

WINTER 2019

# THE message

*A Newsmagazine of Spokane County Medical Society*

**SCMS Acute Pain Management  
Task Force: An Update**

**Measles is Back**

**Hepatitis B  
Sees a Surge**

A photograph of two men standing outdoors in a natural setting, possibly a riverbank. They are both wearing wide-brimmed hats, sunglasses, and multi-pocketed fishing vests over long-sleeved shirts. The man on the left is wearing a purple shirt and light-colored pants, while the man on the right is wearing a dark shirt and dark pants. They are both smiling at the camera. In the background, there is a red vehicle, possibly a truck, and some greenery.

## Barry Linehan, PA-C

**The Art of Balance**





# DOES YOUR PATIENT HAVE **PAIN** **IN THEIR LEGS** WHEN THEY WALK?

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"I feel so lucky to have been paired with Dr. Gore! Her charisma and constant positivity are truly inspiring. That energy carries over even more so in her interaction with her patients and peers. I hope to one day be able to emulate the rapport and connection she makes with patients, but also practice the tidbits of life advice she has passed along."

— NATASHA SARIC, MS1 UWSOM, JANUARY 2019



## Outgoing President's Message



Dear Colleagues,

In the words of Oprah Winfrey, "Cheers to a new year and another chance for us to get it right." The new year is a time for reflection of the year past and resolution for the year coming. I have been honored to serve as your President of the Spokane County Medical Society for 2018. I will take this opportunity to reflect on some of the highlights on the year. Dr. Deb Wiser is your President for 2019 – I welcome her to the helm and she will give you the resolutions for the new year.

The highlights of 2018 for the Spokane County Medical Society:

- Clinical Focus on the Opioid Crisis in our community
  - Kick-off Reception in February 2018
  - Monthly meetings of three SCMS Task Forces: Managing Acute Pain, Managing Chronic Pain and Community Resources (accomplishments addressed previously)
  - Participated in the community-wide conference on the Opioid Crisis sponsored by the Spokane Regional Health District
- Sponsored two Medical Advocacy Resolution workshops
- Members attended the WSMA House of Delegates and Annual Meeting at the Davenport Hotel

- Held three member mixers and published six issues of The Message
- Hosted the Annual SCMS Medicine 2018 CME
- Sponsored the SCMS Annual Membership Cruise and the SCMS Medical Education Celebration Cruise in conjunction with Mr. Travis Prewitt
- Coordinated the Senior Physicians Golf Tournament and participated in the SCMS Senior Physicians Dinner
- Sponsored the annual Spokane Scholar's Foundation and presented awards at their banquet
- Supported members to attend the WSMA Leadership Development Conference

I am pleased with the breadth and depth of SCMS' commitment to "Serving as the guardian of community health and wellness while leading and promoting the professional practice of medicine".

I look forward to seeing all of you and furthering our mission in 2019. ■

Sincerely,

Brenda S. Houmard, MD, PhD  
2018 SCMS President

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# Incoming President's Message



## CHANGE AND COMMUNITY

Change, bring it on! What, no? Change is not always easy or pretty, or comfortable. But we need it, and we need it to be timely, well-managed, and part of our accepted experience. Community collaboration, such as the Spokane County Medical Society fosters, is one of the tools to inspire, refresh, and get ahead of the game on change. At the SCMS, we're in the throes of change too, and we

bring a community-based approach to move forward.

When I started on the Board of Trustees a few years ago, I was struck by the variety of providers in the room from different organizations but walking a parallel pathway to mine. Our community of mostly private practices was converting to a community of mostly employed providers. There was clearly value in sitting together as a group and talking about ways to make this shift better, but it was not clear how we would shift gears together.

## THE BUNDLE OF STICKS

Nothing like a fable to make a point, so I will share a slightly altered one.

A certain Father had a family of Sons, who were forever competing among themselves, solving the same problems without helping one another. No words he could say did the least good, so he cast about in his mind for some very striking example that should make them see that discord would lead them to misfortune.

One day when there seemed no progress could be made and each of the Sons was moping in a surly manner, he asked one of them to bring him a bundle of sticks. Then handing the bundle to each of his Sons in turn he told them to try to break it. But although each one tried his best, none was able to do so.

The Father then untied the bundle and gave the sticks to his Sons to break one by one. This they did very easily together, sharing the work.

"My Sons," said Father, "do you not see how certain it is that if you agree with each other and help each other, it will be impossible for your enemies to injure you? But if you are divided among yourselves, you will be no stronger than a single stick in that bundle."

In unity is strength. The areas of focus for SCMS last year proved inspiring for our members, volunteers, and partners. Let us continue forward with unity in those priorities.

## PLANS AND ASPIRATIONS FOR 2019

### The Opiate Crisis

Our efforts will be increasing through additional collaboration with Spokane Regional Opioid Task Force with co-chairs Matt Layton, MD, of WSU and Dr. Bob Lutz, the Spokane Regional Health Officer, as well as other local organizations with a similar purpose. This work has brought a renewed energy into the Society, and we look forward to expanding on it.

For the first steps in this collaborative piece, we will be supporting and partnering on several opioid-related initiatives and educational activities in 2019, including the SCMS Annual Reception with the SRHD, the Spokane District Dental Society, and the WWAMI Area Health Education Program.

### Medical Education

The SCMS has been a hub to bring together local schools at the student and provider level. Members of the society add to this passion and the sharing of resources add to our regional unity.

### Community Engagement

SCMS must continue to foster community engagement and individual connections through social activities, community service, and educational activities. These venues both give back to our community and help renew the passion for the medical profession for our physicians and physician assistants.

Please consider joining us and keep an eye out for further opportunities to engage with your peers. Contact Shelly at the SCMS with ideas on how we can reach out and connect with you or areas you would find appealing or passion-inspiring with the SCMS. ■

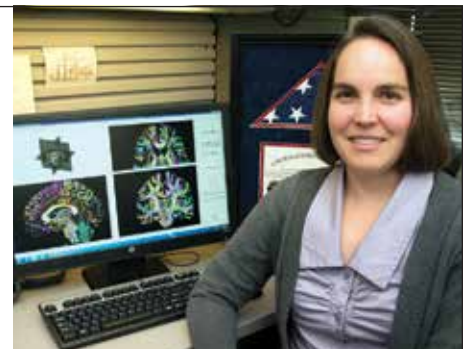
Deborah Wiser, MD  
2019 SCMS President

## SPRING 2019 NEXT GENERATION MEDICINE LECTURE - Save the Date!

In April the UW School of Medicine-Gonzaga University partnership is bringing the UW's Dr. Christine Mac Donald to Spokane for a **free public lecture**. She is an expert on concussion and traumatic brain injury, and how these injuries affect mental health.

**April 9, 2019, 6:30 pm at The Hemmingson Center, 702 E. Desmet Ave.**

*Registration opens February 28, 2019 at [uwmedicine.org/nextgenmed](http://uwmedicine.org/nextgenmed)*



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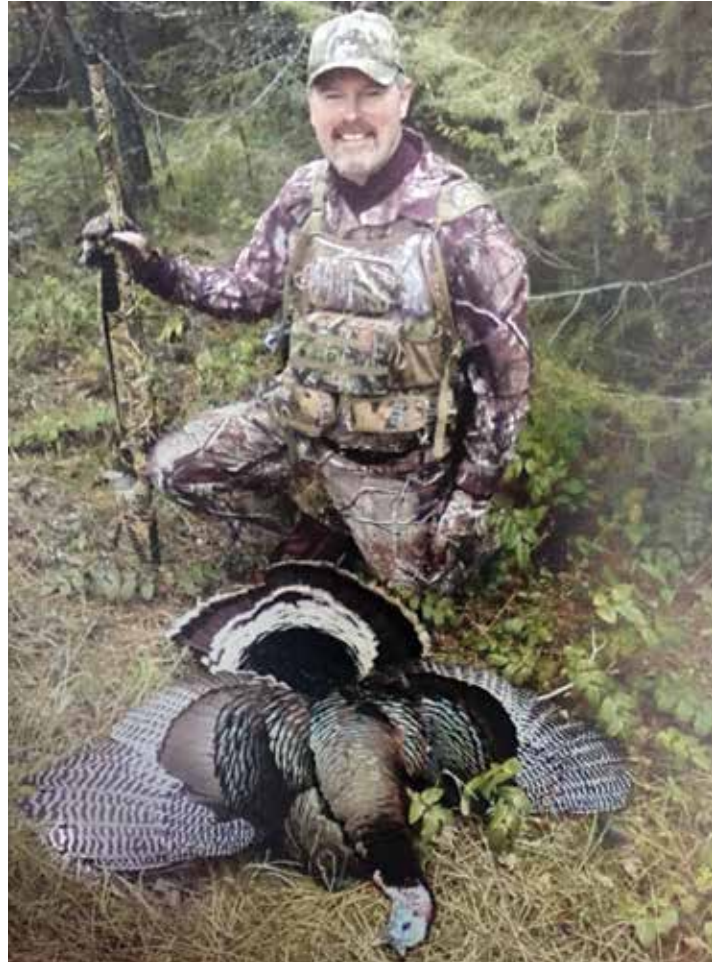
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# Barry Linehan, PA-C:

## THE ART OF BALANCE



### By Barry Linehan, PA-C

As a Physician Assistant in primary care, I am acutely aware of the need for balance. Most people who practice medicine have a combination of a strong work ethic and a desire to serve others. As a former Air Force medic and National Health Service Corps scholar, my passion has always been improving access to healthcare and working with medically underserved populations. At some point in each of our careers, we recognize signs of burnout and have to reassess how we sustain our careers, health, sanity and family life.

Shortly after graduating from PA school, I began to study martial arts. I earned black belts in Taekwondo and Aikido. Maintaining balance is a core part of any martial arts training. I began to apply this concept to my work and family life.

Raised in Boston, I was attracted to the Northwest by the ease of access to the outdoors. In Boston, an 8 mile commute could take as much as an hour. I was looking for a home where I spent less time sitting in traffic cussing at other drivers and more time living life outside my car. Spokane was the perfect mix of access to the



amenities of a city and a 30 minute drive to the woods. To balance the stress of clinic work, I took up fishing. I learned that certain lakes and rivers required fishermen to use barbless hooks and had catch limits to balance the demands of sport fishing and maintaining healthy fish populations.

I also took up hunting. Through hunter training I learned that most of the fees from hunting licenses goes toward maintaining habitat for wildlife and that hunting quotas prevent game species overpopulation that can be destructive to the herd. As a gun owner, hunter and medical practitioner, I also recognize the need to balance gun rights with common sense regulations to protect the common good. I also adopted a hunting dog, a 1 year old brown lab named Orson. He won't let me work when he needs attention.

I worked two jobs to prepare for retirement and help defray the cost of college for my two sons, but was almost always there for high school basketball games and track meets. My wife, a Pediatric Physical Therapist, shares both a passion for her work and the struggle for balance between work and family life. Weekend skiing or mountain hikes with my wife and sons provided our children an example of life/work balance as they launch their own careers. I feel the effort has paid off. One son is in graduate studies in physics at Stanford. The other will be starting medical school at the University of Washington Spokane program in August.

For me, the issue of balance is an ongoing discernment. I recently made the decision to downsize my work footprint from 6 days a week to 13 days a month. I'm running a marathon, constantly

**"WEEKEND SKIING OR MOUNTAIN  
HIKES WITH MY WIFE AND SONS  
PROVIDED OUR CHILDREN AN  
EXAMPLE OF LIFE/WORK BALANCE  
AS THEY LAUNCH  
THEIR OWN CAREERS."**

adjusting my pace to make sure I finish strong. ■

*Barry Linehan, PA-C, is a US Air Force veteran. He has a BS in Public Health from the University of Massachusetts, an MBA from Boston College and a Masters of Medical Science from the Emory University PA Program. He is a National Health Service Corps Scholar. He has worked in Spokane for the past 15 years in the Family Practice Residency Training Program and CHAS Urgent Care. He currently serves as the Secretary-Treasurer of the Spokane County Medical Society.*



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# SCMS 2019 Calendar of Events

## MARCH

**SCMS Opioid Task Force Mtg.**  
March 20, Wednesday, 6:00 pm  
Schoenberg Center at Gonzaga Univ.

**SCMS Board of Trustees Meeting**  
March 27, Wednesday, 5:30 p.m.  
Inland Imaging Conference Room  
801 S. Stevens St., Spokane

## APRIL

**SCMS Medical Education Committee Mtg.**  
April 02, Tuesday, 5:30 p.m.  
Schoenberg Center at Gonzaga Univ.

**Spokane Scholar's Foundation Banquet**  
April 15, Monday, 6:30 pm  
Spokane Conv. Ctr. Ballroom

**SCMS Executive Committee Meeting**  
April 17, Wednesday, 5:45 p.m.  
SCMS Office

**Save the Date!**  
**SCMS Annual Reception**  
April 24, Wednesday, 5:30 p.m.  
Stay tuned for details!

## MAY

**SCMS Member Mixer**  
May 1, Wednesday  
5:30 p.m.-8:00 p.m.  
Rockwood Retirement Communities

**WSMA Leadership Dev. Conf.**  
May 17-18, Friday-Saturday  
Chelan, WA

**Sr. Physicians Golf Tournament**  
May 17, Friday, 8:30 Shotgun Start  
Manito Golf & Country Club

**SCMS Board of Trustees Meeting**  
May 22, Wednesday, 5:30 p.m.  
Inland Imaging Conference Room  
801 S. Stevens St., Spokane

## JUNE

**SCMS Executive Committee Meeting**  
June 26, Wednesday, 5:45 p.m.  
SCMS Office

## JULY

**Annual Summer Member River Cruise**  
July 11, Thursday, 6:00 p.m.—9:00 p.m.  
The Serendipity, Templin's Marina

**SCMS Medical Education Committee Mtg.**  
July 23, Tuesday, 5:30 p.m.  
Schoenberg Center at Gonzaga Univ.

## SEPTEMBER

**SCMS Medical Education Celebration Cruise**  
September 05, Thursday  
6:00 p.m.—9:00 pm  
The Serendipity, Templin's Marina

**SCMS Board of Trustees Meeting**  
September 25, Wednesday, 5:30 p.m.  
Inland Imaging Conference Room  
801 S. Stevens St., Spokane  
(HOD Caucus Tentative)

## OCTOBER

**Medicine 2019**  
Date & Location TBD  
7:00 a.m.—5:00 p.m.

**SCMS Sr. Physicians Dinner**  
October 03, Friday, 5:00 p.m.  
Manito Golf & Country Club

**SCMS Medical Education Committee Mtg.**  
October 08, Tuesday, 5:30 p.m.  
Schoenberg Center at Gonzaga Univ.

**WSMA House of Delegates**  
October 12-13, Saturday-Sunday  
Seattle Airport Hilton & Conf. Ctr.

**SCMS Executive Committee Meeting**  
October 23, Wednesday, 5:45 p.m.  
SCMS Office

**SCMS Nominating Committee**  
TBD

## NOVEMBER

**SCMS Board of Trustees Meeting**  
November 13, Wednesday, 5:30 p.m.  
Inland Imaging Conference Room  
801 S. Stevens St., Spokane

## DECEMBER

**1st Wed. Member Mixer**  
December 04, Wednesday  
5:30 p.m.-8:00 p.m.  
Bridge Press Cellars 39 W. Pacific Ave.

**SCMS Executive Committee Meeting**  
December 11, Wednesday, 5:45 p.m.  
SCMS Office

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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## thank you

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

### JANUARY

#### 60 YEARS

**George W. Girvin, MD**  
01/08/1959

#### 50 YEARS

**Alan C. Whitehouse, MD**  
01/02/1969

#### 40 YEARS

**Robert J. Fulton, MD**  
01/30/1979

**Robert H. Laugen, MD**  
01/30/1979

**Hershel M. Zellman, MD**  
01/31/1979

#### 10 YEARS

**Deborah J. Wiser, MD**  
01/05/2009

**Judy G. Swanson, MD**  
01/13/2009

**Darryl K. Potyk, MD**  
01/20/2009

**Veronique T. Alcaraz, MD**  
01/23/2009

**Erin E. Saunders, PA-C**  
01/23/2009

### FEBRUARY

#### 30 YEARS

**Rodney L. Trytko, MD, MBA, MPH**  
02/15/1989

**Xavier J. Zielinski, MD**  
02/15/1989

**Robert F. Bray, MD**  
02/16/1989

**Michael C. Brophy, MD**  
02/16/1989

**George Richardson, MD**  
02/16/1989

#### 10 YEARS

**Valerie K. Logsdon, MD**  
02/02/2009

### MARCH

#### 60 YEARS

**George W. Rodkey, MD**  
03/12/1959

#### 50 YEARS

**Alfred J. Derby, MD**  
03/25/1969

#### 40 YEARS

**Michael D. Dixon, MD**  
03/20/1979

**Jay R. Groepper, MD**  
03/20/1979

**David A. Ott, MD**  
03/20/1979

**Philip D. Woolf, MD**  
03/22/1979

**Thomas C. Laselle, MD**  
03/22/1979

#### 20 YEARS

**Robin D. Hines, MD**  
03/31/1999

**Mark R. Varga, MD**  
03/31/1999

**Richard L. Zahn, MD**  
03/31/1999

## New Members



## Welcome, New Members

### PHYSICIANS:

**Dygert, Paula, MD**  
Currently practicing at STHC –  
Family Medicine Residency  
Spokane

**Fletcher, Derek, MD**  
Currently practicing at  
Plastic Surgery Northwest, PLLC

**Grattan, Howard, MD**  
Currently practicing  
at Northwest Spine  
and Pain Medicine

**Mitchell, Derek, MD**  
Currently practicing at  
Spine Team Spokane (Valley)

**Oropeza, Amanda, MD**  
Currently practicing at  
CHAS Health – Southgate

**Pirumyan, Georgi, MD**  
Currently practicing at  
Incyte Diagnostics

**Rush, Shelby, MD**  
Currently practicing at  
CHAS – North County Clinic

**Sammons, Robert, MD**  
Currently practicing at  
TMS Solutions

**Schneider, Jesse, DO**  
Currently practicing at  
CHAS – Valley Clinic

**Tippets, William A. DO, MBA**  
Currently practicing at  
Shriners Hospital for Children –  
Spokane, Chief of Anesthesia

### PHYSICIAN ASSISTANTS:

**Brim, Timothy, PA-C**  
Currently practicing at  
Providence Medical Group -  
Occupational Medicine  
(5th & Division)

**Copeland, Iley, PA-C**  
Currently practicing at  
CHAS Health – Valley Clinic

### Kaufman, Chase M., PA-C

Currently practicing at  
Alpine Orthopaedic  
and Spine, PC

### Senter, Kirsten, PA-C

Currently practicing at  
CHAS – Denny Murphy Clinic



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# Spokane Internal Medicine Residents Bring Medicine Back to the Bedside for UW Medical Students Studying at Gonzaga

### GREG HEINICKE INTRODUCES OSLER ROUNDS TO FIRST- AND SECOND-YEAR STUDENTS

The phrase “medical rounds” can prompt images from television shows like Grey’s Anatomy. A team of white-coated doctors, residents and students gathered around a patient’s bed, discussing data and diagnosis.

While formal medical rounds like those depicted on television are important, there’s another type of rounds that can be equally beneficial for patients, physicians and students.

“Osler rounds are named for William Osler, the godfather of physical exams,” said Greg Heinicke, senior internal medicine resident at Providence Sacred Heart Hospital in Spokane. “It’s a combination of humanitarian and physical exam.”

As one of the founders of Johns Hopkins University, Osler was renowned for taking the teaching of medicine out of the lecture halls and back to the bedside.

Increasing technological advancements mean modern medicine is rapidly becoming more data driven which often results in physical exams losing priority.

Heinicke leads students in Osler rounds, where students not only perform physical exams, but they also learn to carefully listen to patients to glean information that will help inform diagnosis and treatment. “I let patient’s tell their story in their own words – that’s the most important thing,” Heinicke said.

Prior to conducting these rounds, he confers with hospital staff about current patients. “I find patients with unique physical exam findings – heart murmurs, unusual joint nodules etc. and I always ask the patient’s permission to bring the students in for Osler rounds,” he said.

The value is immense for first and second year students who have usually spent very little time in a hospital setting. Heinicke explained, “A medical student can read about COPD (chronic obstructive pulmonary disease), but they will never forget the first time they talk to a patient who has to stop talking in order to breathe.”

He lets the students interview the patients and teaches them to ask open-ended questions like “What is it like for you to live with COPD?”

Benjamin Titus participated in several Osler rounds during his first year of medical school at the University of Washington School of Medicine (UWSOM) at Gonzaga University in Spokane. “Honestly, it was amazing. I really enjoyed it,” he said. “The environment was lower-stress than traditional rounds and we had more opportunities to ask questions of both the resident and the patients.”

Osler rounds combine evidence-based physical exams with patient feedback. “We were able to see patients with conditions we may have

read about, but there are many different tentacles a disease may put into a patient’s life that might not be readily visible,” Titus said.

For example, a patient with a joint disease may say he’s getting around okay, but when asked if he can walk to his mailbox, admits that it’s too painful to manage. “It plants seeds for further questions,” said Titus. “It’s a great opportunity to learn.”

“Every patient is a book,” said Judy Swanson, Assistant Clinical Dean at the UWSOM and faculty member of the Internal Medicine Residency (IMRS) Spokane. “Attending physicians often round on patients by ourselves, which is unfortunate because we lose teachable moments.”

That’s why she was delighted when former IMRS and UWSOM student Tim Hatlen initiated Osler rounds, and successive residents continued them.

“It’s not a job requirement – it’s something they do out of the goodness of their hearts,” Swanson said. “They give of their time to support the UW students and it’s so impactful – the spots fill up immediately.”

Titus agreed, noting the majority of his class took part in the rounds. “These rounds wouldn’t be possible without Greg and the other residents,” he said.

Heinicke grew up in Wenatchee, Washington, graduating from Eastmont High School. Becoming a physician wasn’t what he had in mind. “Both sets of grandparents had orchards,” he said. “My family grew apples, so I figured that’s what I was going to do.”

However, he was attracted to medicine while doing cancer research at Fred Hutchinson Cancer Research Center. “Medicine has a unique blend of scientific curiosity and powerful human connection that’s difficult to find anywhere else,” he said.

He enjoys teaching the UWSOM students. “It gives meaning to what I do,” he said. “It makes me a better clinician.” And he’s pleased with how well prepared those students are. “The UW does a great job getting the students into the hospital early in the education process, but also balancing the foundation of basic science,” said Heinicke.

He does Osler rounds about twice a month and has received positive feedback from patients and students. “Hearing patient’s stories gives students context to what they study,” he said. “It’s important to be great human beings as well as great clinicians.” ■





## University of Washington School of Medicine- Gonzaga University Regional Health Partnership Training Much-Needed Family Physicians

### SPOKANE FOURTH YEAR STUDENTS RECEIVE DR. BURR FIELD SCHOLARSHIPS



Mara Hazeltine and Casey Collins, fourth-year University of Washington School of Medicine students studying in Spokane, were recently awarded the 2018 Dr. Burr Field Scholarships.

Each will receive \$3,000 toward

their studies and both have applied for family medicine residency programs. The scholarships are for UWSOM students providing care in Eastern Washington.

Dr. Burr Field spent his 36-year career as a family medicine physician in Prosser, Washington. In 2015, the Field family and friends established the scholarship fund to carry on his legacy and support the next generation of health care providers.

The need for family medicine physicians in rural areas is acute. According to UnitedHealth, rural areas are five times more likely to lack access to primary care physicians, and they predict a 49,000 primary care physician shortage by 2030.

In response, the University of Washington School of Medicine has grown and expanded, training more doctors to meet that shortage. As a result, students like Hazeltine and Collins are eager to pursue careers in family medicine.

"Prior to attending medical school, I shadowed rural family docs in Chewelah, Washington," Collins said. "They were so generous with their time. I shadowed other specialties, but family practice was the most influential."

Collins is from Cashmere, Washington, and said growing up in a rural community made him appreciate how valuable physicians are in small towns.

He graduated from Gonzaga University with a B.S. in biology and philosophy, and was thrilled to have the opportunity to study medicine in Spokane. "UW has a high rate of students that go into primary care. The idea of being a community doctor really appeals to me," he said. "Family physicians lead the way in patient advocacy."

During his family medicine clerkship he saw the full spectrum of care they provide, including obstetrics. "I enjoyed the variety," said Collins. "I like the depth of relationship that develops when you treat a patient from birth through adulthood. You become a part of that family dynamic."

That depth also appeals to Hazeltine. The 2007 Mt. Spokane High School grad, attended the University of Washington, and considered medicine, but went into teaching following graduation. "I worked with Teach for America and taught middle school in Colorado," she said. "I still like to believe that education is a great equalizer, but I also believe healthcare is an underlying issue."

During her tenure in a Title One school, she saw the impact lack of medical care had on her students. "I felt called back to medicine," said Hazeltine. "My mom is a nurse and an immigrant. She worked hard to get where she is. My dad has been disabled by Guillain-Barre, so I've spent a lot of time in hospitals."

She hadn't lived in Spokane as an adult, so she was happy to return to her hometown for medical school where she served as president of her class. Family medicine was an immediate draw. "After teaching, I saw the strength of the family unit and I wanted to be able to see kids throughout their lives and help them grow up," Hazeltine said.

She delivered her first baby during RUOP (Rural Underserved Opportunities Program) in tiny Tonasket, Washington, and rural medicine fascinated her. "It was an amazing experience," she said.

Geoff Jones, Assistant Clinical Dean, Eastern and Central Washington University of Washington School of Medicine, understands the impact the shortage of physicians has in rural areas. He's been a family physician in Newport, Washington, population just over 2,000, for 16 years. "There's never been a time when we were fully staffed," he said. "There isn't a hospital in Eastern Washington that has enough family practice physicians."

In addition to population growth, the increasing rate of physician retirement makes the shortage even more acute. One-third of practicing physicians will be over 65 in the next 10 years. That's why Jones is delighted when students like Collins and Hazeltine fall in love with family practice, just like he did.

"In medical school I discovered family medicine was the role for me," Jones said. "I did my clerkship in Whitefish, Montana, and for the first time in medical school, I thought, this is a job I can do every day for the rest of my life."

He understands that the breadth and depth of this field doesn't appeal to all students, but he relishes the challenge. A typical week for him involves hospital rounds, C-sections, tubal ligations, endoscopies and clinic hours.

Preventative healthcare is the bedrock of family medicine--physicians serve as educators and advocates for their patients and their communities. "Part of our job is to advocate for social programs that will better our communities," Jones said.

As well as a social impact, family medicine has an economic impact on rural areas. They hire nurses and office staff and attract more health care providers.

Hazeltine is ready to embrace the challenge. "I see family medicine as a bridge between health care and the community," she said. "I would love to work in a small town." ■



# Recruitment Process for Residency Programs

**By Judy Benson, MD**

**Director Internal Medicine Residency Spokane**

All of the residency programs are in the throes/joys of recruitment. Many of you may not know exactly how this process works so here is a quick primer.

Fourth year medical students develop a CV and then start inputting much data into ERAS – the Electronic Residency Application- in the summer. Data includes languages that you have mastered, employment, volunteer, research accomplishments, hobbies, etc. Then of course there is the “dreaded” personal statement – how to assist a program to know who you are and make you stand out but only in a good way. I confess to turning to the personal statement first – when done well, this essay frames the applicant for me and then the details complete the picture. Having witnessed the “anguish” and hand wringing that accompanies completing this document, it is a most difficult task and takes a delicate touch. The students generally ask four physicians to complete Letters of Recommendation for them. A Dean’s letter is also completed for each student. USMLE scores are additional data points. All of these “bits” are then uploaded into ERAS and the application is now ready for review when the ERAS post office opens. The applicant chooses which programs to “mail” the application and magically, electronically it can be reviewed by programs.

The residency program now swings into action, rapidly screening hundreds/thousands of applications. There are filters that can be applied to ease the search for the right candidate – board scores/failures, geographic ties to the region, etc. As an example, Internal Medicine Residency Spokane received more than 1100 applications, used filters to screen out many applications, then personally reviewed about 300 applications. From this final pool, we invite

about 160 applicants who will fill the 120 interview spots available for the year. Many programs use “brokers” that applicants can log into to secure their date, make reservations, etc.

Then the fun begins – the applicant arrives in Spokane, shares a meal with resident hosts, tours the clinic and hospital, receives oodles of information/details, endures interviews with faculty and residents. Again for perspective, IMRS utilizes a round robin form of interviewing. We have six applicants scheduled each interview day- we have 20 interview days. We interview on Mondays and Wednesdays so thank you for “lending” us your resident learners as they assist with this process.

Of note, medical schools have exploded in the past 10 years – particularly new DO schools with a few new allopathic schools. Some schools have also expanded class size. Residency numbers tend to grow a bit each year but not enough to keep up with the demand. Medical students are generally counseled to interview at no fewer than 20 programs. Some students, if entering a very competitive field, complete many more interviews than that. You can imagine the cost to these young people as they arrange flights, hotels, transportation, meals for each interview which pushes that med school debt way up!

In January students and programs put together their rank order list- essentially a list of programs or students in order of preference. These lists are submitted in February and the electronic magic begins as students and programs are matched up. The process is weighted toward student needs/desires. Some students are “couples matching” so a student and spouse or SO are trying to find a residency in the same location. Match results are released in mid-March and the celebration begins! ■

## Hepatitis B Sees a Surge

**By Bob Lutz, MD**

**Spokane Regional Health District Health Officer**

Washington State has seen an increased number of HBV infections over the past 8 months, with 16 confirmed and six cases currently under investigation. Of these, 14 and 3, respectively, are in the Spokane area. The majority of infected individuals have a history of IVDU, primarily methamphetamine; there is also evidence of sexual transmission, with infections occurring in both heterosexual and the MSM populations.

This has prompted a collaborative effort between SRHD, DOH and the CDC in an effort to both treat identified individuals as well as prevent individuals at risk. Outreach efforts throughout the community have allowed SRHD and partners to provide Twinrix to at-risk populations.

About 70 percent of patients with acute hepatitis B virus infection don’t have symptoms, but the others develop icteric

disease, i.e. they present with jaundice. It may be a more severe presentation in those with other hepatitis viruses or liver disease. Rarely patients present with fulminant hepatitis (about 0.1 to 0.5%), and this is thought to be due to an immune related response to infected hepatocytes.

Please encourage at-risk patients to get immunized! Immunization with Twinrix Series for those over 18 years old at 0, 1, and 6 months. For at-risk teens, evaluate catch-up schedule but use individual Hepatitis B and Hepatitis A vaccines instead. For suspected Hep B, SRHD would like serum specimens for genotyping to connect the transmissions. Some other office interventions to help include setting reminders in your health record to have the patient return for the full series.

For more information, please see our website at <https://srhd.org/for-health-care-providers>. ■





Spokane County Medical Society's Member Mixer was held on December 5, 2018, 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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### CHAS HEALTH OPENS CLINIC FOR PEOPLE OVER AGE 60

CHAS Health opened a new clinic that offers primary care services, with an emphasis on individuals over 60 years of age. The new CHAS Health North Central Clinic located at 914 W. Carlisle Ave. in Spokane, offers medical, behavioral health, and pharmacy services under one roof, with a team that is experienced in geriatric medicine.

Some of the services available at the clinic include: age-appropriate preventive screenings; immunizations; chronic disease management; fall risk assessment and risk-reduction tools; Medicare Annual Wellness Visits; nutritional evaluations; activity and exercise evaluation; comprehensive cardiovascular risk reduction; blood clot and Anticoagulant medication care; comprehensive geriatric assessments; advance care planning; and dementia assessment and care.

There is a clinical pharmacist on-site, to work closely with patients and help them manage medications. Behavioral Health services are provided in partnership with Lutheran Community Services Northwest, to ensure coordination of care with the primary care provider. The renovation was accomplished thanks to funding support from the City of Spokane. Patients can schedule an appointment by calling 509-444-8200. ■

### SPOKANE DIGESTIVE CENTER GOES ALL-IN WITH WASHINGTON STATE'S NEW ONLINE HEALTHCARE COSTS COMPARISON TOOL

It can be difficult and frustrating for a patient or family member to research where to find quality healthcare at an affordable price. Washington State's new WAHealthCareCompare website was created to make it easy to compare prices among providers and facilities in the region.

The user-friendly website is part of the state's larger effort to make healthcare costs more transparent by giving the public access to the All-Payer Claims Database. The Database, which is the result of legislation proposed by Governor Jay Inslee, gives purchasers, providers, and consumers a clearer picture of where money is being spent, and how costs compare across procedures and services, and geographies. Currently 20 states have databases, but Washington is one of only six states making such data easily accessible online.

In 2019 the Centers for Medicare and Medicaid Services (CMS) mandated hospitals to post a list of charges online, but this has created a lot of confusion. Spokane Digestive Center is directing patients to WAHealthCareCompare to view more accurate actual care costs, and compare those costs across multiple facilities in their zip code area.

"My initial reaction when I saw the site was, this is fantastic," says Scott Glennie, the CEO of Spokane Digestive. "While researching the new CMS rule, I discovered the WAHealthCareCompare website. The price ranges listed on the website were calculated from 2017 claims data for more than 4 million Washingtonians, so it's what patients or their insurance company actually paid," continues Mr. Glennie. "Patients can select from a drop down menu containing 80 common procedures and services, and then input a zip code."

"We believe this tool is so important, we've added a 'Compare Cost' page to our own practice website (<https://www.spokanedigestive.com>).

com) that links to this database, so our patients can see the prices for colonoscopy and upper endoscopy," continues Mr. Glennie. "There is significant variation in costs for the same procedure depending upon the setting and facility. For example, the price of a colonoscopy in Spokane ranges from \$1,000 to \$2,500. Using this tool to choose a low cost, high quality center to perform a diagnostic colonoscopy for which the claim will be processed against the patient's deductible and co-insurance will save that patient hundreds of dollars out-of-pocket."

"We've taken it a step further and published our quality data on our website, so patients can see quality and price. Once we give patients relevant information, healthcare providers and facilities will have to compete on price, quality, and service. When this happens, you'll see a very different medical trend in the future," Glennie said. "Washington State got it right."

For more information about the WAHealthCareCompare website, visit [www.wahealthcarecompare.com](http://www.wahealthcarecompare.com). ■

### DR. DARRYL POTYK ELECTED TO THE UNIVERSITY OF WASHINGTON CHAPTER OF THE GOLD HUMANISM HONOR SOCIETY



Darryl Potyk, M.D., Chief of Medical Education for the University of Washington School of Medicine-Gonzaga University Regional Health Partnership, and UW School of Medicine Associate Dean for Eastern Washington, was elected into the University of Washington chapter of the Gold Humanism Honor Society.

Dr. Potyk was nominated for this award by the third- and fourth-year UW medical students, and was selected for this prestigious honor by the student members of the University of Washington Gold Humanism Honor Society in recognition of Dr. Potyk's commitment to humanism in medicine.

Students who nominated Dr. Potyk commented on his tireless advocacy for medical education, his dedication to students and residents, and his caring and compassion. Here are a few examples of how students feel about Dr. Potyk:

- "I believe that a true leader is measured by the success of those around them. Dr. Potyk is someone who makes every group he is a part of stronger, and one of his greatest strengths is his ability to bring people together."
- "Dr. Potyk is a pioneer in patient-centered medicine and education. When he teaches, he instills a deep appreciation for the human element of medicine."
- "Kindness and thoughtfulness truly emanate from every fiber of his being and reach every corner of our community - he embodies the goodness of medicine. Young doctors transition to caring physicians because of people like Dr. Potyk. I can think of no one more deserving of a Gold Humanism recognition."
- "He is someone who consistently builds bridges and brings people together for the greater good. He is a caring, compassionate, and thoughtful community leader who has made an immeasurable impact, both to the profession of medicine and to the city of Spokane."

"The quotes from the medical students who nominated Dr. Potyk do an excellent job of describing why he was elected to be a member



of the University of Washington Gold Humanism Honor Society,” said Suzanne Allen, M.D., MPH, Vice Dean for Academic, Rural and Regional Affairs at the UW School of Medicine. “It is wonderful to have Dr. Potyk receive this well-deserved honor.”

“I am honored and humbled by this award. I am also reminded that nothing good happens in a vacuum,” said Dr. Potyk. “Throughout my career and most recently at the UW School of Medicine I have been surrounded by role models and mentors who have shaped me as a physician and educator – this award recognizes all of them as well. “

The Arnold P. Gold Foundation was established in 1988 to nurture and preserve the tradition of the caring physician. The Foundation works with healthcare professionals to ensure that compassion, respect and empathy are at the core of all healthcare interactions.

The Gold Humanism Honor Society (GHHS) is comprised of more than 25,000 healthcare professionals in training and in practice who have been recognized for practicing patient-centered care. The UW School of Medicine is among 87 percent of allopathic medical schools in the U.S. and Canada, and 39 percent of osteopathic medical schools in the U.S. with a Gold Humanism Honor Society Chapter. ■

## CONTRAST REACTION TRAINING PUTS PATIENT SAFETY FRONT AND CENTER

Today, nearly half of the approximately 76 million CT and 34 million MRI exams performed each year include the use of intravenous contrast agents. Contrast agents are generally injected and eliminated from the body without any side effects or complications.

We know that a small percentage of patients may experience reactions to contrast agents. The vast majority of reactions are quite mild and resolve quickly, such as hives or a rash, but some can be potentially serious. The occurrence of these sorts of reactions is low for both CT and MR imaging. Since reactions sometimes do occur, rapid evaluation and treatment of them requires well-trained personnel and appropriate, readily available equipment and medications.

### Right Assessment, Right Tools, Right Treatment.

Identifying patients likely to be prone to a reaction to contrast agents is done before these examinations are performed, but when an unexpected adverse event arises, knowing the types of reactions that can occur and delivering prompt, appropriate treatment are critical.

To that end, Inland Imaging radiologists Dr. Julie Kaczmark, Dr. Robin Hines and Dr. Sadaf Zaidi have created a hands-on training program, including the production of training videos to help provide instruction for each of our technologists, nurses, and physicians to help them stay at the top of their games when it comes to assessing and treating contrast reactions.

The videos walk viewers through a series of typical contrast reaction scenarios introducing them to the symptoms and steps necessary to make a proper diagnosis and deliver the right treatment in a timely and appropriate manner. The videos, shot at Sacred Heart Medical Center’s Dr. James Mounsey Clinical Simulation Lab focus on teamwork and feature scenarios that each individual may encounter in actual practice. The Sim Lab allows health care professionals to practice their technical skills on high-tech robotic mannequins before treating actual (delete human) patients. The mannequins are able to produce vital signs, show symptoms, and reply to questions (with a little help from the lab’s professional staff) so that the individuals being trained can assess each scenario and determine what steps, including the administration of drugs, should happen next.

To find out more about the use of contrast agents in medical imaging, talk with your physician or go to [www.inlandimaging.com](http://www.inlandimaging.com). ■

# The SCMS is Us

By Deb Wiser, MD | 2019 SCMS President

This is a plug for you to renew your membership. In the setting of provider employment and reimbursement, providers transitioned from paying their own membership dues to having employers pay for them, but now this has been squeezed from most of the budgets.

At the SCMS, we have tightened our belts, become more grass-roots with physician volunteers and students working together on the opiate crisis, and come out an organization focused on what matters - our patients and providers. But we need you to rally with us.

As a medical community in Spokane and the Inland Northwest, we have changed dramatically over the last 20 years. When I graduated from residency here in 2008, Sacred Heart and Deaconess shared an electronic health record; Rockwood was a physician-owned group; Sacred Heart was part of the Spokane based Providence network focused on Eastern Washington, and Group Health was the only entity that was based outside of Spokane. Most of the physician groups were physician-owned. Flash-forward to 2019: Providence, MultiCare, and Kaiser - all robust, healthy healthcare organizations that are all based outside of Spokane.

With this change comes many resources we benefit from. We don’t have to sweat running a business, EHRs are implemented at a higher level, we get some back-up on employee management. But the change also brings some focus from outside the Eastern Washington community and creates silos within individual organizations.

The SCMS provides a collaborative venue all about Spokane and our Inland Northwest region. We are focused specifically on our area, with the region’s interest in mind. As we share with our patients, having community is an important part of our mental well-being. We as providers in Spokane share patients, resources, challenges, places to play, and our very own Spokane culture. And having that collaboration and camaraderie in this community helps keep us healthy and robust.

Please make sure you re-up your membership with us for 2019 - Some of you may need to cajole your employers (or even colleagues). Some may need to use CME funding, and some may even need to pay out-of-pocket. It’s an investment in our Spokane and Eastern Washington medical community.

To renew or join the SCMS, simply go to [www.spcms.org](http://www.spcms.org) and click on “Pay Dues” for those re-joining or renewing their membership or “Join Now” for those who would like to become a member, complete the information and submit, or feel free to call (509) 325-5010. ■

# Managing Long-Term Disability Risk: Part Three

By Greer Gibson Bacon, CFP®

## SCMS Community of Professionals

This is the final part of a series on this topic. Review the September-October 2018 issue of The Message for basic information on your long-term disability risk and government benefits. Review the November-December 2018 issue for key concepts that will help you maximize your group and individual coverage.

Government benefits, like Social Security and worker's compensation, may provide basic benefits if you suffer long-term disability. It is important to understand you may not qualify for them and they may be woefully inadequate. This makes group and individual long-term essential.

Group long-term disability insurance may be offered by your employer or an organization to which you belong, like a professional association. It is valuable coverage especially since it may be offered without "proof of insurability". That said; it may not be adequate on a stand-alone basis for several reasons.

- Most policies use a "modified own occupation" definition of disability for two years and an "any occupation" definition thereafter. Some limit coverage for certain disabilities, like mental conditions or substance abuse, or may pay limited or no partial or residual disability benefits. While this may be sufficient for rank and file employees, it is not sufficient for professional practitioners.
- Most policies cover 60% of base salary with a maximum monthly benefit of \$5,000 or \$10,000. For highly-compensated employees, this leaves a substantial coverage gap. For example, if your monthly salary is \$20,000 and your 60% benefit is capped at \$10,000, the group coverage will replace only 50% of your monthly salary.
- Most premiums are employer-paid. So, benefits collected by a disabled employee are 100% taxable. So, using our example (above) and applying a 24% tax rate, you would keep only \$7,600 of your monthly benefit after paying income taxes, thus reducing the replacement rate to only 38%.
- Most policies do not offer inflation protection. This has minimal impact for professional practitioners close to retirement with

substantial retirement savings. But, it can have a crushing impact for younger professionals who are just beginning their careers and have little retirement savings especially if they have substantial student loan debt. Remember ... the cost-of-living doubles every 24 years assuming 3% annual inflation.

- Most policies are not portable. So, your coverage is lost if your employment ends. This may be a major factor in deciding whether or not to change employers if the new employer does not offer long-term disability coverage especially if you are older or in poor health.

Given the limitations of government and group coverages, individual long-term disability insurance is vital for most professional practitioners. Although it can be a significant budget item, it can be tailored to your financial needs. And without it, your family financial plan can be completely devastated by a disabling illness or accident.

If you need further information regarding your long-term disability risk and ways to manage it, please feel free to contact our office at (509) 838-4175 or [info@assetplanning.com](mailto:info@assetplanning.com). As always, we are a fee-only firm and do not sell financial products of any kind ... ever. ■

*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.*

## SCMS Emeritus Request & Testimonial

Dear Board of Directors,

I am requesting Emeritus status in the Spokane County Medical Society as I have retired June 29, 2018, having been a member since July, 1981. I wish to remain informed of the activities of the Spokane medical community and SCMS.

I can't resist telling the story how I came to be a member. As a newly employed physician with my mentor Norman A. Erie, MD in Richland in 1981, and affected by Type 1 Diabetes, the only way for me to obtain medical insurance was through what was then Medical Service Corporation (MSC). This required membership in both Benton Franklin County Medical Society and BFCMS affiliation with Spokane County Medical Society.

I was so impressed by the information, newsletter, foresightedness, focus on meeting community need and physician support, and the organization of SCMS, I remained a member long beyond the insurance requirement.

Sincere appreciation for your consideration of my request,

Erick B. Isaacson, MD



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# Physician-Detectives Aim to Improve Interoperability

By Karen Colorafi, PhD

## SCMS Medical Informatics Committee Member

The Spokane County Medical Society's Medical Informatics Committee created a new mission for the New Year, "to facilitate collaboration to achieve interoperability for healthcare professionals in Spokane".

Interoperability is a term widely used to describe the way that computers and software exchange information. It is defined by the 21st Century Cures Act as "enabling the secure exchange of electronic health information with, and use of electronic health information from, other health information technology without special effort on the part of the user [1]."

Doesn't that sound dreamy? Being able to retrieve and send health information without any extra effort? The Medical Informatics Committee realizes that this goal is far from reality for the physicians who practice in Spokane area medical facilities and we want to make information exchange easier.

As clinicians, we know that the lack of interoperability impedes excellent patient care. A recent example from one of our physician members brings this point home. A man arrives at the ED with a Hgb of five. He reports a history of colon cancer with surgery but decided against chemotherapy. The patient is unable to relay any details – he doesn't know who saw him when, or what was done, so the ED doctors performed a CAT scan. He was found to have

a big mass in cecum and oncology is called. The oncologist starts with Epic. Could anything corroborate this man's story? After several minutes looking for evidence of cancer in treatment notes, biopsy or surgical reports, the doctor stumbles upon a tab labelled "Care Everywhere" and finds an office note from a physician at Rockwood. It turns out that months earlier, he had presented in much the same way over there, and was told he had metastatic cancer and needed chemotherapy. The physician's note mentions a biopsy and confirms the surgical date but there were no other documents: no pathology, no imaging, no surgical note. The oncologist returns to the office and asks his staff to call the Rockwood physician to retrieve copies of critical health information.

These all-too-common delays in care put patients and physicians in precarious situations. Cancer doesn't wait for records requests. Chemotherapy isn't effective without knowledge of cellular-level information recorded on biopsy. How many physicians would take the time to locate this information, simply ordering more tests instead? Would you?

We invite you to support our mission to achieve true interoperability in Spokane, and encourage your involvement. We'd like to hear about your experience! ■

[1] Read more about the ONC's 10-year plan to achieve interoperability here: [healthit.gov/topic/interoperability](http://healthit.gov/topic/interoperability)



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– Janice Hughes and Becky Nappi



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# Hospice of Spokane Seeking Volunteers in Spokane Valley, North Spokane and Stevens Counties

*"To the world you may be one person, but to one person you may be the world." – Dr. Seuss*

Hospice of Spokane is seeking volunteers to join its dedicated team of current volunteers who give of their time and talents to help patients and their families throughout Ferry, Pend Oreille, Spokane and Stevens counties. We are currently in need of volunteers for Spokane Valley, North Spokane and Stevens County.

Volunteers help in a variety of ways, such as providing companionship and conversation, running errands, reading or helping with letter writing or email, preparing meals, light housekeeping, or playing an instrument or singing. We also have a "Paws for Comfort" program for those who provide

visits with their Pet Partner certified dogs. In addition, we are always looking for Veterans who wish to volunteer their time to help patients who are also Veterans.

"We hear time and time again from families about how much their loved one valued the relationship and connection they had with their volunteer," said Gina Drummond, CEO of Hospice of Spokane.

Our volunteers are required to attend a Volunteer Training Course, which will begin on March 6 in Spokane and on April 9 in Stevens County. Those who are interested in volunteering or who would like more information should contact our Volunteer Department at 509-456-0438. ■

## To Stand in Holy Places

**By Nicholas Spendlove, MD**

"Why is she still gasping for breath?" The man was visibly distraught as his wife continued to cling onto life despite being on comfort care for days. Having just walked into the room on my first day in the intensive care unit (ICU), I wasn't quite sure how to handle the situation. Knowing my patient was on comfort care, she was not receiving any interventions to prolong life and, therefore, my responsibility was to make sure she was comfortable until she passed.

Before going into the room, I knew it was going to be a somber experience so I asked the nurse if she knew whether or not this man and his wife were religious. After informing me that she saw a pastor in the room earlier, I decided to take a spiritual approach in this situation. Upon entering the room, I could immediately sense his grief when hearing his poor wife continue to struggle for breath. Furthermore, he was under the impression that she would peacefully pass within hours rather than hang on for days.

At this time, I felt the best thing I could do for this patient and her husband was try to be a spiritual support. While doing so, I could see the pain in his eyes. His voice was soft, tears were rolling down his face, and he looked as though the weight of the world was on his shoulders. At about this time, I felt strongly prompted to ask him if I could say a prayer which he gratefully accepted. In the prayer, I said something to the effect of "in thy time, Lord, take thy daughter home." After praying, I went to listen to my patient's heart and lungs. To my astonishment, I couldn't hear anything. I then checked a pulse; none was present. It then dawned on me that the prayer was answered in the moment I gave it and this patient had passed away. A very powerful and sacred feeling then fell across the room. The look on the husband's face told me how grateful he was before he said so. I could literally feel a sense of significant relief as though a burden was lifted from his heavy heart. In that instant, I felt like a doctor.

It then dawned on me, why do we often shy away from the spiritual side of medicine as doctors? Is it because we are too busy? Is it because we are worried of offending patients? Is it because spirituality isn't a big part of our own life? Regardless of what one may or may not believe occurred in that room on that day, suffering was eased off the shoulders of a patient's husband. Therefore, I decided to try to include it more often.

With this new goal, I had many opportunities while working in the emergency room and on the floor during nights to be a spiritual

support for patients during some of their greatest struggles in life. I found that I could easily start a conversation by asking if a patient was religious. Often, they would respond by saying yes. After a brief discussion, I would simply say that I would keep them in my prayers. Nothing big, just a simple thought such as that. Nearly every time I have done this, patients get a look of relief and I feel an instant strengthening of rapport. In fact, I have been genuinely surprised at just how positive a reaction I have gotten from almost every patient I have said this to.

There is evidence to support the importance of spirituality to patients. By one estimate, 48% of patient's want their physician to pray with them (King). Understandably, this is only one study which is a significant limitation. However, the point isn't to set in stone exact numbers or precise calculations. It simply demonstrates that this subject is important to many of our patients. Even if a doctor isn't religious, he or she can offer a chaplain to a patient who is during these conversations.

That said, not all patients are religious and it is important to respect that as their physicians. I would certainly never want them to feel as though I was trying to force something unwanted upon them. If patients tell me they aren't religious, I typically say something along the lines of, "That's alright, I just wanted to make sure we took care of any spiritual needs if you were." I have yet to have someone be upset by such an approach. If anything, it may even build rapport with these patients as it demonstrates a holistic aspect of medicine. Being sincere and non-judgmental, physicians can approach this topic in a way that is non-threatening but potentially have lasting impacts in the lives of their patients.

Through this experience, I have learned that the spiritual aspect of medicine is very real. We may not always have the time to open up such dialogue but, if we do, I believe there are an abundance of positive experiences waiting to happen for our patients and even ourselves without much of a risk of offense. In doing so, we are taking a holistic approach to the patient in all facets of their lives and the lives of their loved ones. ■

### References

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# Collaborating on the Opiate Crisis

By John McCarthy, MD  
SCMS Past President

If you are like me, you have heard a lot about the opiate crisis and you have some awareness that it is being addressed statewide and nationally. You may be less aware that this topic is one that SCMS along with the Spokane Regional Health District have been highlighting locally. Last year in February, our defined focus as a Society was to address the opiate crisis locally and to that end we have been doing that, and committed to this as a focus again this year. As we kicked off our year at the annual meeting last year, we had a physician's son talk about his journey into opiate addiction. And many of us heard about others in our collective families who have been addicted and succumbed to opiates. For me, these were heart-wrenching stories.

Recently, I had some medical issues and was given #60 Norco 10/325 by a provider for whom I have immense respect. I did not need any nor did I fill the prescription but the amount was significant. I am certain the provider did not want me to have to ask for more and trusted me; but, these can be a problem if I put them in the back of my medicine cabinet for my kids, or my kid's friends, or my friends to find. The problem is not simply the trustworthy physician.

I do believe we are getting a handle on this epidemic; and accountability is being assured; at some level by the state intervening. I do believe we need to be very careful finding the right place on the swinging of the pendulum to get this "pain control

issue" right. I certainly have heard that I am not being sensitive enough to pain, and with my medical issues, I gained a new appreciation of intractable pain as well as the disability it can cause.

As we continue our focus on opiates and pain, we are bringing Dr. Tauben (Chief of Pain Medicine at UW Medicine) back to the community for this year's SCMS annual meeting. He was well appreciated at a community forum and faculty development conference sponsored by the UW School of Medicine last year. He will be talking about opiates and the new Washington state regulations. Later in spring, the WSU School of Medicine along with the Area Health Education Center at the UW School of Medicine and the Spokane Regional Health Department will be supporting a community forum and provider workshop addressing how we as providers can play a role in opiate addiction/treatment/prevention. The dates of these events are being finalized for the latter weeks in May or early June. As providers, we need to be doing our part, but given the scope of the problem, we need a community response plan that will engage other organizations and citizens.

SCMS is the appropriate voice for our advocacy locally, it is advocating for education and changes within our health systems and our community. As we tackle these community problems with our public health colleagues, I encourage you to continue your membership so we can continue to advocate locally for the people in our community. ■



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# SCMS Acute Pain Management Task Force: An Update

By Alfonso Oliva, MD | Task Force Chair

The SCMS Acute Pain Management Task Force comprised of both non-surgical and surgical specialties, along with medical students, has met regularly over the past year. One objective of the task force was to create a set of guidelines for the average clinician in treating acute pain, whether it resulted from an injury or from a surgical procedure. It became clear that existing guidelines have become very detailed, specific, and extensive, making them cumbersome for the average clinician.

Therefore, the task force studied the guidelines and consolidated and shortened them to what we believed the average busy clinician would actually read. Input was obtained from general surgery groups, specialty surgical groups, oral surgery groups, and dentists. In addition, we want to be clear that these are only guidelines to help the practicing physician and should not be construed to represent the standard of care or best practices. No clinician should be penalized in any way for not strictly adhering to these guidelines. The SCMS Community Resource Task Force is in the process of developing an App that will also contain these guidelines, making access easier.

## OPIOIDS IN ACUTE PAIN MANAGEMENT

Adopted from Bree Collaborative, July, 2018

Washington State Agency Medical Directors' Group (AMDG), 2015 SCMS, February, 2018

### I. Short Term Recovery 1 Week

Non-Surgical Acute Pain  
Dental Procedures  
Simple Oral Surgery  
Consider NSAIDs

## New Washington State Pain Management Rules

Washington's new pain rules went into effect on January first of this year, and SCMS wants you to know what to expect. This affects a broader group since the 2015 rules came out, now including acute and subacute pain management.

In short, the new rules require:

- Checking the PMP (Prescription Monitoring Program) with any pain stage, e.g. treating with opiates for acute pain, subacute pain and chronic pain.
- Providing patients with education on how to store and dispose of medication, and the importance of disposing of unneeded medication.
- Not prescribing more than is needed.
- Completing 1 additional hour of CME for all providers after January 1, 2019.

There are some helpful, very brief resources at the following site, including a one-pager and a particularly helpful "what you need to know" booklet at [wmc.wa.gov/resources/pain-management-resources](http://wmc.wa.gov/resources/pain-management-resources).

### A. Opioids

1. Short-acting opioids only
  - a) Less than 3-day duration (8-12 pills)
  - b) In combination with NSAIDs or acetaminophen
2. Lowest effective dose
3. It is important to remember that for some minor surgeries, it may be appropriate to discharge patients on acetaminophen or NSAIDs only or with only a very limited supply of short-acting opioids (e.g. 2-3 days) - even if they were taking opioids preoperatively.

### II. Medium Term Recovery (3 Weeks)

- Mastectomy  
Colectomy, Small bowel resection  
Vaginal Hysterectomy  
ACL Repair, Rotator Cuff Repair
- A. Consider NSAIDs
  - B. Opioids
    1. Short-acting opioids only
      - a) Less than 7 day duration (42 pills)
      - b) Greater than 7 days
        - (1) Reevaluate before a third Rx
        - (2) Taper off opioids within 6 weeks of surgery
      - c) In combination with NSAIDs or acetaminophen
    2. Lowest effective dose
    3. Long acting opioids not recommended

### III. Longer Term Recovery (Up to 6 Weeks)

- Lumbar fusion, Hip or Knee Replacement  
Modified Radical Mastectomy  
Abdominal Hysterectomy  
Thoracotomy
1. Short-acting opioids only
    - a) Less than 14 day duration (84 pills)
    - b) Greater than 14 days
      - (1) Reevaluate before next Rx
      - (2) Taper off opioids within 6 weeks of surgery
    - c) In combination with NSAIDs or acetaminophen
  2. Lowest effective dose
  3. Long acting opioids not recommended
  4. Do not discharge patients from hospital with more than two-week supply of opioids
  5. Resume chronic regimen as soon as possible if patients were previously on chronic opioids and are expected to continue these postoperatively.
  6. Avoid new prescriptions of benzodiazepines, sedative-hypnotics, anxiolytics or CNS depressants. If patients were previously on chronic sedatives, restart these at lower doses in the setting of postoperative opioids to avoid synergies between CNS depressant and opioid side effects. ■

### References:

Interagency Guideline on Prescribing Opioids for Pain

- [1] Developed by the Washington State Agency Medical Directors' Group
- [2] (AMDG) in collaboration with an Expert Advisory Panel, Actively Practicing Providers, Public Stakeholders, and Senior State Officials.
- [3] [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov)

Center for Disease Control and Prevention, Opioid Prescribing

- [4] [www.cdc.gov/vitalsigns/opioids](http://www.cdc.gov/vitalsigns/opioids)

Bree Collaborative July 17, 2018

- [5] [www.breecollaborative.org/meetings](http://www.breecollaborative.org/meetings)

# Measles is Back

By Bob Lutz, MD

Spokane Regional Health District Health Officer

Please be aware there's a Measles (virus Rubeola) outbreak in Clark County that began at the end of December/beginning of January.

Here's what you need to know:

- It's very contagious through respiratory droplets; suspected patients should wear a mask and be isolated.
- Exposures are in Southwest Washington for now with one case in King County, but anyone that's unimmunized with MMR and travelled to Clark County or Portland in the last 21 days could have been exposed.
- The majority of infected individuals are under 10; there have been a few adolescents and one young adult. These individuals have either not been vaccinated or do not have proof (a single young adult had an incomplete MMR vaccination series).
- There is a concentration in Eastern European populations with low immunization saturation.
- Here's a photo sampling of what to look for; keep in mind patients with cough, runny nose, increasing fever and increasing redness in eyes may have the illness prior to the rash.

## PROVIDERS MUST KNOW

- If you suspect a case, you should get a serum sample.
- You should contact the Spokane Regional Health District if you suspect a case regarding serum collection and reporting.
- You should make sure your organization has a plan for handling suspected cases with airborne precautions. Please see the Spokane Regional Health District Site for more information at <https://srhd.org/for-health-care-providers>.

## ABOUT MEASLES IN SHORT

Given that measles is now a rare disease in the United States, many providers have never seen a case. Here's a brief review of what to look for:

- It has a distinct prodrome with fever and malaise (generally lasts 2-4 days before rash).
- Symptoms begin seven to 21 days after exposure.
- It's contagious for about four days before rash appears until four days afterward.
- The illness is characterized by conjunctivitis, coryza, cough, photophobia, and Koplik's spots.

The above right photos were taken from [vaccinationinformation.org](http://vaccinationinformation.org), a site sponsored by the Immunization Action Coalition (IAC) in partnership with the Centers for Disease Control and Prevention (CDC).

A. Measles Rash (start on face, these are coalesced)

B. Measles Rash, Maculopapular

C. Koplik's Spots: Koplik spots are small, white spots (often on a reddened background) that occur on the inside of the cheeks early in the course of measles.



## ABOUT PREVENTION AND PROPHYLAXIS

PRE-Exposure Prophylaxis (to prevent outbreaks) mostly consists of immunization. Immunoglobulin (IG) is a possible option for unvaccinated patients. The routine schedule includes the first dose at 12-15 months of age and the second dose usually at 4-6 years of age; however, can be as soon as 28 days after first dose. For an outbreak, the first dose could be considered for as young as 6 months of age.

For POST-Exposure Prophylaxis (during an outbreak), vaccination is more effective than immunoglobulin (IG). Ideally, you would vaccinate within 72 hours of exposure. Immunoglobulin therapy (IG) would ideally be given within 6-7 days of exposure. ■

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### 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.

### MISCELLANEOUS

**LOVE TO MENTOR?** I'd love to be your mentee. I'm Dr. Dorine Lantimo, a resident in family medicine at STHC. My medical journey has taken me from Haiti, to Miami, to Spokane. I'm intentionally seeking mentorship from a physician with a global perspective, who's passionate about medicine, who can help guide me and encourage me through the challenges and joys of this process. Let me buy you coffee and let's talk. Please email me: [dorinelantimo@gmail.com](mailto:dorinelantimo@gmail.com)

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