MARCH | APRIL 2018

THE message

A Newsmagazine of Spokane County Medical Society

Rod Trytko, MD

On Specialty Mission Trips

In The News: Machine Learning Can Save Lives in Spokane

Cohousing: The Trending Approach to a Truly Healthy Neighborhood

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

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"I am so thankful to have Dr. Patterson as my mentor. The pieces of medical wisdom she shares with me are extremely valuable, and I have already begun using them during my clinic days. Working with Dr. Patterson has helped me build confidence in my clinical skills and I really enjoy learning from her."

– CHRISTINE L. CHEN, UWSOM SPOKANE E-17
WELLNESS COUNCIL
STUDENT COMMUNICATIONS

President's Message

Watching the Winter Olympics in Peung Chang, it was clear how vital all of the community is to the success of our superstars. It made me think of the four pillars of effort for our Society:

1. Clinical issue of immense importance to our community
2. Support of medical education
3. Advocacy for physicians, physician assistants and the patients in our community
4. Impartial venue for physician/physician assistant collegiality

I am honored that so many of you were able to join us on February 7 for our Kickoff Reception to highlight our clinical focus: the **Opioid Crisis**. I am confident that our collective efforts to address this epidemic will make our community healthier, happier and safer. We are currently finalizing the membership of our task forces:

1. The Opioid Crisis in the Inland NW: Managing Chronic Pain
2. The Opioid Crisis in the Inland NW: Managing Acute Pain
3. Community Resources for the Opioid Crisis

We will be in contact soon to assemble meetings for these task forces. Please notify Shelly Bonforti (shelly@spcms.org) if you are willing to contribute and interested in participating, and have not yet signed up.

As we continue those efforts, I want to encourage all of you to contribute in another way to the success of our superstars. On April 5, on the Gonzaga campus, the Spokane County Medical Society will co-sponsor with the UW Family Medicine Interest Group a workshop entitled, "**Medical Advocacy in Eastern Washington**". We anticipate that attendees will include UW and WSU medical students, PA students, residents, and SCMS members. Our goal with this meeting is to encourage the eastern Washington medical community, particularly students, to become more involved in medical advocacy at the local and state level. The president and CEO of WSMA (Washington State Medical Association) will be in attendance and will present advocacy opportunities available through the WSMA. We anticipate that a representative from WAFP (Washington Academy of Family Physicians) will also attend discuss advocacy opportunities from WAFP's prospective.

Please join us for

Medical Advocacy in Eastern Washington

Thursday, April 5, 2018
6:00 to 8:00 pm
Gonzaga University
Wolff Auditorium at Jepson Center

Parking is available in the **BARC parking garage** (entrance on Boone Ave) on the first and third floors.

Light refreshments will be served.

Gonzaga Campus Map: docs.gonzaga.edu/about/CampusMap/Campus-Map-2017.pdf

I will see you at this wonderful event that will make our medical community so much more successful. ■

Best,
Brenda

Brenda Sue Houmard, MD, PhD
2018 SCMS President

SCMS thanks these larger groups for their support of SCMS' mission and vision by paying the dues amount for all providers in their groups in full.

thanks

- Community Health Association of Spokane (CHAS)
- Incyte Diagnostics
- Inland Imaging
- Spokane CyberKnife & Radiation Oncology Center/Summit Cancer Centers
- Spokane Eye Clinic

Membership Recognition

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.

MARCH

60 YEARS

William A. Pratt, MD
3/20/1958

50 YEARS

Dan W. Habel, MD, MS
3/26/1968

40 YEARS

Richard G. Gower, MD
3/1/1978

20 YEARS

Karl P. Houglum, MD
3/25/1998

APRIL

20 YEARS

Joseph G. Gunselman, DO
4/22/1998

10 YEARS

Jennifer R. Burger, PA-C, RD
04/11/2008

William B. Lockwood, MD, FACEP
04/16/2008

New Members

Welcome, New Members

PHYSICIANS:

Broadbent, Talmage, MD
Ophthalmology

Medical School: University of Utah (2011)
Transitional Internship: Riverside Regional Medical Center (2011-2012)
Ophthalmology Residency: Vanderbilt (2012-2015)
Oculoplastics Fellowship: Mayo Clinic & University of Minnesota (2015-2017)
Currently practicing at Northwest Eyelid and Orbital Specialists since August 2017

PHYSICIAN ASSISTANTS:

Johnson, Andrew, PA-C
Physician Assistant

School: Barry University
Joined Rockwood MultiCare North Clinic in March 2017

Easily join or renew your membership online!

www.spcms.org/application

Spokane County MEDICAL SOCIETY

NEXT GENERATION MEDICINE LECTURE SERIES

NEXT GENERATION MEDICINE: THE OPIOID EPIDEMIC

April 19, 2018, 6:30 p.m.

The Historic Davenport Hotel

Featuring Dr. David Tauben, UW Chief of Pain Medicine

Free and open to the community.

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Spokane County MEDICAL SOCIETY

Specialty Mission Trips

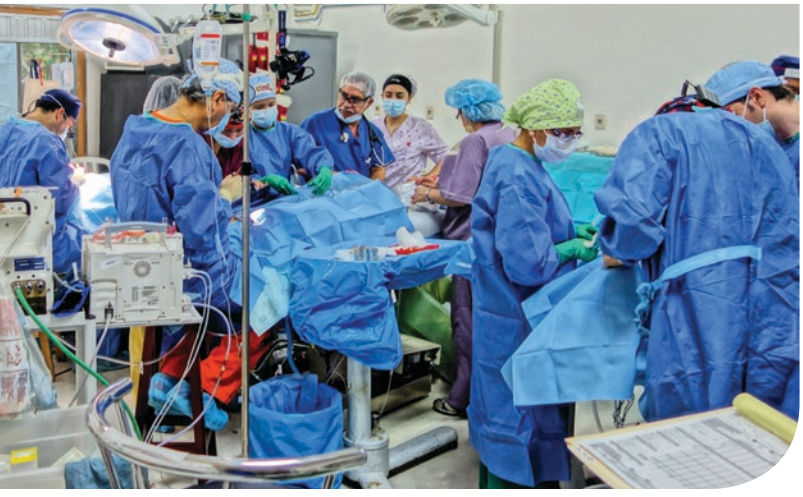
By Rod Trytko, MD

Five years ago, I decided that it was time to quit working after 30 years of tertiary trauma center practice. I was exhausted, cynical, and experiencing self-doubt. I had lost all joy of my profession. So, I retired.

A few months later, my good friend Beth Peterson convinced me to become a volunteer for Operation Smile. It was something that I had never considered in the past because of my busy schedule. I also was concerned about being put in difficult or dangerous situations.

I soon learned that Operation Smile made specialty mission trips very easy and safe. Its Global Standards of Care also ensures a very high level of patient care. Engaging and working with medical professionals from all over the world is a wonderful experience.

In the developing world, more than 170,000 babies are born with clefts every year. It is not just a cosmetic problem but rather a serious health problem. Babies with clefts struggle with eating, breathing, and speech development. In many countries, the children are frequently rejected and even abandoned. A simple one-hour surgery can change the child's life forever. Each mission trip performs around 150 surgeries for around $200 per patient.



A couple months after becoming an Operation Smile volunteer, I found myself in Chuxiong City China on my first Operation Smile cleft mission. Volunteers were from China, US, Egypt, Hong Kong, Sweden, and the Philippines.

In Chuxiong City, my anesthesia work station was certainly not what I was accustomed to using back home. I had a portable semi-open system which was scavenged out the window. I fortunately had used such an anesthesia system as a resident in the early 80s.

The oxygen tank was blue, the drugs were all labeled in Chinese, I was told that the drugs were far less potent than US equivalent drugs, the monitors were Chinese, and I could not speak to anyone on my OR team – nor could they speak to anyone else. We screened hundreds of patients, and provided necessary primary care and linkage to care with local physicians. We then performed five cases every day at each of the OR tables (three per room) for an entire week without incident. The entire team went out to dinner every night and had a wonderful time together. We also were greeted by thankful families every morning at the hospital entrance.

The kids are usually very well behaved and rarely cry – surely under strict instructions from their parents. The kids' parents are always so loving, patient, and attentive. Most of them live in extreme poverty and walk for days just to get to the mission hospital. They quietly wait in multiple lines when directed, never leave their kids unattended, offer any assistance that may be needed, and never leave their kids after surgery. They go to street vendors to buy food as there are no cafeterias in the hospitals.

I have learned that attentive parents can be one of the most effective pediatric patient monitor – which is very important because we have limited access to ICUs. Far better than admitting the patient to an ICU primarily for monitoring where they have limited access to their parents.

Opposite page left to right: Mercy Ship Roxas City with Dr. Beth Peterson 5.15, Cavite City Room 2 Team 9.16. *This page clockwise from top left:* Marrakesh Morocco Anesthesia Team 5.16, Chuxion City Mission Team Picture 3.13, Kangding China 9.17, and a Tibetan mother and child in Kangding, China 9.16

I am always amazed by the work of the program coordinators. They are typically new college graduates in their early 20s who compete for the limited number of annual open positions. They manage the logistics of getting the team, equipment, and patients together in a remote site for an entire week of surgery as well as the necessary team building. The team building in just a few days is like nothing that I have ever seen.

On my first mission, I asked the program coordinator how he managed to get everyone working together in just a few short days and his response was, "Rod, everyone actually wants to be here."

SPECIALIZED MISSION TRIPS ARE GREAT FUN, EXTREMELY REWARDING, AND A GREAT STRATEGY FOR COMBATING BURNOUT.

After working for 30 years in hospitals and being a former president of a large physician group in Spokane, I don't believe that I had ever experienced a work setting where "everyone actually wants to be here." It was an enlightening moment for me.

Since my mission trip to Chuxiong City five years ago, I have sought to go on as many mission trips as possible. I have been to Kangding China, Roxas City Philippines, Cavite City Philippines, Asuncion Paraguay, Santa Crux Bolivia, and Marrakesh Morocco. Soon I will be leaving for Madagascar.

I have learned that specialized mission trips are great fun, extremely rewarding, and a great strategy for combating burnout. You take a vacation from your life to team up with amazing medical professionals from all over the world for the sole purpose of improving the lives of others who are far less fortunate. It is a completely positive environment. You don't have to worry about getting paid or being sued.

You also immerse yourself in a developing city surrounded by local volunteers and experience a new place in a way that is simply not possible as a tourist. The harsh realities of ill-equipped hospitals, cultural and language barriers, and the emotional toll of being beyond the comforts of home are all part of the experience.

You also meet many new friends for life. All healthcare professions share a common bond based on our healing profession. The more time that I have spent with other volunteers from around the world, the more I realize that the world is full of wonderful medical professionals.

I also believe that almost all medical professionals initially went into medicine to help others - to practice medicine and provide quality healthcare. Sadly, our current demanding and frequently negative work environments may rob us of the joy of practicing medicine. I have found that retreating to a pure healing environment on a specialty mission trip for a few weeks a couple times of year has permitted me to more fully enjoy my local practice. That is why I feel honored to have been able to participate and look forward to many more mission trips in the future. ■

Remembrances of a Journey

By George Novan, MD, FACP
Clinical Professor of Medicine
WSU Elson S. Floyd College of Medicine

When a career in medical education winds down, it's time to remember the trip taken. I write this article because I am retiring in June. This article affords me the opportunity to reach out to this medical community and give thanks.

I came to Spokane in 1990 to be the program director of our internal medicine residency. I interviewed for the position in early July 1990. Providence and Deaconess co-sponsored the residency program back then. Some would say they were really desperate to find someone to fill the position because 1) they chose me and 2) within two weeks of my interview, they offered me the job. I accepted. Searching for something away from the maddening crowd, I and my family wanted out of the slow crawl that had become the Southern California freeway system. Two hours to travel 25 miles and God forbid, the agony of being on call and having to make that round trip several times on a day. Not for me and not for my family. Anyway, two "desperate" parties added up to a match made in heaven.

Once here, I quickly noted the friendliness of the community - the people in general and those in the healthcare field. Friends and colleagues from California when I first moved would ask whether I made the right decision. It was an easy answer. Yes - and not just yes - but absolutely yes.

The quality of care physicians provided was impressive. The support physicians gave to teaching my students and residents was tremendous. I was happily surprised by the smiling faces I would see in stores and on streets. Strangers would look me in the eye and say hello. Remember, I moved from a very crowded region. Crowds sometimes create a packed rat mentality where extra pressures (i.e. long commutes, honking horns, endless lines, etc.) make people want to gnaw on something. And so they do.

But here, things were different. When we first moved, we had one of our former neighbors' young daughter come up for a vacation to spend time with my daughter. When she was ready to return home, I asked what she had thought of her time in Spokane. This 10-year-old girl answered "Well, people here as not as beautiful [meaning tanned, glitzy and sleek] as in California, but they sure are much friendlier." Wisdom and insight from a 10-year-old. It is what I have cherished. Friendly people and supportive colleagues.

Fortune has been with me to have had many of you as students, residents, and colleagues. I have been privileged to have been part of the University of Washington School of Medicine with colleagues here and in Seattle. Now, I am part of the Elson S. Floyd WSU College of Medicine. I was here for its creation and now its expansion. I have wonderful new colleagues in this venture. I watch and listen to our founding dean's (Dr. John Tomkowiak) exciting vision and far-reaching ideas and sense the impact they will have on our state.

I know medical education would not be what it is nor would it even be here without you. Our system is community-based. Luckily this community is superb. Top notch. It offers opportunities for our students and residents to train in primary care as well specialty care because Spokane is both a site for local practice and a referral medical hub. I so much appreciate what you as physicians have done and continue to do for training. You have made my career in Spokane rewarding and memorable.

Thank you for all that you have given me these past 28 years. ■

Spring in the World of Teaching

By Jaime K. Bowman, MD, FAAFP, Program Director
Family Medicine Residency Spokane

Spring is a season of change, in nature and in medical education. As the days grow longer and warmer, other energy shifts to embrace the new. At Family Medicine Residency Spokane, like most resident education programs, the spring season brings transformation and evolution. Soon, we will know our Match results and the new interns that join us for the next chapter in their growth in medicine. We review curriculum and build the next academic schedule year, looking at the future of healthcare and the needs of our learners. Embracing the contemporary and the accompanying changes bestow our faculty and residents a great deal of hopeful energy. The challenge is to sustain that energy to ignite our vision for the entire year of seasonal variation.

Buddhist philosophy is anchored on the premise that everything changes. Stewarding medical education requires not only an acceptance of change but an ability to make change and growth a valued and essential component to your philosophy of learning. Celebrating the milestones of academic development as chapters in the story of learning give purpose to change and sustenance to the work of prescribing, not just reacting to, change.

My recent appointment to Program Director, the fourth director in the 44-year history of Family Medicine Residency Spokane, is a monumental change. My transition recalls the strength of the wildflower seedlings pushing through a layer of ice and snow towards the warmth of a newly tilted rotational axis. Not only is a change in leadership destined to discover the ever changing seasons of the landscape, the new pole - a revised and mindful mission - realigns the work we center upon (www.spokaneteachinghealth.org/family-medicine). When we bloom, the whole landscape will transform to nourish young physicians, and it will be beautiful.

The current political climate also harkens the same visual of spring growth and the shedding of winter inertia. FMRS is a passionate program, proud to care for our region's most #vulnerable patients with a #science-based and #evidence based curriculum. Learning is hinged on transformative growth, critical thinking, and finding like-mindedness as well as polarizing viewpoints to challenge you. Medical advocacy, whether marching for the rights women or immigrants or LGBTQIA+ or free speech, reinforces that the debate and discussion are the educational moments. A new specialty clinic for Gender Affirming Care at FMRS and the culminating presentation at the Rural Training Track Collaborative National Conference, showcase that physician learners deserve a platform to find their passion, mentorship to learn to navigate when care challenges their personal morality with compassion, and a centering mantra that universally reinforces patient-centered needs.

A residency that weathers the seasons with awareness, empathy and acceptance, is a residency that will sustain. If, in the words of Emerson, "the world laughs in flowers", then FMRS feels rather vindicated in our recent vernorexia. ■

SCMS 2018 Kickoff Reception

There was strong support at the Spokane County Medical Society's 2018 Kickoff Reception held on February 7, 2018, at the Spokane Teaching Health Clinic. 2018 SCMS President, Brenda S. Houmard, MD, PhD, spoke of the re-visioning of the Society and key project for 2018 – tackling the opioid crisis in our community. The evening featured guest speakers on the opioid crisis, including a powerful story from a recovering addict and task force signup/engagement opportunities. Guests enjoyed appetizers and drinks, as well as great conversation with colleagues in a relaxed atmosphere. A great time was had by all! ■

A special thanks to our evening sponsors!

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SCMS Calendar of Events

MARCH

SCMS Board of Trustees Meeting
March 28, 5:30 pm

APRIL

SCMS Medical Education Committee Meeting
April 10, 5:30 pm

Next Generation Medicine: The Opioid Epidemic
April 19, 6:30 pm
Historic Davenport Hotel

SCMS Board of Trustees Meeting
April 25, 5:30 pm

MAY

SCMS Member Mixer
May 2, 5:30 pm–8:00 pm
Rockwood South Hill
2903 E 25th Avenue, Spokane, 99223
Sponsored by Rockwood South Hill

Sr. Physicians Golf Tournament
May 18, 8:30 Shotgun Start
Manito Golf & Country Club

SCMS Board of Trustees Meeting
May 23, 5:30 pm

JUNE

SCMS Board of Trustees Meeting
June 27, 5:30 pm

JULY

Annual Summer Member River Cruise
July 12, 6:00 pm–9:00 pm
The Serendipity, Templin's Marina

SCMS Medical Education Committee Meeting
July 24, 5:30 pm

AUGUST

SCMS Member Mixer
August 1, Wednesday
5:30 pm–8:00 pm
Bridge Press Cellars
39 W. Pacific Ave.
Sponsored by Spokane Federal Credit Union

SCMS Medical Education Celebration Cruise
August 30, 6:00 pm–9:00 pm
The Serendipity, Templin's Marina

SEPTEMBER

SCMS Board of Trustees Meeting
September 26, 5:30 pm

OCTOBER

CME Medicine 2018
Date & Location TBD
7:00 am–5:00 pm

SCMS Medical Education Committee Meeting
October 9, 5:30 pm

Sr. Physicians Dinner
October 11, 5:00 pm
Manito Golf & Country Club

WSMA House of Delegates
October 13–14,
Historic Davenport Hotel,
Spokane

SCMS Board of Trustees Meeting
October 24, 5:30 pm

NOVEMBER

SCMS Board of Trustees Meeting
November 14, 5:30 pm

DECEMBER

SCMS Member Mixer
December 5, 5:30 pm–8:00 pm
Bridge Press Cellars
39 W. Pacific Ave.

SCMS Board of Trustees Meeting
December 12, 5:30 pm

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.

708 N. Argonne Rd., Suite 5
Spokane, WA 99212
Fax: (509) 325-5409
www.spcms.org

In Memoriam

PETER JOHN HORN, MD

Peter John Horn was born on August 18, 1938, to Julia (Beckett) Horn and John Horn in Indiana Harbor, Indiana, the 5th of 6 children. His father died when he was four years old, and his mother when Pete was just starting high school in Valparaiso, IN, where their mother had taken her two youngest boys to be raised on the family farm. Consequently, Pete and his brother, Paul, moved to Aurora, IN which was a small town located on the banks of the Ohio River where his maternal Aunt Alma took care of the boys and saw them through their teen years, which likely would have been the envy of Huck Finn!

Pete attended Indiana University, majoring in pre-med. He had lost an eye in a childhood accident so his desire to be a physician likely came out of that very difficult time. He was a member of SAE fraternity and graduated Phi Beta Kappa. Always an avid student of medicine he graduated from Indiana University Medical School in 1963 with top honors and a member of Alpha Omega Alpha.

He then completed an internship at St. Luke's Community Hospital in Spokane, served in the Air Force for two years in the downtown Armed Forces Examining Station, and then completed a Radiology residency at Sacred Heart Medical Center in 1970.

After a long battle with severely disabling dementia, Dr. Horn passed away on December 26, 2017, and is survived by his loving wife, Lea, brother, daughter, and son, and their families. ■

Machine Learning Can Save Lives in Spokane

Examine medical data and cure problems using computer algorithms without violating HIPPA

By Mark Michaelis, CEO & Founder of IntelliTect

Machine learning is an area of quantitative science that allows computers to run algorithms to create predictions or disentangle causality. We are no longer limited by the ideas that the human brain can formulate because machine learning can uncover unconsidered possibilities. Medical breakthroughs are happening by data mining vast quantities of information and relying on computers to determine correlation. If the medical community partners with business intelligence architects, we can unlock medical knowledge in such a way that lives can be saved and cures can be found.

My company, IntelliTect, is a high-end software architecture and development consulting firm based in Spokane, WA. Recently, we started using machine learning to forecast production needs on a solar farm using weather data and historical energy production reports. Our algorithm allows utilities to more accurately predict when to purchase energy and helps our customers avoid paying last minute inflated rates unnecessarily.

I've seen hospitals in Europe share data across borders, and I struggle with the fact that machine learning isn't prevalent in Spokane's healthcare industry. I wonder if the medical community is reticent to try a partnership because they think HIPPA compliance isn't possible. Let me assure you that HIPPA isn't an issue. Computers can remove personally identifiable data, so programmers only see medical characteristics. If we can combine forces to make data available to be analyzed, we can bring about cures that haven't yet been discovered.

Machine learning is already solving countless medical quandaries around the world. For example, Sherri Rose, Ph.D., uses statistical approaches to advance human health as an Associate Professor at the Department of Health Care Policy at Harvard Medical School. Rose's team developed an algorithm to improve the accuracy of a prediction about the stage of lung cancer in a patient. They combined billing and registry data to create a staging algorithm that's correct 93 percent of the time, an improvement of 75 percent! "We're trying to solve problems we couldn't solve before, and this is possible with machine learning and statistical tools," Rose said. "We now have access to high-quality data, and the advantage is in the combination of these data and our statistical techniques." She firmly believes that there is lifesaving potential to be found through machine learning.

I agree with Rose. At IntelliTect, our analytical experience started long before machine learning was even a buzz word. My team breaks down complex data to help people make strategic decisions. I am eager to partner with someone in the medical community that has the same goal of solving real-world problems locally. I know that Spokane can do better. We can combine data to correlate and produce knowledge that can save lives. The irony is that we currently have a people collaboration problem preventing this, not a technology problem.

Who's interested in partnering with me?

If you would like to discuss machine learning further, please email me at mark@intellitect.com or join me at the upcoming Machine Learning in Healthcare conference – August 17-18 in Boston, MA. http://mucmd.org. ■

IntelliTect

Metric Spotlight:
Days in Accounts Receivable

By Lori Stelzer,
Health Care Consulting Senior Manager, Eide Bailly LLP
SCMS Community of Professionals

Monthly financial reporting can be as simple as a one page Excel document to as complicated as a large packet of information. With either option, it can be hard to know which numbers are really important and what the metrics are telling you about the health of your practice.

It's important to note that one metric is not enough to judge the effectiveness of the revenue cycle process. Because of the intricacies of the billing and collection process, it often takes several metrics to alert you to issues within the cycle. Combined, those metrics can tell you where to dig deeper and how to track the problem to resolution. In this article, we are going to focus on days in accounts receivable (AR), but other important metrics also include net and gross collection percentages, and AR, charges, payments and adjustments.

DAYS IN ACCOUNTS RECEIVABLE

Days in AR is a metric that tells you how many days, on average, it is taking for payment to be received. This is usually calculated from the date charges are entered and can be with or without patient collection data. This metric is a good foundation of monthly reporting packages and is easy to calculate. This metric is also important to review by an insurance company to see if there is a contract or claim delay issue.

The average days in accounts receivable can differ by specialty but the Medical Group Management Association (MGMA) states that 30 to 40 days is preferable. We recommend that practices evaluate at this metric on a monthly basis and look for trends over three, six and 12-month periods.

The calculation for days in AR is:

$$\text{Days in AR} = \frac{\text{Accounts Receivable Total – Credit Balances}}{\text{Total Charges / Days (in time period)}}$$

INFLUENTIAL FACTORS

Days in AR can be influenced by several factors, such as payer mix, patient balance collection process, calculation based on business days in the month or calendar days in the month, and amount of credit balances.

In addition, there are certain payers (i.e., insurance companies) that are still not automated and tend to take a significantly longer time

BECAUSE OF THE INTRICACIES OF THE BILLING AND COLLECTION PROCESS, IT OFTEN TAKES SEVERAL METRICS TO ALERT YOU TO ISSUES WITHIN THE CYCLE.

to pay than others. If your practice has a high percentage of these type of payers, you may have higher days in AR.

Let's review an example of how this number can vary based on just two of these influencing factors, using these numbers:

AR = $75,000
Gross Charges = $600,000 annually
Business Days (Average) = 240
Credit Balances = $5,000
Average Daily Charges = $1,643.84 for calendar days
OR $2,500 for business days

In this example, the metric of days in AR could be from 28 days to 45 days:

If we use calendar days = 42.58 days in AR
If we use business days = 28 days in AR
If we don't exclude credits = 45.83 days in AR
OR 30.00 days in AR

None of those answers are wrong. It just depends on the way you want the metric to read and what you are comfortable with seeing.

We encourage you to run this calculation in every way, and make sure you are within the industry standard of 30 to 45 days in each method. The idea is to be consistent with the method that you use and trend it over a long enough period of time that you can see on average how many days it takes to get paid, giving you further insight into the health of your practice. ■

Lori is a Health Care Consulting Senior Manager at Eide Bailly in Spokane, a top 25 CPA and business advisory firm. Our healthcare services go beyond cost reports, audit and tax, to help you drive results and plan for a strong future. For more information, contact Lori at (509) 789-9121 or lstelzer@eidebailly.com.

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Angela Chien, MD
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Cohousing: The Trending Approach to a Truly Healthy Neighborhood

In my medical career and life, I've been fortunate to get to enjoy the amazing outdoors of the Inland NW, to build a climbing gym, to live and work in an ER in Tasmania, and gradually transition out of emergency medicine into administration and urgent care at a busy community health center where everyone is passionate about fulfilling the mission and lives up to our core values every day. My newest adventure is helping to develop the first cohousing community in the greater Spokane area.

Cohousing is a custom designed neighborhood in which a group of dedicated households get together to purchase land and build a "village" that supports a vibrant community. It addresses the feelings of isolation and separation that conventional housing can foster by creating an environment that makes it easy to collaborate with neighbors. The concept took off in the Western world in Europe in the 1970's and was brought to the US in the late 80's. There are now over 160 communities in the US including several in and around Seattle.

There are several key design characteristics that help to create a healthy lifestyle in cohousing. The homes (usually between 15 and 40 in number) are laid out to encourage interaction. There are usually 4-6 homes within a building which saves on heating and maintenance expenses. There is always a large (3000-4000 square foot) common house where hundreds of person hours of interaction take place each week, including, in most communities, community meals 4-5 times weekly. The homes tend to be a little smaller than the average house, but space is used much more efficiently. Many families moving in to cohousing are looking for ways to simplify their lives to spend more time together on the things that matter most. Downsizing and minimalizing one's lifestyle can be made easier when a community does it together. Once constructed, cohousing neighborhoods are structured as condominium associations and are self-governing under an HOA that the residents create together.

The households living in cohousing develop long-term, trusting relationships first through the design process. We decided we wanted to live close to the city with plentiful access to green space and gardens, hired an architect with cohousing experience, divided up responsibilities, and are conducting design workshops where the participants decide what our community is going to look and feel like, and what types of amenities we will get to enjoy.

Once we move, in, there is a very deliberate committee structure to handle everything from maintenance and community meals to social event planning and gardening. Our site features a large organic garden on three acres we've secured on the hospital side of the Perry District.

After decades of experience with cohousing both in the US and Europe, people who choose to embrace this form of community say they would never live any other way. There is a palpable difference when you walk into a cohousing neighborhood. Anyone who has ever raised a family in a cohousing community where children are free to roam and benefit from the wisdom of multiple adults with different skills and strengths can't imagine raising kids any other way.

Our community is currently incorporated as The Perry Group LLC, and our neighborhood will be called Haystack Heights. If you're intrigued and would like to learn more about the benefits of this way of living or the particulars of our project, feel free to contact me or reach out on the web at www.spokanecohousing.com.

Yours in Health, **William Lockwood, MD**

Affluenza: Prevention & Treatment

By Greer Gibson Bacon, CFP®
SCMS Community of Professionals

In the coming years, baby boomers will transfer about $30 trillion to their children and grandchildren. But, most will be lost within three generations. And, the primary culprit will be affluenza.

Affluenza is a condition that may affect a child raised in a well-to-do household who develops a distorted sense of self-worth. For example, he may fail to appreciate the value of money and the hard work it takes to earn it. He may feel entitled. By contrast, she may feel anxiety or guilt because she didn't earn it. She may have low self-esteem. Either way, affluenza is a real problem. It may lead to mental health issues (like substance abuse) and impair a child's pursuit of his personal potential.

Fortunately, there is a way to protect children from affluenza. It requires teaching them about responsibility and money from an early age. Children need to learn how to earn money, and save and spend it wisely. Also, they need to learn about their family's values. Along those lines, here are a few key thoughts.

- **Money doesn't grow on trees.** Even preschoolers can do simple chores to earn money. And, as children grow so should their chores. Summer jobs are important for high school and college children. Although there may be some conflict with family travel plans and enrichment activities, the lessons learned are priceless. Summer jobs teach accountability and instill a genuine sense of accomplishment and ownership.
- **Good things come to those who wait.** Whether it's a new toy, summer camp or college, children need to learn to save for the things they want. They need to learn how to set realistic goals in terms of time and money, and work toward them. From time-to-time, parents may need to set-up a "matching" plan but never a "bail-out" plan. Saving teaches children self-control and delayed gratification. Importantly, it teaches a greater appreciation for things that are earned.
- **Spend wisely.** Teach children to tell the difference between things they want and things they need. For example, your child may want a new iPod but he needs to put gas in his car. Also, teach them to buy smart. It's good to know how to compare branded and generic products, and understanding the cost advantage of buying in bulk (1 pen or a package of 3).

  Spending wisely involves making choices and accepting their consequences. It takes practice (and a few mistakes) to make good choices consistently and reap the rewards.
- **It's better to give than receive.** Teach children to volunteer for a charity in our community. Understanding how the less fortunate live will help them develop compassion and appreciate their own circumstance. As they begin to earn, teach them to give of their money, as well as their time and talent. As John Kennedy put it, "to those whom much is given, much is expected."

Affluenza can be successfully treated in all but the most extreme cases. But, it requires a determined effort to teach these key lessons. ■

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.

MEETINGS/CONFERENCES/EVENTS

2018 CURRENT TRENDS IN CARDIOVASCULAR CARE – A PRIMARY APPROACH Presented by Providence Spokane Heart Inst., Sat., April 14, 2018, 8 AM – 3:15 PM, Spokane Conv Ctr. 12 experts will provide current practical guidelines for differential diagnoses, proper evaluation, & treatment of common cardiovascular clinical challenges. Who Should Attend? Physicians & advanced practice providers from the ED, primary care clinics, internal medicine, hospitalists & other medical & surgical specialties. Provides 6 hours of Category 1 CME. For info & registration, call (509) 340-3204, email Lori. Prusa-Mustard@providence.org, or visit: providence.org/SpokaneCardiovascularConference.

DELIVERING SAFE & APPROPRIATE PAIN CARE IN THE MIDST OF THE PARADIGM SHIFT Presented by David Tauben, MD on Thursday, April 19, 2018, 6:30 PM at the Historic Davenport Hotel. Dr. Tauben is the chief of pain medicine at UW and the director of UW TelePain. Dinner will be provided. Anticipate 2 hours of Category 1 CME credit for this medical education seminar. Register by email: uwsomspk@uw.edu

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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.

MISCELLANEOUS

LOOKING TO GAIN EXPERIENCE WORKING W/ A DO PHYSICIAN FULL TIME UNTIL POSSIBLE MATRICULATION IN 2019. WSU grad. w/ BS in Neuroscience, & grad. of Tulane U. w/ MS in Biochemistry. I'm a certified EMT applying to DO school hoping to gain insight into different approaches that DOs use in medical care vs MDs. My ultimate goal is to practice family medicine w/ emphasis in mental healthcare or psychiatry. If interested please email Matthew Kirsch at M1kirsch@yahoo.com. Thank you for your consideration.

SCMS COMMUNITY OF PROFESSIONALS

SPOKANE COUNTY MEDICAL SOCIETY
901 E. 2ND AVE., STE. 301
SPOKANE, WA 99202

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- No role in disciplinary or fitness-for-duty evaluations.
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staffed by a professional in behavioral health for medical professionals.

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Attn: Wellness Program
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Spokane, WA 99212

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ADDITIONAL RESOURCES INCLUDE: WELLNESS • EDUCATION & TRAINING • BUSINESS • LITIGATION