Project Access
Still Alive, Well & Needed

Social Security Update
New Retirement Rules – Part 1

Stephen J. Pakkianathan, MD
Hockey: Childhood Pastime Becomes Lifelong Activity

Low Dose Screening CT Scans Can Help Reduce Lung Cancer Deaths.

If your patient is between 55 and 77 years of age, currently asymptomatic, has a smoking history of 30 pack years (one pack a day for 30 years or more), is a current smoker or has quit within the past 15 years, or has other risk factors for lung cancer, Inland Imaging’s new low-dose CT lung cancer screening exam can provide timely and potentially lifesaving answers.


*Results of the recent National Lung Screening Trial (NLST) indicate screening CT scans may reduce lung cancer mortality by more than 20% by finding early stage cancers that other tests might miss.

*Patients must receive a written order for LDCT lung cancer screening that meets the above criteria.

Inland Imaging
Answers you can trust and care you can count on.
# Table of Contents

2016 Officers and Board of Trustees:

- Clinton Hauxwell, MD  
  President
- John McCarthy, MD  
  President-Elect
- Matthew Hollon, MD  
  Immediate Past President
- Carla Smith, MD, PhD  
  Vice President
- Mathew Rawlins, MD  
  Secretary-Treasurer

Trustees:

- Charles Benage, MD
- Audrey Brantz, MD
- Elizabeth Grosen, MD
- Brenda Houmard, MD, PhD
- Frank Otto, MD
- Geraldine Peterdy, MD
- Darryl Potyk, MD
- Justin Racht, MD
- Brian Tryon, MD
- Robert Wood, PA-C

Newsmagazine Editor:

- John McCarthy, MD

Spokane County Medical Society
The Message.
A monthly newsmagazine published by the Spokane County Medical Society.

Advertising Correspondence:
SCMS Publications  
Attn: Shelly Bonforti  
901 E. 2nd Ave., Ste. 301, Spokane, WA 99202  
509-325-5010  
Fax 509-325-5409  
shelly@spcms.org

All rights reserved.
This publication, or any part thereof, may not be reproduced without the express written permission of the Spokane County Medical Society. Authors’ opinions do not necessarily reflect the official policies of SCMS nor the Editor or publisher. The Editor reserves the right to edit all contributions for clarity and length, as well as the right not to publish submitted articles and advertisements, for any reason. Acceptance of advertising for this publication in no way constitutes Society approval or endorsement of products or services advertised herein.

---

**President’s Message**  
Meaningful Use – Time for Meaningful Change ........................................................2

**Calendar of Events** .......................................................................................................3

**Stephen J. Pakkianathan, MD**  
Hockey: Childhood Pastime Becomes Lifelong Activity ..............................................4

**Spokane County Medical Society Foundation**  
Launches Wellness Program  .........................................................................................6

**New SCMS Website** ....................................................................................................7

**Medical Education Happenings**  
WSU College of Nursing Hires New Dean .................................................................8

**Admitting an Increased Numbers of Medical Students in Spokane** ......................9

**Engage Your Community** ...........................................................................................9

**SCMS 1st Wednesday Member Mixer** .................................................................10

**Washington State Medical Association**  
Embrace Your Standing As Physicians........................................................................11

**Project Access: Still Alive, Well & Needed** ............................................................12

**Membership Recognition and New Members** .........................................................12

**In Memoriam**  
Elaine Karen (Pedersen) Glover, MD ...........................................................................13

**Social Security Update: New Retirement Rules – Part 1** ........................................14

**RiteCare Gives Children Like Bevvon the Precious Gift of Speech** ....................15

**Still Blowing Smoke** ..................................................................................................16

**Obesity Management: The Role of Psychotherapy** .................................................17

**Classified Ads**  
Real Estate ...........................................................................................................................18

Medical Offices/Buildings ...............................................................................................18

Meetings/Conferences/Events .........................................................................................18

Positions Available .........................................................................................................19

---

“LIFE IS AN ECHO. WHAT YOU SEND OUT, COMES BACK. WHAT YOU SOW, YOU REAP. WHAT YOU GIVE, YOU GET. WHAT YOU SEE IN OTHERS, EXISTS IN YOU. REMEMBER, LIFE IS AN ECHO. IT ALWAYS GETS BACK TO YOU. SO GIVE GOODNESS.”

— ZIG ZIGLAR
Few aspects of medicine have changed more over the past decade than the method by which the patient encounter is documented. The transition from paper to electronic records has often been a difficult one, causing physician and patient aggravation, as well as negatively impacting practice productivity. Medical providers frequently list electronic health records (EHRs) as the major source of practice dissatisfaction. Physicians in our community have commented that EHRs have been a determining factor in their decision to pursue early retirement. The Meaningful Use Program, which among its many initiatives requires the use of EHRs, has contributed significantly to Health Provider frustration over the past several years.

Meaningful Use (MU) is a Centers for Medicare and Medicaid Services (CMS) program that awards incentives for using certified electronic health records to improve patient care. The MU program has three stages that increase in difficulty; in Stage 1, physicians were incentivized to purchase EHRs; in Stage 2, CMS increased the burden on physicians, and many new objectives proved to be outside the capabilities of EHRs; Stage 3 increases the complexity of the program, piling on top of objectives and requirements found in Stage 2. Meaningful Use Stage 1 was successful, as over 80 percent of physicians and hospitals use EHRs today. Although many practices have purchased EHRs, overall participation in MU has never topped 50 percent. In fact, participation has dropped since 2013, and more than 209,000 physicians will face financial penalties due to MU requirements this year.

Why has Meaningful Use been such a failure? There are many aspects of the program that have frustrated both physicians and patients. Many doctors participating in MU realized a drop in their efficiency—adding extra hours to the work week, and in many cases, decreasing the number of patients receiving care. Many of the MU Stage 2 and 3 requirements were outside of the control of medical providers. Unfortunately, EHR design is now often driven by MU measures, rather than the needs of the physicians using the EHR. Medical providers increasingly find themselves spending time doing data entry instead of providing patient care. Rather than focusing on improving EHR usability and interoperability, the MU program now is viewed largely as a check-the-box exercise that provides little value to patient care, and frequently impedes clinic workflow.

Can anything be done to change the burden of MU? The American Medical Association has actively lobbied CMS regarding the undue requirements of the MU program, and has established a site (breaktheredtape.org) where physicians can record their experiences with MU. These stories have then been directly relayed to the director of CMS. As a result, CMS Acting Administrator Andy Slavitt recently announced that the MU program will come to an end in 2016. Information regarding the replacement for MU will be forthcoming over the next few months, but hopefully will focus on patient outcomes rather than rewarding physicians for the use of technology. In a similar vein, a new incentive program should promote practices that simplify the physician-patient experience and improve practice efficiency. The emphasis on patient care instead of meeting government mandates should encourage tech companies to design EHRs that meet the needs of physician practices rather than federal requirements.

Although it appears that CMS has finally heard the concerns of medical providers negatively impacted by the MU program, now is not the time to let down our guard. We must continue to push for changes that improve our ability to provide quality, efficient, and cost-effective care. As a replacement for MU is developed, physician input is critical. I suggest that those of you who have concerns regarding MU document your stories at breaktheredtape.org. I also recommend that you write to you federal legislators, educate them regarding the failures of MU, and encourage them to work with CMS to promote positive changes that advance rather than hinder the practice of medicine in our country.
The Spokane County Medical Society’s mission is to fairly and objectively serve as a guardian of community health and wellness while leading and promoting the professional practice of medicine in our region.

SCMS Dues Categories: (please place a checkmark for all that apply)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>$355</td>
</tr>
<tr>
<td>Active-Limited (practicing &lt; 20 hours per week)</td>
<td>$177</td>
</tr>
<tr>
<td>Associate (military &amp; government institutions)</td>
<td>$177</td>
</tr>
<tr>
<td>Affiliate (outside Spokane County)</td>
<td>$132</td>
</tr>
<tr>
<td>Medical Student/Physician Assistant Student</td>
<td>FREE</td>
</tr>
<tr>
<td>* OPTIONAL: Spokane County Medical Foundation</td>
<td>$100</td>
</tr>
</tbody>
</table>

*The Spokane County Medical Society Foundation (SCMSF) is focused on developing and operating programs that serve the health needs of our community. It is driven and preserved by physician and physician assistant members of the SCMS. Your contribution to your SCMSF keep the Foundation healthy as we work to keep the community healthy.

Name: ____________________________________________
Address: __________________________________________
City, State, Zip: ____________________________________
Telephone: __________________________________________
Enclosed is my check for: $ __________
Please bill my: [ ] Visa [ ] MasterCard
in the amount of: __________________________________
Credit Card Number: ________________________________
Expiration Date: ___________________________________
Credit Card Cardholder: ______________________________
Credit Card Billing Address: __________________________
Credit Card Billing Zip: _____________________________

For questions or additional information call Karen Hagensen at (509) 325-5010.

Mail Order Form and Check to:
Spokane County Medical Society
901 E. 2nd Avenue, Suite 301
Spokane, WA 99202
Fax: (509) 325-5409

Spokane County
MEDICAL SOCIETY

Renew or Join TODAY!

The Message | March 2016 | 3
In-Depth Interview

Stephen J. Pakkianathan, MD

By Shelly Bonforti
SCMS Development Coordinator

We have all heard and read about the benefits of physical activity. Furthermore, I think we would all agree that it makes sense that a physically active child will grow into a physically active adult, although we probably don’t think about it in those terms when we’re young. Some of my best childhood memories involve long summer days running around outside with my friends, either playing tag or riding our bikes or playing softball in the street using rocks or bushes as bases.

According to Physically Active Children Grow Up to Be Healthier Adults, “Recent human and animal studies have discovered that regular exercise in childhood and adolescence increases the odds of staying physically active and healthy during adulthood.” [1]

Dr. Stephen Pakkianathan is a prime example. He started playing hockey when he was younger just for fun, and then continued through high school with friends in leagues. “We started playing just outdoors,” he explained. “We started playing roller hockey outside in the tennis courts. A bunch of friends and I would just get together and play on Sunday mornings. Then we started joining leagues, and playing together through high school.”

Pakkianathan had a cousin that was into hockey, as well as close friends, and stated that it was just something that the boys always did together. They played everything from basketball to football to softball, and sports was always something they did together. “We’d always play sports, but hockey was just the one that really stuck,” he declared.

He grew up within the Beltway of Washington, D.C., and attended schools in College Park and Tacoma Park. After high school, he moved to California and attended La Sierra University for undergrad work, and then attended Loma Linda University Medical Center for medical school and residency primarily due to the schools’ religious affiliations. “When I moved to California, I joined a league there,” he stated. “I took a little break for a little while. It got a little crazy in college, but through medical school and residency I continued to play. It was my stress release. It’s good exercise and it’s fun,” he proclaimed.

While in medical school, Dr. Pakkianathan met his wife. “She’s also a physician; she did anesthesiology. However, she practices at home now with our three kids,” he acknowledged. Dr. Pakkianathan’s wife is originally from Spokane, and they moved here in 2012. “Her parents live up here, and we always wanted a nice place to raise our kids so, in general, that’s why we moved up here,” he asserted. “We wanted to get closer to the Northwest, and I wanted to work in a place that had tertiary care capabilities, so big city-ish like Seattle, Portland, Spokane, and Spokane was our focus. So I looked at jobs around all three of those bigger areas and found something that worked here.” He joined Northwest OB-GYN at that time, and has been there since he arrived.

His workday starts around 7 am, and could begin with a delivery or surgery. “I have office three days a week (Monday, Wednesday and Friday) from 9 am – 5 pm, and in between the office it could be deliveries or anything else that comes up. I’m also on call at night every fourth day, and have every fourth weekend off,” he added. “I have great partners who support each other by being willing to cover call for our family and extracurricular activities,” he professed. “I couldn’t be able to play in a hockey league without their help and support.”
The camaraderie is Pakkianathan’s favorite aspect of hockey, and he likens the camaraderie he finds in hockey with his approach to patient care. “Whether in my practice or just in medicine, I feel like there’s camaraderie,” he maintained. “A successful birth or delivery takes teamwork. And that teamwork involves the nursing staff, anesthesia staff, and the whole group of people that can make a delivery or a surgery successful. The patient’s part of that team, too. Just like hockey, it’s not an individual sport. It’s a team thing. I appreciate that team time together. I feel that aspect in my clinic or in the hospital – it’s definitely a team approach to taking care of patients.”

He also finds hockey to be a “nice, grueling exercise,” as he put it. “It just feels like a total body activity. It was always an interest growing up as far as watching hockey on TV or going to games. But for me, it always felt like the sport that takes balance, hand-eye coordination, and takes your whole body to do it so I felt like I was getting my whole body into it,” he described. “It’s always fun. And hockey’s kind of its own culture, too, so it’s a culture that we all understand and play together, and it’s fun being part of that group.”

Pakkianathan feels the greatest challenge to hockey these days is the different skill levels. “There’s just such different skill level, especially as you get older, it’s a little bit harder,” he admitted. “You got these young kids coming out there that are really good.” As he’s gotten older, he believes keeping fit is even more important. “When I was younger it wasn’t as important. However, now I do go to the gym sometimes. My schedule right now is a little bit crazy so it hasn’t happened as much as I’d like. But, yeah, I like to go to the gym for cardio and just toning up.”

He and his wife have three children – a 5½ year-old daughter, a 4-year-old son and a 19-month-old son. Now, outside of work, his time is spent around his family. “A lot of my off-time is spent with my family. It’s a very big part of what I do. Anything outside of work is family,” he affirmed. “It’s pretty much having fun with my kids and exposing them to everything. So in wintertime, it’s ice skating and skiing. We went skiing yesterday. In the summertime, it’s swimming. That’s why living in this area is so nice because there’s all four seasons. In California, there’s not. It’s hot and hotter for me, which I didn’t really enjoy,” he stated. “We love it here because of that, because we can get all of the seasons to do all of the activities with the kids, whether it’s skiing or the lake or whatever the activity.”

“My big relaxing thing is playing hockey,” he continued, “and I was actually just outside with my kids taking them ice skating. My older two are working on it really hard, doing a great job, and they get excited to come out and go to hockey games, too.” Pakkianathan only recently joined a league this past fall, when he began playing hockey with the Eagles Rec League on a local team, playing every Sunday night. “This league goes from the fall to the spring, and I’m pretty sure they play into the summer,” he stated. “I do plan on playing as much as I can.”

Outside of family and hockey, Dr. Pakkianathan especially enjoys teaching the students and residents that rotate through his office, and considers education his volunteer time. “Just being new to the community and building a practice, I haven’t had too much time for volunteering, but our resident and student education time is the biggest thing that we volunteer,” he expounded. “They come to our clinic with us; they come into deliveries with us, occasionally some surgeries. We go down to their clinic at the Family Practice Residency Clinic to chief their clinic – my whole office does this, it’s not just me. All of us go down once a month to see some of their GYN patients, too.”

With team member, Dr. Ben Bartsch.

“This was already in place when I got there,” he continued, “and this was definitely something that I wanted to be a part of as well, too, was and is education. It’s very important for me and my practice. And that’s why I did like it here – because as much as I like being in private practice, I like being able to still teach students. We always have a UW student, and some of the DO students from the Pacific NW School will rotate in our office as well, so we always have a student with us. I’m kind of in charge of organizing and coordinating the students and residents in our office, and it’s a huge part of what we do and what I wanted to do. I love what I’m doing now, and definitely would love to do more teaching. I almost did want to stay in academics because of that, but they just don’t have an OB program here and I didn’t want to stay down there (in California). I’ve worked with the residency program here to develop their GYN rotation and they needed a core rotation so that’s what our office has basically been. We worked at developing that to make that a bigger educational thing for them. But absolutely, teaching is something that I would continue to do, whether it’s with residents or students and becoming more involved. It is a little bit harder when you’re younger and building a practice because there’s that component to it, and my kids are young. But I think there’s a natural progression of medicine in that as you get “older”, your kids are older, your practice is mature and stable, and you can spend a little bit more time on that,” he concluded.

Dr. Pakkianathan (Dr. Pakk) is board certified in Obstetrics and Gynecology. He was born and raised in Maryland. He graduated from the Loma Linda University School of Medicine in 2007, and completed his residency in Obstetrics and Gynecology at the Loma Linda University Medical Center in 2011. He provides a complete array of OB and GYN services for women of all ages and is current in women’s healthcare technologies, including the DaVinci robot and minimally invasive procedures. He is an active member of the American Association of Gynecologic Laparoscopists, Society of Laparoendoscopic Surgeons and Spokane County Medical Society.

References:
Why?

The practice of medicine is a highly stressful occupation. Doctors carry a relatively high degree of emotional stress, but seek help to a lesser degree and at a later stage than other professional groups. This can be deleterious for themselves, their families and for their patients.

The Spokane County Medical Society Foundation Wellness Program is designed to address the barriers that typically prevent physicians and physician assistants from getting the help they need. The purpose of the Wellness Program is to create a safe harbor where physicians and PA's can seek the help they need and deserve. The program provides counseling and coaching services that are tailored to individual needs: it is quickly accessible at the convenience of the physician/PA, confidential, free for members, private and minimally constrained by record-keeping.

Physicians are often concerned about confidentiality and privacy. The call is anonymous; the only person who will know your name is the care provider. The setting can either be in one of our independent psychologist’s office, or if you are not comfortable with that location, the setting can be in a private, comfortable, soundproofed setting at the Medical Society, with its own private entrance and exit specifically built for this program.

No information is disclosed to others and no electronic billing records are kept. With flexible hours, it is convenient and easy for physicians and physician assistants to access this restorative service. The Wellness Program psychologists are experienced in counseling physicians and other healthcare professionals, and are generally available quickly as urgency dictates.

The keystone components of the Wellness Program, tailored specifically to physicians and PA’s, creates a safe harbor to obtain help. Its features include:

• 24/7 access. Appointment callback within 24 hours of request. Before and after clinic/office hour appointments are available.
• No insurance is billed and no electronic record is created in an EMR system.
• Private setting: counseling in the independent provider’s office or in a dedicated, private entrance, soundproofed room within the Spokane County Medical Society offices.
• Free to member physicians and physician assistants (first eight sessions), and at contracted cost to non-members.
• No information disclosed to others without the physician’s written consent (imminent risk of danger to self or others excepted).
• No role in disciplinary or fitness-for-duty evaluations.
• Fast-track referrals available to local primary care physicians and specialists.
• Coordinated referrals to other programs, resources and agencies as applicable, indicated or desired.

Additional Resources include:

◆ Wellness Resources
  • Contact information for existing community programs by focus/services (i.e. Addiction Services, Marital Counseling, Grief Counseling, etc.)
◆ Education & Training Resources
  • Physician/Physician Assistant Specific
  • Family Specific
◆ Business Resources
  • Contract negotiation, business structure, partnerships, HR, etc.
◆ Litigation Resources
  • Attorney resources, risk mitigation, counseling, etc.

NO PROBLEM IS TOO SMALL! Marriage or family issues, practice frustrations, unexpected patient outcome, a letter from MQAC, contract negotiation irritations? If it is a problem affecting the wellbeing and practice of a local physician or physician assistant, then it is a problem worth talking to someone about now.

Access is simple:

• Call our 24 hour dedicated hotline at (509) 720-6000 staffed by a professional in behavioral health.
• Identify that you are a physician or physician assistant wanting to access the Spokane Medical Society Foundation Wellness Program.
• There may be a few questions to help get you to the right professional, but never your name.
• You will be given the name and number of one of our independent providers.
• Leave your contact number with that provider and they will contact you directly to arrange an initial appointment.

It’s that simple and that anonymous.

The Wellness Program is just one more way that SCMS is serving our members and the health in our community.
New SCMS Website

By Dean Larsen, CAE | SCMS CEO

In addition to the new Wellness Program, the Spokane County Medical Society is pleased to announce a second new member benefit being added in March with the launch of our new website featuring tools of value to members as well as the public.

Chief among the new services of the new website is an online, searchable, living member directory. Each practicing member of SCMS will have their own profile page which will be pre-populated to a degree by SCMS, but how robust each profile page is will be dictated by our members individually.

Among the customizable areas within each profile page is a place for members to add special focuses, procedures, diseases and conditions. This area is keyword searchable by anyone using the online directory. For example, a patient looking for a physician specializing in fibromyalgia can search our directory; or, a physician wishing to refer someone for carpal tunnel surgery can search the directory for all SCMS member providers specializing in this area. The special focus information you display on your profile page will be key for folks finding you when they search for your particular special focus or procedures.

Additional directory search parameters include first or last name, primary practice specialty, languages spoken in the office, provider gender, and whether the practice is accepting new patients. Each profile page will be pre-populated by SCMS at a minimum to include your photo (if available), your business contact information, primary practice specialty, Google map to your office, board certification, where you went to medical school, internships, residencies, and fellowships as applicable. In addition, you will be able to add to your profile page: the website for your practice or clinic; your business Twitter, Facebook or other social media as applicable; special focus(es); languages spoken in your office; and much more. All members will have access to their personal profile page with the ability to update much of the information.

Other updates to the website will include: an interactive calendar of meetings and events as well as the opportunity to register for the events of your choosing; continually updated information and resources on both the public and member sides of the website; lists of resources tailored to the layperson as well as healthcare professionals; and a searchable archive of all copies of The Message dating back to January of 2009.

We will be continually adding and modifying areas of the website moving forward to better serve our members. We invite any and all comments on the website, and especially welcome any suggestions that could make it better for you or your patients.

One example of a potential enhancement is the addition of a companion APP to the website. We are currently studying the feasibility of rolling out an APP version, with the primary question being if it is a service that a large part of our membership would utilize. If developed, the APP would be available as a free download from either the Apple Store or Google Play depending on your device. This APP would provide full access to many of the key functions of the full website, but may be more convenient for mobile device users. I would love to know if this would be an enhancement you would like to see. Please send all comments and suggestions to dean@spcms.org.

Watch for an email invitation to access YOUR PERSONAL PROFILE PAGE on March 15th. If you do not receive this email invitation, then we do not have an email address on file for you and we invite you to call for assistance at (509) 325-5010. Your email address is your primary authentication vehicle.
Joyce P. Griffin-Sobel, PhD, RN, CNE, ANEF, FAAN, who has more than 25 years of experience in academic nursing, has been named dean of the College of Nursing at Washington State University, effective May 16, 2016.

Dr. Griffin-Sobel, who is known for her leadership and innovation in teaching with technology and in inter-professional education, is dean and professor at SUNY Upstate Medical University in Syracuse, New York. Prior to Upstate, she was at Hunter College School of Nursing, City University of New York, where she served as acting dean, assistant dean of curriculum and technology (2008-2011), and director of undergraduate programs (2004-2011).

While at Upstate, Griffin-Sobel led the college through two successful accreditations, created a dedicated education unit in a behavioral health center where graduate students and faculty delivered integrated primary care, and led a major increase in research and scholarship across the college.

At Hunter, Griffin-Sobel was principal investigator for New York City Nursing Education Consortium in Technology, a HRSA-funded faculty development grant in teaching with technology, including simulation, informatics, telehealth and mobile health. She was co-principal investigator for a project called ITEACH—Integrating Transdisciplinary Education Across Cornell-Hunter.

During her career at Hunter, Griffin-Sobel was instrumental in 2010 in the nursing school’s successful application to the National League for Nursing to be named a Center of Excellence. She also aided in the creation of partnerships for academic progression of students from junior to senior colleges within the CUNY system, funded by the Robert Wood Johnson Partners in Nursing Program.

Griffin-Sobel’s clinical career has been in oncology, particularly care of those with gastrointestinal malignancies. She earned her PhD at New York University in nursing (1987), her MS in nursing as a clinical nurse specialist at Hunter-Bellevue School of Nursing (1981) and her BS in nursing at Herbert H. Lehman College (1975).

A member of the U.S. Naval Reserve from 1988-1995, Griffin-Sobel served as director of clinical nursing research for the U.S. Navy Nurse Corps, where she developed the first program of clinical nursing research. She held the rank of lieutenant commander. Her other academic appointments include the University of Medicine and Dentistry of New Jersey School of Nursing, University of Illinois at Chicago College of Nursing, University of Hawaii at Manoa School of Nursing and the University of Pennsylvania School of Nursing. Griffin-Sobel has been awarded more than $5 million in grant funding.
Admitting an Increased Numbers of Medical Students in Spokane

By John McCarthy, MD | Assistant Dean Regional Affairs
WWAMI Clinical Coordinator, Eastern/Central Washington

In 2008, the UW School of Medicine (UWSOM) had its first class of 20 students join the Spokane campus. I remember some of the students wondering what this new school would be like, how they would be prepared for life in Spokane, would their education be up to par. They were pleased with their education and the opportunity to train in Spokane, and many elected to return to spend much of their third and fourth years and even apply to Spokane residencies. It was readily apparent to me that we needed to offer applicants the opportunity to interview here in Spokane, so they could see what the benefits of living and training in Spokane entailed. These students are making an informed choice to be here.

After that first year, we did start interviewing students specifically for Spokane, we started with 55 applicants and since that time we have been growing the numbers of applicants who appreciated what our hospital systems had to offer. They wanted the excellent teaching structure with small classroom size and personal attention available in Spokane. This year, we have interviewed almost 120 applicants. We have created a larger cohort who wanted to be in Spokane preferentially each year. As we have continued to grow the class, from our initial 20 students, then two years ago increasing to 40 students, and now we are interviewing for a class of 60 students to matriculate this year. As this growth has occurred, we have had more and more students identify a preference to be working with the faculty and physicians in our community. These students value the excellent training which the University of Washington and Spokane brings to them.

As I am writing this, we will interview the third group of applicants who have come to view personally what we have in Spokane to offer to matriculating students. UWSOM has already offered a number of slots to this year’s applicants, and we anticipate they will accept. They are excited to be putting down roots here, excited to be working within the new curriculum, and excited to be in a community which is inherently welcoming to them as learners.

In order to identify the matriculating class, there is a very dedicated group of educators who volunteer their time to identify the applicants who appear most ready to become the physicians of tomorrow. Included in this group are Drs. Matt Hollon, Carla Smith, Mary Noble, Geoff Jones, Breanna Barger, Jim Shaw, Nancy Starr, Gary Newkirk, Tim Bruya, Tyler Baker and Rana Ahmad. These physicians are some of the local physicians who have given their time to make sure excellent candidates are being admitted. Please recognize their contribution as profound and necessary. They are heavily invested in advancing excellent young physicians for you to train to be your colleagues or perhaps your personal physician.

These students are very smart, they are assessing what works, what doesn’t work, and giving feedback all of the time. As a new curriculum is being implemented in Spokane, the students demand changes. They want excellence in training and they strive to be excellent physicians. It is exciting to have watched the growth of medical education in Spokane and this growth continually challenges us to make sure we are providing excellence. The bottom line is that students are choosing with their feet, and by choosing our community, they bring with them enthusiasm and a desire to achieve excellence.
Spokane County Medical Society’s 1st Wednesday Member Mixer was held on Wednesday, February 3, 2016, at Marketplace Wineries. Guests enjoyed appetizers and drinks, as well as great conversation with colleagues in a relaxed atmosphere. A great time was had by all.

A special thanks to our sponsor for the evening!
Embrace Your Standing As Physicians

A 2015 Kaiser Family Foundation poll asked people their view of various industries and professions. Seventy-eight percent of the population had either a positive or highly positive view of physicians, making the practice of medicine, again, one of the most highly rated professions.

Physicians have remained at the top of such polls for years. It’s a standing physicians can—and should—leverage, particularly during this time of upheaval and uncertainty.

Guided by the strong belief that changes in healthcare should be clinician driven, the Washington State Medical Association remains committed to providing opportunities and encouragement for physician engagement.

HEALTHIER WASHINGTON

Today, possibly the opportunity of greatest importance for physician involvement is Washington state’s effort to transform healthcare through its five-year Health Care Innovation Plan, now called Healthier Washington.

The WSMA continues to track the state’s multi-pronged effort with particular attention to the need to help practices transition in a way that is financially viable, doesn’t create unnecessary administrative burden and doesn’t impede on their ability to deliver the care their patients need in a timely manner.

For updates on our efforts, and for information on how to get involved, read our monthly Insurance Q&A column by Bob Perna, WSMA director of healthcare economics, featured in our WSMA Reports newsletter. And be sure to sign up for WSMA Practice Alerts, our free monthly subscription e-newsletter containing valuable information for medical practices (wsma.org/practice-alerts).

TOWN HALL ON EHRS AND MEANINGFUL USE

Focusing attention on the quadruple aim in medicine is the cornerstone of WSMA’s Healthy Doctors, Healthier Patients campaign. To that end, the WSMA joined with the AMA to host a town hall in January to provide an open forum for physicians to discuss electronic health records and the Meaningful Use program, and the challenges and regulations that are getting in the way of a physician’s ability to practice good quality of medicine. Read about the town hall, and view an archived recording of the event, at wsma.org/ehr-town-hall.

HONORING CHOICES® PACIFIC NORTHWEST

In January, multidisciplinary teams from family and internal medicine clinics across the state participated in the pilot program of advance care planning design and implementation offered through Honoring Choices® Pacific Northwest, an initiative spearheaded by the WSMA and Washington State Hospital Association. Through this pilot project, participants have begun the work of building reliable systems to know and honor patients’ wishes for end-of-life care.

Additional teams will attend design and implementation courses in April. If your organization would like more information about joining the 2017 cohort, please email jessica@wsma.org or call (206) 956-3628.

WSMA LEADERSHIP DEVELOPMENT CONFERENCE

Central to keeping healthcare clinician driven is identifying and cultivating physician leaders. One of our most popular events, the Leadership Development Conference, allows physicians as well as groups and system teams to convene in a relaxed setting to network, hear from top experts and join interactive breakout sessions to build their leadership skills. The day-and-a-half conference is set for May 20-21 in Chelan. Learn more and register at wsma.org/ldc.

For over 125 years, the WSMA has worked on behalf of physicians and patients in Washington State. Our members stand together, regardless of specialty, to ensure patients have quality care and to make our state the best place to practice medicine. And it’s our engagement—with bold thinking and strong leadership—that will enable us to tackle the challenges facing physicians and patients and shape a better healthcare future.

COMMUNITY OF PROFESSIONALS

For more information regarding the Community of Professionals program contact Dean Larsen, CEO at (509) 325-5010.
With the advent of the ACA, the number of individuals accessing healthcare through Project Access has decreased drastically. However, there are still those out there in need, and there are providers in our community willing to meet that need.

Project Access continues to operate through the SCMS office. As testimony to both the need and appreciation for the care provided, we’re including a copy of a card sent to Stephanie at SCMS, along with flowers and candy, who manages Project Access. Reprinted with permission, it was given on behalf of two individuals receiving care in the same household. Although it was sent to Stephanie, we publish this on behalf of all those receiving care.

If you would like to support Project Access please contact Dean Larsen at (509) 325-5010 or dean@spcms.org.

---

**Project Access: Still Alive, Well & Needed**

Dear Stephanie,

Sometimes we forget that there are nice people like you out there doing nice things for less fortunate people like my family. I feel so humble for the act of kindness that truly has an impact on my family’s life. Please accept this small token of my appreciation for everything you have done. These few words alone can’t express enough my sincere gratitude for your kindness.

Thank you for being such a special reminder that there are people like you that brings joy to someone’s life.

Sincerely,

[Image of a handwritten note]

The phrase is simple and the words are few, but behind them is a whole lot of appreciation.

---

**Membership Recognition and New Members**

**thank you**

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

**50 Years**

Marvin J. Gottschall, MD  
03/22/1966

**30 Years**

William Laird Allan, MD  
03/26/1986

---

**Welcome, New Member**

**PHYSICIAN:**

Joshua Garcia, MD

Diagnostic Radiology

Medical School: University of Utah (2006)
Transitional Internship: Intermountain Medical Center (2006-2007)
Diagnostic Radiology Residency: University of Arizona (2007-2011)
Neuroradiology Fellowship: University of Arizona (2011-2012)
Joining Integra Imaging, PS in April 2016
ELAINE KAREN (PEDERSEN) GLOVER, MD

Elaine Karen Pedersen Glover, MD, was born to Peder Edward Pedersen and Sylvia (Radtke) Pedersen on April 20, 1924 and died on January 28, 2016. Dr. Glover was an accomplished soprano and pianist as a young woman, a star in her medical school class (graduating in 1949 from the University of Wisconsin Medical School), a skilled and caring medical doctor holding board certification in internal medicine, and a bright and loving mother and wife. She married Tom Glover in 1956 after a whirlwind courtship and moved with him from Wisconsin to his hometown in Spokane, WA, where she practiced medicine. They raised their family and remained married until his death, with Dr. Glover following her husband shortly thereafter.

With her spouse and daughters, Dr. Glover maintained a successful Arabian horse ranch (Glovers’ Stethmir Arabians) from 1969. She had a great eye, choosing some of the operation’s most successful show and sales horses from the foals they raised and purchased. Dr. Glover and her husband loved to travel to horse shows everywhere, sometimes bringing home surprise horses from auctions in places as diverse as Edmonton, Alberta, and Scottsdale, Arizona. She loved dogs and cats throughout her life, particularly Bobby, Claire, Elsa, Witchy and Mitzi.

The family especially thanks LeRoy Byrd, MD, and his staff for their support and care over the years.

The family suggests memorials to: Washington State University/College of Veterinary Medicine in support of the “canine orthopedic service or canine medicine in the Veterinary Teaching Hospital” (addressed to the College of Veterinary Medicine at P.O. Box 647010, Pullman, WA 99164-7010) (in appreciation for the care provided to Bobby); or Hospice of Spokane (in Memory of Elaine Glover, MD), Development Department, POB 2215, Spokane, WA 99210-2215.

In Memoriam
By Greer Gibson Bacon, CFP®

In 2009, the Center for Retirement Research at Boston College published several studies describing Strange, But True strategies to maximize Social Security retirement and survivor benefits. As their popularity exploded, Congress began taking notice. In 2010, the Borrow & Invest strategy was eliminated overnight. Then, in a surprise move, the Bipartisan Budget Act of 2015 eliminated the Claim & Suspend and Claim Now, Claim More Later strategies.

To understand these strategies and how the new rules might impact you, you need to know three facts. One, Social Security worker’s benefits are paid to a worker based on his lifetime earnings. And, if that worker is married, spouse’s benefits are paid to his spouse if she has little or no earnings record of her own. Two, spouse’s benefits can’t be paid until a worker claims worker’s benefits. Three, a worker’s benefit grows by 8% per year for each year it’s delayed between full retirement age and age 70.

This month, we’ll take a quick look at the Claim & Suspend strategy. What it is and how it’s changed.

WHAT IS CLAIM & SUSPEND?

Until 2000, one-earner couples faced a dilemma at retirement. Should the worker claim benefits sooner so the spouse could claim benefits? Or, should the spouse delay benefits so the worker could grow them?

In 2000, the Senior Citizens’ Freedom to Work Act resolved the dilemma. It allowed a worker to claim and immediately suspend benefits once he reached full retirement age. In turn, this allowed the spouse to claim spouse’s benefits while preserving the worker’s option to grow them.

Claim & Suspend has proven a popular strategy with one-earner couples. Very simply, it maximizes retirement benefits while both spouses are living, and then, survivor benefits after the first spouse dies.

HOW’S IT CHANGED?

The Bipartisan Budget Act of 2015 eliminates the Claim & Suspend strategy. Generally speaking, after May 1, 2016, a spouse can’t receive spouse’s benefits unless the worker receives worker’s benefits. That said; there are two exceptions.

• If you’ve already started implementing the strategy, you’re grandfathered.

• If you’re at least 66 on May 1, 2016, you may implement the strategy, but you must do so no later than April 29, 2016. If you fall into this group but are unsure if this strategy is right for you, you should consult with an experienced financial advisor, and you should do it now. Time is of the essence.

If you don’t qualify for an exception, you’re out-of-luck. That said; if you claim benefits and return to work, you may suspend them and allow delayed retirement credits to accumulate. If you do, any spouse’s benefits being paid to your spouse will be suspended, too.

Next month, in Part Two of our Social Security Update, we’ll take a quick look at the Claim Now, Claim More Later strategy. What it is and how it’s changed.

Bacon is a Certified Financial Planner™ and President of Asset Planning & Management, Inc. A fee-only firm, it provides comprehensive wealth management services for individuals, their families and professional practices.
RiteCare Gives Children Like Bevvon the Precious Gift of Speech

There are approximately 30,000 children in Washington State that suffer from speech delays and disorders, and RiteCare is one solution here to provide intensive speech and language therapy for children aged 2-7 struggling with speech delays and disorders, at no cost to families. We are family-centric, involve parents in their child’s therapy every step of the way, and work in consultation with other speech and language pathologists to compliment services whenever possible. Additionally, RiteCare also provides free education courses that equip parents with the ability to continue some therapy at home.

Since our founding in 1983, we have served thousands of children, and we always look forward to serving more families and helping more children communicate both their basic needs and their dreams.

Meet Bevvon! When Bevvon came to RiteCare of Washington he was diagnosed with apraxia. Prior to coming to RiteCare, Bevvon's family could not understand him and went through a great deal of anxiety searching for answers about their son's condition. RiteCare does not charge for services, does not utilize insurance and tailors therapy completely to the needs of each individual child and their family. Bevvon was evaluated and has been receiving early and intensive therapy that will forever alter the path of his life. Since coming to RiteCare he has been able to express himself, communicate his basic needs and have discussions with his parents that they thought were not possible.

Bevvon is like most kids, he loves pizza and Transformers, but he also loves to tell his mother what he dreamt about every morning (lately he has been dreaming a lot about dinosaurs). Amanda, his mother, absolutely cherishes these moments.

For more information about RiteCare of Washington, please contact Spokane Clinic Director - Kerri Baldwin, (509) 838-2310, kbaldwin@ritecarewa.org; Seattle Clinic Director – Jacqueline Brown, (206) 324-6293, jbrown@ritecarewa.org; or visit us at www.RiteCareWA.org.

---

Retirement means different things to different people.

For people at Rockwood South Hill, it means living in a beautiful, safe residence where you’re surrounded by friendly neighbors. And enjoying a host of activities, delicious cuisines, spectacular natural views and the security that comes from a community created for the lifestyle you desire.

Schedule your visit today, and learn about The Summit— Rockwood’s exciting new high-rise apartment tower, opening soon!

---

Where Retirement Comes to Life

Thursday
Mar. 17th*
11am-1pm
The Summit Event Center

Independent • Assisted Living • Skilled Nursing • Memory Care
2903 E. 25th Ave., Spokane, WA • www.rockwoodretirement.org
It is an indisputable fact - smoking causes an enormous burden on public health. But while policy measures are being applied more widely to control tobacco use, inadequate attention is given to what healthcare professionals can do in their routine work with patients.

A great place to start is to follow the U.S. Department of Health & Human Services’ Clinical Practice Guidelines for Treating Tobacco Use and Dependence which states that clinicians should consistently identify and document tobacco use status and treat every tobacco user seen in a healthcare setting. And when it comes to vaping devices or electronic cigarettes, and cessation, it is a critical time for healthcare professionals to take a stand. Especially given that a recent scientific review shows that vaping devices are being heavily marketed to people trying to quit smoking [1], despite not being approved by the U.S. Food and Drug Administration for tobacco cessation.

When discussing tobacco use and vaping devices with patients, providers should be aware of important health risks associated with the devices.

LACK OF CONSISTENT DOSING

The liquid nicotine produced for vapor devices is not regulated. Several studies of products concluded that the amount of nicotine indicated on the bottle is not what was actually present [2]. The amount may be more than or less than advertised. Patients who think they are tapering their nicotine level according to the labeling, may not be.

POISONING

In addition to not being regulated, the liquid nicotine used in vapor devices has no packaging requirements. Child-proof packing is not required and labeling is commonly brightly colored with pictures of fruit and candy, which may invite curious children to open the container. The Washington Poison and Drug Information Center (WAPC) documented over a 1,000 percent increase in call volume in 2012 to 2014 [3]. The majority of exposures (n=121) were considered unintentional general exposures and occurred primarily in children less than 5 years of age.

Nicotine poisoning can occur by ingestion, inhalation or absorption through the skin or eyes [4]. Vomiting is the most common symptom of nicotine poisoning. The duration of symptoms is about 1 to 2 hours following mild exposure, and up to 18 to 24 hours following severe exposure. Death may occur within 1 hour after severe exposure.

To help reduce poisoning risk, providers should recommend parents take safety precautions when storing liquid nicotine. It should be stored out of reach of children in somewhere safe and inaccessible such as they would with alcohol or dangerous household products. Providers can also advise patients to call the WAPC if they have questions or concerns about nicotine poisoning at 1-800-222-1222.

PERSONAL INJURY

Several cases of injury are documented from the use of vaping devices. There are cases where batteries used in the devices exploded and caused burns to the user’s legs, hands, neck, and face [5,6]. The lack of regulation and absence of safety requirements indicate that precautions when handling devices are extremely important. Providers should recommend safety precautions and steps to keep devices away from children and youth.

If you have questions about vaping devices or what Spokane Regional Health District is doing to decrease tobacco use in Spokane County contact the Tobacco, E-Cigarette, and Marijuana Prevention program coordinator by email at pmcgowan@srhd.org or call (509) 324-1504.

References:

PROVIDERS SHOULD RECOMMEND SAFETY PRECAUTIONS AND STEPS TO KEEP DEVICES AWAY FROM CHILDREN AND YOUTH.
Obesity Management: The Role of Psychotherapy

By Christopher M. Valley, ND

THE CHALLENGE:

As modern medicine continues to improve with respect to surgery, technology, medications etc., the numbers of overweight, obese, and morbidly obese people continue to rise in the United States. Yet, in the age of managed healthcare, many of us feel that our hands are tied with the limited amount of time we are allocated with each patient. All of us have experienced the frustration of seeing a patient for their diabetes, and we know they need to lose weight to help control their disease and prevent further comorbidities. Many of us do tell the patient they need to eat better and exercise more. We may even direct them to a dietician (if insurance covers, of course). What is our success rate with this approach? Spending a significant amount of time on specific treatment of weight/obesity and all of its complexities (economic, psycho-emotional, etc.) is a luxury most of us simply do not have. This is where our psychotherapy colleagues can play a significant role in the care of our patients.

THE DATA:

Current data shows that 34.9% (about 79 million) of adult Americans are obese (BMI >30), with about 17% of American children obese. This varies among different age groups 40-59 years old (39.5%) younger adults, age 20-39 (30.3%) or adults over 60 or above (35.4%) [1]. About 15.5 million are severely obese (BMI >40) [2].

Recent evidence has shown that combination dietary and cognitive behavioral therapy is more effective in treatment of obesity and severe obesity than one or the other alone [5]. Of course, in our practices we don't have time for psychotherapy (even though many of us feel like part-time counselors). It is our job, however, in primary care and in specialties to recommend resources and make appropriate referrals. We are very fortunate in Spokane and the surrounding communities to have a wealth of talent in the world of psychiatry and psychology. There are many therapists in the community that specialize in eating disorders (including anorexia, bulimia, binge eating, compulsive behaviors, food addiction). For additional resources I recommend looking closely at www.therapists.psychologytoday.com.

In 2008 about 147 billion dollars were spent on obesity related diseases [6]. The frustrating piece for those of us in healthcare is that these conditions are largely preventable. In this author’s opinion we need to move beyond just dietary recommendations, and in many of our patients, start addressing the psycho-emotional underpinning of obesity and severe obesity if we want to improve the long-term care of our patients and reduce costs moving forward.

NOW WHAT?

Recent evidence has shown that combination dietary and cognitive behavioral therapy is more effective in treatment of obesity and severe obesity than one or the other alone [5]. Of course, in our practices we don't have time for psychotherapy (even though many of us feel like part-time counselors). It is our job, however, in primary care and in specialties to recommend resources and make appropriate referrals. We are very fortunate in Spokane and the surrounding communities to have a wealth of talent in the world of psychiatry and psychology. There are many therapists in the community that specialize in eating disorders (including anorexia, bulimia, binge eating, compulsive behaviors, food addiction). For additional resources I recommend looking closely at www.therapists.psychologytoday.com.

In 2008 about 147 billion dollars were spent on obesity related diseases [6]. The frustrating piece for those of us in healthcare is that these conditions are largely preventable. In this author’s opinion we need to move beyond just dietary recommendations, and in many of our patients, start addressing the psycho-emotional underpinning of obesity and severe obesity if we want to improve the long-term care of our patients and reduce costs moving forward.

References:

REAL ESTATE

LIBERTY LAKE GATED, 3 bedroom, 2.5 bath manufactured home with attached 24x60 shop with lean-to MOL on 10 acres MOL, wood stove, mud room, in line water, grid interactive solar with battery back up and wind turbine included, propane stove, utilities in to North building pad with Saltese Flats, Liberty Lake park and Mica views. Surveyed and fenced, large animals allowed. Possible free electric and DOR production credits. Possible fenced private Liberty Lake Park/Mica/EPCO access. Creek frontage. Farm/ag property tax assumption with possible lease. Priced at $299,900. MLS: 201512043. Contact Noland with ABC at (509) 220-7512, noland@peterdy.com for a showing. 23215 E. Henry Road. Possible owner financing. Seller is the designated broker.


MEDICAL OFFICES/BUILDINGS

NORTH SPOKANE PROFESSIONAL BUILDING has several medical office suites for lease. This 60,000 sq. ft. professional medical office building is located at 5901 N. Lidgerwood directly north of Holy Family Hospital at the NWC of Lidgerwood and Central Avenues. The building has various medical office spaces available for lease from 635 to 10,800 contiguous usable sq. ft. and has undergone extensive remodeling, including two new elevators, lighted pylon sign, refurbished lobbies, corridors and stairways. Other tenants in the building include urgent care, family practice, pediatrics, dermatology, dentistry, pathology and pharmacy. Floor plans and marketing materials emailed upon request. A Tenant Improvement Allowance is available, subject to terms of lease. Contact Patrick O’Rourke, CCIM, CPM® with O’Rourke Realty, Inc. at (509) 624-6522, mobile (509) 999-2720 or psrourke@comcast.net

MEETINGS/CONFERENCES/EVENTS

INSTITUTIONAL REVIEW BOARD (IRB): Meets the second Thursday of every month at noon at the Heart Institute, classroom B. Should you have any questions regarding this process, please contact the IRB office at (509) 358-7631.

Clinic Medical Director
Family Medicine Physician with Obstetrics

With three clinics in beautiful Spokane, Washington, Unify Community Health has grown. We are currently recruiting for a Family Medicine physician to lead our dedicated, mission-driven providers. This is a unique opportunity for a Medical Director who will have the ability to also care for their own panel of patients.

A few of our benefits include:
- Market-competitive compensation
- Generous benefits package
- 1 in 4 call
- Hiring bonus and relocation package
- EMR: Epic

Unify Community Health
we are family

providerjobs@yvfwc.org | 1-877-983-9247 | www.yvfwc.org
**AL-ANON FAMILY GROUPS AND ALATEEN REFERRALS:** Al-Anon and Alateen support groups are available in Spokane County for family members and friends of alcoholics at which men and women share experiences of solving common problems arising from living with or loving a problem drinker. Alateen meetings are for teenage family members and friends of alcoholics and are not suitable for teens with current drinking problems. For further information and meeting schedules contact District2AlAnonOutreach@yahoo.com or (509) 456-2125. Al-Anon and Alateen support groups can supplement medical treatment and counseling therapy. Information provided by Al-Anon District 2 Public Outreach Committee.

**WA COLORECTAL CANCER ROUNDTABLE:** The American Cancer Society and the WA State Department of Health invite you to attend the WA Colorectal Cancer Roundtable on March 25, 2016, at the Conference Center at Sea-Tac. Our featured speaker will be Dr. Richard Wender, Chief Cancer Control Officer, American Cancer Society and Chair, National Colorectal Roundtable. The full-day program features research, success stories and breakout sessions about evidence-based interventions working across our state, disparities in screening, diagnosis and treatment among underserved populations, and how we can collectively strengthen efforts to improve Washington’s CRC screening rates. Roundtable participants include clinic managers, providers, insurers, and quality professionals. Registration information coming soon! For general information contact Cynthia Eichner, State-based Health Systems Manager, American Cancer Society at Cynthia.Eichner@cancer.org.

**BOWL FOR KIDS’ SAKE SAVE THE DATE!** Big Brothers Big Sisters of the Inland Northwest. Held at Lilac Lanes on Friday, May 6, from 3-5 pm and 6-8 pm; Saturday, May 7, from 3-5 pm and 6-8 pm. For more information contact Bailie at bguinn@nwbigsis.org.

**MEDICINAL CANNABIS AND CHRONIC PAIN PROJECT - A SCIENCE-BASED ONLINE TRAINING FOR CLINICIANS IN TIMES OF LEGALIZATION.** CME Webinar Expires December 31, 2016. Legalization has brought increased public attention to cannabis and its medicinal properties. This training provides you with up-to-date information on the use of medicinal cannabis for the treatment of chronic pain in two online modules. The first is a basic primer on the mechanism of action of medicinal cannabis, its medical uses, and Washington State law. The second focuses on the best clinical practices associated with the recommendation of medicinal cannabis. This training provides useful tools for healthcare providers in their discussion with patients about the use of medicinal cannabis in the treatment of chronic pain. Up to 2.0 AMA PRA Category 1 Credits** are available upon completion. Click here for more information and to begin the training: adai.uw.edu/mccap.

**POSITIONS AVAILABLE**

**ESTABLISHED SPOKANE CLINICAL RESEARCH COMPANY** is seeking primary care and specialty physicians interested in serving as Principle Investigators or as Sub-Investigators. There is an opportunity to assume an on-going research portfolio and to join new studies that are opening in the winter of 2015-16. For more information, contact Dalyn Boehm or Greg Jared at Premier Clinical Research at (509) 343-3710 or research@premierclinicalresearch.com.

**MANN-GRANDSTAFF VA MEDICAL CENTER** in Spokane has immediate opportunities for Psychiatrists, Emergency Medicine, Gastroenterologists, Neurologist, Pulmonologist, part-time Gynecologist, Oncologist/Hematologist, Infectious Disease, General Surgeon, Chief of Surgery and a Director of the Emergency Department. Recruitment incentives may be available. Please contact Jim Erickson at (509) 434-7211 (James.Erickson@va.gov) or Robyn Highbarger (509) 434-7393 (Robyn.Highbarger@va.gov) for specific information about positions.

**JOIN OUR TEAM AS AN ARNP OR PA-C!** Christ Clinic is a seeking an ARNP or PA-C to serve as an anchor provider for 3.5 days/week (35 hours). Candidates must have current WA state license, experience in primary care and ability to work with electronic medical records. For more information or to apply send your cover letter and resume to bridget@christclinic.org. As a member of our team at Christ Clinic you will help heal the body and soul of Spokane.

**WE ARE SEEKING AN EXPERIENCED CERTIFIED PHYSICIAN ASSISTANT**, male or female, to join our team in a busy small, independent family practice in North Spokane. Beautiful office, super location, great patients! Contact lon_madsen@hotmail.com.

**PALOUSE MEDICAL** Do you know someone who is looking for a change or would be interested in relocating to the Moscow-Pullman area? If so, please help us spread the word about some amazing employment opportunities available in Pullman, Washington. As a privately owned, multi-specialty clinic, Palouse Medical is a busy physician office located in beautiful Pullman, Washington. Our practice has immediate openings for the following positions: Internal Medicine Physician Primary Care & Join Our Hospitalist Team; Family Medicine Physician with OB Primary Care & Join Our OB Care/Delivery Team; ReadyCare Healthcare Provider Mid-level or Physician to join our minor care, walk-in clinic team. Don’t delay, contact us TODAY! We would love an opportunity to personally provide you with more details and answer your questions. Contact Theresa Kwate, Administrator of Palouse Medical, directly at 509-334-8400 or email at tkwate@palousemedical.com. Visit our website for more information: www.palousemedical.com/contact-us/employment

**PART-TIME NP NEEDED** Busy specialty office needing part-time Nurse Practitioner. Musculoskeletal experience preferred but not required. Training / education provided. Must have active WA license. Position starts at 3 days per week and will increase as office expands. Please email your CV to nwsprecruiting@yahoo.com.

**CLINICAL DIRECTOR** Are you ready to put your license and education to work? Eastern State Hospital in Medical Lake, WA is seeking an experienced, diverse Geropsychiatric Unit Clinical Director to join our medical staff. Benefits include: Major medical, dental, and vision insurance, retirement, 11 paid holidays, vacation, and sick leave. If interested, apply online at www.careers.wa.gov; type 06029 in the Keywords box.
PSYCHIATRISTS  Providence Medical Group is seeking several excellent Psychiatrists to join our team in eastern Washington. Flexible full-time practice opportunities where you can choose to do inpatient only, faculty only (Psychiatry Residency program), or inpatient/faculty split. Schedule will be 7 days on / 7 days off, with 12 hour “on” days. Whichever opportunity you choose, the positions offer an exceptional compensation and benefits package, and great quality of life in scenic Spokane. To apply, contact Jackie Sill; Jacqueline.Sill@providence.org; (509) 474-2076.

PRACTICE FOR SALE  Spokane Valley, WA. AAAASF Certified Facility. If interested contact Celeste Winterroth at cwinterroth@inwhealth.net.

Interested in placing a classified ad?
Contact Shelly Bonforti, SCMS Publications
Phone: (509) 325-5010, Fax (509) 325-5409 or Email: shelly@spcms.org
Spokane County Medical Society Invites all Members to a Mammogram Party. (Members’ spouses are welcome too!)

Your days are filled with taking care of patients. **Take this time to take care of yourself.**
Tuesday, March 22 . 5:30 pm - 8:00 pm . Inland Imaging Holy Family Center

**RSVP** by Friday, March 18 to **509.363.7799**.
Chair massages available. Refreshments will be served.
Empower your practice with support from the largest, most diverse private laboratory in the Pacific North West. CellNetix was built by pathologists with the commitment to provide unbeatable accuracy, service, and value to our patients and providers.

866-236-8296 • WWW.CELLLNETIX.COM • @CELLNETIXLABS