



THE
message

A MONTHLY NEWSLETTER OF THE SPOKANE COUNTY MEDICAL SOCIETY
J. COURTNEY CLYDE, MD, SOMS PRESIDENT SEPTEMBER 2009

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**Project Access
is a Resource for Your
Uninsured Patients**

By John Driscoll

**WE NEED
SUSTAINABLE
CHANGE IN
HEALTHCARE**

J. Courtney Clyde, MD
discusses reasonable solutions

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**Spokane County
 Medical Society Message
 Gary Knox, MD, Editor**

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"Optimism is the faith that leads to achievement. Nothing can be done with out hope and confidence."

—HELEN KELLER

President's Message: We Need Sustainable Change in Healthcare



In the April Message I described the SCMS Leadership's trip to Washington DC and the developing movement toward reforming Healthcare. At that time the catch phrase was the "30,000 foot view." Now, it is September, we are "down in the weeds" and it is getting dirty. Nearly everyone is for reform until it affects them and now that details are finally emerging hackles are

raised. Despite all this Sturm und Drang there are serious issues that need to be resolved. I hope the country can have a meaningful dialogue to help solve the upcoming crisis of unsustainable levels of healthcare expenditure. Many of you responded to my appeal for suggestions of treatments or procedures that have a low benefit/cost ratio. I will present some of those responses.

Every night the news is full of crowds shouting, gesturing, wailing, and generally putting on quite a show. No doubt the media picks out the outrageous example because that makes for good entertainment. Tom Curry (CEO WSMA) compares this to "The Fog of War" (Monday Memo 8/10/09). Certainly there is a lot of disinformation out there. Sarah Palin said this on her Facebook page:

"And who will suffer the most when they (the government) ration care? The sick, the elderly, and the disabled, of course. The America I know and love is not one in which my parents or my baby with Down Syndrome will have to stand in front of Obama's "death panel" so his bureaucrats can decide, based on a subjective judgment of their "level of productivity in society," whether they are worthy of healthcare. Such a system is downright evil."

I have scoured the proposed legislation (in its unfinished form) and didn't find the death panels. Then there was a man screaming for the "government to keep its hands off my Medicare." It is clear that people will resist change and are truly skeptical and frightened that they will lose the benefits they have. Any mention of the words socialism or rationing is meant to stop the discussion. And the ultimate argument killer is a comparison to Hitler (A corollary to Godwin's Law states that whoever first mentions Hitler or the Nazis in an argument, loses. See Wikipedia). Then President Obama states at a Town Meeting on 8/11/09 that surgeons get between \$30,000 to \$50,000 for a leg amputation – I wish. So there is plenty of noise and fog out there. Can we get past it?

Shortly after my appeal for responses in the June Message, Frank Brown (1979 SCMS President) emailed me an article by Atul Gawande (a general surgeon from

Boston) in *The New Yorker*, June 1, 2009. Frank said all physicians should read this article, and I agree. The article is provocative and was widely read. President Obama had all of his staff read it and you should too. Here are some of the points Gawande made that I think are important.

- There is great variability in healthcare expenditures across the country and the places with the highest cost do not have demonstrably better care. McAllen, TX is one of the highest. Spokane spends half (we are just a little below average) what they spend per Medicare recipient in McAllen. All of this information is on the internet at <http://www.dartmouthatlas.org/>.
- Profit motive does intrude on our medical decisions. We must be aware of it and make sure our decisions serve our patients and society appropriately.
- The debate seems to be consumed with the question of public vs. private funding of health care. It is taking on the appearance of the pro-life vs. choice debate... not reconcilable. But, either way we must develop cost-accountable systems instead of the fragmented quantity driven systems that now predominate.
- More healthcare is not necessarily better healthcare.

So, what treatment/procedures have a low benefit/cost ratio? I have conducted a totally blind out of control survey of some members of our society. I was a little disappointed that most of the responses concerned practices outside the person's specialty. There didn't seem to be a lot of introspection going on.

- Antibiotics for sinusitis is a very common one. I'm sure hundreds of pounds (sic) are prescribed everyday for this diagnosis to no effect.
- Two things come to my mind since they are common in my practice: PSA tests – evidence is lacking for the benefit of doing them beyond the anecdotal. And, there is little if any evidence for doing a yearly physical on healthy adults. There is evidence for doing certain screening tests such as pap smears, mammography, colonoscopies, immunizations and blood pressures. But, we spend an enormous amount on a "well exam" when most likely we could do as well with doing the screening tests at appropriate intervals for which we have good evidence.
- This country could save millions of dollars, maybe hundreds of millions of dollars, by changing the way we screen for colon cancer. There is no evidence to show that populations of people screened first with colonoscopy live longer or

have lower mortality than populations screened first with hemocult then colonoscopy of any positive hemocult. We do know that some people are seriously harmed by the colonoscopy that did not find any abnormality. No one is ever harmed by doing a hemocult that does not find any abnormality. So why is it such a common practice to go directly to colonoscopy for CRC screening?

- CT scanning of the head is out of control. If you present to any emergency room with the isolated complaint of "headache" then there is an extremely high chance you will have a CT scan of the head. The CT scan is often preceded by any symptom directed H&P, nor by any examination. There are many textbooks and clinical manuals that demonstrate the work-up for "Headache" and most of the algorithms advocate imaging studies further out in the decision tree. CT scans of the head help to eliminate the 0.01% chance of missing a brain tumor (or less, depending on the source). This one imaging modality is emblematic of our overuse of diagnostic testing, and deference to clinical examination. In our era of "entitlement and perfection," society expects doctors to be perfect, every time. The government advocates evidence-based medical practice, but the malpractice arena dismisses anything other than an ideal outcome. The practice of CYA medicine is completely understandable in today's tort environment. CYA medicine is a significant contributor to our healthcare expenditures, but unfortunately has been less than a pixel on the screen of healthcare debate. According to a UC San Francisco 10-year study, CT scans have doubled between 1997 and 2006. In *Headache, 2000*, Lewis and Dorbad conclude, "neuroimaging is not warranted in children and adolescents with defined clinical headache syndrome diagnoses whose neurological examinations are normal". However, in practice, a CT scan is often ordered despite what the literature suggests. If we were to take the amount of money involved with CT scans of the head for just one day in our country, the dollar amount would be staggering. But then again, anything less than a trillion-dollars is pocket change in today's medico-political landscape.
- Statins for the elderly. Long-term prevention of heart disease with people that have only 5-10 year life expectancy. The statins constitute the largest cost category for pharmaceuticals.

- Ceramic hip prosthetics.
- Advanced Imaging – "Every time we get a new technology that provides insights into structures we didn't encounter before, we end up saying, 'Oh, my God, look at all those abnormalities.' They might be dangerous," said Dr. David Felson, a professor of medicine and epidemiology at Boston University Medical School. "Some are, some aren't, but it ends up leading to a lot of care that's unnecessary."
- Avastin is a monoclonal antibody that blocks the effects of VEGF and prevents cancer cells from establishing new blood supplies. Avastin has become one of the most popular cancer drugs in the world, with sales last year of about \$3.5 billion, \$2.3 billion of that in the United States. But there is another side to Avastin. Studies show the drug prolongs life by only a few months, if that. Roy Vagelos, a former chief executive of Merck who is considered an elder statesman of the industry, said in a recent speech that he was troubled by a drug, which he would not name but which was a clear reference to Avastin that costs \$50,000 a year and adds four months of life. "There is a shocking disparity between value and price," he said, "and it's not sustainable."
- End of Life Care – This has become the focus of the most emotional responses. There is a lot of unnecessary suffering for the patient and family/friends as life is prolonged with little hope of meaningful recovery. Reimbursing primary physicians to counsel patients to avoid these decisions being made in the midst of a crisis seems practical. But this effort has been misunderstood.

Here are some ideas that will surely engender some debate. The task ahead of us seems insurmountable. We may disagree with President Obama on many issues, but I think you have to concede his insistence that the status quo is unsustainable. The speed and haphazard appearance of the current proposals are disconcerting. We need well thought out and tested programs to bring about sustainable change. Physicians have a lot of credibility with the public. We have our prejudices and pre-conceived notions, but still must be informed and be part of the discussion.

*By J. Courtney Clyde, MD
SCMS President*

We hope you enjoy the updated format of The Message. We worked closely with Quisenberry Marketing & Design, and made the changes at no additional cost! If you have any suggestions or comments about the newsletter, please send them to Michelle Caird at michelle@spcms.org.

Project Access is a Resource for Your Uninsured Patients



Every medical practice in Spokane is experiencing the effect of the rapid increase in people without medical insurance coverage. Most physicians have had the experience of a long term patient who suddenly has lost medical coverage due to employment circumstances. The increase in the ranks of the uninsured is affecting working people directly. Faced with

an illness or injury, people without insurance aren't sure what to do. Medical practices aren't sure how to advise their patients. What help can be offered to patients in those circumstances?

A common solution is to set up patients on a payment plan they can afford. While this may work for a great majority of people with minor medical issues, it begins to fall apart when patients need diagnostic work-ups, specialty consultations, procedures and hospital care. In no time at all, medical debt can build up to the point it becomes impossible to keep up with the bills. The recourse at that point is to enter bankruptcy proceedings. As you know, medical care is the most common cause of personal bankruptcy in the U.S.

To alleviate some of the barriers to accessing medical care, and to lessen the financial burdens low income uninsured people have when they are ill, the physicians of the Spokane County Medical Society formed Project Access. The goal was to provide prompt medical care to efficiently address the medical issue before it becomes more complicated (and expensive). By building a large network of participating providers, with a commitment of each provider accepting 12 new referrals per year, the donated care is spread evenly. Physicians can help each other, and most importantly, help their patients by referring them to Project Access, and by accepting referrals of Project Access patients.

Physicians encounter uninsured patients in a variety of ways. They can be long established in your practice and recently lost insurance coverage. If you are on a hospital medical staff, you can be called in for an emergency department or in-patient consultation. Or a patient may

be referred to your office by a colleague with an important medical problem. What do you do then? We at Project Access want to help you accomplish your treatment plan and not get bogged down finding coverage resources. We want to make it as simple as possible for you and your office to enroll qualified people in the program.

A simple screening by your staff quickly identifies potentially eligible Project Access referrals. There are three basic criteria – the patient must live in Spokane County, have no medical insurance (Medicaid and Medicare are considered types of insurance), and earn less than about \$21,000 per year for an individual. If you think your patient qualifies, Project Access staff will work with the patient and your office to gather all the necessary enrollment information. We want to relieve your office of the burden of trying to piece together medical care for someone who is uninsured. And we want to help you get the credit you deserve when you provide charity care to your patients.

Each physician volunteering with Project Access has agreed to provide care to a minimum of at least 12 patients per year. We keep track of physician pledges. When you provide care to an enrolled Project Access patient, we count it as one of your annual pledges. The key to this system is the patient must first be enrolled in Project Access. You all have uninsured patients who do not qualify for the program because of where they live (outside of Spokane County) or based on their earnings (too high). You may of course choose to provide free care in those situations, but the patient cannot be enrolled in Project Access. However, there are a variety of community resources we can help your patient identify, even if they don't "fit" into the Project Access criteria.

For the purpose of keeping track of each of our physicians' pledges, new patient referrals are made by Project Access staff or made upon the request of a volunteer provider participating in the network. If you accept a Project Access referral for an enrolled patient, we count it. If you encounter a patient in the ER, hospital or your office, whom you would like to get enrolled, please have your office contact us quickly to begin the process. If the patient qualifies, and you agree to provide uncompensated care in the future, we count the "new" patient as one of your pledges. Again the key is that the patient must be enrolled. After the date of Project Access enrollment, any medical care provided is donated as charity care. Most people have on-going medical care and expenses before they join Project Access. We do not ask providers to write off charges the patient incurred prior to joining the program.

And we don't want to ask you or your staff to know all these details. We want to help your patients. All you have to do is call us and we'll get eligible patients enrolled so you can focus on your patient and treatment plan.

By John Driscoll
Executive Director

Enjoy your very own copy.

Many physicians share their newsletter with other doctors and physician assistants who are not SCMS members. If you are reading this and would like to become a member, please call Tammy @ 325-5010.



Meetings & Events

CATEGORY I CME SEMINARS

Neurology Update 2009: 3.0 Hour(s) of Category I CME credit, sponsored by the Spokane County Medical Society. Conference held on September 16, 2009 at Sacred Heart Medical Center in the Mother Joseph Room. Contact Jennifer Anderson at (509) 325-5010 or email jennifer@spcms.org for more information.

Moderate (Conscious) Sedation and Analgesia: 3.0 Hour(s) of Category I CME credit, sponsored by the Spokane County Medical Society. Conference held on October 6, 2009 at the Deaconess Health and Education Center. Contact Jennifer Anderson at (509) 325-5010 or email jennifer@spcms.org for more information.

Infectious Disease Update 2009: 3.0 Hour(s) of Category I CME credit, sponsored by the Spokane County Medical Society. Conference held on November 3, 2009 at Deaconess Health and Education Center. Contact Jennifer Anderson at (509) 325-5010 or email jennifer@spcms.org for more information.

Rheumatology Update 2009: 3.0 Hour(s) of Category I CME credit, sponsored by the Spokane County Medical Society. Conference held on December 9, 2009 at Deaconess Health and Education Center. Contact Jennifer Anderson at (509) 325-5010 or email jennifer@spcms.org for more information.

OTHER MEETINGS AND CONFERENCES

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.

Caduceus Recovery Group Meeting for Health Care Professionals – Meets every Thursday evening, 6:15 p.m. – 7:15 p.m., at 626 N. Mullan Rd, Spokane. Contact (509) 928-4102 for more information. **Non-smoking meeting for Health Care Providers in recovery.**

Physician Family Fitness Meeting – Physician Family Fitness is a recently created meeting for physicians, physician spouses, and their adult family members to share their common problems and solutions experienced in the course of a physician's practice and family life. The meetings are on Tuesdays from 6:30 p.m. – 8 p.m. at the Sacred Heart Providence Center for Faith and Healing Building, due east of the traffic circle near the main entrance of SHMC. Enter, turn right, go down the stairs, Room 14 is on your right. Format: 12-Step principles, confidential and anonymous personal sharing; No dues or fees. Guided by Drs. Bob and Carol Sexton. The contact phone number is (509) 624-7320.

Inland Northwest Health Services (INHS) in partnership with eHealth Initiative will hold the Northwest Medical Informatics Symposium (NMIS), a health information technology conference featuring national and regional speakers on September 10 and 11 in Spokane, Washington. NMIS brings together urban and rural healthcare professionals to learn about the latest in health information technology including evolving initiatives, improving patient outcomes, safety equipment and software purchasing, training and HIPAA issues. Anyone interested in health information technology, with emphasis on the healthcare delivery system in the Northwest should attend this conference. Pre-Conference Workshops are featured on September 8 and 9 for individuals who would like to learn more about applications. For information or to register visit www.nmis.info

WORDS OF WISDOM REGARDING YOUR EMPLOYEES

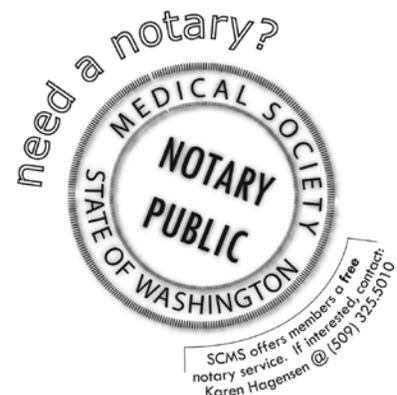
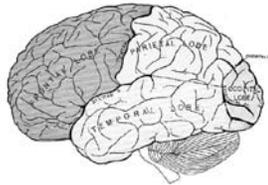
Before treating your employees, either with a prescription or pharmaceutical samples, always first:

- Conduct a history & physical and
- Establish a formal patient chart and document the decision-making process.

MQAC requires that this documentation be in place.

In other words -

You must treat them like regular patients!



AMA News

AMA clarifies facts on recent examples highlighting amputation and tonsillectomies – The AMA contacted White House staff Aug. 11 to again express strong concerns with some recent medical treatment examples used by President Obama. The AMA made it clear that physicians are extremely dedicated and focused—first, foremost and always—on providing care that best serves their patients.

The AMA agrees with President Obama on the importance of prevention. However, a recent example used to illustrate his important point was misleading. Surgeons are not paid \$30,000 to \$50,000 to amputate a diabetic's foot. Medicare pays a surgeon, on average, from \$541.72 to \$708.71 for one of two procedures involving a foot amputation. It is possible that the total bill, hospital stay, rehabilitation, prosthesis, etc. may approach the larger amount mentioned.

In the case of tonsillectomies, a patient is referred to a surgeon after medication therapy has proven to be ineffective. Actually, the medical profession itself recognized questions about utilization and appropriateness of tonsillectomies and took action by developing clinical guidelines, which has resulted in a sharp decline in the rate of tonsillectomies.

These types of examples create the impression that physicians are motivated by payment levels rather than what is best for patients. The AMA will continue to stress to our elected leaders that physicians are dedicated to putting patients first and optimizing health care quality.

Column by AMA president highlights next steps in health system reform – AMA President J. James Rohack, MD, writes in a [column](#) posted this week on physician blog KevinMD.com, "As members of Congress return to their districts this month, it should be a time for thoughtful dialogue on health system reform so that when lawmakers return to Washington they can complete their work. Physicians nationwide are engaged and passionate about the health reform debate." In addition, Dr. Rohack proposes some questions for consideration in his column, part of an ongoing monthly collaboration between the AMA and KevinMD.com, as physicians work on health system reform.

KevinMD.com is the Web's most-read physician blog and is authored by Kevin Pho, MD, a primary care specialist in New Hampshire. Dr. Pho's insights into the practice of medicine and his thoughts on health system reform have been featured in major media, including the Wall Street Journal and CNN, and he is a contributing editorial writer at USA Today.

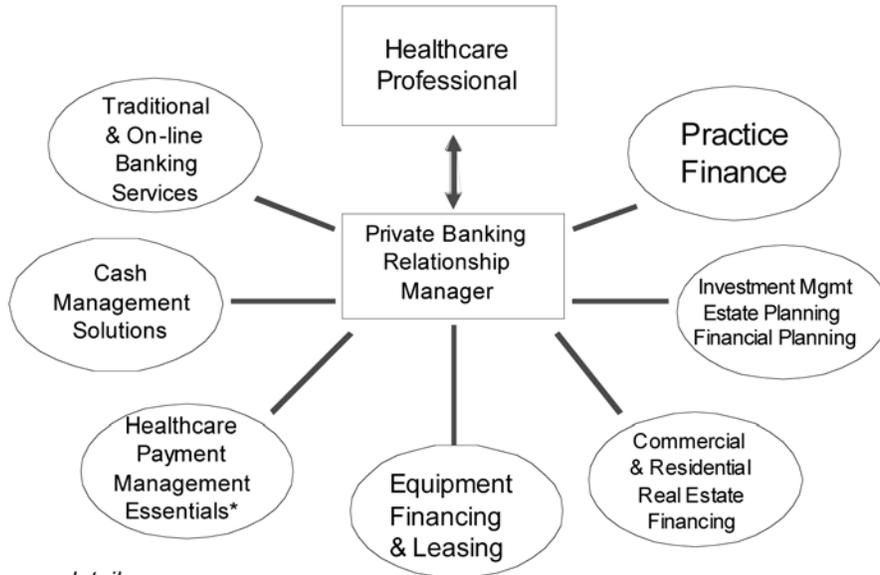


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*See page 10 for more details.

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Attention Senior Physicians

**Please join us at the
23rd Annual SCMS
Senior Physicians' Dinner**
Thursday ~ October 22
Manito Golf and Country Club
5303 South Hatch Road
Spokane, WA

No host cocktails 5:00 p.m. ~ Dinner 6:00 p.m.

Details to follow.

Presentation Info

Prescription Drug Abuse and Addiction Presentation Available

A new program modeled after Meth Watch, called *Washington State Rx Watch*, has been implemented. For a no-cost presentation, designed to educate and bring awareness to the community about prescription drug abuse and addiction, please contact Lacey Jones, Meth Awareness Coordinator for Greater Spokane Substance Abuse Council (GSSAC) at (509) 922-8383. Presentations can be tailored to fit your time frames from 20-60 minutes.

Mark your calendar!
*Spokane County Medical Society's
General Membership Meeting
October 22 ~ Thursday*
Speaker
Harry Shriver, MD
*The "medical home" model and
its emphasis on patient-
centered primary care.*

Watch for more details and registration forms.

IN MEMORIAM

Loren A. Gothberg, MD

On July 19, 2009 Loren A. Gothberg passed away at the age of 89 years. He was born February 15, 1920 in Yakima, WA. He went to Whitworth College where he decided to pursue the field of medicine. He did his postgraduate study at Cornell University and graduated from Harvard University School of Medicine in 1948. He spent his residency years at St. Luke's Hospital in Chicago, Deaconess Hospital in Spokane and at the University of Washington School of Medicine. While at Whitworth he met Eleanor and they were married in 1945.

Dr. Gothberg was a pioneer in the use of peritoneal dialysis and cofounded the Spokane Artificial Kidney Center in 1962 with Drs. Thomas Marr and Richard Steury. Throughout his life, Loren Gothberg dedicated himself to his community. He was an Associate Clinical Professor of Medicine at the University of Washington, on the faculties of the Spokane Family Medicine and the Spokane Internal Medicine programs. He was on staff at Deaconess, Sacred Heart and St. Luke's hospitals. He was a member of numerous boards including the Inland Northwest Blood Center, the Spokane Medical Service Corporation, the State Society of Internal Medicine and the Spokane County Medical Society Continuing Education.

He was preceded in death by Eleanor, his wife of 56 years. He is survived by his son, John Gothberg; his daughter, Karen Yamada and husband Dan; his foster daughter Chhany Humphry; seven grandchildren and eight great-grandchildren.

designate your UNITED WAY CONTRIBUTION to PROJECT ACCESS

If you are a contributor to the United Way, don't forget that Project Access can be one of your designated agencies as a 501(c)(3) organization. *

* This would be a tax-deductible contribution.



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participating advertisers.**

Medical Reserve Corps – Preparing for Response

The Medical Reserve Corps of Eastern Washington (MRC) is actively preparing for its role in the response of the Regional Healthcare Coalition and the Spokane Regional Health District, if the existing healthcare system in Region 9 (10 eastern-most counties of Washington) or Spokane County proper is overwhelmed by a crisis or disaster.

The MRC will field teams as part of the Point of Distribution (POD) response for centers providing Influenza vaccinations and/or Tamiflu-like medications. Physicians, nurse practitioners and physician assistants consult as to the appropriateness of the treatment modality. In fact, in the October – November time period the MRC will be participating with the Spokane Regional Health District in their “family shot clinics” at the Downtown and Valley YMCA/YWCAs.

In an Influenza Pandemic, if the local emergency rooms became overwhelmed with patients, teams will be at the Neighborhood Emergency Help Centers to triage those seeking help. Physicians, nurses, physician assistants and medical administrative staff will be available to advise those seeking help regarding the most appropriate care.

The MRC recently signed a Memorandum of Understanding with the local Red Cross to help staff shelters that the Red Cross might establish, designed to house medically fragile patients. Those would be part of the Red Cross shelter system set up during crisis responses. Physicians, nurse practitioners, physician assistants, nurses and medical administrative staff will help at the shelters, specifically referred to as “Medical Needs Shelters.” The MRC staff will also be trained in the Red Cross system, but will be able to provide more care than the Red Cross staff.

The Rapid Response Teams are composed of actively practicing or recently retired physicians, nurse practitioners, nurses and physician assistants who will respond to a “surge capacity” need if a hospital in Region 9 is overwhelmed and needs temporary help responding to a crisis/disaster. Those teams will also have use of two trailers that contain the infrastructure for establishing an alternate care facility. Other teams, such as Mental Health and Public Health Education, are also being formed.

The roles for MRC volunteers, both active and retired, are varied as to the skill level needed and the time of those volunteering. Anyone who volunteers would be covered by the State of Washington through its L&I coverage and liability immunity, **IF they are registered** with the Spokane County Department of Emergency Management (DEM), and the MRC would be “called” into action.

Registration is usually simple. It involves completing a registration form, providing a driver’s license and information on professional licenses (active or not), having a picture taken and passing the basic “Criminal Background Check” performed by the DEM. The National Incident Management System (NIMS) requires any

volunteer participating in an Incident Command System (ICS) structured response (which governs most of our responses) to complete training in the “on-line” FEMA courses IS100.1 and IS700.1 and have recent training in CPR, First Aid and Blood Borne Pathogens. Most health professionals have the latter training already and need only to take the “on-line” courses and multiple-choice tests that take about an hour each to complete. We can help with CPR/First Aid/Blood Borne Pathogen training for those who need it.

There are positions for all skill and availability levels. Those out of practice for a while can volunteer for the consulting roles and those more recently fresh from the “heat of battle” can volunteer for a more active role on one of the teams. “Snow birds” can be involved, when in the area. Appropriate training will be provided prior to the team response. The most important fact is that to be covered under Washington statutes, **one must be registered and the MRC must have been activated by the DEM for the specific crisis.**

Monthly meetings are held on the last Thursday of each month at St. Luke’s Rehabilitation Institute. To join and volunteer with us in building a strong, healthy and prepared community contact our coordinator, Becky Duffy at beckyd@community-minded.org or (509) 209-2607 or (509) 230-1430 – cell.

By Robert N. Notske, MD

Membership Recognition For September 2009

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

20 YEARS

Paul N. Grubb, MD	9/20/1989
Kathleen L. Meyer, MD	9/20/1989
Wm. Philip Werschler, Jr., MD	9/20/1989

10 YEARS

John G. Peterson, MD	9/6/1999
Donald A. Coerver, PA-C	9/8/1999
Tod E. Fleming, PA-C	9/8/1999
Robert Tulin, MD	9/14/1999
Kristina H. H. Anderson, MD	9/22/1999
John J. Cambareri, MD	9/22/1999
Tamara Garduno, MD	9/22/1999
Thomas L. Halvorson, MD	9/22/1999
Mark A. Hart, DO	9/22/1999
Christina N. Nye, MD	9/22/1999
Scott W. Nye, MD	9/22/1999
Mariah R. Schimpf, MD	9/22/1999
Kathleen S. Webb, MD	9/22/1999

Solving Key Dilemmas: Asking for Payment, Reducing Bad Debt

48 million Americans are uninsured. Millions more are underinsured or unprepared to pay a large balance. Their challenges have resulted in **significant bad debt for providers across the country**. Despite this -- and the real appetite for change in the healthcare community -- practitioners still struggle with asking for payment.

Part of the solution for many providers is a Web-based payment tool that facilitates upfront collection and improves revenue – but does it in a way that supports a good patient experience. **U.S. Bank's Healthcare Payment Management Essentials** is one of the industry's best examples. Software free and accessible from any Web-enabled computer in your facility, it enables office staff to:

- Accept and track credit, debit, check, or cash payments at the point of care.
- Add functionality, such as real-time insurance eligibility verification, out-of-pocket payment estimation, payment plans, and eStatements.

These features are designed to **streamline the payment process, eliminate confusion over what must be paid out of pocket, and offer patient-friendly payment options**, such as paying over time, saving a card on file for recurring charges, or paying online.

"The healthcare community is looking for payment solutions that support both good business and good care," says Ralph Bernstein, Senior Vice President of U.S. Bank Healthcare Payment Solutions. "HPM Essentials does just that. Physicians understand that, with the right tools, they can **significantly reduce bad debt and the associated collection costs**. Our product is easy to use, supports the doctor's need to capture more payment when care is delivered, and enhances the relationship between patient and physician."

With HPM Essentials, the critical question – "How will you be paying us today?" – has just become easier to ask...and answer.

To learn more about HPM Essentials and schedule an online demonstration, contact:



*Jeresa Hren
Vice President/Relationship Manager
U.S. Bank Private Banking
428 W. Riverside Ave., Suite 700
Spokane, WA 99201
Tel.: (509) 353-7055
jeresa.hren@usbank.com*

U.S. Bank is a proud member of the Spokane County Medical Society's Circle of Friends and serves nearly 1 million bank customers in Washington.

The relationship managers at U.S. Bank Private Banking are experienced in handling the financial needs of affluent individuals, highly trained professionals and business owners. They have particular expertise in the healthcare arena, specializing in medical and dental sectors.



New Physicians

The following physicians/physician assistants have applied for membership, and notice of application is presented. Any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or such requisites shall convey this to our Credentials Committee in writing 104 S Freya St., Orange Flag Bldg #114, Spokane, Washington, 99202.

NEW PHYSICIANS

Bala, III, Juan F., MD

Family Medicine

Med School: Creighton U (2006)
Internship/Residency: Creighton U (2009)
Practicing with Inland Family Medicine since 8/2009

Gardner, Freda E., MD

Internal Medicine

Med School: Baylor College of Medicine (1976)
Internship: Baylor College of Medicine (1977)
Residency: Jewish Hospital (1979)
Practicing with CHS Hospitalist Services (Deaconess & Valley) beginning 11/2009

Logani, Sanjay, MD

Pathology

Med School: Maulana Azad Medical College (1992)
Internship/Residency: Wayne State U (1999)
Fellowships: Hospital of the U of Pennsylvania (2000) and Weill Medical College of Cornell U (2001)
Practicing with InCyte Pathology, PS beginning 9/2009

Reed, Katherine B., MD

Dermatology

Med School: U of Washington (2001)
Internship: Internal Medicine Residency Spokane (2005)
Internship/Residency: Duke U (2009)
Practicing with Dermatology Specialists of Spokane beginning 9/2009

NEW PHYSICIANS PRESENTED A SECOND TIME

Le, Tommy D., DO

Family Medicine

Med School: Midwestern U of Chicago College of Osteo Medicine (2002)
Practicing with Group Health Permanente (Lidgerwood) since 8/2009

Stainbrook, Ruth E., MD

Internal Medicine

Med School: International U of Health Sciences, Canada (2006)
Practicing with IMRS Faculty Hospitalists (SHMC) since 8/2009

Swiggum, Kristina K., MD

Internal Medicine

Med School: U of Southern California, Los Angeles (2003)
Practicing with Spokane Internal Medicine since 8/2009

Sypherd, Dirk S., MD

Urology

Med School: St Louis U (1986)
Practicing with Rockwood Urology Center beginning 9/2009

Medical Education in Spokane: 40 Years of Physician Assistants in Washington



MEDEX Northwest, the University of Washington's Physician Assistant (PA) Program marks its 40th Anniversary this year, 2009. MEDEX was created as a joint project of the Washington State Medical Association (WSMA) and the School of Medicine (SOM). With the leadership of Dr. Richard Smith, one of the first medical directors of the Peace Corps, WSMA and School of Medicine

leaders worked together to create a new profession that was responsive to the needs of Washington's rural communities. Dr. Jesse Sewell, practicing in Odessa WA, worked with Dr. Smith to promote the MEDEX program to his rural colleagues. The first students entering in 1969 were returning military corpsmen, who were seen by rural patients as one of the successes of the Viet Nam conflict.

The first US Physician Assistant program originally was created at Duke University beginning in 1965. Designed to create civilian positions for returning, highly experienced military corpsmen, the Duke and MEDEX curricula were designed to capitalize on the prior field experience of the students. Both programs were broadly publicized and generated wide public support.

In Washington State, the creation of the program included WSMA involvement in the selection of students based on a Peace Corps interview model that featured group interviews to screen and select students based on their "people skills" and ability to work with physicians. The first students were matched with preceptors who planned to employ the first graduates, thus assuring that no one would be trained for jobs that did not exist.

The WSMA/UW project included the passage of a new portion of the Medical Practice Act that allowed

for physician assistant practice. To assure support, PA students were placed in medical practices where legislators were regular patients. In addition, rural members of veterans' organizations, such as the American Legion, were bussed to Olympia on the day that the legislature voted on the PA practice legislation. The Executive Director of WSMA reported that the introduction of the PA legislation was the first time that WSMA had initiated legislation in Olympia.

In the language of the military, the first MEDEX class was "deployed" to rural communities and several urban settings. A community psychiatrist, Dr. Ray Vath (currently the President of the SOM's Alumni Association) designed a process of community meetings to introduce the PAs to communities. As a result the PAs were welcomed enthusiastically throughout rural Washington. Dr. Richard Bunch and Dr. Kenneth Pershall in Othello were examples of initial preceptors who enthusiastically endorsed—and employed—the PAs. Dr. Bunch went on to serve on the Medical Quality Assurance Commission, where he interpreted the PA concept to his fellow Commissioners. Forty years later, Dr. Bunch still works with John Betz PA-C, a member of MEDEX Class 1. Dr. Bunch and John Betz have recently been featured in a new video produced by the National Commission on Physician Assistants promoting MD/PA teams as a solution to health care access.

In 2009 there are 2200 PAs licensed in Washington State with 164 in Spokane County of which 100 are SCMS members.

*By Steve Meltzer, PA-C
Director, Outreach and Eastern WA Education Programs
MEDEX Northwest Division of Physician Assistant Studies
Physician Assistant Training Program*

Changes in Trauma take effect August 23



Effective August 23, 2009, Providence Sacred Heart Medical Center & Children's Hospital became the sole provider of Level II Trauma care for the Inland Northwest. Along with that change, the only hospitals accepting Level III designated trauma patients in Spokane are Providence Holy Family Hospital and Community Health System's Valley Hospital & Medical Center.

In close collaboration with the county's Emergency Medical Services (EMS) council, protocols have been revised for emergency responders so patients may be directed to the most appropriate facility. It is important to remember that:

- All patients who have multiple-system injuries requiring Level II care will be taken to Providence Sacred Heart Medical Center & Children's Hospital.
- For Level III injuries (single-system injuries such as hip fractures), patients will be transported to the nearest designated hospital.

Sacred Heart Medical Center & Children's Hospital has a long history of providing care for trauma victims. We are fully committed and ready to provide full-time trauma services to adults and children from across the region, and continue to work with the state to expand the number of critical care beds to serve the needs long-term. For the short-term, temporary critical care and telemetry beds have been identified, and Emergency Department staffing is being expanded to allow for timeliness of care.

Most importantly, our sincere thanks to the full cadre of specialized physicians, surgeons and specially trained staff who treat adults—as well as children—in emergency and trauma situations. We are truly grateful for their expertise and dedication to those who need it most.

Across the nation, emergency rooms are notorious for long waiting times. In many instances, this is due to people accessing the ER rather than seeing a physician or going to an urgent care center for appropriate levels of care. I would encourage all physicians to help patients access the right care at the right time at the right place in order to improve care for all.

Ensuring our region's trauma needs are met appropriately is very important to the entire Inland Northwest and teamwork is imperative. While it's true that Trauma is not a source of revenue for any hospital (in fact, Sacred Heart subsidized this service by \$1.5 million in 2008 for costs not covered through any other means of reimbursement), Providence is looking forward to providing this vital service as part of its commitment to the community of which we've been a part for nearly 125 years.

I would encourage your comments, as your input and direction are invaluable. Please feel free to contact me at (509) 474-3040 or by email at Jeff.Collins@Providence.org.

Sincerely,

*Jeff Collins, MD, Chief Medical Officer
Providence Health Care*

SCMS is interested in assisting our members to participate more actively in key community leadership roles. If you become aware of an open board, commission or advisory committee position please notify Michelle Caird at (509) 325-5010 or by email at michelle@spcms.org.

Positions Available

POSITIONS AVAILABLE

FAMILY PRACTICE PHYSICIANS - As a medical professional, there has never been a better time in the history of America to step up to the plate and show your American pride. Come be a part of a team that cares for our soldiers and their families! TeamStaff Government Solutions has an immediate need for Full-Time Family Practice Physicians at Goodfellow AFB in San Angelo, TX & Fairchild AFB in Spokane, WA Outpatient Clinics. Monday through Friday, NO EVENINGS, NO WEEKENDS (some on call required). Mal-practice Insurance covered under government Gonzales Act. If you or someone you know is seeking a fantastic opportunity to care for those who serve our country, please contact Ella Giles, Sr. Recruiter for more information at (866) 952.1649.

URGENT CARE POSITION – Deaconess Medical Center and Valley Hospital and Medical Center have four Urgent Care locations in Spokane, WA. We are seeking a Board Certified physician with comparable Urgent Care experience for a full-time position. Excellent salary and benefits package with flexible work schedule - 12-hour shifts and no call. Please contact Evelyn Torkelson at torkele@empirehealth.org or (509) 473-7374.

CERTIFIED MEDICAL DIRECTOR – If making a real difference in the LTC community is your passion, join our dynamic multidisciplinary team at Royal Park Care Center. Apply your geriatric expertise to our exceptional 164 bed skilled nursing facility as our Certified Medical Director. Please call Matt Fleming, Administrator, at 509-489-2273 to discuss this opportunity.

IM AMBULIST... This is an excellent opportunity for a BC/BE Internist to join a collegial and respected team of eleven internists and three non-physician providers. You can be assured that the Rockwood hospitalist team will provide superb care for your hospital patients. Rockwood Clinic, a physician owned/directed multi-

specialty group serving the Inland Northwest since 1930, offers a professional practice environment, substantial on-site Imaging and Laboratory services, established EMR, involvement in research projects and teaching, and an attractive Benefit/Comp Package leading to early shareholder status. For details Contact: Colleen Mooney, Physician Recruiter, Phone: 509-838-2531 Email: practice@rockwoodclinic.com Visit: www.rockwoodclinic.com

HOSPITALIST POSITION AVAILABLE IN BEAUTIFUL COEUR D'ALENE. Join Hospital Specialists at our Kootenai Medical Center site and be part of a thriving medical community. Hospital Specialists is a local, physician owned medical group focusing on quality medical care in a physician friendly environment. See our web site at www.HospitalSpecialists.com for contact information and to learn more.

FIND YOUR PASSION HERE-FAMILY MEDICINE OPPORTUNITIES – Group Health Permanente is currently seeking part-time BC/BE Family Medicine or Internal Medicine Physician to join our team. Group Health is dedicated to providing comprehensive, innovative and patient-centered care to communities surrounding Washington. This commitment to quality has led to high patient satisfaction scores; in fact, we were recently ranked in the top four nationally for patient satisfaction.

Generous benefits package includes:

- Full Malpractice Indemnification (including tail coverage)
- Medical/Dental/Vision Coverage
- 401(k) & Pension
- Long-Term Disability & Long-Term Care
- CME Benefit/Professional Society Dues and license reimbursement
- Life Insurance
- Partially Funded Sabbaticals

For more information or to submit your CV, please contact Cayley Crotty at 206-448-6519 or crotty.c@ghc.rog

Medical Office for Build or Lease

MEDICAL OFFICE FOR BUILD OR LEASE

Good location and spacious suite available next to Valley Hospital on Vercler. 2,429 sq ft in building and less than 10 years old. Includes parking and maintenance of building. Please call Carolyn at Spokane Cardiology (509) 455-8820.

Park-like Office Space surrounded by views, trees and flowering shrubs. Class A office space with ample parking and janitorial services. Your office space can be 2900 square feet or may be subdivided with either 1850 or 1050 square feet. Located in the Quail Run Office Building at 2204 East 29th Avenue. Phone (509) 230-2353 for information.

Will build to suit, prime location across from Holy Family Hospital at 111 East Central. Call Maureen at (509) 467-4257.

Spokane Eye Surgery Center 5,600 sq. ft. Ambulatory Surgery Center will become available for occupancy via sale or lease in August-September 2009. Our facility has three operating rooms, two built-in prevac steam sterilizers, six pre/post-op patient bays, waiting room and administrative areas. Complies with ASC licensure requirements. Please contact Dan Simonson (509) 456-8150 for more information.

Medical Office Building at 6002 N. Mayfair (the "Logan" building) is available for lease. Up to 14,000 sq. ft. Sign a five-year lease and the first year is rent-free. Call Metcalf Financial Services (509) 232-5414 for more information.

Northpointe Medical Center Located on the North side of Spokane, the Northpointe Medical Center offers modern, accessible space in the heart of a complete medical community. If you are interested in locating your business here, please contact Tim Craig at 509-688-6708. Basic info: \$23 sq/ft annually. Full service lease. Starting lease length 5 years which includes an \$8 sq/ft tenant improvement allowance. Available space: *Suite 210 - 2286 sq/ft *Suite 209 - 1650 sq/ft *Suite 205 - 1560 sq/ft *Suite 302 - 2190 sq/ft

For Lease 3700 sq ft of second floor space in a new 18,900 sq ft building available December 2009. It is located just a few blocks from the Valley Hospital at 1424 N. McDonald (just South of Mission). First floor tenant is Spokane Valley Ear Nose Throat & Facial Plastics. \$24 NNN. Please call Geoff Julian for details 939-1486 or email gjulian@spokanevalleyent.com.

Indian Trail Professional Building has medical space available for lease. A 11,243 sf professional medical / office building located in the growing Indian Trail Community directly across from the new Sundance Shopping Center. Address is 5011 W. Lowell Ave or the SWC of Indian Trail and Lowell Avenue, Spokane, WA. The main floor space located off of the main floor entrance consists of 4,389 sf of Class "A" General Medical Practice or Urgent Care Center space. There is also another 1566 sf of built out for a Physical Therapy office. Tenant Improvement Allowance Available. Floorplans and marketing materials can be emailed upon request. Please contact Patrick O'Rourke, CCIM with O'Rourke Realty, Inc. at (509) 624-6522 or cell (509) 999-2720. Email: psrourke@comcast.net.

North Spokane Professional Building has up to 6,307 sf of contiguous medical space available for lease. A 60,000 sf professional medical office building located at N. 5901 Lidgerwood or the NWC of Lidgerwood and Central Avenue. The Building is directly north and adjacent to Holy Family Hospital. The building has various spaces available for lease; 635, 690, 1031, 1222, 1518, 1527, 1533, 1839 usable square feet available. The building has undergone extensive remodeling, including two new elevators, lighted pylon sign, refurbished lobbies, corridors, and stairways. Other tenants in the building include, pediatricians, dermatology, dentistry, pathology, pharmacy and multiple sclerosis. Floorplans and marketing materials can be emailed upon request. Tenant Improvement Allowance Available. Please contact Patrick O'Rourke, CCIM, with O'Rourke Realty, Inc. at (509) 624-6522 or cell (509) 999-2720. Email: psrourke@comcast.net.

Discover Providence Holy Family Hospital's newly constructed 60,000 SF Central Medical Office Building, the only on-campus, Class A MOB in the fast-growing community of North Spokane. Strategically located above the hospital's newly renovated/expanded ambulatory care center, Central Medical Office Building allows patients to receive comprehensive care in one convenient location. With ample surface parking and a direct connection to inpatient and outpatient services, Central MOB is the ideal place to expand your practice. Generous tenant improvement allowance and competitive lease rates available. Call 509-489-0171 to inquire about limited time leasing specials.

2009 Continuing Medical Education Program Schedule

Moderate (Conscious) Sedation and Analgesia

Tuesday, October 6
Deaconess Health and Education Center
5:30 – 9:15 pm

(SCMS' annual program to satisfy JCHHO requirements and provide a refresher course to members of the medical community in order to increase patient safety.)

Infectious Disease

Tuesday, November 3
Deaconess Health and Education Center
5:30 – 9:15 pm
(Three one-hour topics will be presented.)

Rheumatology

Wednesday, December 9
Deaconess Health and Education Center
5:30 – 9:15 pm
(Three one-hour topics will be presented.)

THANK YOU

SCMS CIRCLE OF FRIENDS



We appreciate your support!



SPOKANE COUNTY MEDICAL SOCIETY

Classified Ads

REAL ESTATE

Liberty Lake Waterfront for Rent. West side, spectacular views. Furnished, fully equipped kitchen. Charming, with wood floors, French doors, gas fireplace and covered lakeside porch. 1 bedroom, 2 bath, 1 car garage. \$900/month. Please call (509) 481-3142.

Spectacular views from this secluded setting over looking the Spokane Valley. This 3288 sq. ft., 4 bedroom 4 bath home sits on 2.76 acres of nature with abundant wildlife. Some of the great features of this home include natural woodwork, updated wood and tile flooring, atrium off of kitchen, large entryway, large deck with spa and sauna. Each main floor bedroom has a deck and views. Located at 4708 South Schafer Branch Road in the Ponderosa area in the Central Valley School Dist. Also available for purchase with this home are an additional 17.7 acres. For more information please contact Dan Simmons at (509) 999-1462 or view this home on line at www.DanielLSimmons.com. Tomlinson Black Valley, 721 N. Pines Rd.

Waterfront Loft Condo near Gonzaga/U-District... unparalleled location mere steps from the Spokane River. Loft living in a modernized former industrial building with exposed brick & trusses and huge windows. 2 heated parking spaces, fully secure, riverfront lawn area. Rare opportunity!! www.ironbridgecondos.com or call Andrew Chester at (509) 939-7690 for more information.

Luxury Condos for Rent/Purchase near Hospitals. 2 Bedroom Luxury Condos at the City View Terrace Condominiums are available for rent or purchase. These beautiful condos are literally within walking distance to the Spokane Hospitals (1/4 mile from Sacred Heart, 1 mile from Deaconess). Security gate, covered carports, very secure and quiet. Newly Remodeled. Full appliances, including full-sized washer and dryer. Wired for cable and phone. For Rent \$ 850/month. For Sale: Seller Financing Available. Rent-to-Own Option Available: \$400 of your monthly rent will credit towards your purchase price. Please Contact Dr. Taff (888) 930-3686 or dmist@inreach.com.

Home for Sale - A River Runs Through It 1.8 acres on the privately owned, but EPA protected Little Spokane River -public access not allowed - homes must be on no less than 5 acres (grandfathered in). 20-25 min to downtown. Large pump irrigated lawns (water rights), wooded trails, swimming hole w/sandy beach. 3200 sq ft of living space; 4 bedrooms, 3 1/2 baths, den/activities room, multilevel decks & patios, attached 2-car garage, detached 2-vehicle carport, 24' x 20' 2-story barn, mature landscaping, new septic system, public utilities. Mead school district, 1/4 mile from Midway Elementary, school bus comes to home. Surrounded by woods but very close

to all amenities. Located at 17122 Little Spokane Dr. between Colbert, Rd and Midway Rd. Owner financing a consideration. Would consider renting until it sells or rent to own. Call (509) 467-1347 or (509) 625-7099 if interested. For more information and a photo tour go to <http://colbertriverhome.com>

Never Shovel Snow or Cut Grass Again!!! A beautiful newer home in Quail Ridge, a small, gated community near Manito Golf Club on Spokane's South Hill. Architect designed for casual elegance and ease of living. Brick, tile, glass and an open floor plan. Perfect for those who don't want the responsibilities of a big home, while keeping all the comforts and amenities. By Owner. \$796,000 Call for more information. (509) 443-1183 or (509) 981-8137

Ideal home for newcoming physician to Spokane, for rent or purchase. Convenient to all downtown hospitals. Three Bedroom, two-bath home in beautiful South Hill location. Please call 509-995-4223 or email: miminorth@aol.com for more information.

OTHER

Needed: North Pines Family Medicine is looking to purchase a used exam table, with stirrups. Please call (509) 926-1531 and ask for Denise.

For Sale: Office furnishings ~ 11 waiting room chairs, 2 consultation armchairs, large oak desk with return and credenza/bookshelf, 3 exam tables. Business office furniture and more. For details contact Alex Verhoogen, MD. (509) 456-8550

Ski, Tube or Snowmobile at Silver Mountain or Lookout Pass: Stay at STARS AND STRIPES, a beautiful vacation home, with hot tub, in Kellogg, Idaho. Sleeps 8-10, fully furnished with 2 bathrooms. For rent by day or week. Call Peggy Doering at (509) 230-6829.

Priest Lake Waterfront Cabin for Rent—Beautiful 2 story cedar cabin "The Water's Edge" on the East Shore--Sleeps 8-10. Spectacular lake and mountain views. See it at www.getlostatpriestlake.com or call 1-(208)-443-2100 or 1-(208)-877-LAKE.

Rolla Desks For Sale: Designed for Hospitals, Nursing Homes, Inventory Control, Patient Charting, Conference Rooms, and Warehouse Applications that need a sturdy rolling pedestal for a laptop computer. Rolla Desks retail for \$459.95. These are only two years old. We would like to sell them for \$350 each or best offer. Please contact Terri at (509) 744-3750 at extension 294 if you are interested.

Proposed By-Laws Change

The Executive Committee reviewed and approved the following change to Spokane County Medical Society by-laws at the April 08, 2009 meeting. The by-laws change was subsequently reviewed and approved by the Board of Trustees at the May 27, 2009 meeting. This is the first reading of the by-laws change; the second reading will occur at the next General Membership Meeting. (Underlining signifies new language.)

10.1 Board of Trustees

The Board of Trustees shall be the governing body of the Society. The Board of Trustees shall have supervision, control and direction of the affairs of the Society, its committees and publications; shall determine its policies and programs; shall actively pursue its objectives and supervise the disbursement of its funds; shall employ a Chief Executive Officer. The President, Immediate Past President, President-Elect, Vice President, Secretary-Treasurer and ten other members shall make up the

~~Board of Trustees.~~ The Board of Trustees shall consist of the President, Immediate Past President, President-Elect, Vice President, Secretary-Treasurer and nine members from one of the following Membership Classes: Active, Active Limited and/or Emeritus and one member from the Physician Assistant Membership Class with voting rights. The trustees shall be elected to three-year terms with four members elected the first year, and three the second year, and three on the third year. Any vacancies occurring in an at-large Board position shall be filled by the President of the Society for the duration of the unexpired term of the member leaving the vacancy. Any vacancy of an officer shall be filled by the Executive Committee. Trustees shall not serve more than two consecutive full terms unless they are also officers of the Washington State Medical Association or the American Medical Association. The trustees may delegate certain of its authority and responsibilities to the Executive Committee.

WASHINGTON STATE DIVISION OF DISABILITY DETERMINATION SERVICES

MEDICAL CONSULTANT POSITIONS AVAILABLE

The state of Washington Division of Disability Determination Services seeks physicians to perform contract services in the Spokane office. Contract services include the evaluation of physical impairment severity from medical records and other reports, utilizing Social Security regulations and rules. Medical Consultants function as members of the adjudicative team and assist staff in determining eligibility for disability benefits.

REQUIREMENTS
Current Medical License in Washington State. Board qualified/certified desirable. Staff medical consultants now work exclusively in an electronic environment. Computer skills desirable.

REIMBURSEMENT
Competitive rates.

Interested physicians should contact Gene Profant, M.D, Chief Medical Consultant at (360) 664-7454 or Bruce Van Fossen, Spokane DDS Office Chief at (509) 329-2567.

