

FALL 2022

THE message

A Newsmagazine of Spokane County Medical Society

The Importance of
Vaccinations in
Reducing
Communicable Disease

Residency and Motherhood:
An Irreplaceable Journey

SCMS MEMBER HIGHLIGHT

Francisco Velázquez, MD



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"Working alongside Dr. Andrew Castrodale at the Coulee Medical Center has been one of the most meaningful experiences of my medical school education. He demonstrates leadership, resourcefulness, and compassion, and embodies the role of a rural physician. Under his mentorship, I have begun to explore my interests in working with rural and underserved populations. I have had the opportunity to work with patients of all ages and observe full-spectrum family medicine. I am touched to see the impact Dr. Castrodale has on his patients and their families. The community he has built with his patients is something that I strive towards creating as a future physician."

—Meagan Johnson
University of Washington School of Medicine
Class of 2025 | Spokane Foundations

"Caring for your neighbors. This statement was one of the biggest lessons I took away from my PCP experiences in Grand Coulee. This sentiment first struck me when I witnessed the treatment of a patient who I had previously engaged with outside of the clinic. They were a barista and I had ordered coffee from them earlier that day. However, it didn't stop there. I treated patients in the walk-in who I would later find out worked in the Hospital Cafeteria. I saw patients who were caregivers for other patients, and family members who had grown old and apart. I have always been aware of this phenomenon but had never lived it. The role of a physician is so much more than a job, it's a position and lifestyle that doesn't go away off the clock. In the community, especially rural, you are recognized and it's your responsibility to uphold this recognition. To be a leader and role model. It is this dynamic that draws me towards rural medicine, and I couldn't be more excited for the shoes I need to fill – following around Dr. Castrodale."

—Noah Ircink, MS2
University of Washington School of Medicine

President's Message



OUR STUDENTS ARE OUR FUTURE AND FINDING YOUR "WHY"...

As I close out my year as President of the SCMS, I'm reflecting on what is really important about the SCMS, county medical societies and physician engagement. Much of the world spends a lot of time shouting "look at me" on social media platforms, but the deeper joy for me comes from connecting with all of you and making a difference. At the recent WSMA meeting, I saw our medical students (from Spokane) making a huge difference by putting forward multiple resolutions that aimed us toward equity. They are leading on a national level as well, with passion, science and truth underpinning everything they do. At one forum there was debate about what role students should play in representing us - and I believe, they are our future. Luckily, the debate went the way of including the students - oh to recapture their fire in our own advocacy efforts!

There is a quote from *The Cider House Rules* that goes...
"In every life you've got to be of use."

Perhaps as much as anyone, doctors need to feel needed. The business gurus go on about "finding your

why" - and it's true. As I contemplate the end of my term as SCMS President, I ask myself, have I done anything to make a difference? Drafting carefully worded health messages that may set off a political firestorm has not been an ambition of mine, but I do believe it's important work. Like all things doctors do - it's important to get it right! Someone pointed out that the SCMS can say things that health organizations may not be able to (or may not be willing to). That ability to make a difference comes with our profession!

What else?...we held our first in-person events this summer, a highly successful women in medicine event (spearheaded by Dr. Laura Fralich and a wonderful committee) and a lovely summer evening 'garden party' at the former home of Dr. Elizabeth White (which now happens to be my home). It meant so much to see people deeply engaged in conversation, greeting each other, hugging, enjoying the warm summer air (and no smoke)! These events were followed by the amazing WSMA Leadership Conference (in Chelan) - highly recommended if you can take the time to attend; the SCMS Medicine (CME) conference - GREAT speakers and a very engaged audience!; and finally, the WSMA meeting at the Davenport.

Importantly, we are also a 'neutral ground' for doctors and physician's assistants. We can be there for our colleagues - got a problem? Got an angle? Want to make a difference? You can come together, write a resolution to change something about the practice of medicine that you care about - that 'agency' is good for you, good for business, good for the profession. I got roped into working on a reference committee (the people who hone the resolutions after all the comments and debate are in) - it was fascinating. What really impressed me was how many amazing, caring colleagues we have across the great state of Washington. If you need something to light your fire, give us a shout, find a colleague/friend and come work and play with us - and the students - it will remind you of your "why" for becoming a healthcare professional.

Hoping to see you at our next events! ■

Your 2022 President,

Dawn E. DeWitt MD, MSc, MACP, FRACP, FRCP-London
2022 SCMS President

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JANUARY

SCMS Foundation Meeting
January 10, Tuesday, 5:30 pm

SCMS Medical Education Committee Meeting
January 17, Tuesday, 5:30 pm

SCMS Board of Trustees Meeting
January 25, Wednesday, 5:30 pm

FEBRUARY

SCMS Executive Committee Meeting
February 22, Wednesday, 5:30 pm

MARCH

SCMS Board of Trustees Meeting
March 22, Wednesday, 5:30 pm

SAVE THE DATE!
SCMS Women in Medicine Conference
March 24, Friday
8:00 am – 5:00 pm
Watch for details!

APRIL

Spokane Scholar's Foundation Banquet
April 10, Monday

SCMS Foundation Meeting
April 11, Tuesday, 5:30 pm

SCMS Medical Education Committee Meeting
April 18, Tuesday, 5:30 pm

SCMS Executive Committee Meeting
April 26, Wednesday, 5:30 pm

MAY

WSMA Leadership Dev. Conf.
May 19-20, Friday-Saturday
Chelan, WA

SCMS Board of Trustees Meeting
May 24, Wednesday, 5:30 pm

JUNE

SCMS Executive Committee Meeting
June 28, Wednesday, 5:30 pm

JULY

SCMS Foundation Meeting
July 11, Tuesday, 5:30 pm

SCMS Medical Education Committee Meeting
July 18, Tuesday, 5:30 pm

SEPTEMBER

SCMS Board of Trustees Meeting
September 13, Wednesday, 5:30 pm
(HOD Caucus)

WSMA House of Delegates
September 23-24, Saturday-Sunday
The Westin Bellevue—Bellevue, WA

OCTOBER

Medicine 2023
Date & Location TBD
7:00 am – 5:00 pm

SCMS Foundation Meeting
October 10, Tuesday, 5:30 pm

SCMS Medical Education Committee Meeting
October 17, Tuesday, 5:30 pm

SCMS Executive Committee Meeting
October 25, Wednesday, 5:30 pm

NOVEMBER

SCMS Board of Trustees Meeting
November 15, Wednesday, 5:30 pm

DECEMBER

SCMS Executive Committee Meeting
December 13, Wednesday, 5:30 pm

If you have any questions regarding an event, please call SCMS at (509) 325-5010 or email shelly@spcms.org.

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Francisco Velázquez, MD

Works at:

Currently, I am the Health Officer at the Spokane Regional Health District (SRHD).

Technically, this is the fourth iteration of my professional career. Many years prior to SRHD, I had a significant clinical career taking care of patients with various hematopoietic disorders including adult leukemias and lymphomas. I was also responsible for blood bank and transfusion testing for donors, and early in the HIV epidemic, for HIV testing for clinical purposes. Part of the responsibility was to counsel newly diagnosed HIV patients in the late 80s and early 90s when therapeutic interventions were minimal. I held numerous titles and responsibilities including Medical Director, Director of the Residency Training Program, Chief of Service, Physician in Chief, and President of the Practice Plan, among others.

From a more clinical, direct patient-care career, I transitioned to a more academic track, focused on the development of new diagnostic systems and clinical testing tools. I collaborated with the in-vitro diagnostics (IVD) industry and pharmaceutical industries for many years. I then collaborated on the development, alpha and beta testing and implementation of numerous diagnostics platforms and several clinical informatics platforms. This allowed me the opportunity to lecture not only in the Americas, but also in Europe and Asia. I became interested in advanced automation and informatics, leading to numerous publications and presentations, but also to a unique opportunity to teach advanced robotics for over three years. I progressed through the academic ranks to Clinical Professor and Academic Departmental Chairman. As an Academic Chair, I was responsible for basic sciences and clinical programs.

Interestingly enough, these earlier careers provided me with the opportunity to do motivational speaking for several years. I was afforded many opportunities in several academic



organizations and healthcare systems. Technically, I have held academic appointments in five institutions from Boston to Texas, and clinical and administrative appointments in half a dozen healthcare systems. Along the way I had the opportunity to develop executive and leadership skills and have participated in several financial turn arounds, mergers and acquisitions, and numerous re-alignments in healthcare institutions. My interest in leadership grew, so I went back to school to enhance my executive knowledge and obtained a master's degree in healthcare management from the Harvard University School of Public Health. I chose that program because of its focus on healthcare and public health as compared to a traditional MBA.

I had just received my first offer as Chief Medical Officer in Cleveland when a mentor presented me with an opportunity in Texas. I was recruited into the publicly traded, for-profit world and was responsible for my first company within a multibillion-dollar portfolio. Another followed, and then I was recruited to be the President and Chief Executive for PAML and PAML Ventures homebased in Spokane. By the time PAML sold, it was in the billion-dollar market. I was offered the opportunity to move to North Carolina as Chief Medical Officer but chose to separate and took 18 months off to volunteer in the community. I am still participating in 10 boards of directors locally and in Seattle. Several opportunities followed, but my wife Mary and I wanted to stay in Spokane. The pandemic hit, the regional public health agency needed help, and I said yes, reinvigorating my passion for public health and marking the beginning of my fourth career. This brings me to the present and my role as Health Officer for Spokane County.

Specialty:

I am a clinical pathologist by training and certification.

Why SCMS:

Professional organizations play a key role in education, advocacy, and the growth of the profession the organization represents. That is important to me as a professional.

Top concerns in medicine:

I am an eternal optimist, so I look at everything in terms of opportunity. We have several opportunities in the country as well as the region. There are some areas where significant and consistent progress is needed. As an example, a realignment of our focus on disease to prevention to improve overall health and wellness, not just a focus on treatment once we are sick. That will require a shift in the reimbursement to allow for cost-avoidance models and moving into the community, preferably the home, via technology and consumer-oriented health and wellness programs. The consumer-oriented health and wellness market is growing exponentially. Primary care access and options are areas where improvements can be made. Technology is one of the tools that could help with this process. We have significant opportunities to improve the care gap between rural and urban places. Workforce development for all areas of healthcare needs to be a focus of attention for the next few decades - not just for doctors or nurses, but for all levels of the comprehensive team necessary to provide high quality care. This is even more important in high acuity settings such as hospitals. Lastly, mental and behavioral health, which are areas for improvement, were further challenged by the recent pandemic. Creative ways to amplify the impact of mental health providers will be needed for years to come. Locally, I am enthusiastic about the many efforts to address these and other issues through collaboration, regional partnerships, and community efforts.

CONTINUED ON NEXT PAGE



Why my specialty:

Members of the specialty have been referred to as “doctor’s doctor” given the broad-based knowledge required to be effective in practice. This specialty is a good match for my need to constantly learn, my innate curiosity and my ability to be challenged and have an impact.

When I’m not at work:

I like to spend time with friends and family, and I love to cook for others and have people come and spend time with us. I also enjoy reading, traveling, learning about different cultures, arts and culture activities, rock gardening, and whenever possible, driving different types of vehicles - preferably very fast. This may explain my affinity for action movies!

Go-to unwind activity:

Reading, cooking, and spending quiet time with my wife, Mary.

What I read:

I have been an avid reader since the age of 4. I read my first version of *Metamorphosis* at 8, and by now have read 17 versions in three languages. Usually, I read three books at the same time, including one for knowledge in my area of endeavor. I’ve read a lot of public health-related material over the past two years. One of my disciplines is to further develop a current skill or develop a new skill every three years. Prior to public health, I was focused on consumerism and consumer-oriented trends and their impact on health and wellness. My second book is usually something to nurture the mind and soul, including books on philosophy, anthropology, history, biographies, religions, and leadership. Finally, my third book is usually fiction, preferably history, medicine, science or religion-based fiction books. I also routinely read about food, cooking, travel, wine, and cars.

What you might not know about me:

I am shy by nature and somewhat of an introvert.

Proud moments in medicine:

Many, and all are related to the successes of the people I have had the pleasure to mentor. I mentor one to two people at the same time, and they are all smarter than I am and will accomplish more than I have. I am always very proud of their successes.



Best advice:

I have three pieces of advice that have helped me in my professional and personal life. First: Never second guess decisions you made; you made the best decision possible at the time with the information, circumstances, and experience at the time. That also applies to others, including professionally, so extend the same courtesy. Second: Never make yourself look better by diminishing someone else. Treat all with the same respect and courtesy. Third: If you need to raise your voice or resort to negative rhetoric to make your point, rethink the validity of your statement. Truth and facts do not need to be loud, only spoken with confidence and honesty.

What’s next:

For the foreseeable future, it seems I will continue to contribute to the efforts of the team at the Spokane Regional Health District. My goal is to help the organization achieve three key goals: 1.) Provide all team members with opportunities for growth and development both professionally and as individuals. It’s our responsibility to ensure the next generations of public health and community leaders are ready to serve. 2.) Enhance the agency’s community presence and participation by leading, convening, participating, or supporting all key activities in which our contribution is necessary or needed. Be proactive about it; don’t wait for the question to be asked, don’t wait for an invitation, just be front and center when needed. 3.) Become an employer of choice. This presupposes a nurturing and collaborative work environment where people are valued, appreciated, and supported. We have done well in some areas but can certainly do better in others. It’s never about what I, the individual, can do, but about what “we” can do. And we are many people. I appreciate the opportunity to be a part of this team, and always remember that there is a plan for all of us even if at times it doesn’t seem clear. The right door and best path always open in front of you even if you don’t know what you may be looking for. ■

Annual SCMS Golf Classic

The Spokane County Medical Society (SCMS) successfully hosted its second Annual SCMS Golf Classic on Saturday, June 25, 2022, at Indian Canyon Golf Course. The scramble tournament held scheduled tee times, with a portion of the proceeds going to the SCMS Foundation grants fund.

Congratulations to our 1st Place Team – Drs. Todd Corn, Bill Brown, Bill Schulte, and Curt Wickre! And, congratulations to our prize winners: Closest to the Pin – David Pash, and Longest Drive - Julian Naranjo.

Thank you to all who came out! ■



Sincere thanks to our Corporate Sponsor, Incyte Diagnostics, and prize sponsors Dr. Ken Kapstafer and Wide World of Golf!





Women in Medicine Symposium

By Laura Fralich, MD
2022 SCMS Board of Trustees



In the United States, women make up almost 85% of the healthcare workforce while 51% of medical students are female and 46% are resident physicians. However, research has consistently shown women physicians earn 20% less than their male counterparts, only 18% are department chairs or deans in academic

medical centers, and only 4% of women are CEOs of medical organizations in our country.

On August 18, 2022, the Spokane County Medical Society hosted a Women in Medicine Symposium at the Rockwood South Hill Event Center. The evening event was well-attended by physicians, physician assistants, and medical students throughout the greater Spokane area, who enjoyed light hors d'oeuvres while listening to two outstanding speakers and then participated in an open forum sharing their experiences as women in healthcare.

The goal of the Symposium was to educate, inspire and empower women in our local medical community by providing opportunities for networking, developing evidence-based leadership skills, and closing the gender gap in healthcare. Dr. Radha Nandagopal, a pediatric endocrinologist and Associate Dean for Faculty Development and Clinical Skills Education Director at the WSU College of Medicine spoke about navigating healthcare career transitions. Additionally, Dr. Robin Pickering, Director of Women and Gender Studies and Professor of Health Sciences at Whitworth University, spoke about women and leadership.

At the end of the evening, several attendees walked away with raffle prizes and other tokens of appreciation for all they have done in service to our community. The event was a remarkable success and received powerful positive feedback from attendees. Thank you to everyone who attended and helped make this important event happen, including our event sponsors, planning committee members, and those of you who sponsored medical students.



Save the date! We are excited to be offering another opportunity to be educated, inspired, and empowered on March 24, 2023, at our Women in Medicine Conference (more details coming soon!). We will have several incredible speakers and breakout sessions focused on topics such as leadership skills development, personal and professional growth, financial wellbeing, allyship, life/career coaching, and more! Don't miss the opportunity to attend this groundbreaking event right here in Spokane. ■



SCMS Summer Member Mixer

Spokane County Medical Society hosted its first in-person event since 2020, the SCMS Summer Member Mixer, on August 30, 2022, in a beautiful garden setting at the historic “Dr. Elizabeth White” house located on Spokane’s South Hill!

Dr. Elizabeth White was one of Spokane’s first female physicians, was the first female president of the Deaconess Hospital Medical Staff, and one of six female doctors practicing in Spokane when she bought the house after returning to Spokane following medical school in 1938.

Guests enjoyed appetizers and drinks, music by acoustic guitarist, Steven King, as well as great conversation with colleagues in a relaxed atmosphere.

A great time was had by all! ■



A special thanks to our sponsors for the evening!

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Welcome

New Members 2022

PHYSICIANS:

Greg Crisp, MD
Michael Kos, MD
Jessica Lundgren, DO
Elizabeth Stuhlmiller, MD

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

50 YEARS

Michael Judd, MD
 10/24/1972

40 YEARS

Henry Berman, MD
 09/28/1982

William Murphy, MD
 09/28/1982

Michael Ryan, MD
 09/28/1982

Michael Kraemer, MD
 10/26/1982

Stacie Bering, MD
 11/30/1982

Michael Cunningham, MD
 11/30/1982

Eric Johnson, MD
 11/30/1982

Mark Williamson, MD
 11/30/1982

30 YEARS

Stephen Darling, MD
 10/28/1992

Jeffrey Butler, MD
 12/11/1992

20 YEARS

Eric Stucky, MD
 09/18/2002

Stephanie Moline, MD
 10/28/2002

Julian Bindler, MD
 11/13/2002

10 YEARS

Janelle Clauser, MD
 09/12/2012

Scott King, MD
 09/12/2012

Alden Webb, DO
 09/12/2012

Stephen Pakkianathan, MD
 12/05/2012



In Memoriam

Thomas Berndt, MD
 (December 1943 - 2022)



RENEW YOUR MEMBERSHIP OR JOIN TODAY!



Membership Has Meaning and Value

The SCMS is here to support you in your vitally important role in the family of medicine. Our mission is to fairly and objectively serve as a guardian of community health and wellness while leading and promoting the professional practice of medicine in our region. SCMS uses its resources and expertise, through collaboration and strategic partnerships, to facilitate the best community health possible for citizens of our region.

The need for an active county medical society has never been greater as we strive to carry a united voice on related healthcare issues in this region.

Call us at
509.325.5010

or visit our website to renew:
members.spcms.org/join





The Character Trait of the Physician Showing Empathy Is Most Admirable

By Greg Doornink, DO
Transitional Year Residency Program

I wanted to briefly write about a character trait shared by the doctors I most admire. Not surprisingly, each of these is knowledgeable, competent, caring, and kind. But they share another trait, one that I learned to appreciate through a personal story of loss. The story, and the insight it gave, are as follows:

One winter evening during college, I found myself rapidly knocking on the door of a kind, middle-aged lady. Mrs. Corcoran was widely known in my social circles, and her son Liam was one of my housemates and closest friends. Liam had Marfan syndrome, which was why I desperately had to wake up Mrs. C. that night. I knocked louder, and the door was soon opened by a college student living in the house. Before she even got out a greeting, I blurted out “Liam stopped breathing. They’re taking him to the emergency room.” She quickly disappeared down the hall, and two minutes later I was driving Mrs. Corcoran to the hospital. Twenty minutes after knocking, I was sitting with his family and friends in the waiting room as we hoped and prayed that he would make it. One hour after knocking, I was standing at the bedside watching Liam’s mother sob uncontrollably as she held the hand of her dead son. An autopsy later confirmed the cause of death as an aortic dissection.

Stories of sadness and death, while thankfully not the only stories in health care, are far from uncommon. I suspect many of you reading this could, in a heartbeat, bring to mind stories at least as heartbreaking as mine. But this particular death, this particular friend, was the means by which I learned a very important lesson: Understanding the nature of a disease, especially as experienced by those suffering from it, requires far more than understanding its pathophysiology.

Long before I knew Marfan syndrome as a defect in the gene for fibrillin, I knew it as the reason my college friend’s dad died unexpectedly when he was 8. The characteristic traits of Marfan syndrome were only identified after his death, and soon Liam and his younger sister were both diagnosed. The family had supportive friends and a loving church family, but the impact of his death was still evident even years later

when I first met the family. As Liam and I met and became friends, it became clear that Marfan was hanging over his future. He already had a known aortic aneurysm, and while it appeared stable, he understood that he might die suddenly in his youth. While classmates complained about school, he calmly pursued a master’s degree knowing he might not live long enough to use it. He patiently pursued relationships knowing that it would take a tremendous act of courage to date him, let alone marry him. His faith gave him incredible peace in the face of death—it is difficult to describe to someone who never met him—but that uncertainty touched almost every aspect of his life. But the impact of Marfan outlives any individual victim. After the loss of her own husband, Mrs. Corcoran had to deal with the possibility of re-living that experience with one of her children. I personally saw this terrible possibility become reality, and even today she must live with the possibility that it could all happen again with her daughter. The last time I connected with the family, she had two young grandchildren who each had a 50% chance of also having the disease.

With medical school behind me, I now understand Marfan Syndrome to be a connective tissue disorder. Defects in fibrillin tend to lead to a lanky frame, long fingers, flat feet, and pectus excavatum, and—not surprisingly—I have yet to miss a board-prep question hinting at an aortic dissection. These details are crucially important to the physician interested in diagnosis and management. But defects in fibrillin also lead to the sudden loss of a spouse, a childhood without a parent, the pain of outliving your kids, and a looming uncertainty about when the disease will rear its ugly head again. These are the details I have personally found crucially important to the physician showing empathy.

One day I will be trusted by patients to treat a wide range of pathologies, each with its own constellation of impacts on the day-to-day lives of my patients. I have a long way to go before my understanding of these impacts fully matures. But with time, effort, and wise guidance from mentors, I am confident that this skill can be developed. For the sake of my patients, I can’t wait. ■

SCMS Shikany Medical Education Celebration Dinner

The Spokane County Medical Society (SCMS) and the Shikany Endowment co-hosted a Medical Education Celebration Dinner on September 29, 2022, at The Historic Davenport Hotel.

The past decade has seen tremendous growth in medicine and medical education in our community. From undergraduate medical education to graduate medical education to advance practice programs, this growth would not have been possible without the incredible support from so many dedicated professionals.

During this time, the Shikany Endowment has sought to recognize excellence and dedication through their awards program. Annual awards are presented to students who have demonstrated leadership and community engagement early in their careers. Also honored are extraordinary faculty teachers who devote their expertise, energy, and time to making the Spokane area an amazing place to learn medicine and grow professionally.

Shikany Faculty Teaching Excellence awards were presented to Drs. Joanna Breems, Clint Hauxwell, and Rick Parry during the evening festivities. Other Shikany faculty and student award recipients of the past five years were also applauded for their exceptional service and inspirational leadership. In partnership, the SCMS and Shikany Endowment celebrated these outstanding achievements of students and faculty and endeavored honoring collective contributions that will inspire our professional community. ■

*Thank you to our evening sponsors,
CHAS Health and Northwest Spine & Pain Medicine!*



Residency and Motherhood: An Irreplaceable Journey

By Alexa Jaeger, MD

8 months pregnant

Virtual interviews

The journey begins

A new life enters the world

Fresh meat enters the hospital

The first year begins

A year of firsts for her

A year of firsts for me

The learning begins

Giving tickles and kisses

Delivering notice of death in the ICU

The emotional confusion begins

You owe it to her to be present and engaged

You owe it to your future patients to get the most
out of residency

The ever-delicate balance begins

Illness and sadness

Illness and sadness

The journey continues

Joy and celebration

Treating and healing

The first year continues

Talking and walking

Central venous catheters and arterial lines

The learning continues

Cracking up at her silly antics

Cracking ribs during a code

The emotional confusion continues

Discovering she is going to be a big sister

Starting a new program in 2 weeks

The ever-delicate balance continues



The range of emotions I experienced this transitional year are vastly more than I could have anticipated. Jumping in to the roles of new mother and new physician at the same time placed me in a different place than a lot of my co-interns, but the growth I have experienced in both areas in just one year is irreplaceable. I survived thanks to the support of my wife and our families and friends. I survived thanks to the support of my fellow residents, faculty, and the wonderful medical community of the city of Spokane. Work-life balance took on an entire new meaning for me this year, and will only continue to grow and change as my daughter(s) and I do. ■



The SCMS held their annual CME event, Medicine 2022, in person on Friday, September 30, 2022, at The Historic Davenport Hotel. An audience of thirty-four members attended the meeting to hear from an array of local and regional experts. Attendees were able to earn up to 7 hours of Category 1 CME credit.

Dr. Rachel Safran and Dr. Carol Wysham started the morning off, presenting “STD Update for the Busy Clinician” and “Practical Use of Continuous Glucose Monitoring in the Clinic” respectively. The morning session concluded with Dr. Adelaide McClintock who lectured on the “Updates in Ambulatory Care.”

The afternoon session kicked off with “The Top 10 Foot and Ankle Problems (and how to effectively address each in 3 minutes or less)” by Dr. Darren Woolley, followed by “Updates in Fatty Liver Disease” from Dr. Blaire Burman. Our final faculty lecture of the day was given by Drs. Dawn DeWitt, Tracy Ann Klein and Marian Wilson who presented an interactive talk on “Team-based Care of Patients Who Take Opioids: An Interactive Workshop.”

The event concluded with our longstanding tradition to hear from some of the youngest and brightest among us – resident physicians! Drs. Sarah Knight and Aditya Nathan delivered “Reference Deranged: “Normal” Labs That Are Abnormal,” with Dr. Cecilia Mathis concluding the day reviewing “Aspirin for Primary Prevention of Cardiovascular Disease: How to Apply the New Guidelines.”

The SCMS thanks all the event supporters for helping make the program a success! ■





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The Importance of Vaccinations in Reducing Communicable Disease



**By Francisco R. Velázquez, M.D., S.M., FCAP –
Health Officer, Spokane Regional Health District**

**Kayla Myers, MSHE, Immunization Assessment and
Promotion Program Coordinator, Spokane Regional
Health District**

As we continue to progress through another year of the COVID-19 pandemic, it can be easy to let down our guard as we learn to live side by side. This is especially true now that Pfizer and Moderna have COVID-19 vaccines that are available for everyone ages 6 months and older. Although we have multiple vaccine options, including a bivalent booster, the vaccine uptake in our area remains low. In addition, routinely recommended immunization rates have declined during the pandemic. The vaccines that prevent measles, mumps, rubella, diphtheria, tetanus, and pertussis have had the largest decline in coverage statewide. These vaccines require high coverage rates to prevent outbreaks like we've seen in the recent past: mumps in 2016-2017, measles in 2018, hepatitis A in 2019 and cyclical pertussis outbreaks. A great place to start is to be aware of immunization coverage rates in Spokane County and within your clinic or facility.

Locally, only 20.8% of children ages 5-11, and 41.5% of adolescents ages 12-17 have completed a COVID-19 vaccine series. Only 58% of the total eligible population of Spokane County have completed a COVID-19 vaccine series. As of May 2022, the Washington State Department of Health reported that routinely recommended immunizations in Spokane County have seen a decline in coverage rates for



children ages 19-35 months, 4–6-years-old, and 11-12-years-old, and rates remain low at 55.4%, 37.6% and 30.8% respectively. Many of the vaccines recommended need to maintain 70%-80% coverage to keep outbreaks at bay.

The way we can keep these diseases from re-emerging and spreading is to talk with patients about all current and future vaccines due at every appointment or opportunity. If providers do not regularly discuss immunizations, patients do not prioritize receiving them. For instance, many studies have been conducted on the most effective ways to increase immunization uptake and rates within clinical practices. The number one strategy found in almost all studies was a strong presumptive provider recommendation, which has been shown to decrease hesitancy and resistance to vaccine uptake by 57%. One such study conducted by Dr. Douglass Opel at the Seattle Children's Hospital found when the provider initiated the conversation about vaccines in a presumptive approach, only 26% of their patients resisted the provider's recommendation. When providers were persistent with their recommendation, nearly half of the parents who originally resisted the provider's recommendation changed their minds and decided to vaccinate.

This strategy has not been tested with COVID-19 vaccines specifically but can be applied to all vaccines. A presumptive approach would sound like, "It looks like Sara is due for COVID-19 and Hepatitis A vaccines today. Do you have any questions before we get those drawn-up?" This recommendation assumes the parent is vaccinating Sara with the recommended vaccines and leaves room for the parent(s) to ask questions. A passive recommendation sounds like, "How do you feel about vaccines today?" When the decision of vaccination is left up to the parent, it can sound as if the provider doesn't think they are important. Vaccination then sounds more like a choice rather than a recommendation.

Another strategy that has proven effective, is fine tuning reminder and recall settings for vaccination appointments in the medical record system or in the Washington Immunization Information System (WA IIS). Reviewing which patients are overdue for vaccines can be as simple as running a report in the WA IIS. Spokane Regional Health District (SRHD) has a representative who can help implement reminders and

recalls for patients that are overdue and set up follow-up reminders for future doses. This strategy is generally used for pediatric and adolescent populations, but can be applied to all age ranges, including adults.

The Advisory Committee on Immunization Practices (ACIP) under the Centers for Disease Control and Prevention (CDC) reviews all vaccine recommendations every five years and has released updated recommendations for adults recently. Current recommendations remain:

- Adults should get a flu shot annually and a Tdap booster every ten years.
- All adults born in or after 1957 should receive one to two doses of MMR vaccine depending on indications. Most adults only received one dose, so an additional dose can be administered at any time.

There are new recommendations for hepatitis, shingles, and pneumococcal vaccines:

- All adults should receive a hepatitis B vaccine series. This is a multiple dose series recommended for every adult age 60 years and younger. Adults over age 60 who have certain health risks or lifestyle habits should also receive this vaccine.
- Hepatitis A vaccination is recommended for adults at risk for infection or severe disease from infection and for adults requesting protection against hepatitis A without any identified risk factors.

- Adults age 19 and older who are immunodeficient or immunosuppressed should receive the recombinant shingles vaccine known as Shingrix.

- There are also two new pneumococcal vaccines, PCV15 and PCV20. One dose of PCV15 vaccine should be followed by one dose of PPSV23 one year later or eight weeks later for immunocompromised patients. PCV20 is one dose, one time, with no additional doses needed.

As we continue to respond to the COVID-19 pandemic, we need to also focus on increasing and maintaining coverage rates for all routinely recommended vaccines for all ages. Regularly running an immunization coverage rate report for your clinic, setting up reminders, recalls and follow-ups for patients, and using strong presumptive recommendations will ensure that your practice is doing everything it can to reduce the possibility of seeing vaccine-preventable diseases in our community.

We know recommendations for vaccines are constantly being reviewed, and the Immunization Assessment & Promotion team at SRHD keeps providers informed via our VaxScenes quarterly newsletter. If you are interested in working with an SRHD representative to increase immunization coverage rates or would like to subscribe to our newsletter, send an email to IAPSupport@srhd.org to be added to our distribution list or to be connected with a team member. ■

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Monkeypox: Global Outbreak 2022

**By Francisco R. Velázquez, M.D., S.M., FCAP –
Health Officer, Spokane Regional Health District**



Monkeypox is a zoonotic disease caused by a linear, double-stranded DNA virus from the Poxviridae family, Chordopoxvirinae subfamily and Orthopox genus. The viral genome ranges in size from 130 to 360 kbp. Replication can occur in both vertebrate and invertebrate cells. The poxviridae viruses infect

birds, reptiles, insects, and mammals. Unlike other DNA viruses, which generally replicate and express their genome in the nucleus, poxviruses rely on virus-encoded proteins that allow for cytoplasmic replication.

Several poxviruses have been associated with human disease, such as smallpox, vaccinia, and molluscum contagiosum. Monkeypox has two distinct genetic clades, clade I (originally known as the Central African Congo Basin clade) and clade II (formerly known as West African clade). Clade II consists of two subclasses, IIa and IIb, with the latter referring primarily to the group of variants associated with the current outbreak. Infections with clade I have been typically associated with higher transmissibility and a case fatality ratio as high as 10%. Clade II is associated with a more self-limited disease with a case fatality rate estimated to be 3-6%.

Monkeypox is presumed to have been present in sub-Saharan Africa for thousands of years. It is currently considered “endemic” in 12 West and Central Africa nations, including the Democratic Republic of the Congo (DRC) where most of the world’s cases are reported, particularly near the rainforests. The disease has become more common over the years in areas where people are dependent upon the hunting of squirrels and other rodents as a source of protein. The natural reservoir of monkeypox has not been definitively established but is most likely rodents. Infections have been identified in squirrels, rats, mice, prairie dogs, monkeys, and humans. Despite the name, it is not known if primates such as monkeys are more than incidental hosts.

The virus was first identified in 1958 in research monkeys at Statens Serum Institute, a facility in Copenhagen, Denmark,

hence the term monkeypox. The first patient was a child from DRC who was diagnosed with the disease in 1970. In endemic countries, most cases of transmission are animal-to-human transmission, with less than 28% of the cases confirmed as person-to-person transmission. Most cases in the past were traced back to either an animal exposure or international travel involving either an infectious person or an infected animal. Animal bites, scratches, uncooked meat, or prolonged skin contact with a person’s rash or soiled porous items such as linens and towels have been the main transmission sources. In general terms, this disease is not easily transmitted, and casual contact has not been identified as a transmission risk.

Once infected, prodromal symptoms can include fatigue, muscle aches, chills, fever, and lymphadenopathy. These can appear after an incubation period that usually lasts for six to 13 days but can be as long as 21 days. The skin rash generally appears one to three days after the onset of fever and lasts for two to four weeks. The rash traditionally has been more prominent on the face or extremities as opposed to the trunk. However, it can affect other parts of the body such as the hands (including the palms) and feet (including the soles). In the current outbreak, lesions are common in the mouth, oropharyngeal area, genitals, perianal area and rectum.

As the illness progresses, the rash changes from flat lesions (macules) to raised lesions (papules) to vesicles and then pustules. In the last stage, they will form ulcers that eventually scab over. Monkeypox lesions in the same body area tend to evolve synchronously. However, individuals who have received prior smallpox vaccination may have an atypical or asynchronous rash. A person is infectious until all skin lesions have completely resolved and the person is asymptomatic. Clinically, most patients do not require intensive treatment. A small percentage require hospitalization for pain management or secondary infections.

In 2003, there was a zoonotic outbreak in the United States where 47 people, mainly in the Midwest, were infected through contact with domesticated prairie dogs who were exposed to an infected Gambian pouched rat imported from Ghana while they shared space in a pet store. Last year, the U.S. had two separate cases in travelers from Nigeria. Both traced to an outbreak in that nation in 2018-2019. No transmission was identified from these cases. This was the last outbreak reported in the U.S. before the current global outbreak.

Several differences have been identified during the current global outbreak. Clinically, not all cases are presenting with the previously described progression. Systemic prodromal symptoms occur prior to or after the appearance of the rash. Some patients will present initially with rectal pain or single lesions in the mouth or perioral area. Some patients present exclusively with oral, genital, or perianal lesions which may be accompanied by proctitis symptoms. In addition, we know that transmission is mostly person-to-person, as opposed to prior outbreaks. It is not a sexually transmitted infection, but rather a disease being transmitted through prolonged, close, or intimate contact with the skin of someone infected and infectious. Compared to other types of sexual practices, it appears that anal receptive sex has been associated with higher frequency of prodromal symptoms. Reports have suggested other body fluids might be infectious; although, it has not been determined if there is enough replicating virus in body fluids to cause infection. The high viral load in saliva and semen may suggest a possible infectious potential. At least one case of what appears to be close contact, nonsexual transmission associated with a crowded outdoor event has been reported.

Globally 97.5% of cases are male with a median age of 35 years of age, 65.4% of all cases are within the 18-44 age range. Most of the cases, roughly 89%, have been identified in men who have sex with men. According to recent data published by the Centers for Disease Control and Prevention (CDC), roughly 95% of them report sex with one or more partners in the last 14 days. Data from U.S. cases shows that 75.1% of cases are in men that have sex with men and at least 94% of these cases report male-to-male sexual or intimate contact. Black and Hispanics are disproportionately represented populations with 64.5% of cases. White males make up approximately 41% of all cases.

Close skin contact, such as cuddling, appears to be the transmission mode for household contacts such as children,

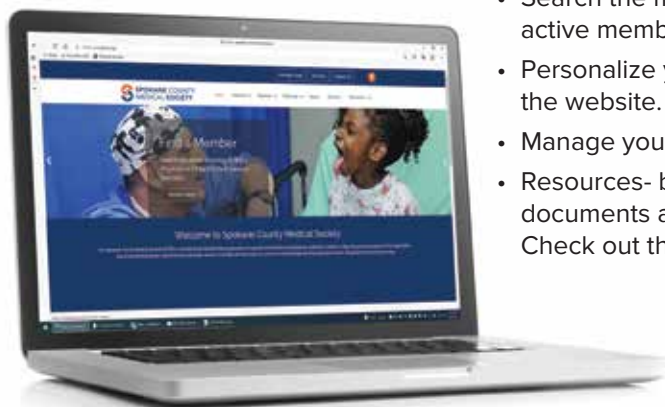
of whom at least 29 have positive diagnostic tests in the U.S. At this point in time, at least one instance of potential exposure in a childcare facility from a positive employee is being investigated. There are four pregnant women and a breastfeeding mother with confirmed monkeypox. One death has been attributed to monkeypox thus far in the U.S.

Prevention, testing, post-exposure prophylaxis, and available anti-viral treatment are all important in preventing severe disease and disease spread. If a person has an unexplained rash and a clinical history consistent with a higher risk, they should seek medical attention, isolate, and avoid prolonged physical contact with others to decrease transmission risk. Limiting activities where prolonged skin contact is difficult to avoid can prevent a potential exposure. The JYNNEOS vaccine, a two-dose series, can be used in post-exposure prophylaxis. In addition, some public health agencies, including Spokane Regional Health District, are deploying a single dose of vaccine for those at highest risk for infection to try to decrease potential cases. As the vaccine becomes more readily available, SRHD expects to administer second doses and continue with first doses as needed. Reports of confirmed monkeypox breakthrough cases have been reported in a small cohort of patients. Symptomatic individuals may be treated with tecovirimat (TPOXX) if at risk for more severe disease due to pre-existing conditions, age (particularly children younger than 8 years of age), and pregnancy.

Additional information and updates on the status of the endemic locally can be found at srhd.org under Health Topics/ Diseases and Conditions or by referencing the Washington State Department of Health's monkeypox (MPV) data dashboard at doh.wa.gov. SRHD also promotes monkeypox vaccination clinics in the events section of the website. Specific information for providers is posted on SRHD's website under "For Health Care Providers." Please direct questions about vaccination or testing patients for monkeypox to SRHD at cdepi@srhd.org or call (509) 324-1442. ■

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WSMA House of Delegates Meeting

By Erin Rose Medina, MD
2022 SCMS President Elect

I had the pleasure of attending the WSMA Annual Meeting held Oct 1-2 in Spokane at The Historic Davenport Hotel. This was the first time since 2019 that the meeting was held in person. There's no denying the convenience of Zoom meetings, but man, nothing can replace seeing people face to face, sharing a cup of coffee or tea, and meeting colleagues from across the state. As an introvert, I never thought I'd be writing such words!

For the uninitiated, the House of Delegates is made up of delegates from Washington's county medical societies, state specialty societies, and trainees. The House of Delegates meets once a year, usually in late September or early October, and alternates between meeting in Spokane and Bellevue. The Annual Meeting consists of membership elections, discussing proposed bylaws changes, networking lunches and dinners, and usually a couple of hours of CME. This year, over \$20,000 was raised for a new scholarship aimed at improving racial diversity in the state's incoming medical student classes.

The meat of the meeting is in discussing proposed resolutions. Resolutions are written by members proposing changes in

WSMA's position on various issues. WSMA then goes and advocates for its positions with the Washington State legislator. This advocacy results in real laws that affect how we do medicine in Washington State. This year, resolutions were passed on issues ranging from addressing the burden on the healthcare system by physician non-compete clauses, to removing the race coefficient from calculation of estimated glomerular filtration rate, to improving access to harm reduction services, to addressing the shortage of mental health professionals.

This coming year, the Spokane County Medical Society is considering ways to increase our society's involvement in the WSMA annual meeting. We're considering having a resolution writing get-together. The resolution writing process can seem a bit daunting but there is a lot of help available, both locally and through the WSMA. We're also hoping to have more members interested in serving as delegates. This year, of the 15 delegate positions we had available, we filled 5. Qualifications for serving as a delegate include being a member of both the WSMA and SCMS, and having an interest in serving as a delegate. That's really it!

If you have interest in writing a resolution, attending a resolution-writing get-together, or learning more about serving as a delegate, please contact Shelly Bonforti at shelly@spcms.org. ■



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MEETINGS/CONFERENCES/EVENTS

SAVE THE DATE! WOMEN IN MEDICINE CONFERENCE FRIDAY, MARCH 24, 2023. This is a unique opportunity for female physicians, residents, fellows, and medical students to hear expert speakers and network at a social event focused on developing evidence-based leadership skills and closing the gender gap in healthcare, hosted by the Spokane County Medical Society. Watch for details!

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.

COMPASSIONATE ADDICTION TREATMENT (CAT) SEEKING VOLUNTEER PROVIDERS I am the medical director for Compassionate Addiction Treatment in downtown Spokane. CAT is a low barrier facility that provides medical assisted treatment with Suboxone for opioid addicted individuals and provides counseling and social services assistance. We are seeking additional volunteer providers that could work 4 hours a week seeing patients. The work is very gratifying, and the staff are dedicated to their mission helping this underserved population to climb back to a normal life. If you are aware of any providers looking for a meaningful volunteer opportunity, please contact me: Michael Mainer, M.D., Medical Director, michael.mainer46@gmail.com, 509-951-3877.

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

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