

SPRING 2025

THE message



A Newsmagazine of Spokane County Medical Society

**Childhood Firearm Injuries:
Review and Prevention
Stand Up for Our Patients**

SCMS MEMBER HIGHLIGHT

Rebecca Knuth, MD



A Coronary screening exam is just \$225 all year long!

HEART DISEASE IS AMERICA'S NUMBER ONE KILLER. ARE YOUR PATIENTS AT RISK?

A coronary screening exam, is a quick, non-invasive way to screen for atherosclerosis and to evaluate your patient's risk for heart disease. Inland Imaging offers this exam all year for just ***\$225**. The exam requires a referral. Your patients should be symptom-free and must meet at least one additional risk factor.

Risk Factors Include:

- Men between 40 years or older, women 45 years or older
- Family history of heart disease • High cholesterol
- High blood pressure • High stress levels
- History of smoking • Sedentary lifestyle

Exams are conducted at our Holy Family, South Cowley, and Providence Medical Park locations. For more information, call (509) 455.4455 or go to www.inlandimaging.com/calcium-scoring.



**This exam is covered by some insurance providers. Patients should review their plan for details.*



Table of Contents

2025 Officers and Board of Trustees:

Saima Ahmad, MD
President

Shannon Dunn, DO
President-Elect

Rebecca Mallo, MD
Secretary-Treasurer

Okechukwu Ojogho,
MD, MMM, FACS
Immediate Past President

Trustees:

H. Frank Andersen, MD
Charles Christian Anderson,
MD, FAAP, CEPS-PC
Svetlana Cox, MD
Michelle Drobny, DO
Amy Eddy, MD
Julie Kaczmark, MD
Rebecca Knuth, MD
Radha Nandagopal, MD
Theo Orchard, MHS, PA-C
Jennifer Pasko, MD
Paula Thompson, PA-C
Francisco Velázquez, MD

Newsmagazine Editor:

Shannon Dunn, DO

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

Advertising Correspondence:
SCMS Publications
Attn: Shelly Bonforti
PO Box 650,
Veradale, WA 99037
509-325-5010
shelly@spcms.org

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

President's Message 2

MEMBER COLLEGIALLY

Membership Recognition - March 2025 - May 2025 3

Welcome New Members 3

Mark Your 2025 Calendar Today! 3

SCMS Member Highlight Rebecca Knuth, MD..... 4

Meet your 2025 SCMS Board of Trustees! 5

COMMUNITY ENGAGEMENT

Childhood Firearm Injuries: Review and Prevention 6

MEDICAL ADVOCACY

Policymaking at the WSMA Starts with a Resolution, and the SCMS is here to help you! 9

Stand Up for Our Patients 10

Classifieds 11

SCMSF Grant Proposal 12

SCMS Mission

Serving as the guardian of community health and wellness while leading and promoting the professional practice of medicine.



GET ON BOARD

The SCMS Foundation (SCMSF) is currently accepting applications for its Board of Directors. Designated as a charitable organization, its mission of “promoting and supporting the development of future physician and physician assistant leaders within our community, and identifying and funding important and innovative projects that advance the health of our community” is driven and preserved by the physician and physician assistant members of the Spokane County Medical Society.

Currently, the SCMSF offers local organizations grants of up to \$10,000 whose needs fall in line with the Foundation’s mission.

For more information on the SCMS Foundation, Board Role Description and Application, please visit www.spcms.org/spokane-county-medical-society-foundation

FOLLOW SCMS ON



President's Message



Healthcare has long been a field marked by uncertainty, and recent times have only underscored how quickly circumstances can evolve. From navigating the complexities of public health challenges to confronting the financial uncertainties surrounding Medicaid payment structures and medical research funding, we are

frequently faced with difficult questions about sustaining progress. Yet, even amidst these challenges, our commitment to discovery, innovation, and, above all, the well-being of patients remains unwavering.

In these times, advocacy and engagement have taken on an even greater significance. Medical professionals in our society are raising their voices louder than ever to champion policies that promote equitable access to care and support the continued advancement of scientific discovery. It is through the unity of our efforts that we continue to make a meaningful impact, ensuring that the needs of both patients and the medical community are heard and acted upon.

As the warmth of spring ushers in new life, it serves as a powerful reminder of renewal, resilience, and the spirit of collaboration. These same qualities are guiding us through the challenges we face. Across the SCMS committees, there has been a tireless commitment to advancing high-quality educational programs, advocating for essential

Medicaid funding, and securing the support needed to propel forward critical research and scholarship.

Looking ahead, there is much to celebrate. Upcoming SCMS events will bring together passionate professionals eager to share insights, discuss breakthroughs, and inspire one another. These gatherings are not just a chance to learn, but a testament to the strength and solidarity of our community. While the road ahead may still have its uncertainties, the collective energy and determination of our members and volunteers provide every reason for optimism. Just as spring brings new growth, the promise of fresh ideas and transformative discoveries reminds us that progress is always on the horizon.

Please save these dates and come join us at the upcoming SCMS events, I personally look forward to meeting you there.

Spring Resident/Student Recruiting Fair - April 17th

WSMA Leadership Development Conference - May 16th - 17th

Women in Medicine 2025 - all members are welcome to attend - June 13th. ■

Saima Ahmad, MD
2025 President, SCMS

MEDICAL/OFFICE BUILDING FOR LEASE

1727 1ST STREET, CHENEY, WA



3,894 Sq. Ft. • 41 Car Parking • Convenient, High-Visibility Location

Perfect for:
Medical/Physical Therapy Combo
Emergency Clinic
Physical Therapy Clinic

NAI Black
Commercial Real Estate Services, Worldwide.

Christopher Bell
509-622-3538
cbell@nailblack.com

Dick Rocanova
509-456-8722
drocc50@gmail.com

Membership Recognition for
March 2025 - May 2025

Mark Your
2025 Calendar Today!

APRIL 17, 2025

SCMS Resident/Student Recruitment Fair

JUNE 13, 2025

SCMS Women in Medicine Conference

AUGUST 21, 2025

SCMS GMM & Mixer

OCTOBER 10, 2025

SCMS Medicine 2025 CME Conference

Go to spcms.org for event details!

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.

50 YEARS

Gilbert Smith, MD
03/27/1975

Charles Brondos, MD
05/27/1975

Brian Gipstein, MD
05/27/1975

30 YEARS

John Heusner, MD
03/8/1995

20 YEARS

Clinton Hauxwell, MD
05/31/2005

New Members:
February - March 2025

PHYSICIANS

• Caitlin Allen, MD

• Blake Stringham, DO



**Spokane County
Medical Society**



“It’s meaningful work supporting our patients and their loved ones through the final stages of their lives.”

Dr. Lynn Bergman,
Medical Director



DIGNITY. RESPECT. COMPASSION.
509.456.0438 | hospiceofspokane.org

OUR COMMUNITY’S LONGSTANDING NONPROFIT
HOSPICE, SERVING PATIENTS AND THEIR FAMILIES SINCE 1977.

Rebecca Knuth, MD

Works at:

Providence Sacred Heart Children's Hospital and Washington State University School of Medicine (Associate Program Director for the Pediatric Residency and Faculty in the Art and Practice of Medicine)

Specialty:

Pediatric Hospitalist

Why SCMS:

I live and practice in this community. I want to be a part of the work that makes this area a healthy and thriving place to live.

Top concern in medicine:

Affordable access to care and medications for all children.

Why my specialty:

I love working with kids and their families. As a hospitalist, I take care of children who are ill enough to be in the hospital. This can be a stressful time for families who are juggling work and other family obligations with staying with their hospitalized child. I appreciate how challenging that is and work to let families know that I am listening to their concerns, and we will work with them to ensure that their child recovers. Some of my patients have a chronic medical condition. I enjoy the continuity of watching them grow up and getting to know their families well.

When I'm not at work:

I love to be outside, digging in the dirt and growing flowers and vegetables. I just bought 15 fruit trees to put in the ground in March.

My go-to activity to unwind:

Gardening and reading.

What I read:

Historical fiction, fantasy, cookbooks and gardening books

What you might not know about me:

I have chickens and own a tractor. I also like to paint and play the piano.

Proud moments in medicine:

Being the Associate Program Director for the new WSU Pediatric Residency!

**Best advice:**

"The time will pass no matter what, so keep working towards doing something you love. Then you have no regrets when you look back." – my mom, when I was questioning if I wanted to become a doctor.

What's next:

We are about to match our second class of pediatric residents! . ■

Meet your 2025 SCMS Board of Trustees!

Executive Committee



Immediate Past President
Okechukwu Ojogho, MD



President
Saima Ahmad, MD



President Elect
Shannon Dunn, DO



Secretary-Treasurer
Rebecca Mallo, MD

Trustees



H. Frank Andersen, MD



**Charles Christian Anderson,
MD, FAAP, CEPS-PC**



Svetlana Cox, MD



Michelle Drobny, DO



Amy Eddy, MD



Julie Kaczmark, MD



Rebecca Knuth, MD



Radha Nandagopal, MD



Theo Orchard, MHS, PA-C



Jennifer Pasko, MD



Paula Thompson, PA-C



**Francisco Velázquez,
MD, SM, FCAP**

Childhood Firearm Injuries: Review and Prevention



Mia Parker,
Keeping Children Safe Coordinator,
Spokane Regional Health District

CAUSE OF CONCERN: FATAL AND NONFATAL CHILDHOOD FIREARM INJURIES

In 2024, the United States Surgeon General declared firearm violence a public health crisis in the U.S.¹ Firearm violence has a range of impacts on public health including deaths, nonfatal injuries, and harms to community mental health such as increased stress, fear, grief, and diagnosed mental health conditions.¹ Firearm injuries among U.S. children and adolescents are a particularly pressing public health concern. Firearm injuries in children and adolescents can be intentional or unintentional, and result in deaths by suicide, homicide, and accidental deaths.²

In 2020, firearms became the leading cause of death among children and adolescents less than 19 years old in the U.S.³ This was a very historic shift, because for decades prior to 2020, motor vehicle collisions were the leading cause of death among U.S. children and adolescents.³ The rate of deaths among U.S. children and adolescents due to firearm-related injury also surpasses other causes of death that we commonly hear about, such as overdose and drowning.³

This national trend is present in our community as well. From 2018-2022, firearms were the leading cause of death among children less than 18 years old in Spokane County.⁴ During this same time period, if we separate death data by intent rather than cause, suicide is the leading type of death among children less than 18 years old in Spokane County.⁴ For decades, firearms have been the most common method used in deaths by suicide in Spokane County.⁵ Across the U.S. the highest increases in rates of firearm-related suicide deaths have been among younger people, including a 68% increase among 10- to 14-year-olds and 45% increase among 15- to 24-year-olds.¹ Suicide rates among children and teens with firearms in the home are four times higher than rates among children and teens who live in homes without firearms.⁶

While deaths are the most adverse outcome from firearm injury, available data indicates there at least double the amount of nonfatal firearm injuries compared to fatal firearm injuries in the U.S.¹ Children and adolescents who survive a firearm injury are at increased risk for pain disorders, psychiatric disorders, and substance use disorders compared to peers who do not experience a firearm injury.¹ In the U.S. from 2019 to 2022, people 15 to 24 years old consistently had the highest mean number of emergency department visits for firearm injuries within a week, and the largest increase in the proportion of firearm injury emergency department visits during 2020-2022 compared to 2019 was among people 0 to 14 years old.¹

FIREARMS IN HOMES WITH CHILDREN

Firearms are present in approximately one in three homes with children in the U.S.⁷ In-home firearm storage practices influence risk of intentional and unintentional childhood firearm injuries.¹ Risk of child and adolescent suicide and unintentional firearm injury is higher when there is an unlocked firearm in the home.¹

There are a range of estimates on how many firearm owners across the U.S. store their firearms unlocked, however it is clear that firearms are commonly stored unlocked.^{7,8,15,19} A 2022 nationwide study found that 70.8% of firearm owners use at least one firearm locking device for safe storage, yet 65.3% had at least one unlocked firearm.¹⁹ The 2021 National Firearm Survey indicated that 44.1% of parents with firearms in the home stored all their firearms unloaded and locked, 36.1% stored firearms unlocked in the home, and 15% stored at least one firearm loaded and unlocked in the home.⁷ Yet, another study found that 74% of parents store at least one firearm unlocked at home, and that many of these firearms were loaded.⁸

Parents' decisions about how they will store their firearms are often influenced by lived experience, perception of their children's access to firearms, and perception of possible harm to their child from firearm use.⁹ Parents are the experts on themselves and their family. However, like all of us, their beliefs can be flawed. For instance, Harvard Health reported that three out of four children living in a house with a firearm

know where the firearm is, even when their parents think they don't.¹⁰

Homes with teenagers are more likely to store their firearms unlocked and loaded due to the perception that accidental shootings happen because of a young child's age. However, 14- to 17-year-old high schoolers have the highest likelihood of unintentionally shooting themselves or someone else compared to other age groups.⁶ The age group with the second highest likelihood of unintentionally shooting themselves or someone else is preschoolers who are 5 years old or younger.⁶ Children as young as 3 years old are able to pull the trigger on most handguns.^{8,10}

FIREARMS USED IN CHILDHOOD DEATHS

Evidence suggests that over 75% of firearms used in deaths of children under 18 were stored unlocked.² In the deaths of children less than 18 years old analyzed by fatality review panels across the U.S. from 2005 to 2019, only 14% of the firearms used were stored locked, and in some cases the firearm was stored locked but removed for cleaning and never re-locked.² In the U.S., the most common location where children under 18 die from firearms is in their own home.² In child deaths reviewed by fatality review panels across the U.S., the child's parent or caregiver was the owner of the firearm used in 71% of childhood deaths by suicide, 55% of accidental firearm deaths, and 30% of homicide deaths.² These findings highlight the importance of safe firearm storage, especially in homes with children.

A child's own home is certainly not the only place firearm injuries take place. More than a third of all unintentional shootings of children take place in the homes of their friends, neighbors or relatives.⁶ In light of this, the American Academy of Pediatrics encourages parents to ask about firearm storage before children visit other people's homes as part of a routine list of other safety questions.⁶

SAFE FIREARM STORAGE IS EFFECTIVE INJURY PREVENTION

When firearms are safely stored, risk of fatal and nonfatal firearm injury is lower.^{11,12} There is a safety spectrum for firearm storage methods. A firearm is least secure when it is loaded and unsecured, more secure when it is loaded and locked up, and most secure when it is unloaded, locked up, and the ammunition is locked up in a separate location.¹³

A variety of firearm locking devices can be used for safe firearm storage. Options include firearm vaults or safes, lockboxes, trigger locks, and cable locks. Locking devices vary in price and have a range of features, such as key, combination, and biometric opening mechanisms. In addition to preventing intentional and unintentional injuries, firearm locking devices can prevent firearm theft.¹⁴

Multiple studies suggest that firearm owners prefer and will use certain firearm locking devices more than others. Firearm locking device preference is influenced by various

factors including cost, ease of use, and perceived security.^{11,14} Many firearm owners report preferring vaults, safes, or lockboxes compared to other firearm locking devices.^{11,14,15} Cost of preferred firearm locking devices may be the most significant barrier to access to and use of preferred firearm locking devices given that vaults, safes, and lockboxes are typically more expensive than trigger locks and cable locks.¹⁴ These findings highlight the importance of funding for free or reduced-price firearm locking device distribution, including distribution of firearm vaults, safes, and lockboxes.

IMPLICATIONS FOR CLINICAL PRACTICE AND RESOURCES

Parents and other individuals who own firearms have reported that they would accept safe firearm storage counseling from a range of professionals, including medical professionals.^{8,12} Safe firearm storage messaging from local law enforcement, firearm retailers and associations, and members of veteran's groups is especially appreciated.^{8,12} Using messaging endorsed by these groups in clinical practice and partnering with these groups for outreach activities may be beneficial.

Spokane Regional Health District has safe firearm storage brochures available in five languages and co-branded by a local firearm retailer and law enforcement. Local medical providers are encouraged to use these brochures in their practice. Furthermore, counseling patients on firearm injury prevention, including safe firearm storage is supported by The American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, American Public Health Association, American College of Physicians, American College of Surgeons, and American Psychiatric Association.¹ To request free printed copies of safe firearm storage brochures in English, Spanish, Russian, Ukrainian, or Marshallese, email mparker@srhd.org.

When free firearm locking device distribution events occur in Spokane County, local medical organizations should share information about these events with patients. Additionally, local medical organizations should consider increasing their understanding of Extreme Risk Protection Orders (ERPOs) and opportunities to counsel families about ERPOs. When someone is at risk of harming themselves or someone else, professionals or family members can petition for an ERPO to temporarily remove the individual's weapons, including firearms.¹⁶⁻¹⁸ ERPOs are an evidence-based approach for suicide prevention and may prevent other firearm injuries.¹⁶

Given the mental health impacts of firearm injuries, medical professionals are encouraged to support referrals to mental health services for firearm injury survivors and individuals whose loved one has died from firearm injury. Hope Haven Counseling is one local resource that provides specialized support for grief, including specialized support for traumatic grief, suicide loss, and homicide loss. By having preventive conversations about safe firearm storage as part of routine

patient care, educating yourself and families on other options to keep patients safe such as ERPOs, and offering mental health support to individuals impacted by firearm injuries, you are creating a safer, healthier Spokane County. ■

REFERENCES:

- Office of the Surgeon General. Firearm violence in America. www.hhs.gov. Published June 5, 2024. <https://www.hhs.gov/surgeongeneral/priorities/firearm-violence/index.html>.
- Firearms Quick-Look. The National Center for Fatality Review and Prevention. <https://ncfrp.org/center-resources/quick-looks/firearms-quick-look/>
- Goldstick JE, Cunningham RM, Carter PM. Current causes of death in children and adolescents in the United States. *New England Journal of Medicine*. 2022;386(20):1955-1956. doi:10.1056/nejmc2201761.
- Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2022, Community Health Assessment Tool (CHAT), November 2023.
- Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2012–2020, Community Health Assessment Tool (CHAT), April 2022.
- Schaechter J. Guns in the home: How to keep kids safe. *HealthyChildren.org*. June 12, 2020. Accessed December 11, 2024. <https://www.healthychildren.org/English/safety-prevention/at-home/Pages/Handguns-in-the-Home.aspx>.
- Miller M, Azrael D. Firearm Storage in US Households With Children. *JAMA Network Open*. 2022;5(2):e2148823. doi:https://doi.org/10.1001/jamanetworkopen.2021.48823
- Aitken ME, Minster SD, Mullins SH, et al. Parents' Perspectives on Safe Storage of Firearms. *Journal of Community Health*. 2019;45(3):469-477. doi:https://doi.org/10.1007/s10900-019-00762-2
- Schenck C, Wilson M, Tiyyagura G, Bechtel K. Parental attitudes, beliefs, and practices related to firearm storage: a qualitative study. *Injury Epidemiology*. 2022;9(S1). doi:https://doi.org/10.1186/s40621-022-00400-x
- McCarthy C. Children and gun safety: What to know and do. *Harvard Health*. July 19, 2019. Accessed December 11, 2024. <https://www.health.harvard.edu/blog/children-and-gun-safety-what-to-know-and-do-2019071917357>.
- Simonetti J, Simeona C, Gallagher C, Bennett E, Rivara F, Rowhani-Rahbar A. Preferences for Firearm Locking Devices and Device Features Among Participants in a Firearm Safety Event. *Western Journal of Emergency Medicine*. 2019;20(4):552-556. doi:https://doi.org/10.5811/westjem.2019.5.42727
- Simonetti JA, Rowhani-Rahbar A, King C, Bennett E, Rivara FP. Evaluation of a community-based safe firearm and ammunition storage intervention. *Injury Prevention*. 2017;24(3):218-223. doi:https://doi.org/10.1136/injuryprev-2016-042292
- Rosen A. How safe and secure gun storage reduces injury, saves lives | Johns Hopkins Bloomberg School of Public Health. *Johns Hopkins Bloomberg School of Public Health*. Published May 25, 2023. <https://publichealth.jhu.edu/2023/how-safe-and-secure-gun-storage-reduces-injury-saves-lives>.
- Buck-Atkinson J, McCarthy M, Stanley IH, et al. Firearm locking device preferences among firearm owners in the USA: a systematic review. *Injury Epidemiology*. 2023;10(1). doi:https://doi.org/10.1186/s40621-023-00436-7.
- Anestis MD, Mocerri-Brooks J, Johnson RL, et al. Assessment of Firearm Storage Practices in the US, 2022. *JAMA network open*. 2023;6(3):e231447-e231447. doi:https://doi.org/10.1001/jamanetworkopen.2023.1447.
- Extreme Risk Protection Orders: An Evidence-Based Approach to Preventing Suicide. <https://www.apaservices.org/advocacy/extreme-risk-protection-orders-suicide.pdf>.
- Rowhani-Rahbar A, Bellenger MA, Gibb L, et al. Extreme Risk Protection Orders in Washington : A Statewide Descriptive Study. *Annals of Internal Medicine*. 2020;173(5):342-349. doi:https://doi.org/10.7326/M20-0594.
- Conrick K, Davis A, Rooney L, et al. Extreme Risk Protection Orders in Washington State : Understanding the Role of Health Professionals. *Journal of the Society for Social Work and Research*. Published online April 5, 2021. doi:https://doi.org/10.1086/714635.
- Betz ME, Stanley IH, Buck-Atkinson J, et al. Firearm Owners' Preferences for Locking Devices: Results of a National Survey. 2023;176(3):424-427. doi:https://doi.org/10.7326/m22-3113

We're not only #1 in Spokane, but #1 in the STATE!

New data shows Horizon Hospice spends more time with each patient per week than any other hospice provider in our state. In fact, we spend over 90 minutes more time weekly with patients than any hospice in Spokane.

Isn't that what you want for your patients too?



And Horizon is still the only hospice in Spokane to have received a Medicare 5 star rating.

25 YEARS
of Caring

You always have a choice
in your hospice care.
Don't just say hospice,
say **Horizon Hospice**.

HORIZON
HOSPICE & PALLIATIVE CARE

(509) 489-4581
HorizonHospice.com



Policymaking at the WSMA Starts with a Resolution, and the SCMS is here to help you!

Participating in the policy-making process is a powerful benefit of membership in the Washington State Medical Association. If you are a Spokane County Medical Society (SCMS) member who is also member of the WSMA, you can help guide WSMA's policy decisions and raise awareness of issues of importance to the practice of medicine in Washington by authoring a "resolution," a key policy driver for the association.

A resolution is a proposal asking the WSMA to take a position or act on an important issue. Any member can write a resolution—but the resolution must be sponsored by at least two WSMA delegates, and must be submitted in writing by a delegate, alternate delegate, or member of the board of trustees in order to be considered for adoption by the WSMA House of Delegates. Resolutions often start at the local level and are refined in concert with an author's county medical society (like SCMS) or their specialty society before being submitted to the WSMA. (If you are interested in asking the SCMS board to support a proposed resolution or interested in serving as a 2025 SCMS Delegate, please email shelly@spcms.org.)

WSMA members can review, discuss and debate resolutions and other issues online throughout the year using WSMA's "virtual" reference committees, password-protected to ensure your privacy (Virtual Reference Committees). In-person reference committees will continue to meet during the WSMA Annual Meeting in the fall to allow members an additional opportunity to offer input on policies being considered for action by the House.

The WSMA has made their private, online reference committees available year-round to give their members more time to discuss and develop proposed policy. Please note that to be considered for action at this year's annual meeting on Sept. 20-21, you must submit your resolution via email to hod@wsma.org by August 9th for review by the WSMA staff for it to be published in Delegate Handbook, with a final deadline of August 20th. If received after the final deadline, it will be distributed to the House of Delegates at the opening session of the meeting as a late resolution. Late resolutions require a two-thirds affirmative vote by the House to be accepted as official business.

Before writing your resolution, take a moment and research existing policy by reviewing the WSMA Policy Compendium. The issue you wish to raise may already be addressed in current WSMA policy. Alternately, you may seek to modify existing WSMA policy.

Additionally, check for health equity impact. Policies may disparately impact communities, particularly various disadvantaged or marginalized communities. Before submitting your policy proposal, use this equity evaluation tool to

consistently assess the DEI (diversity, equity, and inclusion) impacts of potential new WSMA policy. The WSMA DEI Committee will be using the tool as it evaluates resolutions before the House and will add a health equity note as appropriate.

The WSMA requires a resolution to fit an established format. For a look at the five basic elements that make up a resolution, and for guidance on how to write a resolution, go to wsma.org/resolutions.

At any time during the year, if you would like to upload your policy idea to the WSMA Virtual Reference Committees for review and discussion by your colleagues, please submit your idea in the resolution format.

While the online reference committees are available year-round, remember that to be considered at the WSMA Annual Meeting, you must submit the resolution by the August 20th final deadline via email to hod@wsma.org. WSMA staff will review your resolution for any legal or legislative concern and will work with you to establish a fiscal note (the cost, if any, to implement the resolution if adopted). Staff will then post your resolution online to the reference committees for discussion prior to the annual meeting.

The 2025 Annual Meeting of the WSMA House of Delegates will be held in person this year September 20-21, 2025, in Bellevue at the Westin Bellevue. Free for WSMA members, the meeting is not only your chance to help set the agenda of your state medical association, but it is also a wonderful opportunity to spend quality time with your colleagues and peers from throughout the state.

If you have never attended a WSMA annual meeting, visit wsma.org/annual-meeting and learn about the how, when, where and why of this premiere policy-making event. Be sure to save the dates and be on the lookout for registration information and a meeting agenda in the coming months. ■



Stand Up for Our Patients



Barry Linehan, PA-C

Medical Advocacy has been one of the core pillars of Spokane County Medical Society. Regardless of our individual political affiliations, we have made a commitment as an organization to speak out on public policies that have a direct impact on our patients' health.

As SCMS President in 2021 and member of the SCMS leadership team during the first Trump Administration, I pushed back on efforts to eliminate the Affordable Care Act, which would have led to 26 million Americans losing their health insurance. As a primary care provider, I remember very well how difficult it was prior to the ACA to get life-saving medications for even common chronic medical conditions like hypertension and diabetes for my patients.

As a Physician Assistant on the front lines of the COVID-19 pandemic in an Urgent Care center, I saw first-hand the destructive effect of Trump's efforts to undermine confidence in immunizations, promote unproven and ineffective cures, and discredit the Washington State Governor's efforts to manage the pandemic through evidence based public health policy.

Trump 2.0 ushers in a new era of even more insidious attempts to dismantle the health care system in America. He has appointed Robert F. Kennedy Jr., an anti-vaxxer conspiracy theorist with no healthcare experience, as Secretary of the Department of Health and Human Services. Kennedy has promised mass layoffs, including decapitating experienced leadership that runs its agencies. Expect those cuts to impact:

- Medicaid payments, which funds health insurance to low-

income families and long-term institutional care for seniors and people with disabilities.

- NIH, resulting in interruption of research into infectious disease, vaccine research and chronic diseases like cancer and Alzheimer's
- CDC, resulting in delays in updates needed by Urgent Care and ER providers tracking emerging epidemics like measles in Texas, pertussis in the Idaho Panhandle and bird flu transitioning to humans.
- FDA, decreasing inspections that prevent foodborne illness outbreaks and loosening safety regulations on drug manufacturers
- Indian Health Services, resulting in decreased access to care in an already medically underserved population

The Administration also has plans to repeal the Inflation Reduction Act, which caps insulin at \$35/month, caps out of pocket prescription drug cost to \$2000/year, and allows Medicare and Medicaid to negotiate drug prices with pharmaceutical companies.

Keep in mind that all of these cuts are designed to fund a proposed GOP \$4.5 billion tax cut primarily going to the wealthiest Americans.

Remember that all politics is local. The most effective strategy for lobbying is direct and persistent lobbying with our US Representative, Michael Baumgartner and your US Senators Patty Murray and Maria Cantwell. Identify yourself as a medical provider in our local community and describe the impact of the cuts on your patients. We need to be vigilant and act now. ■



WOMEN IN MEDICINE — CONFERENCE —

Friday, June 13, 2025 | 7:50 am — 4:00 pm | Gonzaga University — Hemmingson Center, Spokane, WA

6.5 Hours of Category 1 CME credit offered. This unique event is for female Physicians, Physician Assistants, Nurses, Dentists, Psychologists, Residents, Medical/PA students and Allied Health Professionals in the Pacific NW to provide a much-needed forum for a day focused on self. That's right: YOU! While the primary audience is female-identifying individuals, all are welcome—anyone who supports women in medicine and wants to learn more is warmly invited to attend. The conference mission is to educate, inspire and empower women in medicine by providing opportunities for personal and professional leadership skills development, as well as networking and closing the gender gap in healthcare. Please visit the SCMS website for conference agenda and list of speakers at www.spcms.org.

SPACE IS LIMITED, REGISTER TODAY!

COST

SCMS Member: \$300

Nonmember: \$375

Fellow/Resident/Student: \$40

1st 10 FREE!

SCAN HERE TO REGISTER!



CME Category 1 6.5 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 Providence Health Care and the Spokane County Medical Society. Providence Health Care is accredited by the WSMA to provide continuing medical education for physicians.

Providence Health Care designates this live activity for a maximum of 6.5 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 6.5 hours of Category 1 CME credit to satisfy the re-licensure requirements of the Washington State Medical Quality Assurance Commission.

MEETINGS/CONFERENCES/EVENTS

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

OVEREATERS ANONYMOUS is a free 12 step program for people who wish to stop eating compulsively. If you would like more information, including no cost workshops for your staff, please contact: (509) 328-9972. www.oaregion1.org

SPOKANE PHYSICIAN FAMILY SUPPORT GROUP Group support is available for physician family members in Spokane. During times of stress or crisis, whether it involves your spouse, your children or yourself, a listening and confidential ear is often just what physician families need. The group meets in the evening every week. Its members have experience in substance use disorders, behavioral health issues and many other common problems that occur in families. Limited to physician families and their spouses. You are welcome to come to the group as a couple or alone. Contact Carl at (509) 991-3537 or Bill at (509) 710-0636.

Interested in placing a classified ad?

Contact Shelly Bonforti,
SCMS Publications
Email: shelly@spcms.org

RENEW YOUR MEMBERSHIP OR JOIN TODAY!

Why SCMS?

"I believe that more than ever, a united physician voice is the most effective method for amplifying and advocating for the needs of our communities and patients."

— *Rebecca Mallo, MD - Chief Medical Officer, Providence Medical Group and 2024 SCMS Trustee*

"It is important to have a strong medical community to support each other professionally and personally and SCMS is helping build relationships between those in the medical field. This is helpful to the individuals but also helps build a robust culture of medical practice and continuing education – which is valuable to the Spokane community."

— *Michelle Drobny, DO - Associate Program Director, Spokane Teaching Health Clinic, Family Medicine Residency and 2024 SCMS Trustee*

"As a physician in Pend Oreille County, our only Medical Society is the SCMS. As a practicing physician there I have appreciated the advocacy and community that the SCMS provides. As a Clinical Dean for the UWSOM, I appreciate the strong advocacy for medical education in Spokane and a creative, collaborative space to develop medical education in our region – both Spokane and in rural areas."

— *Geoff Jones, MD - Newport Hospital and Health Services; University of Washington School of Medicine -Clinical Dean ; Coulee Medical Center and SCMS Medical Education Committee Chair*

"I have always valued our medical resources in Spokane, and SCMS does a great job helping to perpetuate these by supporting medical education. I appreciate that SCMS supports our medical community by fostering relationships through education and networking events."

— *Genevieve Wimberley, PA-C, Valley Obstetrics and Gynecology*



Membership Has Meaning and Value

We urge you to continue to invest in membership at the SCMS. Your expertise, passion and local engagement are vital to our profession's growth and success.

Email shelly@spcms.org to request your 2025 membership invoice or visit our website to join: **members.spcms.org/join**

<ul style="list-style-type: none"> • Only projects that support the SCMS Foundation Mission will be considered on a quarterly basis. • Proposals should not exceed two (2) pages. 	
DATE SUBMITTED	
SUBMITTED TO	Spokane County Medical Society Foundation
NAME / ORGANIZATION	
CONTACT INFORMATION / MAILING ADDRESS	
NOT-FOR-PROFIT REQUEST (Y/N)	
LIST OTHER FUNDERS	
DOLLAR AMOUNT REQUESTED & PROJECT DATE	

I. PROJECT ABSTRACT & PROGRAM DESCRIPTION

II. DELINEATE HOW FUNDS WILL BE USED

III. HOW DOES THIS REQUEST FULFILL THE MISSION OF THIS FOUNDATION

IV. GOALS, OBJECTIVES & OUTCOME MEASURES (Written report to be submitted for inclusion in The Message within 1 year)

To promote and support the development of future physician and physician assistant leaders within our community, and identify and fund important and innovative projects that advance the health of our community



ADVANCED
DERMATOLOGY
& SKIN SURGERY



NOW OPEN IN SOUTH HILL

We are excited to welcome patients to our newest location in the South Hill area.

Trusted since 1991, we are the region's largest group of dermatological providers. When you refer your patients to us, you can trust that we will provide them with comprehensive, best-in-class dermatological care.

SERVICES

Medical | Mohs Surgery | Cosmetic

LOCATIONS

Coeur d'Alene | South Hill | Spokane | Spokane Valley

ADDRESS SERVICE REQUESTED




Please Recycle

«cont_id»**«gpb_id»****«endorse»
«first»
«address2»
«address»
«city» «st» «zip»

«sequence»

42nd
ANNUAL



Primary Care Update

May 2nd- 3rd, 2025
Mirabeau Park Hotel & Convention Center
1100 N. Sullivan Rd., Spokane Valley, WA 99037

Join us for our 42nd annual, accredited *(11.5 credits) conference at the Mirabeau Park Hotel & Convention Center! Get ready to connect with healthcare professionals, exchange knowledge, and stay updated on the latest trends in primary care. This conference is a fantastic opportunity to enhance your skills and network with like-minded individuals. Don't miss out on this chance to expand your expertise and gain valuable insights. Mark your calendars for Primary Care Update 2025!

2025 FEATURED SPEAKERS:

Ken Cathcart, DO | Thyroid 101 | Testosterone: Friend or Foe

Jeremy D Graham, DO | Fresh Facts for Fixing Fats: Actionable Clinical Lipidology Update

Robin Mitchell, MD | Osteoporosis Update

Richard Jesse Durrance, MD | To CT or not to CT chest for the Primary Care Physician

Seth Cohen, MD | Hot Topics in Respiratory Viruses | Mosquito Borne Infections

Ted Rosen, MD | HIVES, 2025

Aradhna Seth, MD | Updates in Steatotic Liver Disease

Justin Bailey, MD | Neuropathic Pain/Peripheral Neuropathy in Treatment | Disorders of the Brain-Gut Interaction

Rachel Safran, MD | Hepatitis C - Update on Screening Management and Complications | Trauma Informed and Responsive Care in the Clinic

Douglas Paauw, MD | Drug Interactions and Side Effects for 2025 | Medical Myths - When Dogma is for the Dogs

*The AAFP has reviewed Primary Care Update 2025 and deemed it acceptable for up to 11.50 Live AAFP Prescribed credits. Term of Approval is from 05/02/2025 to 05/03/2025.

PRIMARY CARE UPDATE

Mirabeau Park Hotel, 1100 N. Sullivan Rd.
Spokane Valley, WA 99037

CONFERENCE REGISTRATION

www.primarycareupdatespokane.com