

THE

# message

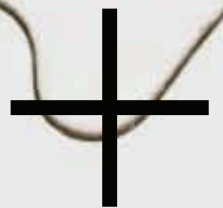
A MONTHLY NEWS MAGAZINE OF SCMS — DECEMBER 2009

## SCMS WILL BE CHALLENGED

J. Courtney Clyde, MD  
discusses reform and  
challenges ahead



SPOKANE COUNTY  
MEDICAL SOCIETY



**AMA's 7 principles for  
health system reform**

By J. Patchin, MD

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Medical Society Message  
Gary Knox, MD, Editor**

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—JOSEPHINE DODGE DASKAM BACON

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# President's Message: The Spokane County Medical Society will be challenged



This is the time of year that both the members of the Spokane County Medical Society and I have anxiously anticipated. This is the last article for The Message I have to write and the last article of mine you have to read. We began the year with a new US President that promised Health Care Reform and a dire economic crisis that put enormous pressure on

existing governmental programs. Nearly everyone agrees reform is necessary and that it is difficult, even in the best of times. So, we knew it would be an interesting year, and we have not been disappointed. Then, locally, Jan Monaco announced her retirement as the CEO of the County Medical Society. It is a testament to the strength of the Society and its members that it has survived all of this, and my leadership. At the end of this eventful year, as I look back and review the many issues we have faced, I think one of the most important for the Society is the prospect of a four-year medical school in Spokane.

In addition to this being a time that appears to be right for the prospects of reforming our healthcare system the circumstances seem to be aligned for an expansion of the University of Washington Medical School into a four year program in Spokane. Medical schools have held their enrollment relatively static for many years in anticipation of a doctor glut. Now we have an impending physician shortage. The AAMC has recommended a 30% increase in medical school enrollment. New medical schools are being created and existing ones are expanding their class size. The University of Washington Medical School is the only one in the WWAMI (Washington, Wyoming, Alaska, Montana, Idaho) area. The need for more student positions is greater here than in many parts of the country.

The WWAMI program was created to extend enrollment in the UW Medical School. It has been successful in not only increasing the number of students but also in moving educational opportunities out of Seattle into the WWAMI area. The medical community in Spokane has long believed that there should be medical students here. A few years ago the business community (facilitated by Greater Spokane Incorporated) made this a priority and finally the State government and UW took notice. Now we have our second group of first year students on the Riverfront Campus in Spokane due to a cooperative effort by WSU and UW. Those students go to Seattle for their second year and then may return for 3rd and 4th year clerkships. Now the consensus among the healthcare community, business, and education leaders is that we should offer all four years in Spokane. In just the last three months I have heard State Senator Lisa Brown, U of W President Mark Emmert, WSU President Elson Floyd and US Senator Maria Cantwell all speak in favor of a four-year medical school in Spokane. We must take this show of support forward, create concrete plans to accomplish this goal and find the money to make it happen.

In October I went to Vancouver with a WWAMI group to visit the University of British Columbia Medical School and review their distributed learning system. They have 182 students in Vancouver, 32 students in Prince George, 32 students in Victoria and will have 32 more students in Kelowna in two years. This expansion was mandated by the provincial legislature (a funded mandate!). The students spend the first four months together in Vancouver and then pack up their cadavers and head for their distributed sites. The rest of the 1st and 2nd years are a combination of Technology Enabled Learning (TEL - They have an impressive system for video conferencing), live on-site lectures and problem-based learning. The students believe the individual attention at

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## 2009 Continuing Medical Education Program Schedule

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### Rheumatology

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

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the distributed sites more than makes up for most of the lectures originating in Vancouver.

Dean Paul Ramsey of the UW Medical School directed the creation of a WWAMI Eastern Washington Project Team to make recommendations about expanding medical education in Spokane. That group is about to make a report to the Dean. Preliminarily, the group will likely recommend:

- A four-year curriculum in Spokane that will involve a combination of live lectures and TEL,
- Expansion of the class size to 60 - 80 students, and
- Construction of a new building on the Riverpoint Campus to house the school.

Those are ambitious plans. It will also change the practice of medicine in Spokane. Providing 60 - 80 clinical rotations for both the 3rd and 4th year will require many of you to participate. Those rotations won't just be having a student follow you around, but will require you to be involved in the curriculum, faculty development and the evaluation of the students. As you know, a student will slow you down and reduce your productivity. There will likely be some reimbursement for your participation, but it will not replace the lost production. In addition to the time, teaching medical students requires a more programmed approach and is more challenging than teaching residents. With the four-year curriculum it naturally follows that there will be more residents and more residencies here in Spokane. Pediatrics and General Surgery would likely be among the first. I expect the community (and medical profession in particular) to help with financial support - you will be asked to contribute to the construction of a building.

This is very exciting. It will also require a lot of work. The Spokane Medical Community will be challenged and will respond by raising the level of care requisite of a medical school. Physicians will have more opportunities to teach and mentor the next generation of doctors. Think about the profound influence a few of your medical school attendings had on your life. The chance to pass on that legacy is something we should seek. The year is almost over and no one knows what Healthcare Reform will look like. That isn't surprising because it is more like a Mississippi River barge than a maneuverable speedboat. We will also likely see some major realignments of local doctors and hospitals. Amidst all of this change the realization of a 4-year Medical School in Spokane will affect us all significantly and for the better.

*By J. Courtney Clyde, MD  
SCMS President*

## In the News



**Kevin A. Weeks, DO** is joining Cancer Care Northwest as its ninth Medical Oncologist and will be seeing patients at its North and Valley office locations. Dr. Weeks is board-certified in Internal Medicine, Hematology and Medical Oncology and completed his fellowship at Brooke Army Medical Center in San Antonio, TX.

With more than 15 years in the field, his special interests include working with patients with multiple myeloma, lymphoma and leukemia.

Internal Medicine Residency Spokane recently had four of their residents' abstracts chosen for presentation at the state American College of Physicians meeting. **Dr. Amber Taylor**, a third year resident, was awarded second place for her presentation about periodic paralysis associated with thyrotoxicosis. In addition, **Drs. Deepthi Mani, Naveed Quadeer and Amber Taylor** won first place in the ACP associate Jeopardy contest.

**Dr. Darryl Potyk**, an IMRS faculty member, received the coveted Washington ACP Internist of the Year award. This award honors a community-based internist considered to be a role model by his peers. Nominees possess excellent clinical skills, dedication to patients, enthusiasm for medical practice, leadership and the ability to maintain humanity and a healthy balance in life.

**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.

### In Memoriam

On October 26, 2009 Dr. James P. Dunlap passed away. He was born on May 16, 1927 in Maywood, IL where he spent his childhood. He graduated with a medical degree from the University of Illinois in 1951. His orthopedic residency was completed at Northwestern University in 1957.

In 1953 Dr. Dunlap came to Spokane where he practiced until 1989. He is survived by his wife, Edith, their 6 children, 14 grandchildren and 14 great grandchildren. He will be missed by his family and friends.

## 4th Annual Project Access Physician Recognition Dinner – A Grand Success!



U.S. Senator Maria Cantwell was the highlight of the very successful 4th Annual Project Access Physician Recognition Dinner, held on Saturday, November 7, 2009. Close to 200 attendees enjoyed a delicious meal atop the Red Lion Hotel at the Park, including many physicians, representatives from the medical community, elected officials and event sponsors. SCMS Board

President Dr. Courtney Clyde served as Master of Ceremonies for the evening. After a very pleasant cocktail hour, Dr. Clyde kicked off the evening by introducing a Project Access video highlighting the experiences of three individual patients with life threatening medical conditions, and comments about Project Access from Dr. Brian Seppi, Dr. Sam Selinger, and Dr. Andy Agwunobi, CEO of Providence Healthcare.

Following dinner, Senator Cantwell began her remarks by expressing her appreciation to all of the physicians and other medical practitioners in Spokane who donate many hours of their time each year to provide medical care to uninsured, low-income people in Spokane County. She cited programs in other parts of the country that have had various successes and failures trying to create this type of safety net for our most vulnerable population, and commended our community for supporting Project Access. She also assured the audience that she is intensely aware of the issues that need to be addressed with regard to the healthcare system, especially in light of the current changes being proposed nationally. With her understanding of the healthcare delivery system in Washington State, the Senator stated she is working hard to demonstrate that high quality and cost effective care available to Washington citizens can be replicated throughout the country. She also expressed the importance of the medical community being involved in shaping the direction of Federal healthcare reform initiatives.

Distinguished guests attending the event included Mary Lou Misrahy, CEO Physicians Insurance Company; Tom Fritz, CEO INHS; Bill Gilbert, CEO Deaconess Hospital; Dennis Barts, CEO Valley Hospital; Stacy Cowles, Publisher Spokesman Review; Carlos Olivares, Executive Director Yakima Valley Farm Workers Clinic; Tony Bonanzino, CEO Institute for Systems Medicine and Washington State Representative Eric Pettigrew. Project Access thanks the sponsors of this fabulous evening, including First Choice Health, Physicians Insurance, Avista, Red Lion Hotels, Asuris NW Health, Inland Northwest Health Services, PhRMA, Washington State Medical Association, Johnson & Johnson and Inland Audio Visual.

Finally, and most importantly, Project Access and the Spokane County Medical Society take this opportunity to thank all of the physicians, hospitals and healthcare professionals in our community that provide medical care to our patients. Without you, many uninsured people in Spokane County would not have access to the medical care they need.

*By John Driscoll  
Project Access Executive Director*



1) Senator Maria Cantwell



2) Richard Pokorny, MD, Ronald Douglas, DPM, wife Bonita and Project Access Medical Director Valerie Logsdon, MD (cut-out in background)



3) Rob Benedetti, MD, Carol Carpenter and Rob Golden, MD



4) David McClellan, MD, John Driscoll, Jeff Snow, MD, Nick Fairchild, MD and Dean Martz, MD



5) Project Access Founder Sam Selinger, MD and wife Rosemary



6) Brian Pitcher, PhD WSU, wife Cindy, Katie and Courtney Clyde, MD SCMS President

# Meetings & Events

## CATEGORY I CME SEMINARS

**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](mailto:jennifer@spcms.org) for more information.

## OTHER CATEGORY I CME SEMINARS

**2009-2010 HIV/AIDS Education Series:** 1.0 Hour of Category 1 CME credit, Sponsored University of Washington School of Medicine, NWAETC, AARTH and Spokane AIDS Network. Presentations include HIV Antiretroviral Therapy Update 12/1/09, Oral Manifestations and Dental Care in HIV Patients 1/20/10 and Successful Implementation of Routine HIV Testing as recommended by CDC 3/17/10. Presentations held at Deaconess Health and Education Center. Go to <https://catalysttools.washington.edu/webq/survey/aarth/82689> or Contact Betty Morgan at (206) 850-2070 for more information or to register.

## 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 Healthcare 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 Healthcare 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.



**Spokane Society of Internal Medicine's 61st Annual Meeting:** "Update in Internal Medicine," a review of important advances that have been made in clinical management of common disorders seen by internists, primary care practitioners and hospitalists. Spokane Convention Center, February 26 & 27, 2010. For more information or to be added to the mailing list, please email [spokanesim@gmail.com](mailto:spokanesim@gmail.com).

**Update on the Management of STDs & HIV 2010** – Presented by The Seattle STD/HIV Prevention Training Center (PTC) ~ February 11 & 12 Harborview Medical Center Research and Training Building Seattle, WA \$200 registration fee. Register online at <http://www.SeattleSTDHIVPTC.org>. For more information please contact: [seaptc@uw.edu](mailto:seaptc@uw.edu) | 206-685-9850.

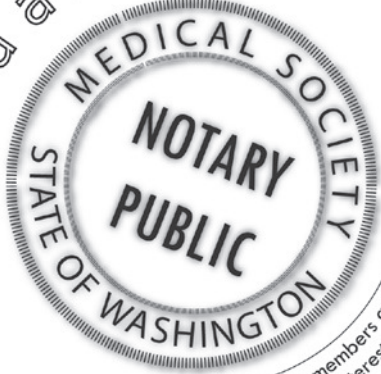
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# AMA's 7 guiding principles for health system reform

*A message to all physicians from Rebecca J. Patchin, MD, chair of the AMA Board of Trustees.*

Health system reform is moving forward in both the House and the Senate, and we are nearing the home stretch in achieving the improved system that the United States needs.

Now it's up to Congress to work with physicians to find common ground on the proposals that will improve our health care system for both patients and physicians.

We all can agree that the status quo is unacceptable, and we can't afford to squander this opportunity. The AMA is committed to making reform a reality this year and has seven principles guiding our vision and work. They are

## Cover all Americans

Forty-six million people in America don't have health insurance, and physicians work day and night to provide patients with high-quality care within the confines of a broken system. Covering the uninsured is a priority of the AMA -- we are committed to reform this year that provides all Americans with affordable, high-quality health care.

Physicians are on the front lines of the health care system and see the problems uninsured patients encounter firsthand. Nearly one in 10 children and one in five adults younger than 65 are uninsured. Last year, six in 10 families put off medical care due to costs, and this number likely has grown with the troubled economy.

## Expand choice, eliminate denials

For those with insurance, a job loss and/or serious illness or injury can suddenly disrupt their security and stability. Our goal is to enact insurance market reforms that expand the choice of affordable coverage and eliminate denials for preexisting conditions or denials due to arbitrary caps. All Americans deserve affordable, portable, high-quality health care, regardless of their health or job status.

## Protect the patient-physician relationship

The AMA is committed to protecting this relationship and putting medical decisions in the hands of patients and their physicians, not in the hands of insurance companies or government bureaucrats. Patients also should be able to contract privately with physicians, so their health care choices are respected.

## Repeal Medicare SGR

Permanent repeal of the payment formula is an essential element of health reform, to ensure the security and stability of Medicare. Without repeal, the current sustainable growth rate formula projects even more cuts in future years. The gap between payments and costs will make it very difficult for physicians to keep their doors open to all Medicare patients and make quality improvements to their practices that benefit all patients.

## Reduce defensive medicine

The AMA continues to believe that medical liability reform is essential to reduce the cost of defensive medicine. A 2003 Health and Human Services report estimated the cost of defensive medicine to be between \$70 billion and \$126 billion per year. Without reform, this cost driver will not go away. If we want physicians to adhere to the best practices and conserve resources, we need to provide protections for physicians who are conforming with practice guidelines.

The AMA worked closely with Rep. Bart Gordon (D, Tenn.) and the House Energy and Commerce Committee, which adopted an amendment to its bill that authorizes state-based pilot programs for "early offer" and certificate-of-merit initiatives. As a result of AMA advocacy, President Obama authorized \$25 million for grants to implement state pilots for alternative medical liability reforms.

*Continued on Page 7*



## Streamline administration

Physicians want to focus on caring for their patients, not fighting with insurers over delayed, denied or shortchanged payments for their services. Now more than ever, reforms are needed to provide savings and allow doctors to crawl out from under an administrative burden that detracts from caring for patients. The AMA has recommended the adoption of standard payment rules and common claims processing requirements that would create a measurable decrease in administrative costs for physicians, as well as insurers.

## Promote quality, prevention, wellness

Everyone has a role in making the system better -- we need investments and incentives for initiatives that improve quality and enhance prevention and wellness. Seventy-five percent of total health care spending is linked to chronic illnesses. Physicians can help Americans live healthier through preventive care and wellness programs -- reducing disease and health care spending. Healthier patients spend less money on health care, reducing the cost burden on individuals and the entire health care system. One resource the AMA has that can help patients learn about proper exercise and nutrition is online ([www.healthierlifesteps.org](http://www.healthierlifesteps.org)).

The challenges in our health care system are many, and we are working to improve it for the dedicated physicians who work day and night to provide high-quality care. Comprehensive health reform will create the foundation for a stronger, better-performing health care system; improve access to affordable, high-quality care; and reduce unnecessary costs.

The AMA and our individual members are working hard to improve health care delivery and quality through a broad range of initiatives. The AMA has been at the table throughout the legislative process and will remain engaged in the regulatory process to work on behalf of our patients and physicians. We remain committed to building a system that better serves patients and empowers the dedicated physicians who care for them.

## Inaugural class of first year students return to Spokane

We are pleased to have a number of our inaugural class of first year students looking to return to Spokane this summer to begin their 3rd year clerkships. There is no question that medical education in Spokane is growing in a rapid fashion. The return of these students was hoped for and anticipated. The number of Spokane TRACK students (3rd year students who will be doing the significant majority of their training in Spokane) has doubled from 6 to 12 students. We anticipate continued growth of TRACK training as students become more aware of what Spokane has to offer.

We also anticipate that some of the students will be choosing our local residencies and making Spokane and the surrounding area their homes. With this growth in interest in physician training in Spokane, we will need continued growth in our clinical faculty at all levels. We have plans to act on the data from the survey to help our medical community be excellent trainers of tomorrow's physicians. Please join us in this exciting venture and get in at this ground level as we continue to grow our medical training in Spokane. At this point, the UWSOM (University of Washington School of Medicine) is working together with our residencies to coordinate the anticipated growth in Spokane. If you have interest, please contact John McCarthy, MD or Deb Harper, MD at 358-7794 or [mccajf@uw.edu](mailto:mccajf@uw.edu) and we can connect you with the training environment that would best suit your interests.

*John McCarthy, MD*

*University of Washington School of Medicine Assistant Dean  
for Regional Affairs & WWAMI Clinical Coordinator -  
Eastern & Central Washington*

*Matt Hollon, MD MPH FACP*

*UW School of Medicine Clinical Associate Professor  
Faculty - Internal Medicine Residency Spokane*

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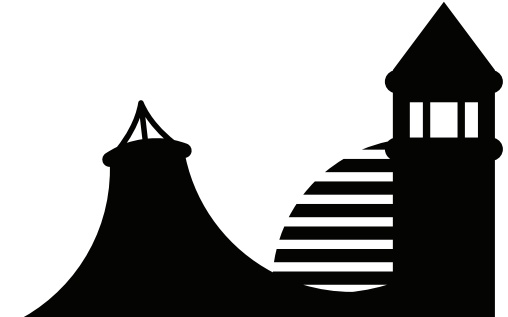
**URGENT CARE POSITION** - Deaconess Medical Center and Valley Hospital and Medical Center have four Urgent Care locations in Spokane, WA. We are seeking a Board Certified physician with comparable Urgent Care experience for a full-time position. Excellent salary and benefits package with flexible work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

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This position leads medical services activities supporting collaborative relationships with the provider community while achieving the initiatives and business goals of the company. The incumbent implements all medical decision-making policies and reviews criteria while ensuring consistency of application for effective utilization management. To learn more Contact: Kristen Hill, Manager, Workforce Planning via email [Kristen.hill@premera.com](mailto:Kristen.hill@premera.com) or by phone at 425-918-4928 or visit our website [www.premera.com/careers](http://www.premera.com/careers)



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](mailto:michelle@spcms.org).

## Medical Office for Build or Lease

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**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 29<sup>th</sup> Avenue. Phone (509) 230-2353 for information.

**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.

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

**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](mailto:psrourke@comcast.net).

**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](mailto:psrourke@comcast.net).

**Sublease: Furnished Medical Office Space** –Need immediate space for one or more north Spokane care providers? This shared suite is ready for occupancy; all furniture and exam room equipment included. Two exam rooms, one provider office, one nurse's station and shared surgery suite, medical records storage area, reception and waiting area. 963 sq ft total, original lease \$23/sq ft; will negotiate lower rate. Excellent location in a full-service medical building with lab and full radiology services. For more information, call 509-981-9298.

**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.

**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.

**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](mailto:gjulian@spokanevalleyent.com).



## 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** overlooking 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](http://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](http://www.ironbridgecondos.com) or call Andrew Chester at (509) 939-7690 for more information.

**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>

**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.

**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](mailto:dmist@inreach.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

**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](http://www.getlostatpriestlake.com) or call 1-(208)-443-2100 or 1-(208)-877-LAKE.

**Enjoy a waterfront lifestyle** from this property which is on more than 50 miles of navigable rivers and Lake Coeur d'Alene. Spectacular waterfront home is on the Spokane River in Post Falls, one mile east above the dam. The lawn stretches down to the 75 feet of water frontage. This four bedroom, three bath, ranch style home has almost 1900 square feet on the main level. The basement is full, daylight and walkout, making the home just under 3800 square feet. The separate kitchen on the lower level is great for guests. Cathedral ceilings and floor to ceiling windows, with an open great room design allows natural light into every room. You are 45 minutes from Spokane International Airport. Offered at \$984,500. Seller is willing to carry a contract with 30% down. View the home at [www.SpokaneHomeInfo.com](http://www.SpokaneHomeInfo.com) or call Paul at Windermere for a private showing. (509) 991-8883.



**CLASSIFIED ADS: OTHER**

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**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

**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.

**We would like your help.** With the passing of Dr. Verne Cressey, Mrs. Carol Cressey would like to hand down her husband's collection of medical instruments to her grandson, who wishes to become a physician. Anyone with a used physicians' medical bag that they would be willing to donate or sell please contact Carol Cressey at 448-1354.

## **Retirement Announcement Lawrence Schrock, MD**

The physicians of Surgical Specialists of Spokane announce the retirement from surgical practice of their partner, Lawrence G. Schrock as of December 31, 2009.

Dr Schrock has been a practicing surgeon in Spokane since 1974!

Dr. Schrock will be continuing in his role as Director of the Transitional Residency program after his retirement from Surgical Specialists of Spokane.

Please join us in congratulating Dr. Schrock on his past success and wish him luck in his new adventure!

**A reception honoring Dr. Schrock will be held in the Leahy room at Sacred Heart Medical Center from 4:00 pm to 6:00 pm on December 7, 2009 with refreshments and snacks.**

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**THANK YOU TO ALL OF  
OUR PROJECT ACCESS  
PHYSICIANS AND  
HEALTHCARE PROVIDERS!**

## Who is this new guy anyway?



"What a great opportunity!" That was the first thing that came to mind when I heard that SCMS would be looking for a new CEO because Jan Monaco was retiring. SCMS has a great reputation for:

1. Being actively involved in advocacy for physician issues,
2. Creating and developing new programs and services to benefit physicians and their patients,
3. Supporting the operations of the Medical Society, and
4. Building and maintaining beneficial relationships in our greater Spokane area.

The physician leadership of SCMS had high expectations for the value that should and could be brought for the benefit of the membership through a number of active programs and services. Who wouldn't want to work with an organization that does so many things well!

Let me introduce myself.

I have been a healthcare administrator and consultant since receiving my graduate degree from the University of Washington in 1979. My undergraduate degree is from

Whitworth University here in Spokane. I have worked for large corporate entities such as Hospital Corporation of America (HCA), educational institutions like the AHEC at WSU Spokane, a number of rural non-profit and district hospitals, and consulted with a mobile imaging company and hospital boards. Most importantly, I have had a longstanding interest in physician and hospital relationships and tried to develop skills which would help me be successful in that environment. I also enjoy having a balanced life, when that is possible, so I like to participate in a number of outdoor activities with family and friends such as jogging (slowly), kayaking, skiing, and hanging out near the barbeque where you can smell the food.

I look forward to meeting and working with as many of you in the physician community as are willing and able, as we pursue the SCMS goals. Please use my contact information liberally. I am always interested in hearing how we can improve on the already successful SCMS programs and services.

*Keith Baldwin, CEO Spokane County Medical Society  
Orange Flag Building, 104 S Freya St., Suite 114  
Spokane, WA 99202-4868 Office 509 325-5010 Ext. 24  
Mobile 509 475-5105 E-mail [keith@spcms.org](mailto:keith@spcms.org)  
Promoting and Providing leadership in the art and science of medicine to improve and preserve the health of the citizens of our community.*

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## Third surgical robot joins experienced team

Welcomed to the Sacred Heart Surgery Center in November was the hospital's third daVinci™ surgical robot. As the most experienced robotics center in the region, Sacred Heart's use of robots for cardiac, urologic and gynecologic surgeries has expanded so much that another one was necessary to accommodate all the patients who are electing to undergo robotic procedures. The first robot came in 2002, the second in 2006. Over the past seven years, more than 500 cardiac surgeries have been performed at Sacred Heart, approximately 385 urology procedures and 245 gynecologic surgeries.

Surgery with the robot is gaining popularity due to faster recovery times, minimal scars and less chance of infection. An added bonus at Sacred Heart is the experienced team members who have undergone specialized training to work with the robot and support the surgeon. The Medical Center's Robotic Center staff includes eight surgeons—half of which are considered

"master trainers" by the robot's maker, Intuitive Surgical. Some have gone as far as Beijing to share their expertise and are expecting to train additional physicians from China this month.

While other hospitals in the U.S. are doing robotic surgery, few can claim the experience of some of Sacred Heart's docs or the volume of procedures accomplished with the robots.

"What is unique about Sacred Heart is the depth of multispecialty usage—cardiothoracic doctors, urologists, gynecologists, gyn-oncologists and pediatric surgeons," a spokesperson of Intuitive Surgical reports. "No other hospitals in the West are this comprehensive."

*Maureen Goins, Public Relations Director  
Providence Sacred Heart Medical Center  
509.474.3081  
[SacredHeartPR@providence.org](mailto:SacredHeartPR@providence.org)*

## Results of the Clinical Faculty Needs Assessment Survey

In anticipation of the need for more clinical faculty in the Spokane area, we recently completed a survey of regional physicians. Sincere thanks to the nearly 300 of you who took the time to provide your perspective and comments on the growth of medical education, the rewards and barriers to being involved in teaching medical students, and your willingness to participate. The information you shared by taking the survey will inform our strategies for faculty recruitment and development.

As this cross-sectional survey had just closed at the time of submission of this article, we provide you with a brief overview of the results. A more detailed report will be shared with the Spokane County Medical Society and its members at a future date. The response rate exceeded 30 percent.

- Over 40 percent are involved in medical student education in some capacity.
- Over 80 percent agree that Spokane is an appropriate site for a medical school and a medical school is important to our community.
- Nearly 75 percent of those not currently involved in medical student education would like to be involved. A clear majority believe that contributions to medical education would be valued in their work settings.
- Nearly 8 in 10 respondents noted that teaching helps them keep abreast of medical evidence and helps recruit physicians to our region. Eighty-five percent consider teaching fun.

- Almost 85 percent identified teaching medical students as time consuming. The good news is that there are teaching strategies that minimize the impact that this has on your practice. Many may already recognize these strategies, as only about half of the respondents agreed with the statement that teaching medical students undermines clinical productivity.

Your opinions and comments about teaching will help us to tailor faculty development workshops to address issues like the time it takes to be involved. The great news is that approximately 75 percent of respondents are interested in participating in workshops such as these. We will keep you informed as opportunities arise.

Once again sincere thanks to all of you who completed the survey. The winner of the Kindle wireless reading device donated by SCMS is Robert Laugen, MD. We appreciate SCMS's assistance in making this survey happen and look forward to continuing to develop a "culture of medical education" that will serve the population of this area and the state.

*John McCarthy, MD  
University of Washington School of Medicine Assistant Dean for  
Regional Affairs  
WWAMI Clinical Coordinator - Eastern & Central Washington*

*Matt Hollon, MD MPH FACP  
UW School of Medicine Clinical Associate Professor  
Faculty - Internal Medicine Residency Spokane*

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## Senior Physicians' Dinner

The 23rd Annual Meeting and Dinner of the Senior Physicians' Committee was held at Manito Golf and Country Club on Oct. 22. Seventy-five senior physicians, spouses and guests attended. The meeting was opened by the chairman of the committee Dr. Tom Miller. A moment of silence was held in honor of those that had passed on since the last meeting. Their names are Thomas O. Pellow, MD, Kenneth E. Gudgel, MD, Edward G. Bond, MD, Loren A. Gothberg, MD, David William Grainger, Jr., MD, John P. Plastino, MD and James P. McNeill, Jr., MD. Michelle Caird was thanked for her invaluable help this past year in planning the golf tournament in April as well as the meeting and dinner. Following dinner, Dr. Bob Notske talked briefly about the new changes and activities relating to the Medical Reserve Corp.

Dr. Bob Parker spoke in honor of Dr. Ed Abrams who was in attendance and recently celebrated his 100th

birthday. Dr. Abrams received a standing ovation. Dr. Parker joked that when he took over Dr. Abrams Internal Medicine practice 50 years ago, Dr. Abrams had congestive heart failure. Dr. Parker did not expect him to live very long--and here he is still around 50 years later.

Dr. Notske was elected chairman of the committee for 2010. He is considering having the golf tournament in May of 2010 to allow those snowbirds who may not be back in April to participate in the event.

The meeting was then adjourned, but people continued to stay and have a good time long after the meeting was officially over.

*G. Thomas Miller, MD  
2009 Senior Physicians' Committee Chair*

## Sacred Heart builds “hybrid” OR, adds latest equipment

### The region’s first hybrid operating room

In the surgical world, the term hybrid means the room is equipped to handle multiple and combined procedures at once: a patient could undergo both a standard open operation combined with a less invasive one (such as an angioplasty or stent placement) at the same time instead of being scheduled for two different events.

That’s possible because of a multi-axis system called the Artis Zeego, which performs virtual computed tomography and provides continuous 3-D imaging while serving as an operating table as well. The patient never has to be moved or angled for the surgeon to get just the right view, and the surgeon is able to see inside the patient as he makes his every move. The Zeego’s multiple utilities are all aimed at helping surgeons pinpoint and treat a problem—and recheck it again to ensure accuracy—all in one room and during one scheduled procedure.

Stephen Murray, MD, vascular surgeon with Inland Vascular Institute, is one of the physicians who urged Sacred Heart to consider installing the Zeego, manufactured by Siemens.

“What excites me about this device is its capacity,” Murray says. “This was a huge monetary commitment from Providence Sacred Heart that will reap many dividends for the patients of the region.”

He explains, “Instead of seeing a static 2-dimensional image of an artery, I have a 3-dimensional roadmap. I can see exactly where the artery is and where to drive the wire through.” With standard equipment, sometimes a good view is difficult if the patient is obese, but the Zeego overcomes that limitation. It also eliminates the extra radiation emitted by portable radiology units which also have a frequent tendency to overheat during the course of a procedure in a standard operating room.

“This is the best angio suite in the world,” Murray adds.

That isn’t much of an exaggeration. Only 18 Zeegos have been installed in the world, and Sacred Heart’s is just one of 10 in the U.S. The hybrid room at Sacred Heart, which is double the size of other surgical suites at the Medical Center (1,200 square feet) is the only one of its kind in Washington state.

Vascular surgeons like Murray will use the new hybrid OR to perform aortic stent grafts and aforementioned hybrid vascular procedures, while cardiac surgeons plan to offer some new procedures currently used in research trials. For example, percutaneous aortic valve placement (inserting a heart valve through a small incision in the femoral artery in the groin).

*Maureen Goins, Public Relations Director  
Providence Sacred Heart Medical Center  
509.474.3081  
[SacredHeartPR@providence.org](mailto:SacredHeartPR@providence.org)*

## GSI’s Economic Forecast

Last month Greater Spokane, Inc. and the Journal of Business, presented their 12<sup>th</sup> annual economic forecast. The speakers were Dr. John Mitchell, Principal - M&H Economic Consultants and Dr. Grant Forsyth, Professor of Economics – Eastern Washington University. They presented the forecast for the coming year and the economic indicators necessary to gauge the business climate for 2010.

Dr. Mitchell’s talk was focused mostly on the national outlook. He advised that the U.S. is experiencing double digit unemployment, a bottomed housing market, falling revenue in all states and an imminent medical system change. Nationally, since October 2009, the only increases in jobs have been in education and health care. His outlook for 2010 was GDP growth up 2-3%, inflation up 1-2%, a slow increase in interest rates and a lot of uncertainty.

Dr. Forsyth presented the local forecast for Spokane and the surrounding counties. Some of his main points included:

- Population growth for Spokane is decreasing while the border counties are increasing.
- Unemployment rates are continuing to climb in Spokane (9%) while the border counties are climbing at a much higher rate (up to 15%).
- Per capita personal income, sales tax revenue and home prices are all down.

In summary, he stated that in 2010 we should see slow growth in income, employment and sales tax revenue, home prices at zero growth or a small negative, and banks will continue to practice conservative lending.

With unemployment predicated to continue at high rates in 2010, physicians will most likely notice an increase in the number of patients that do not have health insurance. Please remember Project Access is a resource to help manage uninsured patients. Give them a call if you would like to volunteer or have a patient that could use their services.

To view the complete set of slides from the presentations, please go to the Greater Spokane, Inc. website at <http://www.greaterspokane.org/press-releases-and-news/364-economic-forecast.html>.

*By Karen Hagensen, SCMS Associate Director*



# Medical Society hears of innovative Medical Home Model

On Thursday, October 22, 2009 SCMS hosted a general membership meeting featuring Harry Shriver, MD from Group Health Cooperative – Factoria, Washington. He was invited to describe the innovative new methods now incorporated by his group to better serve patients. He also described how this new concept might impact specialists. Dr. Shriver began his remarks by stating that an integrated Electronic Health Records (EHR) system was essential to their success.

Prior to the implementation of this significant change, he described a set of guiding principles/ethics he and his team established while “remodeling” their care delivery to ensure patients were best served.

1. Every change or modification would support the doctor patient relationship.
2. Physicians are the positive leaders of the healthcare team.
3. Physicians are to be proactive in their care of patients.
4. Physicians will be available to their patients 24/7 (electronically).
5. Physicians will align together to care for patients.

Their principles are laudable, but again he was upfront about saying that there are expensive and sophisticated tools plus strong administrative support in place that allows for the above guidelines.

After establishing the guiding principles, Dr. Shriver enumerated additional changes that were put in place.

- A. EHR, lab, radiology and pharmacy electronically integrated.
- B. Primary care providers reduced their panels to approximately 1800 patients each (age and sex adjusted). Most had carried ~2300 panel size expectation for a full time physician
- C. Physicians have two half-hour patient slots per hour! (He often asks patients if there is anything else he can do for them.) If they are done early, they answer patients’ calls and emails, squeeze in “must be seen today” patients and “fish” their schedule (more on this later).
- D. Team support was increased to one registered nurse, one physician assistant and one medical assistant per physician. (One pharmacist is shared with six doctors.)
- E. The team meets every morning at 8:30 a.m. for a half-hour review/evaluation of the team’s work and team building.
- F. The practice instituted group visits for chronic disease patients (14 – 18 patients). Patients often request physician speakers on various topics affecting their condition.
- G. After-visit summaries are given to each patient before they leave depicting their chief complaint, vital signs, diagnosis, orders and patient instructions

Here Dr. Shriver notes that fee for service physicians could, with a good EHR, implement all of the above. Once these were agreed upon they set about establishing Standard Work Guidelines. They include:

- A. From 8 – 8:30 a.m. physicians take cold calls from patients. Physicians often will do this periodically during the day, as time permits.
- B. Physicians will use “virtual medicine” to be available to patients 24/7. (Secure email, phone visits)
- C. Pre-visit work – Physicians will peruse “fish” the charts of patients coming in to the office over the next few days to see if something might be done either via the phone or email to either negate the visit (follow-up on how a patient is fairing with a new medication) or to see if a patient can be served by another member of their healthcare team. This often allows physicians to squeeze in acute patients, answer phone calls or emails from patients. Dr. Shriver commented that the patients love this, as it saves them time.
- D. Additionally, he mentioned here that their Medical Assistants do all the chart screening of the patients they will see that day and attach a sticky note of all plan care and/or services that need to be done at that visit for prevention and/or chronic condition management. (No more physicians standing at the door for a minute or two frantically reviewing the patient chart.) Physicians can immediately start doing what is needed for the patient
- E. Outreach to recently discharged patients – The appropriate member of the healthcare team (generally not a physician) calls patients at home who have recently been discharged from emergency departments, nursing homes and hospitals. Patients often have questions they need answered (from medication issues to aftercare) that can keep them from having re-admits and frequent clinic visits. Dr. Shriver reports that lots of issues can be proactively taken care of via telephone. Patient satisfaction of this service is very high! This makes more time in a physician’s daily schedule for the truly needy or again, patient phone calls and emails and “fishing” the schedule.
- F. Chronic disease management is aggressive. Patients with coronary artery disease, COPD or asthma, congestive heart failure and high blood pressure are aggressively managed using national guidelines. (As above, the medical assistant has noted these on the patient’s chart so the doctor can immediately see where the patient needs care.)

As you know, Group Health Cooperative in Factoria has employed specialists in their system as well as primary care physicians. Dr. Shriver discussed how this new care model has affected them. “They love it,” he said. “Primary care physicians have really saved specialist time, which allows them to see the kind of patients they were trained

*Continued on Page 19*



## New Physicians

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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

**Gardner, Glenn P., MD**

*Vascular Surgery*

Med School: Indiana U (1986)

Internship: Staten Island U Hospital (1987)

Residency: Morristown Memorial Hospital (1991)

Fellowship: Boston U (1993)

Practicing with Deaconess Medical Center beginning 1/2010

**King, Tomas W., MD**

*Anatomic & Clinical Pathology*

Med School: De La Salle U, Philippines (1988)

Internship: St Luke's Hospital (1989)

Residency: The Mt Sinai Hospital (1996)

Fellowship: The Mt Sinai Hospital (1997) and Thomas Jefferson U Hospital (1998)

Practicing with InCyte Pathology, PS since 10/2008

**Lintmaer, Ingrid MD**

*Internal Medicine*

Med School: Carol Davila U of Medicine, Romania (1998)

Internship/Residency: Internal Medicine Residency Spokane (2009)

**Rich, Brian W., MD**

*Diagnostic Radiology*

Med School: Loma Linda U (1989)

Internship/Residency: Naval medical Center, San Diego (1994)

Practicing with Inland Imaging, PS beginning 12/2009

**Routt, Audrey P., MD**

*Internal Medicine*

Med School: Washington U, St Louis (2006)

Internship: U of Washington (2007)

Residency: Internal Medicine Residency Spokane (2010)

Practicing with IMRS Faculty Hospitalists beginning 4/2010

**Stam, John G., MD**

*Internal Medicine*

Med School: U of New Mexico (2006)

Internship/Residency: Grand Rapids Medical Education & Research Center (2009)

Practicing with CHS Hospitalist Services since 11/2009

**Taylor, Joseph S., DO**

*Family Medicine*

Med School: Des Moines U (1995)

Internship: Mt Clemens General Hospital (1996)

Internship/Residency: Family Medicine Spokane (1999)

Practicing with Inland Family Medicine since 11/2009

### NEW PHYSICIANS PRESENTED A SECOND TIME

**Beeson, Donna L., DO**

*Internal Medicine*

Med School: Des Moines U College of Osteo Medicine (1997)

Practicing with CHS Hospitalist Services since 10/2009

**Kincaid, Terese M., MD**

*Family Medicine*

Med School: U of Washington (2001)

Practicing with First Care (Valley) beginning 1/2010

**Ojogho, Okechukwu N., MD**

*Surgery/Transplant Surgery*

Med School: U of California, San Francisco (1986)

Practicing with Kidney Disease and Hypertension Clinic beginning 12/2009

**Quan, Richard, MD**

*Pediatrics/Pediatric Gastroenterology*

Med School: U of South Alabama (1979)

Practicing with Pediatric Gastroenterology since 11/2009

**Yunusov, Murad Y., MD**

*Internal Medicine*

Med School: First Tashkent State Medical Institute (1980)

Practicing with CHS Hospitalist Services since 11/2009

### NEW PHYSICIAN ASSISTANTS

**Buescher, Mark J., PA-C**

Med School: U of Washington, Medex Northwest (2009)

Practicing with Northwest Orthopaedic Specialists, PS since 10/2009

**Manchester, Brandy J., PA-C**

Med School: U of Washington, Medex Northwest (2009)

Practicing with Inland Cardiology Associates since 10/2009

Continued on Page 19

## New Physicians, cont'd

### NEW PHYSICIAN ASSISTANTS PRESENTED A SECOND TIME

#### Hedrick, Richard A., PA-C

Med School: U of Washington, Medex Northwest (2008)  
Practicing with Providence Orthopedic Specialties since 9/2009

#### Holman, Kari M. D., PA-C

Med School: U of Washington, Medex Northwest (2009)  
Practicing with Pediatric Associates of Spokane since 10/2009

#### Weight, Melissa L., PA-C

Med School: Midwestern U (2006)  
Practicing with Pediatric Associates of Spokane since 9/2009



*Continued from Page 17*

for. Most specialists report seeing a lot less primary care – to their relief. Together we utilize phone consults and email much more than in the past,” he explained. “Prior to implementing this change I was so busy that if I saw a patient that even remotely needed a referral, I was very happy to zip them right out the door and on to a specialist,” he commented.

Several members of the audience pointed out the need for an integrated health system to make these advancements possible. A system can increase the resources available to primary care and capitalize on the cost savings of reduced hospitalizations and ER visits. This would not be a zero sum outcome but realize better outcomes and improved satisfaction while saving money on the more expensive hospital care.

Unfortunately, independent primary care providers cannot realize these savings on the hospital side.

So, how is all this change working for physicians and patients? Are patients happier? Are doctors feeling less stress and burnout? Some results:

## Membership Recognition For December 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.

### 40 YEARS

James M. Anderson, MD	12/9/1969
Carl F. Brunjes, MD	12/9/1969
Lyle E. Crecelius, MD	12/9/1969
Lawrence T. Garvin, MD	12/9/1969

### 30 YEARS

Christopher L. Bogarosh, MD	12/18/1979
Ronald J. Cocchiarella, MD	12/18/1979
Donald F. Condon, MD	12/18/1979
Patrick O. Tennican, MD	12/18/1979

### 10 YEARS

Gregory P. MacDonald, MD	12/1/1999
Robert L. Cross, MD	12/3/1999
Stuart A. Cavaliere, MD	12/15/1999
Eric A. Sohn, MD	12/15/1999
William L. Weigel, MD	12/15/1999

- Costs per member per month are down (due mostly to decrease in ER, Urgent Care and hospital visits).
- Less specialty care referral was used.
- Patient satisfaction scores are way up.
- Much less doctor burnout. (I should have started this article by telling you Dr. Shriver is 65 and doesn't want to retire anytime soon. Three years ago, prior to the implementation of the Medical Home Model he had his retirement papers filled out!)
- Residency matches to their family medicine program are way up.
- No – they have no openings for physicians in Factoria.

Given the above success, this program is being implemented throughout Group Health. If you wish further information or have questions, you can contact Brad Pope, MD or Tom Schaff, MD at [pope.b@ghc.org](mailto:pope.b@ghc.org) or [schaff.t@ghc.org](mailto:schaff.t@ghc.org).

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