

WINTER 2020

THE message

A Newsmagazine of Spokane County Medical Society

SCMS MEMBER HIGHLIGHT

David O'Brien, MD

**Make a Difference for
Under-Represented Students**

**Novel Coronavirus: Symptoms,
Evaluation, Action & Resources**





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Advertising Correspondence:
SCMS Publications
Attn: Shelly Bonforti
318 E Rowan Ave, Ste 209
Spokane, WA 99207
509-325-5010
Fax 509-325-5409
shelly@spcms.org

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"I have the distinct privilege to learn from Dr. Heather Brennan at Kaiser Riverfront. There is something so unique about seeing a panel of patients, listening to their unique stories, and finding a way to make life flow a little easier. By working with Dr. Brennan, I get to see how she approaches each challenge and works with her patients to find the most feasible solution to a problem. Moreover, Dr. Brennan ensures that my questions are answered and uses each patient encounter to help me advance my learning and mastery of clinical practice. I am so grateful for the time she sacrifices to contribute to my learning and help me become a salient physician someday!"

—VIRKAMAL K. DHALIWAL, MHS

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SUBMITTED JANUARY 2020

President's Message



When I turned 40 a few months ago, I became nostalgic for the decades behind me. First, the awkward teenage years of being a high school nerd. Next, the 20s when my “nerdiness” was rewarded with a medical education. Finally, in my 30s, the education I received grew into a medical career in Spokane. I was blessed to join a medical community marked by excellence and superior skill. Though each of our paths to Spokane is different, we all share a commitment to medicine in this city and the surrounding region.

Founded in 1885, the Spokane County Medical Society has seen many decades. Through the foundation the society has established, the growth and expertise of healthcare in Spokane has blossomed. The last decade brought many changes to the SCMS. I would like to thank the Board members and our most recent presidents, including Dr. Deb Wiser, for their leadership to help organize and direct our path. The path ahead is lit by our four pillars: Collegiality, Medical Education, Advocacy, and Community Service.

An important figure from the first decade of my life, Fred Rogers, said, “You rarely have time for everything you want in this life, so you need to make choices. And hopefully your choices can come from a deep sense of who you are.” These words may resonate differently for each of us. As individuals, we are mothers, fathers, husbands, wives, sons or daughters. We are also physicians in solo practice, large group practices, in hospital teams, and/or physician

administrators. Individually we have similar struggles with time, whether at home or at work, but collectively as a group we are the leaders of healthcare in Spokane.

In order to lead, we must become organized. Currently we are scattered under the roofs and within the walls that we work. These buildings protect us, but also separate us from other colleagues with similar plights or goals in excellence of healthcare in this community. The SCMS can help us get organized under the umbrella of our goal to lead the delivery of medicine in this community.

In the pages ahead you will see how the SCMS is working towards strengthening the four pillars that hold up our medical society. In the months, years, and decade ahead of us I encourage you to be an active part of the SCMS to strengthen ourselves so that we may continue to improve medical education in the region, advocate for ourselves and our patients, and serve the patients in our community. ■

Stephen Pakkianathan, MD
2020 SCMS President

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LAWRENCE T. GARVIN, MD

(August 1937-January 2020)



Lawrence Thaddeus Garvin entered peacefully into rest at Hospice House on January 15, 2020. Larry was born in 1937 in Toledo, Ohio, to Dorothy and Edward Garvin, the second of two children. Larry went to John Carroll University in Cleveland, Ohio, and attended Cardinal Stritch School of Medicine at Loyola University in Chicago. He completed an internship at Sacred Heart Hospital in 1961,

where he met his future wife Patricia, who was attending Sacred Heart School of Nursing.

Larry completed two years of service in the U.S. Navy, the first of which was on the USS Burton Island, an icebreaker in the Antarctic and the second at a recruiting station in Milwaukee, Wisconsin. At the University of Wisconsin Department of Obstetrics and Gynecology, he chose to follow his father's profession and completed a residency in Obstetrics and Gynecology in 1969. Larry married Patricia Lea Travis in 1964 at the original Sacred Heart Church on Chandler. They had five children.

Although it was understood by family and colleagues that Larry was not a night person, he recently told his wife Patricia that in all of his years as a physician, he never got tired of hearing a baby's first cry.

In Memoriam

Larry retired from his medical practice in 1992. He had learned to race sail boats at age nine on the Maumee River in Ohio, which led to a lifelong love of sailing. He passed along his passion for boating to his children. In retirement, Larry also enjoyed golf, woodworking and volunteering his time at Sacred Heart Parish, Meals on Wheels and Inland Empire Residential Resources. He enjoyed playing bridge with his friends and was a voracious reader of history. He made many beautiful pieces of furniture for his children, other family members, friends and for his parish church. In the early 1990s, Larry and Patricia bought and renovated a house in the Gonzaga University neighborhood for their daughter Margaret, who has autism. Larry always worked hard to help Margaret become as independent as possible.

He is survived by his wife of 55 years, Patricia, two daughters, six grandchildren, his brother and many nieces and nephews. ■

VOLUNTEER OPPORTUNITIES



Led by SCMS Secretary-Treasurer Barry Linehan, PA-C, representatives from each of the student programs from UWSOM, MEDEX, and WSU Med School met to discuss community service projects which membership, students and the medical community could participate in as a group.

They are planning dates for volunteer opportunities with Blessings Under the Bridge and Second Harvest, and are also discussing alternative projects with their classmates where the SCMS may be able to be a partner in facilitating. ■

Please contact shelly@spcms.org if you'd like to get involved!



David O'Brien, MD



Works at:

MultiCare Health System as Chief Executive/Senior Vice President for the Inland Northwest region, which encompasses MultiCare Deaconess and Valley hospitals and MultiCare Rockwood Clinic.

Specialty:

Family medicine/administrative medicine.

Why SCMS:

The Medical Society is a great opportunity to promote collegiality amongst professionals in the regional healthcare industry. Collaboration amongst colleagues and a platform to advocate on behalf of our patients is core to solving local healthcare issues.



Top concerns in medicine:

I am excited about the future of medicine as new technologies and innovations improve the care we can provide through quality, cost and effectiveness. I can remember the times when patients would spend days in the hospital after a cholecystectomy and now they are able to go home the same day. There are amazing advances in so many areas like oncology, where we can treat diseases that in the past were seemingly hopeless. I also look forward to the changes in our health care delivery systems as we transition from volume-based care to value-based care.

Why my specialty:

I practiced family medicine for almost 15 years before transitioning to leadership work. There are days I miss the incredible variety of clinical encounters a primary care physician experiences and the deep connection with patients, but I strive to view my administrative work through the eyes of a physician. MultiCare's mission statement is Partnering for Healing and a Healthy Future. I love how this mission statement leads us to find ways to work with others in order to better serve our patients and community.

When I'm not at work:

When not working, I enjoy fly fishing or spending time with my 5 children and 3 grandchildren. I also enjoy traveling and exploring the beautiful Inland Northwest.

Go-to activity to unwind:

To unwind and clear my head, I enjoy playing the piano or to breathe in some fresh air on a hike. My wife, Rosanne, and I



live in Kendal Yards and the Centennial Trail is right there for a walk overlooking the beautiful Spokane River.

What I read:

As part of the MultiCare regional administrative team, I am always looking for new and innovative approaches to leadership that I can bring back to my team. I often read books focused on improving our practices and thought processes, such as Jack Collin's "Good to Great" and Stephen M.R. Covey's "Speed of Trust."

What you might not know about me:

I am lucky enough to have married my high-school sweetheart. This year, we celebrate our 48th year anniversary.

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Proud moments in medicine:

Back when I was in practice, I diagnosed dextrocardia in a 3-year-old patient. The child’s mother thought I was brilliant for making this diagnosis, but all I had done was simply remove the child’s shirt for a physical exam and saw the PMI in the right chest. This moment brought me back to the basics of practicing medicine and taught me the truly eternal value of the physical exam.

Best advice:

Stay calm. The world moves fast, especially in healthcare, and it is easy to get caught up in a million things and stressed. Just take a deep breath and stay focused.

What’s next:

I want to explore Washington and the INW more. There are endless opportunities! Additionally, in my role with MultiCare I am excited about the big changes we are making in engaging our staff, physicians and providers to create a great place to practice medicine. We are also very focused on the quality of care we provide and creating an outstanding patient experience. ■

Make a Positive Impact in our Community

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New Members

January 2020

PHYSICIANS

C. Mark Alder, MD
Sandra Bremner-Dexter, MD
Jordan Castle, MD
Wendy Ehieli, MD
Paige Flett, MD
Jace Hilton, DO
David Holznagel, MD
Michael Maccini, MD
Rosita Miranda, MD
Elizabeth Newell, MD

Christopher Pannucci, MD
Jacob Pounds, MD
Leslie Russell, MD
Aaron Saunders, MD
Stephanie Simonson, MD
Zachary Winter, MD
Bryan Voelcke, MD

PHYSICIAN ASSISTANTS

Kali Arthurs, PA-C



*Easily join or renew
your membership online!*

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

JANUARY

60 YEARS

Alexander "Sandy" Greer, MD
1/14/1960

30 YEARS

Timothy Icenogle, MD
1/18/1990

Michael Parisot, MD
1/18/1990

Rita Snow, MD
1/18/1990

Mary Badger, MD
1/18/1990

20 YEARS

David McClellan, MD
1/01/2000

Lester Sloan, PA-C
1/23/2000

10 YEARS

Brian Simmerman, MD
1/08/2010

Tomas King, MD
1/27/2010

FEBRUARY

50 YEARS

Philip Morrison, MD
2/09/1970

James Bonvallet, MD
2/24/1970

40 YEARS

Warren Adams, MD
2/26/1980

Daniel Cammack, MD
2/26/1980

Alan Purdy, MD
02/26/1980

Timothy Bruya, MD
2/26/1980

James Nania, MD
2/26/1980

20 YEARS

James Goff, MD
02/24/2000

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— Dr. Jim Shaw



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FEBRUARY**SAVE THE DATE!****2020 SCMS Annual Reception**

February 20, Thursday
5:30 p.m.— 8:00 p.m.
Spokane Club
1002 W Riverside Ave, Spokane

MARCH**SCMS Board of Trustees Meeting**

March 18, Wednesday, 5:30 p.m.
Inland Imaging Conference Room
801 S. Stevens St., Spokane

APRIL**SCMS Foundation Meeting**

April 14, Tuesday, 5:45 pm
Schoenberg Center @ Gonzaga Univ.
Room TBD

Spokane Scholar's Foundation Banquet

April 20, Monday, 6:30 pm
Spokane Conv. Ctr. Ballroom

SCMS Executive Committee Meeting

April 22, Wednesday, 5:45 p.m.
SCMS Office

MAY**SAVE THE DATE!****SCMS Member Mixer**

May 6, Wednesday
5:30 p.m.— 8:00 p.m.
Location TBD

WSMA Leadership Dev. Conf.

May 15-16, Friday-Saturday
Chelan, WA

Sr. Physicians Golf Tournament

May 22, Friday
Manito Golf & Country Club

SCMS Board of Trustees Meeting

May 20, Wednesday, 5:30 p.m.
Inland Imaging Conference Room
801 S. Stevens St., Spokane

JUNE**SCMS Executive Committee Meeting**

June 24, Wednesday, 5:45 p.m.
SCMS Office

JULY**SAVE THE DATE!****10th Annual Summer Member****River Cruise**

July 9, Thursday, 6:00 p.m.—9:00 p.m.
The Serendipity, Templin's Marina

SCMS Foundation Meeting

July 14, Tuesday, 5:45 pm
Schoenberg Center @ Gonzaga Univ.
Room TBD

SEPTEMBER**SCMS Board of Trustees Meeting**

September 16, Wednesday, 5:30 p.m.
Inland Imaging Conference Room
801 S. Stevens St., Spokane
(HOD Caucus)

SAVE THE DATE!**Medicine 2020**

September 25, Friday, 7:00 a.m.— 5:00 p.m.
Historic Davenport Hotel

WSMA House of Delegates

September 26— 27, Saturday-Sunday
Historic Davenport,
Autograph Collection, Spokane

OCTOBER**SCMS Foundation Meeting**

October 13, Tuesday, 5:45 pm
Schoenberg Center @ Gonzaga Univ.
Room TBD

SCMS Executive Committee Meeting

October 21, Wednesday, 5:45 p.m.
SCMS Office

SCMS Sr. Physicians Dinner

Date TBD, 5:00 p.m.
Manito Golf & Country Club

SCMS Nominating Committee Meeting

TBD

NOVEMBER**SCMS Board of Trustees Meeting**

November 18, Wednesday, 5:30 p.m.
Inland Imaging Conference Room
801 S. Stevens St., Spokane

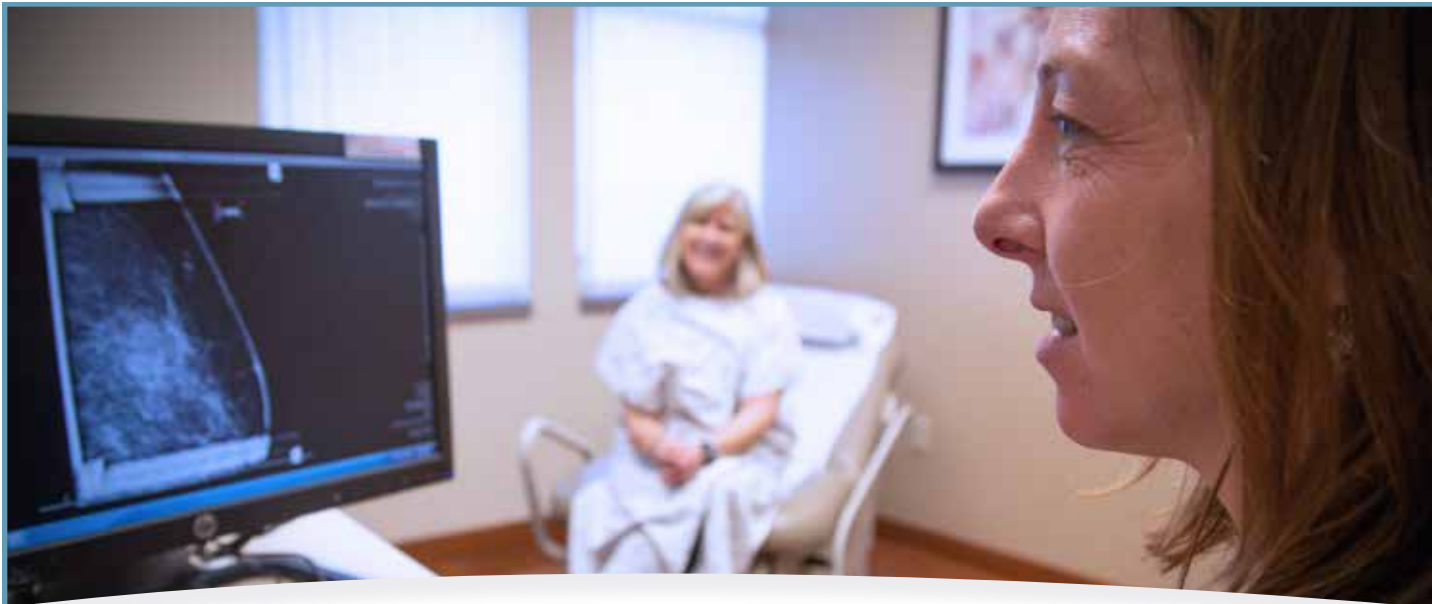
DECEMBER**SAVE THE DATE!****SCMS Member Mixer**

December 2, Wednesday
5:30 p.m.— 8:00 p.m.
Location TBD

SCMS Executive Committee Meeting

December 16, Wednesday, 5:45 p.m.
SCMS Office

If you have any questions regarding an event, please call SCMS
at (509) 325-5010 between 9:00 am and 5:00 pm,
Monday through Friday, or email shelly@spcms.org.



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Novel Coronavirus: Symptoms, Evaluation, Action & Resources

By Dr. Bob Lutz

**Spokane County Health Officer for the
Spokane Regional Health District**

As much of the public is now aware, the Novel Coronavirus (2019-nCoV) that originated in Wuhan City, China late last year has now spread throughout mainland China with nearly 31,000 cases identified, and internationally including twelve cases identified in the United States (figures current as of Feb. 7, 2020). One of those cases was close to home in Snohomish County, Wash. Health experts are concerned because little is known about this new virus, its rapid proliferation, and its potential to cause severe illness and pneumonia in some people, especially older adults who have other health conditions.

SYMPTOMS AND EVALUATION

Limited information is available to characterize the full spectrum of illness associated with 2019-nCoV. The incubation period is thought to be between two and 14 days. Healthcare providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. Current criteria for consideration of 2019-nCoV include:

- Fever AND symptoms of lower respiratory illness (e.g., cough, difficulty breathing) AND in the 14 days before symptom onset:
 - Travel to China OR
 - Close contact with someone who is under investigation for 2019-nCoV while that person was ill
- Fever OR symptoms of lower respiratory illness (e.g., cough, difficulty breathing) AND in the 14 days before symptom onset had close contact with an ill lab-confirmed, 2019-nCoV patient

Persons meeting the above criteria should first call their doctor who can determine whether the patient's symptoms require a visit to an emergency room for further testing. Healthcare providers evaluating a patient with suspected 2019-nCoV should immediately notify both infection control personnel at their healthcare facility and Spokane Regional Health District (SRHD) Epidemiology at (509) 869-3133. Testing is currently only available at the Centers for Disease Control & Prevention (CDC) and must be approved through public health prior to submitting specimens.

Currently, there are no vaccines available to prevent 2019-nCoV infections. Treatment is supportive. Guidance from the CDC and Washington State Department of Health (DOH) will continue to change and evolve as more is learned about 2019-nCoV.

HOW DOES 2019-NCOV SPREAD?

Health experts are still learning the details about how 2019-nCoV spreads. Other coronaviruses spread from an infected person to others through:

- The air by coughing and sneezing
- Close personal contact, such as touching or shaking hands
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes
- In rare cases, contact with feces

ACTION BY PUBLIC HEALTH

CDC and DOH continue to closely monitor the outbreak and have issued travel guidance for China, recommending that travelers avoid all nonessential travel to all of China.

Although the risk to our community is low, SRHD has taken action by activating its incident command system in order to ensure all proper steps and collaborative efforts are in place. SRHD can quickly and seamlessly work with healthcare providers to identify and evaluate any suspected cases.

RESOURCES

Resources specifically for healthcare providers:

- Johns Hopkins GIS Mapping of the Global Outbreak
- Washington State Department of Health
- Centers for Disease Control and Prevention
- SHRD Healthcare Provider Resources

Healthcare providers who have a potential case or other questions related to 2019-nCoV can call SHRD Epidemiology at (509) 324-1442 during business hours and (509) 869-3133 after hours. Epidemiology can provide consultation on testing.

Resources are also available for the public:

- DOH Call Center: 1 (800) 525-0127 and press #
- SRHD.org with links to:
 - Washington State Department of Health
 - Centers for Disease Control & Prevention ■



Robotic Therapy Equipment Helps St. Luke's Patients Learn to Walk Again

St. Luke's Rehabilitation Institute, the region's largest free-standing rehabilitation provider of inpatient and outpatient services, has installed a ZeroG® Gait and Balance System, a robotic body-weight support therapy equipment designed to help people relearn to walk and gain balance. The ZeroG is being used to aid patients with conditions such as spinal cord and brain injuries, stroke, Multiple Sclerosis, Parkinson's disease and even lower-extremity amputations. It is the only device of its kind in the Inland Northwest, and is expected to serve 1,000 pediatric and adult patients each year.

The ZeroG offers patients a reduced gravity-like environment, allowing them to engage in innovative physical therapies so they can practice a wide range of activities without the fear or risk of falling. Patients wear a harness that connects to the ZeroG robot as it tracks their movements from above.

"ZeroG gives our patients the safety and confidence to practice functional, real-world balance and walking activities," said Chris Clutter, director of rehabilitation services at St. Luke's. "It's not an overstatement to say that, for many of them, it will be life changing." While most patients using the ZeroG will be from the Inland Northwest, patients from as far away as Alaska, California and Montana will benefit from the new equipment.

Providence Health Care Foundation raised nearly \$280,000 to fund the cost of the equipment and associated space modifications. Major funders included the Craig H. Neilsen Foundation and the M.J. Murdock Charitable Trust. "We're thankful for the many philanthropic gifts from generous individuals and organizations that made the ZeroG possible for our patients," said Clutter.

Fear of falling is one of the major obstacles to effective rehabilitation. The ZeroG essentially eliminates patient falls during therapy, increasing patient and clinician safety. Patients are able to practice walking, climbing up and down stairs, getting up off the floor, getting in and out of a chair and other everyday tasks. Accompanying software collects clinical data that tracks each patient's progress and outcomes. ■



Photo Credit: Aretech LLC.



SCMS would like to thank the following organizations for their generous support by paying membership dues for all of their providers! We sincerely appreciate it!

- CHAS
- Inland Imaging/
Intergra Imaging
- Northwest OB-GYN PS
- Northwest Spine and
Pain Medicine
- OB/GYN Associates of
Spokane, PS
- Plastic Surgery
Northwest, PLLC
- Spokane Urology
- Valley Obstetrics and
Gynecology, PS

Physician Well-Being: An Individual and System-Based Pathway



By Deborah Wiser, MD
Immediate Past President SCMS
Family Physician
Chief Clinical Officer
CHAS Health

I can hardly pick up a medical journal without seeing an article on burnout: concerns about it, causes, and how to fix it. At first it was about how to fix the

physicians with poor self-care and “Type A” personalities. Then it was about how to fix the medical system as the root cause of burnout. As usual though, solutions are complicated, but progress is being made. We now have evidence to help us in addressing physician burnout. These include individual-focused interventions as well as organizational and system changes.

As I refer to physicians for brevity in this article, these concepts apply to physician assistants and other advanced practice providers as well.

WHAT IS PHYSICIAN BURNOUT?

In order to get to well-being, we must first define burnout. Physician burnout includes emotional exhaustion, depersonalization, lack of a sense of personal achievement, cognitive weariness, physical fatigue, and disengagement. Although the concepts of burnout were initially identified in 1990s corporate executives, physician burnout has a much higher rate than other fields. More than half of physicians say they would not choose the same specialty if given the chance to choose again, and many are retiring early and working part time in order to make it manageable.

INDIVIDUALLY FOCUSED INTERVENTIONS

Individual interventions have initially focused on fixing physician self-care. These have included stress management and self-care training, self-awareness training such as mindfulness, and increasing social engagement inside and outside of the workplace.

Although these interventions have rightly earned criticism for not looking at the root causes of the stressors, they are important. Physicians are at as much or higher risk for depression and anxiety than the general population but less likely to seek care for it. Suicide rates are higher. Making our lives better means we must have the insight to recognize our own vulnerabilities and seek help when we need it.

Other individual approaches include your own personal workflows and thinking about your day-to-day practice. What must you do vs. what could a staff member do? Are you setting appropriate boundaries with your patients, peers, and staff? Have you mastered the art of setting agendas at the beginning of a visit? Are you using your electronic health record tools to help you or are you doubling your clicks and typing by not utilizing them?

ORGANIZATIONAL INTERVENTIONS

Organizational interventions include changes that can be made in daily workflows, electronic health record accelerators, and use of the medical care team to the top of their license.

There is growing evidence for team-based care and the use of medical staff to assist in a larger variety of tasks that do not require a physician’s training, such as data entry and ordering.

The article “Team-Based Care: Saving Time And Improving Efficiency” in Family Practice Management, describes improvement in patient satisfaction, provider satisfaction, and annual gross patient revenue using these techniques. It does, however take commitment from the organization. Training and change must occur before increased patient volumes become feasible.

As a physician in a leadership position, I am acutely aware of balancing the needs of properly caring for my patients in my office while having accessibility for those patients outside my door. If we tried to solve burnout by just having longer appointments with no other innovations, we may be helping the few in front of us but we are not considering the overall need for access to care in our community.

In my organization, we are far along in some aspects of team-based care and in the pilot phase of others. We are seeing initial improvements in quality measures, provider satisfaction, and number of electronic patient contacts per provider. By starting with the “lower-hanging fruit”, such as co-location of providers and medical assistants, we are already saving electronic tasks by simply talking more. We also have had increased success by utilizing registered nurses at the top of their license. They are handling limited independent visits and pairing with providers on hospital follow-ups and complex new patients.

WHAT’S NEXT?

There are a growing number of resources to help move from physician burnout to well-being. I provide some resources below. At the Spokane County Medical Society, we want to provide the local support. We have been focusing on community outreach and volunteerism events. Additionally, our annual event this year has a focus on physician and provider wellness.

- The Mayo clinic has created an app called with My Well-Being Index to help self-measure the provider’s current state. It also provides helpful resources for addressing the results.
- All of the major medical organizations have produced at least some guidance for helping with physician wellness. The American Medical Association provides a page called Physician Health with resources regarding team-based care and case studies of successful organizations in this area.
- The American Academy of Family Physicians has initiated a program called Physician Health First that provides measurement tools and resources, and nearly every specialty has made similar efforts.
- The American Academy of Physician Leadership and other organizations are engaging in leadership training to help organizations. Conferences and online learnings abound, both for physicians and physician leaders.

These resources and ideas to combat burnout share the fact that we must spend our time and energy to keep ourselves healthy. But solving burnout is not just a case of “physician, health thyself” but rather a charge for profession-wide, industry-wide, and community-wide sustained effort to create a brighter future for physicians and providers. ■



University of Washington School of Medicine in Spokane partners with Gonzaga University School of Nursing, to offer a unique medical simulation experience to students

Collaboration between the two universities results in a dynamic learning opportunity for medical and nursing students.

Throughout their careers doctors and nurses work together to provide the best possible care for their patients. Understanding each other's roles and establishing excellent interprofessional communication skills is vital to ensuring their patients receive that high-quality care.

What if medical and nursing students could experience that kind of teamwork while still in school? That's the idea behind this fall's medical simulation at Schoenberg Center on the Gonzaga University campus. It's the third such simulation offered collaboratively by GU and the University of Washington School of Medicine in Spokane.

"An important and growing area of medical education involves incorporating other medical professions. Interprofessional activities help prepare students to work with others who have differing areas of expertise," explained Laura Spence M.D., clinical assistant professor, Foundations of Clinical Medicine and co-director UW Spokane-Gonzaga University Regional Health Partnership.

Brenda Senger, Ph.D, R.N., assistant professor at Gonzaga University School of Nursing and Human Physiology, was delighted by the opportunity to collaborate with Spence. "We worked together to adapt UW scenarios to include nursing perspectives and objectives," Senger said. "We couldn't have done this before Gonzaga's partnership with UW." She echoed Spence's thoughts on the value of offering this experience to both sets of students.

"Because they are so intensely focused on their own courses of learning they often don't get the opportunity to understand each other's roles until they are working with each other in a clinical setting," Senger said.

The goal is to introduce this team dynamic through live-action scenarios in which students diagnose and treat "patients." Actors memorize scripts, so that they can accurately portray patients with a variety of symptoms, and Schoenberg Center is transformed into a mock clinic and emergency room for the four-hour workshop. "We're priming participants to be aware of the skills other professionals offer, and now we're doing it earlier in their medical education," said Spence. "This paves the way for positive interaction in their third and fourth years, and beyond."

Susan Edwards, M.S.N. R.N., Gonzaga University School of Nursing and Human Physiology, Resource and Simulation Center Director, helps facilitate the exercise. "Interprofessional simulation is really important to help ensure patient safety, and it's recommended for all levels of health care," said Edwards. "Simulations are powerful tools to assist in understanding differing roles."

Faculty from both universities volunteers to moderate the simulation and offer real-time feedback to participants. "We work in pairs, modeling teamwork, setting the stage, and leading the scenarios," Spence said.

Edwards said they pay close attention to not only the way the participants interact with their "patients," but also how they communicate with each other. Are they speaking up? Are they listening to each other? "We divide them into three groups," Edwards explained. "One group is on stage experiencing the scenario, another group offers diagnostic advice, and the third group provides treatment recommendations."

This year's scenarios involved patients with an altered mental state, including an elderly patient exhibiting symptoms of delirium, a possible opiate overdose and a patient experiencing a hypertensive crisis. The group on stage takes patient history, establishes a diagnosis and provides proper treatment. "They utilize the skills they've been learning," Spence said.

Julie Derzay, M.S.N., R.N.C., undergraduate program director, Gonzaga University School of Nursing and Human Physiology said the joint simulation is eye-opening for participants. "They are able offer each other glimpses into their thought processes, reasoning and the way they approach patient care," she said. "It really reinforces that we don't exist in a silo, and gives them an opportunity to learn from each other."

Another unique facet of this collaborative simulation is that the medical students are typically in their second year, while the nursing group is in their senior year. "Our nursing students have had a lot of patient experience by this point," said Derzay. "And the medical students are making the transition from abstract into practice."

Thus they approach the scenarios differently. "The nursing students tend to be focused on the patient's feedback because that's been their experience, while their medical cohorts bring their clinical diagnostic skills to the forefront," she said. "It's interesting to watch how they learn from each other."

Emily Kershaw, a second year UWSOM student, found the experience helpful. "My dad's an R.N. so I was really excited about this simulation," she said. "UW is unique in that we get a lot of clinical training in our first and second year, so I've been able to spend time with physicians. However, I haven't had much time to spend with nurses to see what they do. It was great to experience this before I go into my rotations."

GU nursing student, Alexis Brown, also appreciated the opportunity. "It was so interesting to be with the medical students and hear their perspective," she said. "The scenario was like a puzzle we were solving together, and the medical students mentioned things I

hadn't thought of. It's great preparation for what I'll experience in my nursing career."

Second year UWSOM student Chelsea Denney, said participating in the simulation increased her appreciation for the nursing profession.

"Anyone going into medicine has a high regard for nurses, but it was humbling to witness the skills they already had," she said. "Being in medicine is so much about teamwork, and it was nice to interact with people I may work with in the future."

Denney said she also appreciated feeling like she was part of the Gonzaga campus and community. Indeed, partnering in the simulation is proving beneficial to both universities.

"It really raises the bar. The students end up appreciating each other's roles a little more," said Brenda Senger. "We enjoy it at a faulty level. Each year we revisit the scenarios, and review and update them."

Laura Spence is thankful for the opportunity to provide this important interprofessional experience.

"It's all about optimizing our students' ability to experience that team dynamic, and that's what's best for patient care," she said. "The GU nursing team really stepped up and made this a good learning experience. It's a great example of the collaboration between our two universities." ■

Make a Difference for Under-Represented Students

Trinell Carpenter

UWSOM MD Candidate | Class of 2023

Do you remember the first time you learned how to ride a bike? Before you even had the support of training wheels under you, you knew you had the potential to ride a bike. When you were older your parents taught you, providing training wheels, a helmet, maybe even knee pads for good measure, and a pat on the back when you succeeded. Just think if you were the child of a Tour de France winner—people would tell you cycling is in your DNA. Conversely, you are the kid on the block who watched all the other kids bike to school because you couldn't afford a bike, your neighborhood wasn't safe to practice biking outside, or you had no bike mentor to teach you—your story would be radically different. The analogy of learning to ride a bike grossly simplifies the issue that faces so many aspiring doctors today—the need for support, equity and representation.

As medical students at the University of Washington School of Medicine (UWSOM) - Spokane campus we would not be in the position we are in today if it were not for the opportunity to shadow physicians. Spending time in clinic is fundamental to both recognizing the role of a physician and learning how to become one. We also recognize how important it is to support the next generation of healthcare providers. **Thus, Underrepresented in Medicine (URiM) group at the UWSOM - Spokane is looking for local healthcare providers to partner with us to give undergraduate students the opportunity to shadow.**

Our student group's mission is to "recruit and retain medical students from underrepresented backgrounds and foster an inclusive community for students and faculty." We aim to establish a connection between the Spokane medical community and students of underserved backgrounds to foster relationships with which they can obtain the necessary guidance to become the next generation of remarkable healthcare providers.

We recognize having an undergraduate student shadow requires allocating time out of an already limited clinic day, however, our hope is that these sacrifices made will contribute to ensuring that we build subsequent generations of empathetic physicians who are passionate about the delivery of equitable health care. The goal of this shadowing program is to coach undergraduates on professionalism and guide them through the shadowing process from before they step through your doors to when they step into their own exam room as a provider someday.

UWSOM recommends **at least 40 hours** of physician shadowing before applying to medical school. Most under-represented students are at a disadvantage because no one in their family personally knows a doctor or physician assistant they can ask to shadow. **You can make a difference by filling this need for under-represented students.** The student may ask to shadow you for all hours as you get to know one another or just a portion to meet the requirement. If you are interested in partnering with the UWSOM-Spokane, please reach out to Trinell Carpenter, tcarp17@uw.edu (360) 393-2715 the Mentoring and Shadowing Coordinator. ■

MEDICAL EDUCATION COMMITTEE

Drs. Anderson and Swanson welcomed those in attendance at SCMS' Medical Education Committee (MEC) meeting the evening of January 22, 2020. Following Board approval, the committee is in the planning stages of hosting a fall reception for students and residents entitled Spokane Residency Exploration Night. Stay tuned for more details! ■



WSMA Outreach & Advocacy

LEGISLATIVE UPDATE

MODIFIED B&O TAX “FIX” PASSES LEGISLATURE

*Some small practices spared;
larger independent practices still affected*

Majority-party Democrats in Olympia have moved quickly to make adjustments to the state business and occupation (B&O) tax increase passed during the 2019 session. Despite continued opposition by the WSMA, Senate Bill 6492 passed the Senate on a 28-21 party-line vote last Thursday. The bill was heard in the House Finance Committee earlier this week and passed the House on February 6 on a 52-45 vote.

House Bill 2158 from last year increased the B&O rate on independent physician practices (among other industries) from 1.5% to 1.8%, with revenues going to fund investments in higher education. Hospitals were exempted from the tax increase. The law as passed created ambiguity regarding the entities it applied to, resulting in the state projecting to collect less revenue than needed to fulfill the promised investments in higher education.

Senate Bill 6492 clarifies the entities included in the tax increase, which continues to apply to independent physician practices. The bill exempts businesses with under \$1 million in gross annual revenue from the tax increase, which will protect some small physician practices (the WSMA estimates there are slightly more than 1,000 solo practices in Washington, the likeliest to benefit from the higher exemption threshold). Businesses with \$1 million or more in revenue will now pay 1.75% rather than 1.8%. Finally, the bill delays implementation of the law, with the provisions going into effect on April 1 (rather than January 1). Legislators are motivated to pass the bill quickly so that businesses do not have to comply with different sets of regulations in successive tax payment periods.

The WSMA opposed the tax increase vehemently during the 2019 session and carried that opposition into 2020. While it is helpful that the bill may shield some small practices from the tax increase, on the whole we are disappointed that legislators chose not to exempt all independent physicians in light of the many contacts they received from physicians in their community detailing how the tax increase will impact their practices and access to care for their patients. WSMA will continue to advocate for the inequity it creates to be addressed and for measures that will mitigate the impact it will have on our physician members.



**Washington State
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Physician Driven, Patient Focused

BILLS OPPOSED BY WSMA THAT SURVIVED THE CUTOFF DEADLINES:

Naturopath scope of practice expansion – HB 1630, grants naturopaths prescriptive authority for Schedules III-V drugs without detailing specific education and training requirements, increases the office-based procedures that may be performed by naturopaths, and allows them to sign and attest to any form that a physician may sign, including forms such as death certificates and disability determinations.

King County payroll tax – HB 2907, allows for the imposition of a new payroll tax to be imposed in King County on businesses including physician practices with revenue generated going to support addressing homelessness and the delivery of behavioral health services.

REGULATORY UPDATE

State Opioid Prescribing Rules Updated for MDs, DOs, and PAs

The Washington Medical Commission and the Washington State Board of Osteopathic Medicine & Surgery have adopted amendments to their opioid prescribing rules to comply with Senate Bill 5380 from the 2019 legislative session. New requirements include patient notification of the risks of prescription opioids, including the risk of dependence and overdose, pain management alternatives, and notification to the patient they have the right to refuse an opioid prescription for any reason. Completion of these requirements must be documented in the patient record.

WMC rule amendments are effective starting Feb. 29; osteopathic board rule amendments February 21. ■

Setting Every Community Up for Retirement Enhancement (SECURE) Act of 2019

By Greer Gibson Bacon, CFP®
SCMS Community of Professionals

Signed into law December 20, 2019, the SECURE Act represents the first retirement-related legislation enacted since the Pension Protection Act of 2006 and second tax overhaul enacted during the Trump Presidency. Here are key provisions that may impact you.

REQUIRED MINIMUM DISTRIBUTIONS (RMDs)

While the age at which you must begin RMDs increases from 70½ to 72, there's a twist. If you turn 70½ in 2020 or later, you may postpone them to age 72. However, if you turned 70½ in 2019, you must continue RMDs in 2020.

QUALIFIED CHARITABLE DISTRIBUTIONS (QCDs)

The age (70½) at which you may contribute up to \$100,000 of "pre-tax" dollars directly to a qualified charity and avoid income tax on the distribution remains unchanged. If you are subject to RMDs, such distributions will count toward them.

"STRETCH" IRAS

For IRA owners who die in 2020 or later, their non-spouse beneficiaries will no longer be able to take RMDs based on their life expectancy. Rather, they will be required to take all funds held in the account under the "10-year rule". Specifically, they must empty the account by the end of the 10th year after death but they may do so in any way they chooses. For example, they may take lump sum distributions, or spread distributions equally or unequally over two or more years.

Certain "eligible designated beneficiaries" are exempt from the 10-year rule. They include spouse beneficiaries, disabled and chronically ill beneficiaries, individuals who are not more than 10 years younger than the decedent, and certain minor children (but only until they reach the age of majority). For them and "pre-2020 beneficiaries", it remains business as usual. Specifically, they may take required minimum distributions over their life expectancy, "stretching" (maximizing) this tax-deferred resource.

IRA CONTRIBUTIONS

The age limit (70½) on IRA contributions is eliminated. So, if you or your spouse is working and your household has earned income, you may continue making contributions. However, any QCD will be reduced by the cumulative amount of total post-70½ deductible contributions.

If you have questions about how these changes might impact you, please consult your financial or tax advisor. ■

SPECIAL RULE FOR MINOR CHILDREN

MINOR CHILDREN OF A RETIREMENT ACCOUNT OWNER MAY TAKE AGE-BASED DISTRIBUTIONS UNTIL THEY REACH THE AGE OF MAJORITY.

THEREAFTER, THE 10-YEAR RULE APPLIES.

Bacon is a Certified Financial Planner™ and President of Asset Planning & Management, Inc., a fee-only firm providing wealth management services to individuals and their families since 1997.

References:

IRC § 72(m)(7) defines a disabled person as one who is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long continued and indefinite duration. This is a strict definition of disability.

IRC § 7702B(c)(2) defines a chronically ill person as one who has been certified by a licensed health care practitioner as being unable to perform (without substantial assistance from another individual) at least 2 activities of daily living for a period of at least 90 days due to a loss of functional capacity, having a level of disability similar (as determined under regulations prescribed by the Secretary in consultation with the Secretary of Health and Human Services) to the level of disability described (above), or requiring substantial supervision to protect such individual from threats to health and safety due to severe cognitive impairment. This is a long-term care definition.

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MEETINGS/CONFERENCES/EVENTS POSITIONS AVAILABLE

SAVE THE DATE! SPOKANE COUNTY MEDICAL SOCIETY PRESENTS MEDICINE 2020: Friday, September 25, 2020, at the Historic Davenport Hotel. More details to follow!

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

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

THE PROVIDENCE HOUSE OF CHARITY CLINIC IN DOWNTOWN SPOKANE IS LOOKING FOR PHYSICIANS AND ARNPS with compassionate people skills to volunteer their medical expertise in caring for our most vulnerable adults in Spokane. We Need You! The clinic is a stand-alone clinic on the corner of Browne and Second and primarily sees walk in patients Monday thru Friday.

We serve as a bridge to care in the community and welcome mat for these disenfranchised patients. We offer navigation back into the medical community as well as serving as an access point for housing, mental health, and transportation. We have a full time nurse practitioner, medical assistant, insurance specialist and master of social work on site. We see many primary care issues including hypertension and diabetes. We administer wound care, manage multiple skin conditions, including frostbite care and complex foot care. We frequently evaluate, treat and triage many urgent conditions.

If you have a heart to serve the most vulnerable and can donate your time, your license and willingness to be flexible, please let me know so we can arrange a time to see if volunteering is a good fit.

Don't have a license? VRP <https://www.wahealthcareaccessalliance.org/volunteers> may be able to provide you with a Washington License for volunteer medical care. The Clinic is an approved site.

Contact Frank Otto (509.626.9825 or 509.499.4057(c)) frank.otto@providence.org or contact Johanna Bakker, Senior Manager, Volunteer Services (509.474.4507) Johanna.Bakker@providence.org



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