two

By Greer Gibson Bacon, CFP®
SCMS Community of Professionals

Continuing from Part One of this multi-part series, Social Security and worker's compensation may not provide sufficient benefits if you are disabled. You may not have a total and permanent disability, as required by the former or occupational disability as required by the later. For this reason, most workers need the added coverage provided by group or individual policies. That said; not all coverage is equal. So, it's important to understand the key concepts that will allow you to compare policies and maximize coverage.

- The **"definition of disability"** specifies the conditions under which you will be deemed totally disabled in terms of your occupation or loss of income.

An **"own occupation"** definition defines total disability as your inability to perform the principal duties of your own occupation. Most policies using this definition are offered to professional, technical and managerial workers who meet certain income and experience requirements. Some companies offer policies or riders that define disability in terms of specialties within an occupation. This is the most liberal definition of disability.

An **"any occupation"** definition defines total disability as your inability to perform the principal duties of any occupation. Most policies using this definition are offered to blue collar workers. This is a strict definition of disability.

A **"modified any occupation"** definition defines total disability as your inability to perform the principal duties of any occupation for which you are reasonably suited by education, training and experience. These policies are a compromise between own occupation and any occupation policies.

A **"loss of income"** definition defines disability as the difference between your pre- and post-disability earnings. Uniquely, these policies pay progressive benefits if you experience a progressive illness. Also, they pay benefits if you return to work regardless of your occupation.

- The **"elimination period"** specifies the time period after you are disabled but before your income benefits begin. The most common are 30, 60, 90, 180 and 365 days.
- The **"probation period"** is the time period that a policy must be in force before you are covered for pre-existing conditions. Although an insurer may discount or decline to cover some pre-existing conditions, you will not be covered for any pre-existing condition during the probation period if you fail to disclose it. Most probation periods are two years.
- All policies define **"maximum benefits"** in terms of time and money.

The **"maximum benefit period"** is the time period during which income benefits are paid. It begins when your elimination period ends and should continue to your age 65 or full retirement age, as defined by Social Security.

The **"maximum monthly benefit"** is specified as a dollar amount for individual policies and it will never exceed this amount barring a rider or permission of the insurance company to raise it. Group policies specify the maximum monthly benefit as a percent of your earnings.

Most policies have provisions that reduce benefits under certain conditions. A **"coordination of benefits clause"** may reduce benefits by amounts received from Social Security or worker's compensation. Or, a **"relation to earnings clause"** may reduce them if your income fell dramatically after you took out the policy but before you became disabled.

- Your policy should be **"guaranteed renewable and non-cancellable"**. This gives you the right to renew it for as long as you pay the premium and it prevents the insurer from raising your premium unless it does so for your entire class of insureds.
- **"Partial and residual benefits"** allow you to return to work with reduced duties and/or hours without losing all of your benefits.
- Most insurers offer a **"waiver of future premiums"** if you're disabled.
- **"Inflation protection"** is important especially if you're a young professional. Some insurers offer "automatic increase rider" simply adds coverage on an annual basis. Others offer future increase options, allowing you to add coverage from time-to-time without proof of insurability.

To be continued ...

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

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On October 4, 2018, senior physicians and spouses enjoyed an evening of camaraderie and dinner at the Manito Golf and Country Club. The evening began with a moment of silence for the physicians that had passed away over the past year. Following dinner, the business meeting included the election of the 2019 Senior Physicians committee chair, with Dr. Michael Eaton unanimously voted into the position. ■



Proud to be a Delegate – WSMA

By Deborah Wiser, MD
2018 SCMS President Elect

Ok, I have to admit I was not “super-excited” about going to the Washington State Medical Association annual meeting this year. But as I pulled up to the Davenport and entered, I found myself surprised at the sense of value I felt from being at the meeting – a relatively small group of physicians with a civilized debate on how to guide our legislators. I’m an avid voter, but this felt much more connected to the legislative process. What we decided at this meeting is represented and supported directly with our legislators in Olympia through the WSMA.

HERE’S A SUMMARY OF WHAT WENT DOWN.

A few weeks before the annual meeting, the SCMS board gets together to discuss the resolutions. Each board member does a pre-read on a few and gives the group a small summary. The objective is to find consensus from the Spokane contingent as best we can and have some productive discussion on the topics.

Then, a few weeks later, we have spots for 17 representatives from Spokane at the Annual Meeting to vote on the resolutions. These include those from the SCMS board, but any Spokane physician or physician assistant can sign up on the day of the event to vote.

We had Brenda Houmard, Al Oliva, Clint Hauxwell, Rocky Kerr, Monica Blykowski-May, John McCarthy and me there to represent the Spokane delegates this year with our votes. But Spokane has an impressive representation from our other medical leaders at

the meeting as well, including Tom Schaff as the incoming WSMA President, Deb Harper as Speaker of the House, Rod Trytko as an AMA Delegate, and Matt Hollon, Al Oliva and Clint Hauxwell as Board Trustees.

Feeling a bit overwhelmed with other life and job duties, I dragged myself in there on Saturday morning to hear about the rules of the meeting. It at first seemed a bit of overkill honestly, but as we got into the meat of the discussions I remembered how important the rules would become.

On Saturday we worked the resolutions in Reference Committees, including hashing out the details and defending sides. Then we got to attend some impressive lectures on topics such as leadership and physician burnout. While we earned our CME, the Reference Committee finalized the resolutions based on all that input and debate.

This is not just about resolutions. It’s about having a say in legislation that impacts our patients’ lives. Bipartisan groups from across the state get together to debate topics that affect the health of our patients - gun control, air quality, access to a public healthcare option in Washington, and several other hot topics. This is not always comfortable, and we are not always in agreement.

On Sunday the final resolutions were presented to the larger group. The debate continued a bit but the wording was more refined and many of the participants had a heightened awareness of the content. Then we voted.


Here are a handful of the resolutions we passed:

- Support for a public healthcare coverage option for residents of Washington State
- Clean air initiative endorsement including endorsement of measure 1631
- Several resolutions advising on gun topics as they relate to public health, including weapons-free zones in healthcare facilities, re-enforcing physician right to discuss gun violence with patients and families, raising the age for semi-automatic firearms purchase from 18 to 21, and supporting firearms research
- Support for reimbursement for pre-diabetic nutrition and lifestyle change programs (this one proposed by Spokane medical students and residents)
- Support for eliminating the gender gap in physician salaries
- Several others as detailed on the WSMA website.

In addition to some great talks, we also had some big names present, including incumbent Congress Representative Cathy McMorris Rogers for the lunch talk and candidate Lisa Brown the next morning.

I wanted to write about the WSMA Annual Meeting this year because I realized what a difference we could make in a bipartisan way to improve the lives and health of our patients and our peers. There are a lot of things in the political environment we don’t have a say in, why not partake where we do?


If you would be interested in becoming more involved in the SCMS or the WSMA as a delegate, please get in touch with us at the SCMS. We’ll be sure to reach out as next year’s meeting approaches. ■



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The Opioid Crisis

By Brenda S. Houmard, MD PhD
2018 SCMS President

I don't think any of us need a summary of how the Opioid Crisis negatively impacts our community's health and well-being. I am pleased to see the contributions that the Spokane County Medical Society has brought to the efforts heralded in our community by the Spokane Regional Health District.

The Spokane Regional Health District hosted the Spokane Regional Opioid Task Force Strategy Session on October 2nd at Enduris Training Center. It was a very productive day that brought community members with varying degrees of expertise together to discuss topics ranging from education of providers and the community to the continuum of care for substance use/abuse disorders and the non-opioid strategies for pain management. Experts were there helping us to explore community-based policies and systems to respond to addiction and its collateral consequences.

SCMS is playing a major role in the area of provider education. After the Kick-off Event in February, three SCMS Opioid Task Forces (TF) were formed: Managing Acute Pain (chaired by Dr. Al Oliva), Managing Chronic Pain (chaired by Dr. Elizabeth Grosen and co-chaired by two medical students, Heather Johns and Hadley Gunnell) and Community Resources (chaired by Dr. Bradley Pope). All have met a myriad of times over the last nine months.

The SCMS Managing Acute Pain TF (aided by local dental and medical surgeons) has created a document providing brief guidelines summarizing the recommendations from the Expert Advisory Panel of Washington State Agency Medical Directors' Group (AMDG), the Centers for Disease Control and Prevention (CDC) and the Bree Collaborative. They are currently working on adding brief guidelines on the management of non-surgical acute

pain, and are also working on a patient education pamphlet on opioids that could be distributed to providers for their use with patients to include disposal of excess opioids information. The group's also interested in assessing the current level of education about the acute use of opioids in our medical schools.

The SCMS Managing Chronic Pain TF is surveying the SCMS community about the needs and interests of providers in the area of pain management and the opioid crisis. Additionally, they are interested in developing a social media forum for providers to discuss the difficult issues of opioid management with one another in an anonymous fashion. The group has made strides in identifying helpful resources for providers in caring for patients with chronic pain and opioid use.

The SCMS Community Resources TF has focused its efforts in creating and making available to healthcare providers the referral sources to aid in chronic pain management and addiction medicine. Their comprehensive provider grid will display services offered by local provider organizations to include: medication management, interventional procedures, neuromodulation, orthopedic care, chiropractic services, massage, addiction medicine care, acupuncture, PM&R, exercise rehabilitation, behavioral health, and inpatient and outpatient addiction programs. They are now exploring a small device application to house this grid and the resources identified or created by the other task forces, and have secured the services of a Gonzaga intern to work in bringing it to full fruition.

Thus, the dedication of the SCMS to its clinical focus is evident. All members are welcome to contact Shelly Bonforti at the SCMS at shelly@spcms.org or the individual chair to become involved in these great efforts for our community, and please encourage your colleagues to join SCMS in their efforts to address the Opioid Crisis.



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Key Business Areas to Focus on in Your Practice

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

While the focus of your practice will always be providing exceptional care for your patients, there is no way to get around the demands of running the business of the practice. In fact, it may often feel like a push-pull scenario between the day-to-day care of patients and the day-to-day reality of record keeping and business duties.

How do you get stay on track and help your practice live up to its potential? Here are some of the critical business areas you can focus on to help you reach your goals.

ACCOUNTS RECEIVABLE

Income keeps your practice going, so making sure you collect, and on time at that, is very important. To keep up on AR, establish compliant collection policies in writing, and make sure to follow through on implementing these policies. Here are some ideas:

- Establish a solid system for billing, such as numerical or batch processing.
- Have a timely review process for delinquent accounts, denied claims, and pending cases awaiting coding and billing.
- Keep your accounts receivable separate from cash. Review the account receivable aging reports and make sure they appropriately reflect cash postings on a timely basis.

- Have security measures in place for communicating with patients and maintaining HIPAA compliance.

ACCOUNTS PAYABLE

Just like it's good when your practice receives income, other businesses need to be paid as well. Keeping up on payments can help your practice establish a trustworthy reputation that can ultimately lead to more success and growth. Unfortunately, AP is an area that many businesses struggle with. To stay out of hot water in this area, consider setting up procedures for cross checking payments, always check pricing options from competitors and vendors and be sure that billing amounts are being entered correctly.


CASH

Businesses that accept cash (especially a lot of cash) are at a high risk of loss due to theft or other discrepancies and errors. Keep your cash in control by having employees balance cash at the end of their shifts, have controls in place to ensure employees can't pocket the cash without entering the transaction, check and reconcile bank balances regularly, keep all cash payment methods secure and pay attention to your practice's cash flows.

HUMAN RESOURCES AND PAYROLL

Technology has made it easier for hackers, scammers and even bad-egg employees to commit fraud or other harm to your practice. To keep your people (and your practice) safe, consider the following:

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- Require password updates regularly for you and your employees, and make sure to keep all passwords safe and not written down.
- When it comes to payroll, review the details and checks/direct deposits to make sure pay is being disbursed properly.
- Pay attention to any differences between payroll expenses and monthly budgets – this could be a red flag that someone or something has gotten access to your books.

PHYSICAL ASSETS

The physical assets your practice owns, such as machinery or laptops, are of great value—you don't want anything happening to them. When it comes to laptops and other electronics, make sure they are safeguarded or locked up. This makes it difficult for someone to steal the physical piece itself, along with the information stored on it. Cybersecurity problems are on the rise, so keeping these assets on lock down can help prevent data breaches and other cyber-crimes. Record asset purchases and monitor use and depreciation on them to stay up to date on their value. Also consider setting a usage policy so assets aren't falling into the wrong hands or being mishandled.

IDENTIFY KPIS

Key Performance Indicators, or KPIs, are quantifiable measurements, agreed to beforehand, that reflect the critical success factors of your practice. They help you measure success and hold people accountable. Once you've defined your overall business goals, the next step is to identify KPIs to make sure those goals are met. KPIs are measurable so you can track how you're currently doing and what action you need to take (or not take).

What do we mean by measurable? Well you can't just say we're going to be the best at patient service. How do you measure what "the best" means? But you could say, we'll have a 95 percent retention rate for patients. This is something that can be measured and can determine key action steps to make sure you're on track for success.

One of the reasons why KPIs are agreed upon beforehand is so everyone has a clear definition of where the company is going. This only happens if you're communicating your KPIs to your team and helping them understand how they are helping to drive the success (or failure) of the company. Define your KPIs for your team and provide them with a clear vision of what is important.

Make sure your team not only understands what your KPIs are, but how their daily activities and work affect them. Tie your KPIs back to performance. Make sure your employees know which KPIs fall within their scope and use them to measure performance and provide direction. In this way, your team can clearly know what success looks like, both individually, and for the practice. Make sure someone is directly responsible for the success of each KPI.

KPIs reflect the factors critical to your company's success. But they can't be accomplished in a day. Ask yourself, what daily activities do we need to do to contribute to the success of our practice? If you have defined KPIs, this success should be easy to define and track. It can also show you areas where adjustment is necessary. Make sure the KPIs can be reported on a timely basis to allow practice adjustment and action if you're not reaching your goals.

KPIs are not set in stone. If you need to change them up, you certainly can. This is another reason why tying KPIs back to daily activities is so critical. When you're looking at them daily, you can see where strategy changes are necessary and where measurements need to be adjusted. ■

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.

farewell

to Karen Hagensen

By Brenda S. Houmard, MD PhD
SCMS 2018 President

As you may have seen in my opening message, Karen's last day with us was November 21.

I think all will agree with a few of the direct quotes from physicians who worked closest with Karen:

"Karen has helped us to navigate many transitions. She has been the backbone of the Medical Society for decades and has been a stalwart supporter of the work we have done to enhance the community's health and the providers who offer that help. Her oversight and professionalism have been tremendous. Those of us who have had the honor to work directly with her have appreciated her value to our community. Thank you Karen..."

"Karen is persona who manifests what SCMS is and has been for a long time. All the years I was on the Board and eventually president, I could always depend on Karen. She was always absolutely trustworthy and professional. The SCMS will never be the same without her. I wish her the best in the future."

"My wife and I would like to note what a tremendous help Karen was for both of us in the early 90s. While I was president of the SCMS, Karen was extremely reliable and helpful in getting the actual work done of managing the SCMS business. And, at that time, my wife was very busily occupied with what was a very successful mini-internship program, but really feels that she could not have developed the program without Karen's help. We became good friends with Karen at that time, and that friendship has only grown over the ensuing 25 years. Karen has been an especially valuable asset to the SCMS, a good friend to many of us, and she will definitely be missed, and just about impossible to replace."

"I have been active with the SCMS during nearly all my career until retirement. It was a pleasure working with my medical colleagues and the community. But during those years, the one common thread has been Karen. I would think all of us appreciate her quality work, calm personality and competence. Very best wishes for Karen for a retirement well deserved. She can reflect proudly on her work on behalf of our medical and greater community."

I want to add my best wishes to this person who has been so selfless in her service to the Spokane County Medical Society. You will be greatly missed as we pursue our mission: "Serving as the guardian of community health and wellness while leading and promoting the professional practice of medicine"

Thank you again, Karen Hagensen!



Classifieds

MEETINGS/CONFERENCES/EVENTS

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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