

THE
message

A MONTHLY NEWS MAGAZINE OF SCMS
FEBRUARY 2010

**There is nothing
permanent
except change**

by Gary Knox, MD



**Medical imaging 2010:
Is the sky falling?**

By Kate Madden Yee



SPOKANE COUNTY
MEDICAL SOCIETY



2010 Board of Trustees

- Gary Knox, MD
President
- Brad Pope, MD
President-Elect
- Terri Oskin, MD
Vice President
- Anne Oakley, MD
Secretary-Treasurer
- Louis Koncz, PA-C
Position 1
- Keith Kadel, MD
Position 2
- Michael Cunningham, MD
Position 3
- David McClellan, MD
Position 4
- Paul Lin, MD
Position 5
- Michael Metcalf, MD
Position 6
- William Reed, MD
Position 7
- Carla Smith, MD
Position 8
- Susan Tewel, MD
Position 9
- David Bare, MD
Position 10
- Keith Baldwin, MHA
Chief Executive Officer



**Spokane County
Medical Society Message**
Brad Pope, MD, Editor
A monthly newsletter published by
the Spokane County Medical Society.
The annual subscription rate is \$21.74
(this includes the 8.7% tax rate).

Advertising Correspondence
Quisenberry
Marketing & Design Attn:
Jeff Akiyama
518 S. Maple
Spokane, WA 99204
509-325-0701
Fax 509-325-3889
jeff@quisenberry.net

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: There is nothing permanent except change 1

Medical Education Update 3

Medical Imaging 2010: Is the sky falling? 4

Words of Wisdom on Getting Advice from Outside Industries 6

How meaningful is Meaningful Use? 7

Senate Health and Long Term Care Committee. 8

Changes to our newsletter and website are coming. 8

2010 William O. Robertson Patient Safety Award. 9

Help us tell your story. 9

SCMS Members Travel to Olympia to Visit Legislators intent on
Protecting Medicaid Funding and Reducing Barriers to Patient Care 10

Membership Recognition for January and February 2010 12

Public Policy/Political Advocacy by SCMS for Members –
The Value Proposition from the 2010 Priorities and Focus Goals 12

A very special thank you to the members of the Therapeutics Committee 12

CME 2010 Program Schedule. 13

New Physicians 14

Meetings & Events 15

Klaus Gottlieb, MD leaving for Washington, DC 15

Classified Ads 17

Physician Hospital Community Organization changes name 17

Physician Opportunities 19

"We must make the best of those ills which cannot be avoided."
-ROBERT ANTHONY

**When is the right time to begin
talking with your terminally ill
patients about hospice?**

When cure is no longer an option and quality of life is what matters most, making provisions for hospice services is the most compassionate physician order you can implement. Letting patients know they are not alone and that hospice will help them to live the highest quality of life possible for as long as possible creates hope.



Hospice of Spokane provides:

- Management of patient crisis after hours
- Complex pain & symptom management
- Assistance with emotional, social, and spiritual pain

**HOSPICE
OF SPOKANE**
(509) 456 0438

President's Message:

There is nothing permanent except change.



That observance is attributed to Heraclitus in approximately 500 BC. I like the irony and the truth in the statement. And I think it is no less true today than it was then. In fact, in this rapidly changing technology age it is probably truer than ever. But, perhaps there is one thing about change that is not permanent...the pace.

It seems that all of medicine is unsettled and changing right now. At the time of this writing, Congress is near to passing legislation that would make health insurance mandatory, at the same time that we are facing a shortage of primary care providers in our nation. Feeding this state of unsettledness are many questions that are as yet unanswered. How will we pay for coverage for the currently uninsured under new healthcare coverage reform? Will the new system save money? Will insurance premiums increase faster or slower than the current rate? Can we improve quality and outcomes at the same time we provide universal coverage? What are the accountable-care organizations that are being discussed at the national level? Will they further divide our medical communities? Will they be good for our patients? What is the future of the private practice of medicine? Those are only a few of the many questions facing us, and I wish I had all the answers.

One of the most obvious changes locally and nationally is the development of Hospitalist systems. All four hospitals in Spokane have hospitalists and there are multiple levels of development of those systems, depending on the specialty. As a result there are many physicians, both primary care and consultative specialties, that do not often, if ever, go to the hospital to attend inpatients. There is a lot to be said positively for these systems, which employ physicians who specialize in providing care to hospitalized patients. These physicians are present 24/7, and are dedicated to efficient and timely care and communication with the primary care outpatient provider. However, this trend toward the use of hospitalists has had several important impacts on the medical community. One impact is the lack of contact that many physicians have with other physicians in different specialties because they do not see them in the hospital. I can remember many times that I would see colleagues in the hospital and take the opportunity to ask them about particular cases that had been puzzling me. Often those specialists would offer to see the patients or would make recommendations for further work up or treatment. I believe those interactions built trust and collegiality. And I always learned something about medicine from those interactions that helped make me a better doctor.

Another impact of the hospitalist systems is the challenge of good communication between hospitalists and the community physicians. This has put more emphasis on the electronic medical record that helps to facilitate that communication. But it also depends highly on individuals to initiate and maintain the communication.

The rapid expansion of hospitalist programs across the country has drawn physicians into the ranks of the hospitalists that previously would have gone into some other specialty. Sometimes physicians leave private practice to become a hospitalist, leaving an outpatient practice to be covered by a new physician. This is probably most obvious in Internal Medicine where only about 2% of IM residents go into primary care. The other 98% either become hospitalists or go into a subspecialty. This is happening locally also in neurology, gastroenterology, pediatrics, family medicine, critical care and Obstetrics. Others are certain to follow, if they are not already developing.

I point these things out not to be critical. In fact, I support having high quality hospitalists that I can turn my hospitalized patients over to. But I see this trend, and the apparent disconnect between medical colleagues as challenges for our medical community and the Spokane County Medical Society to face.

Local events and national trends predict that there will be more and more alignment of physicians with larger systems of care, most likely increasing the divide between former colleagues. I believe these larger systems of care, healthcare delivery systems and accountable-care organizations, will be good for patients if we can create them to provide more seamless care, improve communication amongst all the providers involved in a patient's care, and do it at a reasonable cost. But, what will that mean for our medical community? Will we become more entrenched in our own systems? Will we care less about what happens in the larger medical community than what happens in our own particular silos?

The Spokane County Medical Society will be challenged, and will have to change in order to continue to be relevant to all stakeholders. We hope to accomplish

this objective initially by promoting medical education in Spokane, by adding a medical student and a resident to our Board of Trustees as contributing but non-voting members, by continuing to engage our local and national legislators on matters that affect us and our patients, and by communicating with you on critical issues of the day. As always we are open to your input and suggestions on how we can better serve you and help to make a difference.

There are certainly a lot of unanswered questions today. But one thing is for sure. The practice of medicine is changing. And the pace seems to be quickening. I will end with one other quote, this one from Jack Welch, former CEO of General Electric. "When the rate of change on the outside exceeds the rate of change on the inside, the end is near." We must as individuals, organizations, systems of care, and medical communities, pay attention to the changes that are occurring in medicine and be willing to make some adaptive changes in order to not be left behind, and to assure that we continue to focus on what is ultimately best for our patients.

*By Gary Knox, MD
SCMS President*

Medical Education Update

Hippocratic Oath????

"To hold him who taught me this art equally dear to me as my parents, to be a partner in life with him, and to fulfill his needs when required; to look upon his offspring as equals to my own siblings, and to teach them this art, if they shall wish to learn it, without fee or contract; and that by the set rules, lectures, and every other mode of instruction, I will impart a knowledge of the art to my own sons, and those of my teachers, and to students bound by this contract and having sworn this Oath to the law of medicine, but to no others."
Oath of Hippocrates

OK, right, I acknowledge this has some pretty genderist language. Get over it. Writers like Hippocrates didn't know what it meant to be PC.

Physicians have been expected to teach students since the beginning of our craft. Before Hippocrates' time, medicine was a mystery religion. The school of Hippocrates tried to institute a scientific basis for treating patients. This required passing on the techniques of scientific enquiry and the facts gleaned from this process to improve patient care.

Nothing much has changed. We still tell our patients to eat in moderation, drink in moderation and exercise in moderation, and we still need to pass on our knowledge to students and to residents.

As someone who has been teaching medical students and residents since arriving in Spokane in 1985 all I can say is, "How cool is that?" How often are we required to do something so fun and rewarding?

You may think you don't know how to teach. You may think you don't know enough to teach these smart and eager young people. Trust me, you do! You know more than they do. Students often ask me questions I cannot answer, so I send them on to research the answer. We

both learn (and I can see a couple more patients while they are on the computer). John McCarthy and I will be giving some tips on teaching students without adversely affecting your productivity at the Primary Care Update April 29 - May 1. We are also happy to come to your office before it opens, at lunch or after office hours to train you.

You may not want to have students and residents in your office. There are still many opportunities to interact with them. We need people to be mentors outside of the office, physicians to supervise the students in their service learning project at the House of Charity and people who are willing to have 1st year medical students or premedical students shadow them.

Right at this moment we have enough volunteer faculties, currently over 200 of the county's 800 physicians. But soon we will have more medical students coming to Spokane. We have acute needs in OB-Gyne, Psychiatry and Internal Medicine. Our first class of Spokane first year students will begin their clinical clerkships in July of this year. Over a dozen of those 20 want to spend their entire 3rd year here. We gave them a great experience, they have all talked about the warm welcome given them by community physicians and the County Medical Society as one of the main reasons they are coming back. In the past, many of the "Spokane Track" students have chosen to match in one of our residencies and to stay in Spokane and its environs.

Please consider becoming a UW School of Medicine faculty member. It is fun, exciting and, remember - you took an oath.

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



2010 SENIOR GOLF TOURNAMENT

*Friday, May 21
Manito Golf & Country Club*

*We have a later date so all the snow
birds can join in!*

Medical Imaging 2010: Is the sky falling?

In the midst of a massive governmental healthcare reform effort in the U.S., medical imaging is being squeezed. And it's not just Congress exerting the pressure: It's also an alphabet soup of government agencies with a plethora of proposals for cutting imaging payments.

For many radiology advocates, it can feel like the proverbial sky is falling, with changes coming so fast it's hard to keep track. To get a better lay of the land, AuntMinnie.com has put together a primer on the outstanding issues for radiology going forward into 2010.

Healthcare reform and the SGR

Congress mandated the sustainable growth rate (SGR) as a means of limiting healthcare expenditures by creating a formula for setting physician payment rates in the Medicare Physician Fee Schedule (MPFS) to the gross domestic product. When actual healthcare spending exceeds the estimate for that year, Medicare uses the SGR formula to reduce physician reimbursement for the following year to break even.

While it sounds like a great idea, healthcare industry observers believe that the formula used to develop the SGR is flawed, and Congress each year typically passes legislation to postpone the annual cuts. Because Congress has kicked the problem down the road every year rather than find a permanent solution, the SGR formula now calls for a whopping 21% cut in the SGR's conversion factor, which industry advocates have been fighting to mitigate.

On December 22, President Barack Obama did just that by signing the Department of Defense Appropriations Act, which was advocated by the American Medical Association and included a provision that postponed the SGR cut until March 1, 2010.

But since this temporary solution didn't come until mid-December, CMS had already figured the cut into its fee schedules for 2010. With the freeze, CMS has said it will recalculate the schedule using the 2009 formula, but the delay means the agency won't be paying any bills until late January.

To make things more complicated, if a more permanent fix for the broken SGR formula isn't found and implemented by March 1, CMS will have to again recalculate its fee schedules, this time with the 21.2% cut.

Why wasn't a fix for the SGR included in the healthcare reform bills passed by the Senate and House of Representatives? It's just too expensive, according to Pam Kassing, senior director of health economics and policy at the American College of Radiology (ACR) in Reston, VA.

"Fixing the SGR requires at least \$200 billion," she said. "And that pushes the Senate and House bills way over budget. The best the American Medical Association could do was to get the freeze passed via the Defense bill."

As for its next attempt to get the SGR fixed, in all likelihood, another legislative vehicle would be needed. However, if Congress remains in conference or similar

negotiations until the end of February, a temporary SGR fix for the remainder of the year might be included in the final healthcare reform package, Kassing said.

Congress, CMS, equipment use and body parts

In its final rule for new MPFS rates published last fall, the CMS imposed steep cuts to radiology payments. For example, the total cut for MRI is between 40% and 50% in the technical component of imaging exams, Kassing said. Since the change is so dramatic, CMS is transitioning it in over four years, so physician practices won't feel the full effect until 2013.

CMS changed the equipment utilization rate from 50% to 90% for all nontherapeutic equipment costing over \$1 million (i.e., CT and MRI). But both houses of Congress have since passed healthcare reform bills, and both bills have gentler shifts in the equipment utilization rate; whatever is signed into law will countermand CMS's 90% proposal.

As for the adjustment in the technical component discount on single-session imaging of contiguous body parts, CMS didn't tackle it in its final rule, Kassing said. But the issue is addressed in Congress' two bills, by increasing the reduction from the current 25% to 50%.

"[Both the House and Senate bills] take money out of the Medicare fee schedule program via equipment utilization and contiguous body part cuts and use it for other things -- to the tune of \$3 billion over five years," she said.

	House bill HR 3962	Senate bill HR 3590
Equipment utilization rate	Increases rate from 50% to 75% for advanced diagnostic imaging services starting in 2013	Immediately increases the rate from 50% to 65%; will transition to 75% over 10 years
Contiguous body part discount	Increases from 25% to 50%	Increases from 25% to 50%
RBM provision	None	None
Self-referral disclosure provision	Offered and withdrawn	Included
Imaging utilization control policy	None	None
Cost	More than \$900 billion	More than \$900 billion

The House is currently reviewing the Senate bill for reconciliation. House Speaker Nancy Pelosi (D-CA) has expressed optimism about the process.

Continued on next page

PPIS: Practice expense nightmare

Another confounding factor in the MPFS cuts are changes CMS has set for practice expenses. The American Medical Association (AMA) conducted the Physician Practice Information Survey (PPIS) to update indirect practice cost data for its Socioeconomic Monitoring Survey (SMS), the last of which was performed in 1999. (Indirect costs include overhead costs in the technical component and all of the physician expense RVUs in the professional component, Kassing said.)

In 1999, the SMS negatively affected radiology's physician expense rates per hour; the ACR submitted supplemental data to correct this, and, in 2006, the physician expense per hour rate improved from \$68 to \$204. The PPIS, however, decreased that figure by 33%, to \$135.

The ACR has made numerous comments to CMS about the PPIS, noting that it is not representative of radiology, that its methodology may have hurt specialties with high direct expenses, and that the data collection methods for the survey have not been transparent. ACR suggested that CMS delay the implementation of any changes from the PPIS and use the SMS results in the interim; or, if the PPIS data must be used, blend them with SMS data and transition over four years. CMS agreed to transition over four years.

"This flawed PPIS data is having a huge impact on all of radiology," Kassing said. "It compounds the hit CT and MR are taking: of that 40% to 50% cut in the technical component, only half is from the equipment utilization rate. The other half comes from CMS' use of this practice expense data."

Because the MPFS' equipment utilization rate cuts only affect advanced imaging modalities, other modalities such as dual-energy x-ray absorptiometry, ultrasound, or mammography, will also see cuts as a direct result of this data, Kassing said.

The ACR isn't the only entity up in arms about the PPIS. On December 28, the American College of Cardiology filed suit in U.S. District Court for the Southern District of Florida against the U.S. Department of Health and Human Services (HHS), alleging that severe cuts in the 2010 Medicare Physician Fee Schedule -- due in part to CMS' use of this physician practice data -- will render the practice of cardiology "nonviable and unsustainable." The ACC's complaint alleges that HHS Secretary Kathleen Sebelius unlawfully adopted the payment rates for cardiology services in the 2010 Medicare Physician Fee Schedule based on faulty data.

A funny thing happened on the way to the MPFS

On top of this, CMS has instituted at least 30 new radiology-related CPT codes for 2010, including three for CT colonography; four for coronary CT and CTA; one for cardiac MR with flow, and four bundled myocardial perfusion with wall motion and ejection fraction codes, according to Kassing.

In particular, the bundled myocardial perfusion codes have unintended consequences: There's physician work and practice expense value loss when these codes are bundled, and since CMS sees them as new codes, they take the full brunt of the final rule cuts, fully transitioned at 2013 values. ACR is working to communicate to CMS that these codes should not be considered new, Kassing said.

"The SGR cut and the MPFS cut compound each other," she said. "With myocardial perfusion, for example, it's being hit with a 35% cut at the fully transitioned rate for the fee schedule. And if the SGR conversion cut takes effect in March -- because Congress isn't able to do anything more permanent to fix it -- these codes would take over a 50% hit."

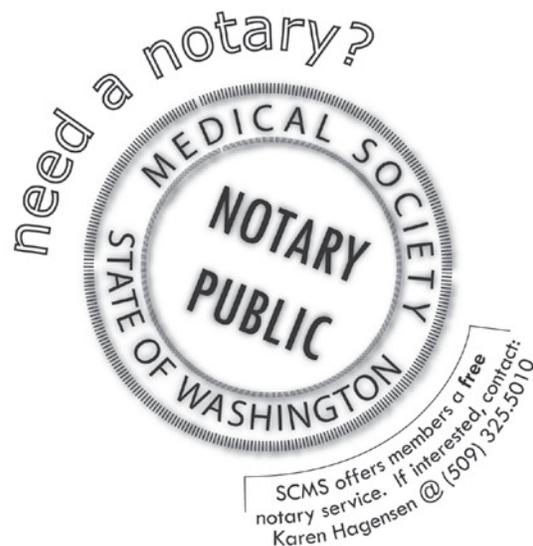
Yet another wrinkle? All the existing CPT codes subject to changes of the MPFS are also subject to the four-year phase in, which is relatively good news, since it spreads out the pain for radiology, according to Kassing. But other specialties like primary care, ophthalmology, and dermatology get a boost from cuts made to radiology.

"There's a fixed amount of money [within the fee schedule], and some specialties' loss is another's gain," Kassing said.

There's no doubt about it: radiology is being severely tested, according to Kassing.

"We have a challenging year ahead of us to work with CMS to get data implemented that accurately reflects the costs of radiology practice and equipment usage," Kassing said. "ACR takes these issues very seriously and we will do all we can to remedy the situation."

By Kate Madden Yee
AuntMinnie.com staff writer
January 11, 2010



Words of Wisdom on Getting Advice from Outside Industries

What's the best investment an innovative healthcare organization can make? The CEO of a mid-sized hospital gave me a great answer to that question in an interview this week: "Plane tickets." Preparing for a big change at his organization, he flew as far as Rome to gather information from organizations that had undertaken a similar venture.

At the HealthLeaders Media Marketing Experience event this past fall, we asked participants to share with us their thoughts on what they've learned from companies outside of healthcare. From hotels to spas to retailers to motorcycle manufacturers to theme parks, lessons on experience abound, according to attendees of the event. Their words of wisdom are short and sweet (we gave them medium-sized Post-It notes to write their answers).

The Airline Industry

Speaking of plane tickets . . . Healthcare and the airline industries are often compared in terms of safety. There's also a link in that airline travel is not always pleasant. But participants said they've learned a few lessons in service excellence from the airlines nonetheless. For example:

- Airlines offer first class and economy class: Pay for service levels.
- Jet Blue CEO David Neederman passes out cookies on one flight per week. He has a meaningful conversation with each passenger on a three-hour flight.

The Hospitality Industry

Hotels and destinations make travel special and memorable. Can physician offices follow suit? It's true that a day in the physician office is not the same as a day at the beach. But here are a few ways healthcare organizations can put the "hospital" in "hospitality:"

- Spas tell their customers to "relax and let us take care of you."
- Successful hotels, restaurants, and retailers see their customers as guests. Why not physician offices?
- Hotels like Ritz Carlton customize and personalize everything.
- Coming back for more—food, wine, entertainment—is a part of healthcare delivery that is possible to create.

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.



Theme parks

Another popular theme: comparing physician offices and Disney. Some of the souvenirs participants suggest you consider tucking in your suitcase:

- "Wow" the customer with memorable moments.
- Make waiting fun.
- Everything speaks.

Retailers

Apparently we had a few shoppers in the audience. And apparently they're shopping at Nordstrom's and Talbots—the two most frequently cited examples of stores that offer excellent customer service. For example:

- Nordstrom's customer service: Be a walker, not a talker.
- The retail industries (Nordstrom's, Talbots, etc.) are good at guiding the customer and supporting their "experience." Hand-holding is good!
- Quality is expected. Service is remembered.

And a few surprises

Personally, I wouldn't necessarily buy a plane ticket to a fast food restaurant or a car dealership in search of service excellence examples. And don't get me started on the financial industry. But our optimistic sticky-note posters shared some ideas they've gleaned from these and other unlikely sources. For example:

- Burger King's "Have it your way:" Offer customization.
- Great follow-up and preventive maintenance from car dealerships.
- From the media we have come to see how video can improve the patient Web experience.
- Banking and energy go beyond satisfaction research to look at loyalty work and what areas are really important to consumers.
- FedEx: Be consistent.
- Geek Squad: Find a pain point, inconvenience, or other problem and solve it.
- Apple: Design based on the user is best received.
- Microsoft: It's good to be the king!

Note: You can sign up to receive HealthLeaders Media Marketing, a free weekly e-newsletter that will guide you through the complex and constantly changing field of healthcare marketing.

*Gienna Shaw, for HealthLeaders Media, January 13, 2010
Gienna Shaw is an editor with HealthLeaders magazine. She can be reached at gshaw@healthleadersmedia.com.*

How meaningful is Meaningful Use?

When President Obama signed the Health Information Technology for Economic and Clinical Health Act into law last winter, many of the physicians I spoke with were initially skeptical. Some didn't think the reimbursement was high enough; others were worried about administrative hassles. But most simply wanted more information about two undefined details: the requirements for meaningful use and standards for EHR certification.

The entire goal of digitizing and connecting healthcare depends on those two definitions, after all. If the bar is set too high, the selection of products will be limited and physicians will struggle to meet all of the requirements for reimbursement. But if it is set too low, we might see widespread adoption of systems that don't fundamentally improve delivery and coordination.

Last week, CMS and the Office of the National Coordinator for Health Improvement Technology (ONC) took the first step toward finalizing those key components when it released regulations for public comment defining meaningful use and setting certification standards.

So how did they do? Is the bar high enough? Just right? Too high?

The Medical Group Management Association thinks it's the latter, and immediately issued a complaint saying the rules "are overly complex and that medical groups will confront significant challenges trying to meet the program requirements."

The problem is with the timeline for some of the thresholds. The full meaningful use definition will be rolled out in stages, and the pushback is coming from physicians who want some of the requirements, like use of computerized prescription order entry, delayed until a later stage. The current definition calls for physicians to use CPOE for 80% of all orders in 2011 to qualify for reimbursement.

Other requirements that the MGMA and other groups think will cause administrative obstacles to implementation include:

- Insurance eligibility must be checked electronically for at least 80% of all unique patients
- At least 80% of all claims to public and private payers must be submitted electronically
- Providers must give 80% of patients who request it an electronic copy of their health information within 48 hours

It's not that these goals aren't important, but they will require some significant changes to basic practice operations and administration.

Not all physicians are so skeptical, however. My colleague Carrie Vaughan recently spoke with John L. Haughom, MD, who said that, "the ONC and CMS have set the bar at an appropriate level. While everyone does not agree with everything they are doing, it is very clear that the health IT agenda in the United States will be driven by the ONC agenda."

The American Medical Association has neither criticized nor praised the proposals, but says it will review them within the 60-day comment period.

Regardless of your opinion about the initial definitions, now is the time to state it. The long initial process of defining the measures for success and establishing criteria for reimbursement is coming to a close.

Soon, the focus will turn implementation and compliance. But for 60 more days, physicians have a chance to make meaningful use as meaningful as possible.

Note: You can sign up to receive HealthLeaders Media PhysicianLeaders, a free weekly e-newsletter that features the top physician business headlines of the week from leading news sources.

*By Elyas Bakhtiari, for HealthLeaders Media, January 7, 2010
Elyas Bakhtiari is a managing editor with HealthLeaders Media. He can be reached at ebakhtiari@healthleadersmedia.com.
Follow Elyas Bakhtiari on Twitter at twitter.com/ElyasBakhtiari*

SPOKANE COUNTY MEDICAL SOCIETY

Circle of Friends

usbank[®]
serving you

STERLING SAVINGS BANK [®]
Private Banking

For more information regarding the Circle of Friends program, contact Keith Baldwin, CEO or Michelle Caird, Executive Assistant at (509) 325-5010.

Senate Health and Long Term Care Committee

December 3, 2009

Work Session: Vaccine Distribution Update, H1N1 update, update on Community Health System's purchase of Empire Health in Spokane.

Dr. Clyde represented the SCMS on several issues as he gave testimony to the Senate Health Committee including the SCMS positions on hospital quality, Trauma System designations and preservation of shared patient/physician information systems in Spokane.

This is an example of the SCMS representing your interests.

See Dr. Clyde's testimony on www.TVW.org, December 3, Senate Health and Long Term Care Committee or by visiting our website at <http://spcms.org>.

Changes to our newsletter and website are coming...

Beginning in March each issue of *THE MESSAGE* will be devoted to a specific theme of interest to our membership. Examples include Physicians Volunteering in the Community and Abroad, Medical Education and Health Technology Information Update. Additionally, on our Website at <http://spcms.org> under "Hot Topics" there will be more detailed information or added content on each monthly topic.

Special thanks to our participating advertisers.

2010 William O. Robertson Patient Safety Award

Ever since the Institute of Medicine released *To Err is Human*, there has been a lot of attention to improving patient safety. Most of those efforts have been in the inpatient setting.

We can all be proud of Washington state's involvement in the 100-Thousand Lives Campaign and the fact that Don Berwick has repeatedly pointed to Washington state as being a leader in this effort.

We can also be proud that the WSMA was a founding member of the Washington effort. Clearly, patient safety has been one of our priorities for the last several years.

The WSMA established the **William O. Robertson Patient Safety Award** in order to recognize innovative and creative patient safety activities, especially in the ambulatory

William O. Robertson Patient Safety Awards forms can be found at: http://www.wsma.org/files/Downloads/MedicalProfessionalism/pt_safety_award_form10.pdf or at www.spcms.org.

**All forms must be submitted by
July 30, 2010.**

Help us tell your story

The Message is your voice and we want to tell your story. We are planning a new column highlighting the outstanding accomplishments, significant contributions and personal stories of you, our SCMS members. Each month, we will profile members who have made notable contributions to their profession, the Medical Society or their community.

We also want to hear from those of you who would like to share an amusing or heartfelt story, or just give our readers some insight into your life as a healthcare professional. Who knows, you may inspire someone to write a professional paper or simply help them get through their busy day with a smile. Your story is important. Chances are others will think so too. Please submit your ideas to michelle@spcms.org or Spokane County Medical Society, Orange Flag Bldg., 104 S. Freya St., Ste. 114, Spokane, WA 99202.

SCMS Members Travel to Olympia to Visit Legislators intent on Protecting Medicaid Funding and Reducing Barriers to Patient Care



We know you're concerned about the cost of managing your practices, especially in this tight economy and with the threat of reduced fees from the SGR Formula. That's why SCMS leaders recently traveled to Olympia, urging state lawmakers to secure adequate funding for the Medicaid budget, especially for Interpreters. Drs. Deb

Harper, Dean Martz, Courtney Clyde, and Gary Knox as well as Keith Baldwin, CEO, talked to legislators and others including Governor Christine Gregoire and the Secretary of the Department of Health about Spokane Region priorities in the face of a \$2.6 billion state budget gap. "We're trying to protect (what we have) to prevent damage from being done," said Keith Baldwin.

The group visited Olympia January 24-25 to present the SCMS/WSMA unified agenda. The 2010 priorities include initiatives critical to Medical Assistance, Basic Health Plan, Interpreter Services, and other Budget items, to also include Mandatory CME for Pain Narcotics, Emergency Care Reimbursement and Ban on Balance Billing, Wrongful Death, and Fraud Legislation.

The WSMA Legislative Summit is key to advocating for physician issues in the Spokane Region and is especially crucial during this budget crisis, as physicians are already being pressed by fee reductions. Everyone knows that the burden for balancing the budget shouldn't all fall on healthcare and especially the direct patient providers in our area.

For a sound bite on what it is like to be in Olympia, take in the TVW video of Dr. Courtney Clyde testifying at the Senate Health and Long Term Care Committee on the SCMS website, www.spcms.org.

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.

Membership Recognition for January and February 2010

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.

JANUARY

50 Years

Alexander P. Greer, MD 1/14/1960

30 Years

Stephen G. Johnson, MD 1/29/1980

20 Years

Edmund W. Gray, MD 1/9/1990

Eric C. Orme, MD 1/18/1990

Jeffrey S. Hirschauer, MD 1/18/1990

Mandya Vishwanath, MD 1/18/1990

Mary S. Badger, DO, FACO 1/18/1990

Michael A. Parisot, MD 1/18/1990

Rita M. Snow, MD 1/18/1990

Samuel G. Joseph, DO 1/18/1990

Timothy B. Icenogle, MD 1/18/1990

Tom J. Koeske, MD 1/18/1990

10 Years

David S. McClellan, MD 1/1/2000

James V. Joy, III, MD 1/1/2000

Leif J. Larson, MD 1/13/2000

Daniel P. Dami, PA-C, PhD 1/23/2000

John S. Hunter, PA-C 1/23/2000

Joseph E. Mariani, PA 1/23/2000

Lester R. Sloan, PA-C, MPAS 1/23/2000

Michael A. Dieter, PA-C 1/23/2000

Patrick J. Davidson, PA-C 1/23/2000

Steven H. Davis, PA-C 1/23/2000

Steven Meltzer, PA-C 1/23/2000

FEBRUARY

50 Years

Richard E. Elston, MD 2/11/1960

40 Years

Philip S. Morrison, MD 2/9/1970

James C. Bonvallet, MD 2/24/1970

Merle L. Moberly, MD 2/24/1970

30 Years

Alan D. Purdy, MD 2/26/1980

G. Keith MacKenzie, MD 2/26/1980

James M. Nania, MD, FACEP 2/26/1980

Scot L. Bradley, MD 2/26/1980

Timothy E. Bruya, MD 2/26/1980

Warren J. Adams, MD 2/26/1980

20 Years

David J. Stagaman, MD 2/14/1990

10 Years

James S. Goff, MD 2/24/2000

Public Policy/Political Advocacy by SCMS for Members – The Value Proposition from the 2010 Priorities and Focus Goals



We often hear from you, our members, and others, in and outside of this community, about how active the SCMS is in advocating for your interests. For us, that means consistently and successfully advocating for laws in collaboration with the WSMA, to your ability to practice medicine in the patient's best interest and advantage in the Spokane Region. The

SCMS, as a unified society with the WSMA, has paid staff in Olympia to support this advocacy. We track legislation and speak to elected officials on your behalf. It's a resource open to all members, no matter what your specialty or practice size. I recently had the pleasure of traveling to Olympia to advocate for physician interests, and I'll do it again in D.C. in March in conjunction with the AMA.

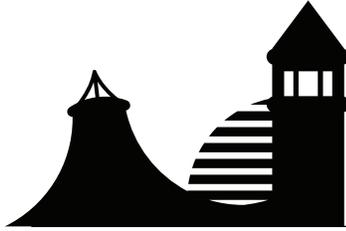
We want your feedback: How can we help improve your professional pursuits? What do you most need government to do (or not do)? We're listening. Contact Keith Baldwin, CEO, SCMS: keith@spcms.org.

A very special thank you to the members of the Therapeutics Committee

Happy New Year from all of us at Project Access! We are very appreciative of all of the providers that have donated their services during the past year, and look forward to this year. We would like to sincerely thank the members of our Therapeutics Committee who not only donate their time as providers, but also spend considerable hours reviewing charts and creating our policies and procedures.

David Bare, MD	Nick Fairchild, MD
Dave Malone, MD	Mark Olson, MD
Mark Bassett, MD	Carolyn Hendrickson, ARNP
Venetta McPherson, Native Project	Brad Pope, MD
Courtney Clyde, MD	Glen Hiss, MD
Robert Milligan, MD	Steven Pugh, MD
Don Cubberley, MD	Dave Maccini, MD
Jeff O'Connor, MD	Brian Seppi, MD

By Valerie Logsdon, MD
Project Access Medical Director



**SPOKANE COUNTY MEDICAL SOCIETY
CONTINUING MEDICAL EDUCATION
2010 Program Schedule**
In 2010, SCMS is offering the following four programs.

APRIL

APRIL
Orthopaedic Update 2010
Wednesday, April 14
Deaconess Health and Education Center
5:30 – 9:15 pm
(Three one-hour topics will be presented)

JUNE

JUNE
Endocrinology / Weight Management Update 2010
Wednesday, June 9
Deaconess Health and Education Center
5:30 – 9:15 pm
(Three one-hour topics will be presented)

SEPTEMBER

SEPTEMBER
Moderate (Conscious) Sedation and Analgesia
Thursday, September 23
Deaconess Health and Education Center
5:30 – 9:15 pm
(SCMS' annual program to satisfy JCAHO requirements and provide a refresher course to members of the medical community in order to increase patient safety.)

NOVEMBER

NOVEMBER
Infectious Disease Update 2010
Wednesday, November 3
Deaconess Health and Education Center
5:30 – 9:15 pm
(Three one-hour topics will be presented)

New Physicians

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

NEW PHYSICIANS

Bratu, Cristian, MD

Anesthesiology/ Pain Medicine

Med School: U of Medicine & Pharmacy, Romania (1987)

Internship: U of Kentucky (1994)

Residency: Medical College of Wisconsin (1997)

Fellowship: Medical College of Wisconsin (1998)

Practicing with Anesthesia Associates beginning (2/2010)

Chan, Winston K., MD

Surgery/ Pediatric Surgery

Med School: U of Alberta (1988)

Internship/Residency: U of Alberta (1994)

Fellowship: Montreal Children's Hospital (1997)

Practicing with Pediatric Specialties beginning 3/2010

Colburn, Jeffrey D., MD

Ophthalmology

Med School: Loma Linda U (2005)

Internship: Kettering Medical Center (2006)

Residency: Vanderbilt U Medical Center (2009)

Fellowship: Indiana U (2010)

Practicing with Spokane Eye Clinic beginning 8/2010

Guglielmo, Eric S., MD

Ophthalmology

Med School: U of Nevada (2005)

Internship: Sacred Heart Medical Center (2006)

Residency: Dean McGee Eye Institute (2009)

Fellowship: West Virginia Eye Institute (2010)

Practicing with Spokane Eye Clinic beginning 7/2010

Julsen, Vanessa C., MD

Internal Medicine

Med School: U of Sint Eustatius (2006)

Internship/Residency: U of Kentucky Chandler Medical Center (2009)

Practicing with Rockwood Clinic beginning 7/2010

Ngo, Khiet D., DO

Pediatrics/ Pediatric Gastroenterology

Med School: Nova Southeastern U (1999)

Internship/Residency: Loma Linda U Children's Hospital (2002)

Fellowships: Loma Linda U Medical Center (2005) and UCLA Mattel Children's Hospital (2009)

Practicing with Pediatric Gastroenterology beginning 7/2010

NEW PHYSICIANS PRESENTED A SECOND TIME

Baker, Jeff P., DO

Emergency Medicine

Med School: College of Osteo Medicine of the Pacific (1994)

Practicing with Valley Hospital & Medical Center since 1/2010

Gottschalk, Todd G., DO

Internal Medicine/Pediatrics

Med School: College of Osteopathic Medicine of the Pacific (1995)

Practicing with CHS Hospitalist Services (DMC) since 1/2010

Schappert, Joseph W., MD

Clinical Pathology

Med School: U of Bologna, Italy (1981)

Practicing with Providence Sacred Heart Medical Center since 7/2009

Sokoloff, Michael J., MD

Pediatrics/Pediatric Critical Care

Med School: U of Nevada (2000)

Practicing with Pediatric Critical Care beginning 2/2010

Thumma, Saritha C., MD

Internal Medicine/Medical Oncology

Med School: St. John's Medical College, India (1998)

Practicing with Cancer Care Northwest beginning 2/2010

Truckner, Robert T., MD

Pediatrics/Pediatric Emergency Medicine

Med School: U of Michigan (1987)

Practicing with Emergency Medicine Physicians (SHMC) since 1/2010

NEW PHYSICIAN ASSISTANTS PRESENTED A SECOND TIME

Bergeson, Erik J., PA-C

Med School: U of Nebraska Medical Center (1999)

Practicing with Rockwood Clinic Main Clinic beginning 1/2010

Duthie, Kathleen "Maria" PA-C

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

Practicing with Providence Orthopedic Specialties since 10/2009

Meetings & Events

CATEGORY I CME SEMINARS

Spokane Society of Internal Medicine's 61st Annual Meeting: "Update in Internal Medicine", 10.5 Hour(s) of Category I CME credit. Jointly sponsored by the Spokane County Medical Society. Conference held on February 26-27, 2010 at the Spokane Convention Center. Cost: Physician SSIM members \$160. Physician non-members \$185. Nurses/PAs/Allied Health Professionals \$160. Retired SSIM members \$50, Residents/Medical Students \$25. Contact Merry Maccini at (509) 468-0236 or email spokanesim@gmail.com for more information.

Current Trends in Cardiovascular Disease XIII: 5.5 Hour(s) of Category I CME credit. Jointly sponsored by the Spokane County Medical Society. Conference held on March 13, 2010 at the Red Lion Inn. Contact Lori Hanks at (509) 455-8820 or email LHanks@SpokaneCardiology.com for more information.

Orthopaedic Update 2010: 3.0 Hour(s) of Category I CME credit, sponsored by the Spokane County Medical Society. Conference held on April 14, 2010 at Deaconess Health and Education Center. Contact Jennifer Anderson at (509) 325-5010 or email jennifer@spcms.org for more information.

OTHER CATEGORY I CME SEMINARS

2010 HIV/AIDS Education Series: 1.0 Hour of Category I CME credit, Sponsored University of Washington School of Medicine, NWAETC, AARTH and Spokane AIDS Network. Final presentation - Successful Implementation of Routine HIV Testing as recommended by CDC 3/17/10. Presentation will be 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.

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 | (206) 685-9850.

Klaus Gottlieb, MD leaving for Washington, DC

Dear Colleagues:

It is with sadness when I announce the closing of my practice after more than 11 years of serving this wonderful community. Some of you know that my interests in the scientific aspects of medicine have over the years not dwindled; instead, they have grown. I am currently pursuing a Master of Science degree in Biotechnology via the Johns Hopkins distance education program. The Center for Drug Evaluation and Research (CDER) at the FDA offers a unique opportunity to combine my interests and skills. When I recently received an offer to come to Washington D.C. to work with them, I told my wife and daughter: "We're moving to D.C.!"

My office will schedule patients until Friday March 26 and will stay open for administrative purposes until June 1.

I will work with Dr. Greg Schlepp over the next couple of months to train him in essential endoscopic ultrasound (EUS) procedures. I have full confidence that he will continue to provide the services Spokane has come to rely on.

Many of you have supported the adventure of establishing EUS in Spokane and I am very grateful for this and so much more.

Sincerely,
Klaus Gottlieb

designate your UNITED WAY CONTRIBUTION to PROJECT ACCESS

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

* This would be a tax-deductible contribution.



Classified Ads

REAL ESTATE

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. (07/10)

Home for Sale or Rent - A River Runs Through It \$1750/month rent. 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. Call (509) 467-1347, (509) 625-7099 or (509) 435-7099, if interested. For more information and a photo tour go to <http://colbertriverhome.com> (05/10)

OTHER

For Sale: 4 Ritter 104 Exam tables with 5 drawers/ stirrups/ electrical outlet ~ Gray with teal table top/ head of bed elevates \$200.00 Contact Colleen Kins 744-3750 Internal Medicine Residency Spokane

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. (04/10)

Physician Hospital Community Organization changes name

Effective January 1, 2010, Physician Hospital Community Organization began doing business as **Preferred Health Care Options (PHCO)** and believe the name change reflects the organization today. PHCO is no longer in the provider network arena. They now are focusing on making available administrative services to employers with self-funded medical plans. For more information contact, Preferred Health Care Options at (509) 343-4552 Fax: (509) 343-4611 Toll Free: (888)298-1574.

Are you plugged in?

Our website is just a point and click away ~

visit www.spcms.org for

- CME information
- newsletter articles
- membership information
- legislative updates
- Medicor services
- and so much more!

Physician Opportunities

POSITIONS AVAILABLE

RETIRING AFTER 42 YEARS OF GENERAL PRACTICE, NATHAN STIME MD, leaving practice in physician shortage area to continue with Guatemalan project. Riverside medical/dental clinic at corner of Highway 2 and Deer Park roads. Lease, Lease to buy, purchase building or whatever are the options. Please contact for further information Nathan Stime at (509)292-2700

FAMILY MEDICINE W/OB- We are looking for a Physician to join our dedicated team at the Spokane Falls Family Clinic. If you have a passion for working with the underserved and enjoy full scope family medicine, we would like you to consider what we have to offer! A few of our benefits include: a competitive compensation and benefits package, a great work/life balance, hiring bonus and relocation package, visa sponsorship, EMR in all our clinics, and a monthly stipend for 3rd year residents. SFFC is part of the Yakima Valley Farm Workers Clinic. YVFWC is the largest community health center in the Pacific Northwest. We are dedicated to providing our patients with the highest quality care and offer them affordable health care options. Apply online at www.yvfwc.com or contact Tanya Gutierrez, Provider Recruiter via email at tanyag@yvfwc.org or call 1-877-983-9247 for more information. (06/10)

RETIRED PHYSICIAN WANTING PART-TIME WORK NEEDED - Freedom Health Group is a new approach to providing access to affordable health care in the Spokane Valley. We are interested in the opportunity to work with a retired MD in the area of family practice still wanting to practice one or two days a week. Freedom Health Group does not process insurance claims as members pay an affordable price to the provider at time of service. This opportunity includes supplemental income and ownership options. If interested, please contact Rick Hansen at 509-892-3113 or by email at rick@freedomhealthgroup.com. (03/10)

MEDICAL OFFICE FOR BUILD OR LEASE

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

Northpointe Medical Center Located on the North side of Spokane, the Northpointe Medical Center offers modern, accessible space in the heart of a complete

medical community. If you are interested in locating your business here, please contact Tim Craig at 509-688-6708. Basic info: \$23 sq/ft annually. Full service lease. Starting lease length 5 years which includes an \$8 sq/ft tenant improvement allowance. Available space: *Suite 210 - 2286 sq/ft *Suite 209 - 1650 sq/ft *Suite 205 - 1560 sq/ft *Suite 302 - 2190 sq/ft

For Lease 3700 sq ft of second floor space in a new 18,900 sq ft building available December 2009. It is located just a few blocks from the Valley Hospital at 1424 N. McDonald (just South of Mission). First floor tenant is Spokane Valley Ear Nose Throat & Facial Plastics. \$24 NNN. Please call Geoff Julian for details 939-1486 or email gjulian@spokanevalleyent.com. (08/10)

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.

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.

Physician Health is Important.

Eastern Washington Physician Health Committee

We are available to assist you in the following areas:

- Marital and Family Issues
- Death of Spouse or Family Member
- Drug/Alcohol Misuse
- Lawsuit Education and Support
- MQAC/OSTEO Board Issues
- Boundary Issues
- Disruptive Behavior
- Elder Care
- Practice Management

This committee, a fusion of the former SCMS committee and one including members of medical staffs of Community Health Services and Providence Health Care Hospitals, meets quarterly to educate ourselves about physician health issues, review utilization and satisfaction with the Wellspring Early Assistance Program (EAP), and plan activities, programs and resources to address needs in these areas. Some of the guiding principles of this committee are:

- The medical profession and healthcare community should foster physician well-being
- A sense of community with one's peers is vital to personal well-being
- Changes in the healthcare environment and contributing to personal and professional challenges and new stressors for physicians
- Physicians should have resources available to them to anticipate and manage episodic personal issues



COMMITTEE MEMBERS

Jim Shaw, MD, Chair 474-3097

Steve Brisbois 927-2272
Michael Metcalf 928-4102
Paul Russell 928-8585
Phil Delich 624-1563
Michael Moore 747-5141

Robert Sexton 624-7320
Jim Frazier 880-0025
Mira Narkiewicz 889-5599
Patrick Shannon 509-684-7717
Deb Harper 443-9420

Sam Palpant 467-4258
Alexandra Wardzala 448-9555
Mike Henneberry 448-2258
Tad Patterson 939-7563
Hershel Zellman 747-2234