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SCMS 7th Annual Summer Cruise

Top 10 Metrics that Matter to Your Practice (Part One)

Donald D. Storey, MD

Retirement, Medical Ethics and the Cost of Healthcare
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“AS THE TRUE OBJECT OF EDUCATION IS NOT TO RENDER THE PUPIL THE MERE COPY OF HIS PRECEPTOR, IT IS RATHER TO BE REJOICED IN, THAN LAMENTED, THAT VARIOUS READING SHOULD LEAD HIM INTO NEW TRAINS OF THINKING”

– WILLIAM GODWIN
By John F. McCarthy, MD | SCMS President

SCMS REINVENTED

The Spokane County Medical Society (SCMS) has been undergoing significant introspection recently. The board is re-appraising the SCMS and looking to make sure that our vision of the future is “true” and meaningful for our community and for our members. To that end, we have undertaken a number of meetings to ensure that our direction is correct and represents where you, our membership, and other physicians/physician assistants (PAs), in the community think we can offer the greatest value. We specifically have met with Past Presidents, Young Physicians/PAs, Washington State Medical Association (WSMA) leadership, medical systems (Providence, MultiCare, Public Health, the VA, Kaiser) leadership, and we have had a visioning retreat.

We are looking at the finances of our organization as we address this visioning. In this letter, I want to share with you some of the guiding principles that are helping us address our future direction. Many of our conversations suggested the society was an important voice within our community that should remain robust and should be continued.

The visioning group noted that our mission, “Serving as the guardian of community health and wellness by leading and promoting the professional practice of medicine in our region” is relevant and it did not need to be changed; however, there needed to be a focusing of energy in line with this mission. There was also a desire for the membership to both give and to receive value by being a member. People wanted to be able to give to the community; they wanted a sense of a mission that was clear.

We also discussed that there needed to be a focus on specific county or local endeavors. Our focus is not to serve as a conduit to having a national voice. However, there was some appreciation of the reality that we are the largest and by far the most active medical society on the east side of the state. Our state colleagues at WSMA appreciate this voice and they want us to remain viable and maintain our voice outside of the I-5 corridor. There was some thought that WSMA was well positioned to offer the state and national advocacy we need; but there was clearly interest in SCMS being an advocating body for more local issues, e.g., grass burning of the past, electronic health record discussions. There was a strong desire to be a membership body that makes an impact at this local level.

There was also interest in our role as a neutral voice within our community to promote medical education. The medical society can support the training of our residents, medical students, and PAs. In truth, this will take the majority of us practicing clinical medicine if we are to be successful. We are also committed to promoting leadership within these future physicians/PAs. We recognize the need for training leaders early in medicine as being an imperative.

Additionally, we want to support our patients and their needs as well as our medical practices and our needs. This advocacy for patients and practices does not have to be mutually exclusive. For example, both patients and clinicians can envision streamlining referrals being something all of medicine can benefit from.

We believe that as all of the pressures continue to bear down on ourselves as clinicians, there needs to be some local support for member well-being and for the concept of wellness of our members. To this end, we want to promote wellness within our group.

Action steps that are being considered include:

1. Deciding if there is a community health initiative that makes sense for our community to undertake. Promoting exercise and reducing obesity were topics discussed and there was a desire to engage public health and our health systems in this endeavor.

2. Continue to support access to care; fortunately, this is less of an issue than what it had been in the past, but it remains very relevant and Project Access continues to be an important goal.

3. Advocate for public policies.

4. Continue the working successful offerings of SCMS
   a. CME conference
   b. Membership directory
   c. The “Message”.

5. Provide social opportunities.

We hope this path forward makes sense to you. We are balancing this vision with our financial resources and the infrastructure and staffing resources we need to be successful. All of these conversations will hopefully result in a medical society that has meaning for all of us and leads us to remain a robust medical community with a common vision.

John F. McCarthy, MD
SCMS President
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.

AUGUST

40 YEARS
Jerrel R. Lochner, MD
08/12/1977

10 YEARS
Robert A. Lloyd, DO
08/01/2007
Truc T. Pham, MD
08/01/2007
Bryan J. Tompkins, MD
08/14/2007
Lylanya R. Cox, MD
08/24/2007
Daniel R. Moorman, MD
08/24/2007

SEPTEMBER

40 YEARS
James B. Gaddy, MD
09/20/1977
Lance E. Olson, MD
09/20/1977

30 YEARS
Jeffrey C. Elmer, MD
09/10/1987

20 YEARS
Lori F. Joy, MD
09/23/1997
Kim M. Thoburn, MD
09/23/1997

Welcome, New Members

PHYSICIANS:

Rafailov, Samuil D., DO
General Surgery
Medical School: New York College of Osteopathic Medicine (2012)
General Surgery Internship and Residency: Flushing Hospital Medical Center
(2012-2017)
Working with Shape Cosmetic Surgery as a Cosmetic Surgery Fellow
starting 7/2017

Wright, Christopher, MD
Internal Medicine/Rheumatology
Medical School: University of Texas Medical Branch (2009)
Internal Medicine Internship & Residency: Baylor College of Medicine
(2009-2012)
Rheumatology Fellowship: University of Texas Health Science Center (2012-2014)
Joined Arthritis Northwest Rheumatology (7/2017)

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In-Depth Interview

Donald D. Storey, MD:
Retirement, Medical Ethics and the Cost of Healthcare

By Shelly Bonforti | SCMS Development Coordinator

I had the pleasure of interviewing Dr. Donald Storey in his beautiful home – a home he and his wife have built together. Married for 33 years, their home is a passion for them both, and I understand why. “I feel I live in a resort every day of the year,” he declared. “I love our home. There’s little reason to travel anywhere else and stay because I live surrounded by beauty.” It’s a place where family gathers, and grandchildren hang out to do their homework. However, I have digressed as this is not the focus of what Dr. Storey’s true passion was and continues to be to this day.

As we settled into his library with his dog, Sable (also a passion of his), sleeping on her pillow in the corner, we began to talk about what the culture of medicine was like when he was a practicing physician in 1992, and also serving as SCMS President. According to Storey, it was a time when there was greater member engagement and almost everyone read the monthly newsletter.

Today, Dr. Storey still reads the SCMS newsmagazine because he enjoys reading about what the younger generation’s doing and what they’re thinking about. “Interestingly enough,” Storey recognized, “there are several of the same themes that keep occurring since 1992 – you know, service involvement and things that physicians can do to their better if they are seeking to find a voice. The State of Washington had just passed the Clinton Health Care Plan of 1993 asking for comprehensive health plans.”

“The state medical association at that point in time,” Storey continued, “decided that they were going to get into that business, and I happened to be on the board of trustees of the state association. So, they said, ‘We’re going to form our own physician-owned insurance company.’ It was called Unified Physicians of Washington – if you don’t know that history it’s pretty easy to find – but we started that in 1994, and I was the board member from eastern Washington represented there. So, the point I’m getting to is that I was able to raise $1 million from the physicians in Spokane as seed money for this physician-owned insurance company. That’s a pretty good commitment from physicians. Compared to nowadays, I think the difference is that physicians are now more frequently employed so they have their organizations (like Providence, Kaiser, MultiCare) and they don’t really look to the associations, like the county or the state or even the federal like the AMA, to be their voice anymore because they’re all employees. It was quite different then, quite different.”

Another difference Storey noted was that members of the medical community regularly spoke to each other. “I think they talked quite a lot,” Storey remembered. “There still were the two major orbits of Deaconess and Sacred Heart, but a lot of physicians went both ways. I did. I was a pulmonologist and I was the medical director of the Intensive Care Unit at Deaconess, but most of my practice was out of Sacred Heart because we were in the Medical Center Building so we went back and forth. Most everybody, at least in the
specialty fields, went back and forth. It was always felt by physicians, I think, to be kind of a security feature to not get yourself too tied to one hospital because if you didn’t particularly like what was going on there you could go to the other one. You had more autonomy as a physician,” he described.

“Medical practitioners were predominantly independent at that time,” Storey stated. “In fact, the concept of employed physicians was still thought to maybe be illegal,” he explained. “It’s interesting,” he continued. “The state medical association used to make a big deal out of this. It was called the ‘corporate practice of law’. The concept was that a hospital or any other for-profit organization could not hire a physician because a physician’s decision making process was supposed to be totally independent of their employer. I’m so amazed that it went away. I don’t know when it did. About six or seven years ago I was talking to some people at Premera, where I am still working part time right now, and they were talking about associations and our relationship with a physician’s group and maybe even buying them. I said, ‘I don’t think that’s legal.’ I was assured that, in fact, it was. So some place between 1992 and 2002, the corporate practice of medicine went away. The reality was that everybody at that point in time was independent. Other than for some hospital-based physicians – radiologists, anesthesiologists, pathologists, and ER docs – everybody else was independent. A physician’s decision making ability should still be independent, but this is less easy to confirm now.”

Fast forward to today, Dr. Storey is still working part time and has emeritus status as a SCMS member. But when you’re doing what you utterly have a desire to do, it’s not work in that sense. “My definition of retired is doing what you really enjoy doing, and not particularly for income,” Storey professed. “It may entail income, but it doesn’t have to. You’re not working for pay, basically. You’re working on things that have always been passionate to you in some fashion or other, and for me it just happened to start with medical ethics and that kind of evolved into an ever increasing concern for the cost of healthcare.”

“The cost of healthcare and the management of that in this country has been my passion for 20 years so I will still say I’ll do that in retirement,” Storey went on, “but in a consultative mode not in a 9-to-5, regular working mode. So to me, that gives you intense freedom. The key thing I’ve said about retirement many times is that it’s not so much the being retired; it’s the being able to retire. It’s that freedom of life. The necessity for being politically correct sort of drops off. You may say what you’ve actually learned over the last 45 years. It was 45 years ago when I graduated from medical school, so that’s a long experience. I’m cautious, and sensitive, about how people think and feel, but I don’t have to support things that I don’t want to support,” Storey summed up.

For about the last six months, Dr. Don Storey has been interim vice president for medical management at Premera Blue Cross, and is at a point in life where he feels he is able to focus on following his true passion - collaborating on providing creative solutions to the challenges of healthcare costs. “My primary involvement with Premera is physician performance measurement as it relates to cost of healthcare,” Storey said. “One of the main reasons I made the jump from practice to being an administrative physician was that I thought there should be physician impact to what was happening in the benefit world of healthcare. Insurers don’t understand physicians and vice versa. It’s a huge temptation in medicine, and the public in general, to blame the insurance companies for everything. When, in fact, there’s enough fault within our delivery system for all participants to share blame.”

Storey’s passion for medical ethics and healthcare costs is still what drives him after 45 years, but the outcomes are bittersweet. “There maybe has been a little progress, but not too much,” Storey expressed. “I don’t see that we have gotten any closer to a rational utilization of healthcare resources in this country. If anything, we spend more every year, and we spend enormously more than any other country in the world. There’s a lot of inefficient care, and there continues to be a lot of inefficient care. There’s a lot of waste in the system. Almost anybody that knows anything about this will agree there’s at least 30% waste in the healthcare system.”

“The concept that is always worth considering,” Storey maintained, “is that we spend a little over $3 Trillion in the United States on healthcare now per year. If 30% of that is waste, we can say roughly a trillion dollars is wasted. A trillion dollars wasted on healthcare is more money than we spend on K-12 education in the United States just on waste. So the point being, there are a lot of people who think if we became efficient we could deliver the same quality and coverage of healthcare and have enough money left over to pay for education. So I’m saying, it’s not a lot better. I will say, however, that I think trying to manage healthcare costs is a more difficult challenge than doing critical care medicine, which I did for 20 years in Spokane.”

Storey claimed he was actually going to be a veterinarian and changed to med school. He was fairly young when he started med school at age 21. Both Storey’s grandfather and father were veterinarians and attended Washington State. His grandfather practiced here in Spokane, and his father practiced in Oregon in the Willamette Valley, where he grew up. Dr. Storey eventually returned to Spokane for the practice opportunities. “It was a great place to practice medicine because it had (and has) a very high quality of physicians; nice, smaller community—not so terribly small, but it still had a lot of amenities,” he explained. “Already I felt at that time, and this was in the mid-’70s, that Portland and Seattle (my other northwest choices) had more physicians than they needed. I had done some training in the southeast in Atlanta, of course,
so it was a choice in my mind of going back to Atlanta or coming to the northwest. The northwest is my home so that’s where I came. My great-grandparents were homesteaders in Latah in the southern part of Spokane County so they’ve been here for many generations. (Storey gestured to a picture he had hanging in his library from a 1913 Washington High School basketball tournament at Pullman in which his grandfather is represented as a member of the Latah High School team.)

“I think my career pathway has been a little unusual,” Storey admitted. “I’ve had almost as much time on the payer side of healthcare as I have on the practitioner side so when I hear people talk about healthcare costs and insurance companies and such I usually just have to bite my tongue because they usually don’t totally know what they’re talking about. And then on the other side, when insurers talk about healthcare, they don’t have the knowledge that comes from actually having taken care of patients for many years, which I believe significantly limits their understanding of the delivery of healthcare. I have enormous experience in both areas that sometime people don’t want to hear because it doesn’t fit their preconceived biases.”

To this point in time, Storey hasn’t had an enormous amount of time for relaxation. “I don’t value that as incredibly desirable,” he asserted, “because I’ve been busy my entire life. So relaxation or otherwise, you might say ‘doing nothing’, does not appeal to me. But the things that I do enjoy doing that are not necessarily healthcare related are reading-philosophy, ethics, fiction, sociology, psychology - everything. So I like reading.”

Along with being a SCMS member and past president, Storey belongs to Physicians for Social Responsibility. “It’s nationally-based, and there’s a Washington State chapter. I was one of the founders of the Spokane chapter in the 1980’s-and I was very passionate about this, still am. It’s basically a group that is focused on preventing nuclear war, and as an international organization, actually won the Nobel Peace Prize in 1985. It’s an organization that unfortunately not enough people in Spokane know about,” he chuckled.

Dr. Storey closed the interview with these main thoughts for all of his colleagues to consider. “I think it’s kind of like the concept I was trying to express at the past president’s dinner recently, in that being a physician is, well, a lot of hard work,” he upheld. “But it is an incredible privilege, and it’s an astonishingly rewarding education in life. I would love to see a move more towards the past professionalism that medicine had, and as much as possible, away from the current business influences. We’re never going get away from the business influences now because of healthcare costs, but I think physicians need to keep in mind why they are physicians. It’s a service industry of the highest level and I’d like physicians to keep that in mind. .... Remember how fortunate you are and be the best physician you can,” he concluded.

As we walked out to the car, we briefly discussed collegiality among physicians. “So you’re saying,” I asked for clarification, “collegiality brings professionalism?” “Actually,” Storey corrected, “it’s quite the contrary. Professionalism brings collegiality.”

Dr. Donald Storey graduated with honors from University Of Oregon in 1969 and has more than 45 years of diverse medical experiences, especially in Pulmonary Disease, Critical Care Medicine, and Administrative Medicine. Storey’s medical education includes an MD degree from the Oregon Health & Science University (OHSU) in Portland in 1972. He completed his Internal Medicine residency at Emory University in Atlanta, and conducted his fellowship training in Pulmonary Medicine at Mayo Clinic in Rochester, Minnesota. Dr. Storey was a practicing pulmonologist/ intensivist, and one of the founding partners of Physicians Clinic of Spokane.
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

OCTOBER
1st Wednesday Member Mixer
October 4, Wednesday
5:30 pm – 8:00 pm
Marketplace Wineries
39 W. Pacific Ave.
Sponsored by: Incyte Diagnostics

Medicine 2017
October 6, Friday
7:00 am – 5:00 pm
Hotel RL Spokane at the Park
(formerly Red Lion Hotel at the Park)
Details to follow! Questions?
Contact karen@spcms.org

Sr. Physicians Dinner
October 12, Thursday,
5:00 pm
Manito Golf & Country Club

WSMA House of Delegates
October 14 – 15,
Saturday - Sunday
Hilton Seattle Airport
& Conference Center

NOVEMBER
1st Wednesday Member Mixer
November 1, Wednesday
5:30 pm – 8:00 pm
Marketplace Wineries
39 W. Pacific Ave.
Sponsored by:
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DECEMBER
1st Wednesday Member Mixer
December 6, Wednesday
5:30 pm – 8:00 pm
Marketplace Wineries
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Scientific Wellness Enhances Personalized Medicine Training at WSU

The Elson S. Floyd College of Medicine (ESFCOM) has announced that its inaugural class will be participating in a cutting-edge Scientific Wellness program provided by Arivale.

The program reflects a partnership with Arivale, which analyzes critical health indicators — including DNA, blood and saliva, and lifestyle — to create an enhanced picture of a person’s wellness condition and potential. Then, it provides tailored coaching to create recommendations to optimize wellness.

The entire first-year class of 60 medical students, as well as select faculty and administrators, will have the unprecedented opportunity to enroll in the program. Arivale will take an integrated, in-depth look at each participant’s wellness, including unique genetic makeup (whole genome sequencing), clinical lab data and detailed environmental and lifestyle factors. Based on the comprehensive set of data, Arivale will create a unique dashboard, structured into six health dimensions: diabetes risk, heart health, healthy aging, inflammation, optimal nutrition and stress management. Each participant will be assigned an Arivale coach, supported by a clinical team who will translate the complex scientific information into a detailed plan to optimize wellness.

“Our overarching goal is to be at the forefront of the transformation that is taking place in healthcare — and as a newly established medical school, we are uniquely positioned to explore new frontiers in biology and medicine,” said John Tomkowiak, M.D., founding dean of the ESFCOM. “We have a deep commitment to improving health and wellness through personalized medicine and we are creating a medical school that will prepare our students for the rapidly changing healthcare landscape.”

“The Arivale program will provide real-world context and first-hand experience in training the first generation of transformational leaders in Scientific Wellness — and we are looking forward to partnering with the students, faculty and administration at the Elson S. Floyd College of Medicine,” said Jennifer Lovejoy, Ph.D., Arivale’s chief translational science officer. “In just a few years, these students will be physicians at the leading-edge in leveraging personalized data sets to help consumers optimize their overall health and wellness.”

“Physicians of the future will focus on keeping people well and preventing the transition into disease states, instead of focusing almost entirely on diagnosing and treating disease, as medicine is practiced today,” said Lee Hood, M.D., Ph.D., Arivale co-founder and chair of the Arivale Scientific Advisory Board. Hood is also co-founder and president of the Institute for Systems Biology and senior vice president and chief science officer of Providence St. Joseph Health. “Arivale is proud to collaborate with WSU on the first-of-its-kind program, designed to leverage systems medicine, big data and behavioral science to transform medical education and the entire healthcare landscape.”

The ESFCOM will train physicians in personalized medicine, with a special emphasis on preparing them to deliver healthcare to both urban and rural underserved communities in Washington State.
New Residency Services on Behalf of Psychiatry Residency Spokane

By John F. Wurzel, III, MD, Kelly Wurzel, MD, Rick Carlson, MD, Psychiatry Residency Spokane Faculty Psychiatrists

Throughout many parts of the United States, and in many parts of the world, access to appropriate mental healthcare is limited by a dearth of providers. According to the World Health Organization’s online resource, 10 Facts on Mental Health, shortages of healthcare providers (including psychiatrists) is the main barrier to providing treatment in low and middle income countries. More specifically, low income countries have only 0.05 psychiatrists and 0.42 nurses per 100,000 people on average.[1] This problem becomes more applicable locally when we consider trends in the number of practicing psychiatrists providing direct patient care throughout Washington State. According to data originally derived from the American Medical Association’s Physician Masterfile in 2016, eastern Washington counties have approximately 4.9 psychiatrists per 100,000 people, and western Washington counties have approximately 11.6 psychiatrists per 100,000 people.[2] As recruitment of physicians to rural and underserved areas can be difficult, one of the most important tools in improving access to care is the development of local training programs within those areas. The Psychiatry Residency Spokane, based at Sacred Heart Medical Center in downtown Spokane, has developed a number of services since its inception two years ago to further the training of psychiatrists and medical students in the mountain northwest.

Beginning in July of 2016, Drs. John and Kelly Wurzel, who recently completed their adult psychiatry residency training at the University of Washington, began an inpatient psychiatric service at Sacred Heart Medical Center dedicated to the dual goals of excellent patient care and education of the next generation of physicians. This service operates in parallel with the pre-existing inpatient psychiatric services, but with a greater focus on resident and medical student education. Treating a relatively small number of patients (the team caps at six), students have an in-depth exposure to a highly diverse array of pathology, including more common psychiatric issues (depression, psychosis, dementia, etc.) as well as more unusual presentations such as catatonia, interictal psychosis, aripiprazole-induced mania, and others. Similarly, learners have the opportunity to observe and participate in a variety of treatment modalities ranging from diverse psychotherapies to pharmacologic interventions to electroconvulsive therapy consultations. Inter-professional interactions with other physicians, nursing staff, occupational and physical therapy, social work, psychologists, and members of other fields provide critical learning opportunities.

One month later, in August of 2016, Dr. Rick Carlson, who recently completed both his adult psychiatry residency and psychosomatic medicine fellowship at Vanderbilt University Medical Center in Nashville, TN, began seeing patients at Sacred Heart Hospital as part of a new psychiatric consultation-liaison teaching service. Again emphasizing both medical education and patient care, this service focuses on the integration of medical and psychiatric comorbidities. Working closely with medical and surgical teams with the goal of helping both patients and our colleagues, this service gives learners opportunities to reinforce medical knowledge and develop professional relationships. Since the service began, our psychiatry residents and medical students have performed initial consultations on over 300 new patients in various settings including the medical floor, ICU, post-partum unit and ED. To further enhance the training experience, joint journal clubs with the C/L and inpatient service allow residents and attendings to discuss both seminal articles and the most up-to-date research to ground clinical experience in theoretical and practical understanding, as well as provide faculty an opportunity to teach critical reading skills.

Having shepherded the first class of rising PGY-3 residents through this difficult but exciting year, we are looking forward to working with the next class of residents and medical students while we further develop our program. The hospital based faculty’s plans for the next year include: an improved psychopharmacology curriculum, the development of formal morbidity and mortality conferences, further expansion of consult-liaison services to serve a larger patient population, integration of internal medicine residents into the consultation-liaison teaching service, and possible expansion of the medical student education service to include outpatient opportunities.

References:
SCMS has decided to print its final edition of our member directory in response to evolving usage from print to online.

Now you can search our membership more easily on our website, including:

- A robust, fully keyword searchable member directory of all active, practicing physicians
- Continually updated
- Individual member-customized profile pages
- More information on each listing

Don’t forget to update your profile page while you’re there!

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JAMES MCALLISTER, MD

Dr. McAllister entered into rest on June 27, 2017 in Spokane, WA. Born June 29, 1928, in Omaha, Nebraska, yet raised in Iowa, Jim attended Kemper Military School (Missouri), Iowa State University, and graduated from the University of Iowa in 1953 with a B.A. and his M.D. Doc served in the USAF (1954-1956). He worked at the Mayo Clinic (1956-1959), and started practice in Internal Medicine in Spokane in 1959. He retired practicing medicine in 1995.

He enjoyed sailing, skiing, and golf. HE WAS A PROUD SCOTSMAN. He was an active member of Audubon Park Masonic Lodge, a 32 KCCH Scottish Rite Mason, and Past Potentate of the El Katif Shriners. Doc enjoyed his membership in the El Katif Band. He was proud to be an Emeritus Member of the Board of Governors of the Spokane Shriners Hospital for Children. And, Doc was always a spirited “Jester”. He is survived by his wife, Willa V. McAllister, son, daughter, three grandchildren, two nieces and one nephew.

ROBERT KENDALL CORBETT, MD

Dr. Robert Kendall Corbett worked hard, played hard, and loved well. He was born September 7, 1935, to Donald and Georgia Corbett in Spokane, Washington. He left this world on July 14, 2017, also in Spokane. On July 1, 1961, Bob married Marlene Parker of Snoqualmie, WA. Marty was his wife, partner, fellow fisherwoman, and, in the end, he called her his “sweet guardian angel”. Their marriage spanned 56 years and was filled with love, liveliness, vitality, adventure, and committed caring for one another. Together they raised four wonderful sons. Anyone who knew Bob as a father knew that he could be very tough, born out of his love for his sons and his deep desire to raise good men, exemplary humans. And so he did.

Bob was raised in Spokane, attended high school at Culver Academy in Indiana, graduated from the University of Washington in 1956 where he earned his Medical Doctorate in 1960. He chose to follow his father’s path into Urology after completing his residency at the University of California, San Francisco. Bob was loved and respected by his colleagues, staff, and patients, alike. He was a true leader in his field, exemplary surgeon, and was notorious for bringing his good humor and levity to the hospital floors. While his years as a physician and related achievements are necessarily an important part of his story, his family would have everyone know that the person of Bob Corbett could be understood best through the perspective of his passions and his loves. Bob was an avid outdoorsman. He had a passion for hunting and for fly fishing. And the map of his life could readily be charted by the many fishing and hunting trips he took with his sons, his friends, and his wife.

His favorite place in the world was the cabin he and Marty built on the Clark Fork River in Montana. He was happiest when he was able to be there with his wife, his sons and their families. Bob also had a committed passion for Husky football, Gonzaga basketball, and the Mariners. While he loved these sports teams and followed them enthusiastically, those who knew him would remember that his greatest sporting events were those in which his boys played. He loved coaching them when he could, and seldom missed any of their sporting events through the years.

After he retired, he turned in his scalpel for a spatula, diving into the world of culinary art. He was an amazing cook, and we will all miss not only the delectable flavors, but his detailed description of the making of each dish. All of the family celebrations were catered by this surgeon-gone-chef, and his excitement for preparing each meal was enjoyable to witness. Christmas was one of his favorite times of the year, decorations always came out early, and his childlike excitement for shopping and gifting made him the quintessential Father Christmas. Bob always had a deep and unwavering love for his family. He loved his sons and was so proud of them, the lives they live, and the people they have become. He loved his daughters-in-law, doting on them any chance he got. And he had a deep and unquestionable love for his grandchildren. He took special joy in watching them swim, fish, play, and grow into young people. He cherished moments with them and lit up each time he interacted with any of them. Bob is survived by his wife and beloved partner Marty, sons, and grandchildren. Bob is also survived by his sister Judy Ritter and many nieces and nephews. The ripple effects of his life are evident in each of us who knew and loved him. And the ripples will go on and on. And for that, we are so grateful.

The Message | August/September 2017 | 11
A perfect summer evening was the setting for SCMS’ 7th annual river cruise on Thursday, July 20, 2017. SCMS members and their partners cruised to Lake Coeur d’Alene aboard UBS’ Serendipity while enjoying great music by guitar player, Steven King, great food by C3 Chef Services, and great conversation with colleagues and friends.

A very special thank you to our host and sponsors!
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– Dr. Bob Bray, Hospice of Spokane Medical Director

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Top 10 Metrics that Matter to Your Practice (Part One)

By Michele Olivier, Healthcare Manager Eide Bailly LLP

Medical practices use metrics to measure the health of the business. Sometimes we tend to get lost in the numbers, especially if the practice management software we have can run a wide variety of reports. We like to see every number available to us. But then we wonder, what does all that really mean? How is my practice really doing? We will discuss the metrics you need to know and what those metrics tell you about the health of your business.

THE BASICS

There are a few metrics that should be easily available to you or your practice manager. These numbers are typically available out of all practice management systems. If they are not available as defined here, your practice manager should be able to calculate these numbers for you in an excel spreadsheet from separate reports run out of the practice management system. Please remember that these metrics are used as an overall look at the practice. There is not one number you can look at that tells the whole story, so these metrics should be used in conjunction with each other to evaluate the practice.

1. Charges, Payments, and Adjustments – These three numbers along with the previous six and 12 month averages are critical information to knowing the health of your practice. The average from the previous six and 12 months allow you to see how the practice performed this month in comparison to other months. If there is a small difference (either up or down) there could be a timing of payments or charges being turned in and that is a normal thing to happen. Any time there is a 5% or larger deviation from the average, there should be an explanation of this difference. It could be that there was a provider that was on vacation or a staff member that posts payments was out sick and we didn’t have coverage for them. As long as there is an explanation and a resolution the next month, these changes are normal but should be watched carefully.

2. Net Collection Percentage – Net Collection percentage is defined as the amount of money collected divided by the net charges (charges minus contractual adjustments). This number on a monthly basis tells us how well the practice is collecting the dollars that it could have been collecting based on the insurance contacts held. To be the most accurate, this metric requires knowledge of contracted rates and insurance that the payment posting process is compliant with those contracts.

3. Gross Collection Percentage – Gross Collection percentage is simply the total payments divided by charges. This metric should include knowledge of the fee schedule or charge master and the contracted rates for payers along with your payer mix. This metric is useful to see if the fee schedule you currently have is appropriate, as well as if the collections in general are staying stable over an extended period of time. We always recommend a six and 12 month average be compared to this monthly metric for a realistic view.

As you can see, the numbers you run for measuring your practice are important, but even more important is understanding where they come from and what they mean. Next edition, we will discuss three more metrics and what they mean for your practice.

Michele is a Manager of the Medical Professionals practice at Eide Bailly, a top 25 CPA and business advisory firm. Our healthcare services go beyond cost reports, audit and tax, to help you drive results and plan for a strong future. For more information contact Michele at molivier@eidebailly.com.
Community and Separate Property: The Basics

By Greer Gibson Bacon, CFP®

Since Washington is a community property state, it’s not surprising many of us own community and separate property. For estate planning and asset protection purposes, it’s important to understand what they are and how you might use them to your advantage.

COMMUNITY PROPERTY

A community property state assumes all assets acquired by spouses during marriage is the fruit of their “community” effort even if only one spouse earns income. Accordingly, each is deemed to own an undivided one-half interest in their community income and assets.

Most community property states give spouses equal rights and responsibilities in managing community property. For example, in Washington, you cannot gift community property to a third party without the consent of your spouse. That said; most debts incurred during marriage are owed by both spouses even if only one spouse incurred them.

For estate planning purposes, community property has a major advantage over other forms of ownership. Specifically, when the first spouse dies, both halves of the community property receive a “step-up” in cost basis. This can result in big income tax savings for a surviving spouse who sells his or her interest in the community property.

SEPARATE PROPERTY

In a community property state, spouses can own separate property, too. It includes assets acquired before marriage, or after legal separation or divorce. It includes assets acquired by gift or inheritance. Also, it includes assets acquired using separate property or income derived from separate property as consideration. Debts (like student loans) can be separate, too.

Unlike community property, spouses have exclusive rights and responsibilities in managing separate property. For example, you can give separate property to a third party without the consent of your spouse. And generally speaking, one spouse’s separate property is not subject to the debts of (or tort claims against) the other spouse.

For asset protection purposes, it’s often desirable as a means of protecting one spouse’s separate property from the other spouse’s creditors especially if that spouse is engaged in a “higher risk” profession or business. Similarly, if a marriage is very stable and there’s no separate property, it may (or may not) be desirable to create separate property by formally transferring property to the “lower risk” spouse.

COMINGLING PROPERTY

When community and separate property are comingled so it’s impossible to determine which is which, the property is treated as community property. So, if you don’t want them to lose their character, it’s important to keep track of accurate records. You can do this using account statements; purchase, sale, deposit and withdrawal records; and similar documents.

If you’d like to learn more about community and separate property or how you should manage yours, contact your estate planning or financial professional who is experienced in this area.

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.
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Making Full Use of Your SCMS Membership - Create YOUR Membership Experience!

Professional associations are a huge resource to the individuals who belong to them, and are most valuable when you take full advantage of the membership benefits offered. That said, how can you make sure you’re getting the most out of your SCMS membership?

SHOW UP

SCMS events foster collegiality and provide you the opportunity to network with your peers. It’s a great way to expand your network, learn more about your industry within your community, and even make your next job search easier. Make it a priority to know when events are happening and attend whenever possible.

- 1st Wednesday Member Mixer
- Annual Summer Member Cruise in July
- Annual Medical Education Celebration Cruise in September.

ENGAGE

Succeed in your personal development, and add your voice by becoming involved on one of our committees or task forces, including advocacy opportunities ensuring responsible public health policy and a united voice on the issues that matter to you. When you engage as a member of SCMS, your voice is amplified hundreds of times over. Participating allows you to develop stronger relationships with colleagues and organizations within the community, both inside and outside your existing network, resulting in recommendations and opportunities to partner. SCMS can open you up to an increased range of leadership opportunities that you might otherwise miss out on.

UTILIZE THE SCMS WEBSITE AND YOUR UNIQUE PROFILE PAGE

The SCMS website provides all practicing, active members with a unique profile page that’s keyword searchable by both colleagues and the public, and have also created a confidential, voluntary personal contact feature for all of our members to include Active, Retired, Students and Residents, making it a valuable resource for referrals. Our organization alone has the unique ability to facilitate connections among the medical community as a whole. Keeping your profile page current will lead others to you and your services.

USE THE PHYSICIAN WELLNESS PROGRAM

Staffed by a professional in behavioral health specifically for medical professionals, the program is anonymous, confidential, easily accessible and free to SCMS members for the first 8 sessions.

CONTRIBUTE TO THE SCMS NEWSMAGAZINE, THE MESSAGE

Write and submit an article for inclusion in an upcoming edition; agree to be interviewed for a feature article; place an ad.

The need for an active county medical society has never been greater as we strive to carry a united voice on relevant healthcare issues in Spokane.
It’s so nice to have one person throughout your entire claim, who knows your story -- your personal story -- and its impact on you throughout the process. It’s amazing to be treated like this.

Angela Chien, MD
Obstetrics & Gynecology
Kirkland, WA

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A Real Foundation.
REAL ESTATE

BEAUTIFUL PRIEST LAKE CABINS FOR RENT - Restored cabins located in historic site of Forest Lodge just inside Thorofare entrance. 2 cabins bordered by National Forest & 18 acres of private land; each sleeps 8. New beds & furnishings/gorgeous views/on water's edge/beaches, docks, fire pits, decks, canoes, trails/ & all amenities. Boating, hiking/swimming/sailing/sunset & stargazing/ or just relax in the sunshine. Enjoy a peaceful, fun-filled vacation. Add'l vintage cabin located by East Twin Island-sleeps 6 w/2 decks, dock, fire pit, & all rustic amenities. Contact Jeannie or John at aussiems@q.com or call (509) 448-0444

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MEETINGS/CONFERENCE/EVENTS

Save the date! Sept. 28, 2017 WA State Health Advocacy Association (WASHAA) inaugural Spokane Chapter meeting - A conversation about Health Advocacy from 4:00-6:00 pm. For details contact robin.shapiro@washaa.org; to register visit http://tiny.cc/WASHAAMtgSept28

Spokane County Medical Society presents MEDICINE 2017: Friday, October 6, 2017, at Hotel RL (formerly Red Lion Hotel at the Park). 7.0 Hours of Category 1 CME credit, sponsored by the Spokane County Medical Society. Visit the Spokane County Medical Society website at www.spcms.org for more information and to register online, or contact Karen Hagensen at (509) 325-5010 or karen@spcms.org.

Diabetes Update for Primary Care Providers (Spokane) course: Friday, November 3, 2017, at the Hemmingson Center at Gonzaga University-Spokane. New 1-day course on diabetes geared towards primary care providers. There is an immense need for provider education as the incidence of diabetes in the general population reaches 10%; primary care clinics carry the major burden of these patients. Didactic lectures & interactive workshops offered will provide key info on current classification of diabetes, glycemic targets, as well as effective diagnostic & management strategies using available therapeutic modalities. Important highlights include an update on the cardiovascular outcome trials of pharmacologic agents for diabetes & cost effective disease management. Offerings also include workshops providing interactive case discussions on effective insulin use, lipid therapy, inpatient glycemic management, & newer diabetes technologies. Click here to register and to see an agenda full of topics and faculty you will not want to miss!

Training in Suicide Care for Physicians-Spokane: Saturday, December 2, 2017. Instructed by WSPA President Jeffrey Sung,

CLASSIFIEDS CONTINUED ON PAGE 20
M.D. 1-day, 6-hr workshop fulfills requirement for all physicians to receive a 1-time training in suicide risk assessment, treatment, & management (ESH 1424). This workshop uses lecture, video-based educational tools, & writing exercises to address approaches, formulation, & clinical responses to suicide risk. WSMA members receive a discounted registration rate. Jointly-provided by the APA & WSPA. This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the APA & WSPA. The APA is accredited by the ACCME to provide continuing medical education for physicians. The APA designates this live activity for a maximum of 6 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Visit www.wapsychiatry.org/suicide-care to learn more and sign up today!

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 District2AAnonOutreach@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.

Tekoa Care Center seeking Phys. &/or NP or combination of the two to follow patients in our nursing home. This is a contract position that requires a few days a month in the facility. A great opportunity to expand your practice; work with great team of professionals; approx. 55 patients located in Tekoa, WA (45 min. south of Spokane/CDA; 50 min. north of Pullman). Contact Josh: (208) 371-3449; joshw@noble-hc.com.

SCMSF is seeking a part-time volunteer to support its Project Access Program (PA), providing a cost-effective system of care for low-income, uninsured residents of Spokane County who have no other options for healthcare insurance or any other public assistance, even though many are working. This unique system of care is a network of medical services providers donating their services to qualified PA patients. The network includes all local hospitals, nearly all healthcare organizations and over 500 physicians. Project Access is the only organization in Spokane County with this network of providers delivering specialty medical services to the most vulnerable under-served people in our community. Contact Karen at (509) 325-5010 or karen@spcms.org for further details.

CHAS serves a critical need in the Inland Northwest by providing a healthcare home to all ages regardless of insurance status.

MEDICAL | DENTAL | PHARMACY | BEHAVIORAL HEALTH | OB/GYN

CHAS offers a non-production incentive environment, competitive pay and rewarding work.
COURSE OBJECTIVES:
At the conclusion of this program participants will be able to:

- Discuss the significance of menopause; discuss non hormonal treatment options and review the risks and benefits of HRT.
- Describe 3 sources of radiation exposure and their relative impact on the human population.
- Discuss the “ALARA” principle and how it can be applied in clinical practice.
- Discuss concept of high value care and specific cases for high value care.
- Discuss system based improvements to achieve improved quality.
- Address the rationale for use of PrEP, appropriate candidates, drug regimen, contraindications, patient education, monitoring, and CDC guidelines.
- Prepare attendees in the use of PrEP in the primary care setting.
- Increase awareness of local 2017 vaccine preventable illness trends.
- Review when and how to start basal insulin therapy and prandial insulin therapy; how to adjust basal and prandial insulin therapy; the evidence for and against “sliding scale”.
- Discuss what to do with oral agents after starting insulin therapy and when to use novel insulins (long-acting, ultra-rapid, ultra-concentrated).
- Identify clinical course and radiographic findings of medication induced lung hypersensitivity.
- Differentiate acute vs chronic nitrofurantoin-induced pulmonary injury and identify early symptoms of nitrofurantoin-induced pulmonary injury so that severe complications can be avoided.
- Discuss the current treatment options for Hepatitis C and the major indicators for referral to hepatology.
- Discuss working with patients who are unwilling or unable to travel to tertiary care centers.

CME Category 1
7.0 Total

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

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

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

FULL DAY SYMPOSIUM – 7 CREDITS: Friday, October 6th

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Total Due: $______

CANCELLATIONS MUST BE MADE BY SEPTEMBER 22, 2017 FOR A REFUND.
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We want to make that ask as easy as possible.
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- Private setting in an independent provider’s office or if preferred in a dedicated, private entrance, soundproofed room within the Spokane County Medical Society offices.
- No information disclosed to others by provider without the physician’s written consent (imminent risk of danger to self or others excepted, or where otherwise restricted by law).
- No role in disciplinary or fitness-for-duty evaluations.
- Coordinated referrals to other programs and agencies as applicable, indicated or desired.

Call our 24-hour dedicated hotline at
(509) 720-6000
staffed by a professional in behavioral health for medical professionals.

To make a tax deductible donation to support this program, contact Karen Hagensen at (509) 325-5010 or karen@spcms.org, or mail to:
Spokane County Medical Society Foundation
Attn: Wellness Program
901 E. 2nd Ave., Ste. 301
Spokane, WA 99202-2257

ADDITIONAL RESOURCES INCLUDE: WELLNESS • EDUCATION & TRAINING • BUSINESS • LITIGATION