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2014 has come in with a bang thus far. How can one not be impacted by all the changes in the healthcare arena. Centers for Medicare Services (CMS) has had us gearing up for the shift to the ICD 10 coding system for years and then made an about face and approved another one year delay. At the time of writing this article CMS has come out with another proposed delay. The proposal would delay the requirement to be on a 2014 Certified Electronic Health Record system and continue in the same environment. While the delay may come as welcome news to some, most physician groups are dead center in the middle of training and implementation of the 2014 versions.

There is not one physician group I have talked with that has not experienced a substantial out of pocket cost with limited returns on their investment not to mention a slowdown in accounts receivable. The burden this has placed on physician offices is in the millions of dollars trying to keep up with external requirements. In turn this is forcing physician offices to look at alternatives to going it alone. In this publication you will see the introduction of two additional groups to join Proliance Surgeons. Both of the groups value deeply their independence as physicians and wanted to maintain the level of autonomy that brings. After exploring other options they both felt joining Proliance was the right decision to move them forward and provide the support they were looking for in today’s ever changing healthcare environment.

The history of Proliance Surgeons traces back twenty years ago when two physician groups felt working together was a better strategy than going it alone. Twenty years later Proliance Surgeons is a 225 physician independent group that stands for the same values that brought them together. Leadership, Integrity, Loyalty and Mutual Respect. The changes in healthcare will continue but we feel together we can meet these challenges.
LAST YEAR a group of physicians and medical personnel from Romania visited Proliance Eastside Surgery Center to learn about ambulatory surgery centers. Their hope was to bring back to their country innovative ways to deliver affordable quality care. The healthcare system in Romania is predominately funded by the government with a single payer model. They experience long waits for services and outdated care. Romanian health care is a universally bad experience with unfriendly personnel in an inefficient environment. Establishment of a patient oriented, high quality, efficient and friendly place for health care can begin to change the present culture.

A major problem in Romanian health care is the tremendous number of physicians and medical graduates leaving the country to practice elsewhere in Europe for better wages.

Dr. Ed North from Washington Hand Surgery and Sandy Rowe RN, Proliance Eastside Surgery Center Director met with Adi and his team to educate them on how an ambulatory surgery center runs, the regulations that we follow in the United States, staffing, equipment and facility considerations as well as patient selection.

ASCs offer a high quality low cost alternative to the patient seeking surgical care. Studies have shown patient’s do better with pain management when recovering at home. The environment in an ASC operating room is easier to control than in a hospital that has more staff in and out and more variability given the difference in staff and case mix. ASCs have a list of approved procedures that can be performed. This keeps staff highly trained in these procedures as well as limits the variability of equipment. The list of approved procedures is growing as technology improves to allow for faster recovery time. Patients are expected to walk in and walk out of the ASC. Dr. North says the key is in selecting the

The team prepares to enter the sterile area for a tour.
“Establishment of a patient oriented, high quality, efficient and friendly place for health care can begin to change the present culture.”

correct patient that will be successful in this environment. It is a partnership with the patient, the patient believes they can go home. There has been a generational shift in moving patients from hospital to home. The shift has occurred for a variety of reasons, Sandy say. The reimbursement model has changed as well as technological advances allow for more procedures to be done as an outpatient.

Romania has a national health program with few private insurers. A 3% income tax funds the national program. There is little inertia to change this model. Adi feels differently. He sees a vision of affordable high quality care delivered to patients in their local communities. He and his team tried for 10 years to contract directly with large employers to get their injured workers back to work in a timely manner. They were not successful in turning the tide. He says now, he sees that the patients themselves are ready to pay out of pocket for timely, quality care.

While we are in our own state of change in the United States, it was eye opening to see how far we have come in our health care delivery system. It gives us renewed energy to continue to advocate for the patient and keep healthcare decisions between the patient and doctor.

Team members from Romania:
Dr. Florian Bodog
Dean of the Medical School of Oradia and a Senator

Dr. Felecia Marc
Vice dean of the Medical University and Professor

Dr. Davitoiu Dragos
General Surgeon

Antonia Poala Mihaiu
Medical Student

Adi and Lavi Dreana
Team Leaders

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Welcome Our New Physicians

Northwest Orthopaedic Surgeons joins Skagit Island Orthopedic Center to become Skagit Northwest Orthopedics.

Northwest Orthopaedic Surgeons that joined Skagit Northwest Orthopedics:

Robert Billow, DO
Dr. Billow’s expertise complements his surgical colleagues by adding electrodiagnostic testing and fluoroscopically guided interventional spine care to Skagit Northwest Orthopedics. These techniques treat spinal and musculoskeletal conditions in a nonsurgical fashion.

Kaarsten Lang, MD
Dr. Lang practiced in California for two years before returning to the Skagit Valley to practice orthopaedic surgery with her late father, Dr. Robert Lang. She is Chairman of the Orthopaedic Section at Affiliated Health Services and has presented medical lectures at conferences around the country. Her area of interest is in hand surgery.

David Mourning, MD
Dr. Mourning treats the entire spine, encompassing cervical to lumbar and sacral conditions including disc herniations, stenosis, scoliosis, and fractures. He performs minimally invasive procedures including the XLIF procedure (fusion), discectomies, and kyphoplasty as well as traditional open reconstructive surgery with laminectomies and fusions for degenerative conditions of the spine.

Kenneth Oates, MD
He is a surgical skills instructor for the Arthroscopy Association of North America and Associate Editor for the journal Arthroscopy. He is Fellowship trained in Knee and shoulder Reconstruction.

In medicine we all know that the environment for practices is changing, and the two groups felt we would be better positioned to function in an increasingly consolidated market by joining together. Although locally this is a merger of two equals, Northwest Orthopaedic Surgeons will be joining into the umbrella of Proliance Surgeons, the largest group of surgeons in the Puget Sound area. Skagit Island Orthopedic Center was already affiliated with Proliance. Our new name is Skagit Northwest Orthopedics. As a result of the merger we now offer both surgical and non-surgical orthopedic care, podiatry, physical and occupational therapy, MRI as well as outpatient surgery in the following locations:

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Welcome Our New Physicians
Northwest Orthopaedic Surgeons joins Skagit Island Orthopedics to become Skagit Northwest Orthopedics.

Northwest Orthopaedic Surgeons that joined Skagit Northwest Orthopedics are:

**Stacia Smith, MD**
Dr. Smith earned her medical degree at the University of Washington before moving to California to complete her internship, spinal research fellowship and residency in Orthopaedic and Rehabilitation Surgery. She then joined her father, Dr. Robert Smith, to begin practicing in the Skagit Valley.

**Cindy Bullock, DPM, FACFAS**
Dr. Bullock is a fellow of the American College of Foot and Ankle Surgeons and a member of the American Podiatric Medical Association and the Washington State Podiatric Medical Association.

**Timothy Messmer, DPM**
Dr. Messmer is Board Certified by the American Board of Podiatric Surgery, and a Fellow of the American College of Foot and Ankle Surgeons. He is the past Chief of Surgery at Island Hospital. Dr. Messmer has been quite involved in the political side of medicine as well. He is past president of the Washington State Podiatric Medical Association, and serves as a Washington state delegate for the American Podiatric Medical Association.

**Dawei Lu, MD**
Dr. Lu is an orthopedic spine surgeon specializing in the care and treatment of all adult and pediatric spine conditions including spine deformity, degenerative diseases, spinal tumors and spine trauma. Dr. Lu emphasizes selecting the best treatment for patients based on their age, pathology and symptoms, including minimally-invasive treatments.

**Michael Santoro, MD**
Dr. Santoro learned his craft in the industrial Midwest. He has been a company physician for major automobile manufacturers and worked extensively with the world-renowned University of Michigan Center for Ergonomics. His work interests include sorting out complicated issues of causation and managing disability.

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**Gary Brown, MD, FACS**  
Dr. Brown graduated from the University of Colorado. His post-graduate residency training took place at the University of Colorado and the University of Oregon. He is a clinical Associate Professor at the University of Washington and Board Certified by the American Board of Facial Plastic & Reconstructive Surgery as well as the American Board of Otolaryngology. Dr. Brown is a Fellow of the American Academy of Otolaryngic Allergy.

**James Gross, MD, FACS**  
Dr. Gross attended medical school at the University of Washington. His residency training included two years of general surgical residency at the University of Washington, followed by training in Otolaryngology, Head and Neck Surgery and Facial Plastic Surgery at Harvard University in Boston. He is Board Certified by the American Board of Facial Plastic & Reconstructive Surgery and the American Board of Otolaryngology.

**Kevin Harris, MD**  
Dr. Harris earned his M.D. at the Medical College of Wisconsin, Milwaukee, where he remained for his Internship in General Surgery and Residency in Otolaryngology – Head and Neck Surgery. He is Board Certified by the American Board of Otolaryngology. Dr. Harris is a Fellow of the American Academy of Otolaryngic Allergy.

**Gary Johnson, MD, FACS**  
Dr. Johnson graduated from University of Washington Medical School. He spent two years of residency at UCLA and completed his residency at the University of Washington in Seattle. He is Board Certified by the American Board of Facial Plastic & Reconstructive Surgery and the American Board of Otolaryngology.
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TENWICK HOSPITAL in Bomet, Kenya is one of the largest mission hospitals and training facilities in Africa, boasting 300 beds and wide range of specialties. It provides employment, training and medical services to a city of around 100,000 people and the surrounding agricultural communities. Bomet lies within the moderate climate of the African highlands, an environment that proves very productive for local farmers. Often, afternoon rain showers arrive to cool the warm afternoon weather.

The largest group of people served by Tenwick Hospital is the Kipsigis people, who are mostly rural farmers. Only about 15 percent of Kenyan land supports crops and the economy in this region lags behind most Western nations. Larger cities like Nairobi appear to be very modern, but the outside areas suffer from dirt roads, high unemployment and poverty.

The hospital was founded in 1937 by World Gospel Mission and has grown into a major provider of healthcare in rural Kenya. The hospital serves an area with a low number of residing doctors and provides “excellent support to perform fairly complex surgery”. In 2013, this Christian-based facility cared for 140,000 outpatients, 14,000 inpatients and performed over 3000 major surgeries.

The hospital employs several dozen full-time doctors from both Kenya and other countries, while growing in specialty services, such as cardiology, pediatrics, obstetrics and orthopedics. Also, teams of volunteer doctors from around the world visit Tenwick Hospital to perform specialized medical care and complicated surgeries. The hospital has excellent emergency services and five fully-staffed operating rooms that provide a high level of care. Along with the five operating rooms and an emergency room, Tenwick Hospital has a maternity ward, C.T. scanner, digital X-rays, digital medical records and a nursing school. If not for the volunteer surgeons and medical staff, people living in the area would go without medical care. Hydroelectric power is provided to the hospital by a nearby river.

Dr. Scott Ruhlman, a surgeon at Orthopedic Specialists of Seattle, has traveled to Tenwick Hospital twice to provide orthopedic surgical care to Bomet patients. During his first trip he performed 3 to 5 surgeries per day, while working with local hospital residents and surgeons. Often, the orthopedic service has greater than 40 inpatients and runs 2 to 3 operating rooms every day during the
week. The surgeons were grateful for the extra help and training, although Dr. Ruhlman felt they taught him “how to perform fairly sophisticated surgery with often less than ideal equipment.”

A typical day as a volunteer orthopedic surgeon at Tenwick Hospital was similar to what surgeons experience in hospitals throughout the United States. Each day started early with inpatient resident rounds, followed by meetings with the orthopedic attending surgeons. Attending surgeons reviewed X-rays, evaluated new consultations and checked completed cases. After that, more rounds were completed and the teams headed to the operating rooms. The operating rooms were staffed by trained Kenyan natives, skilled in operating room procedures. The equipment utilized for procedures at Tenwick Hospital was comparable to the equipment used in United States hospitals, although the newest methods and implants were often too expensive for these patients to afford. Older, reliable methods proved to be more affordable and predominated in this setting.

A steady supply of donated orthopedic implants and equipment has been acquired by Tenwick Hospital over the years. Most equipment consists of fairly recent technologies, though not quite “state of the art”. For example, long bone fractures can be set with intramedullary nails, and periarticular fractures can be fixed with locking plates and screws. Locking plates and screws are technologies that have only been available in the United States within the past 10 years. Cost seems to be the limiting factor.

Since Dr. Ruhlman found his first trip to Tenwick Hospital to be a “very positive experience”, he decided to bring his family with him on a second trip to the area. During this second trip, he was not only able to help the people medically, but was able to experience a much deeper immersion into the local culture. He said the people of Bomet “graciously introduced us to their way of life.” Local inhabitants educated him about themselves and their culture, while showing him that “the Kenyan people were very enjoyable and genuine.”

The predominant surgeries performed during Dr. Ruhlman’s second volunteer experience involved fractures and subsequent infections of the dangerous driving conditions within the area. Many young working males become injured while riding fast motorcycles over extremely bad road conditions. He discovered that traffic conditions “unfortunately cause a very significant trauma to the working class.” Therefore, he felt it was extremely important for him to help these patients move towards recovery, thus allowing them to continue providing for their families.

His wife, two kids and niece were “impressed with the beauty of the country and its people” and “loved the experience”. Dorm-style housing was available to Dr. Ruhlman and his family, while local individuals could be hired for a minimal amount of money to provide meals and cleaning. Employment of local people by the hospital volunteers provided “much-needed jobs for those in the surrounding area”. Dr. Ruhlman’s family was able to experience the “African way of life”, while helping teach the local school children, learn the African culture and visit a local game reserve. Having the opportunity to see lions, zebras, giraffes, hippos and elephants living in the wild is an amazing addition to any volunteer trip to Tenwick Hospital in Bomet, Kenya.

Dr. Scott Ruhlman is an orthopedic surgeon that offers specialty care of hand and upper extremity disorders. In addition to caring for both adult and pediatric hand, shoulder, and elbow conditions, Dr. Ruhlman offers state-of-the-art fracture care, sports medicine and joint replacement surgery of both the upper and lower extremities.
THE DISCOMFORT OF SCIATICA can manifest itself in a variety of ways. “Patients have described sciatic pain as mildly disturbing to burning, aching, deep, and similar to a sudden bolt of lightning,” says the Spine Universe web site. Other signs of sciatica can include numbing, tingling, and muscle weakness. Sciatica most often affects people between the ages of 30 and 50. Because the sciatic nerve is the longest nerve in the body, it is hardly surprising that it can produce intense pain that compromises the quality of everyday functioning. “Sciatic pain can make life miserable,” says Spine Universe. “Walking, standing, bending over, driving a car, working at a computer, catching up on household chores, sneezing or coughing, and many other activities of daily living can cause sudden and intense pain.” Consider the case of a woman named Peggy, who lived with sciatic pain for many years after suffering a fall. Work, which entailed eight hours of sitting, became nearly impossible, even with getting up and moving around every 15 minutes. Peggy tried surgery and even had a pump implanted under her skin to deliver pain medication directly to the spine. Several years later, Peggy realized that she had now acquired another problem: an addiction to her medication. And she still had the sciatic pain! As Peggy’s story illustrates, it can be difficult to find effective relief for sciatica. Thus, it is important for sufferers to gain insight into the cause of their condition.

Behind the Pain
The lower back is the hub of many nerves, including the two sciatic nerves. Each sciatic nerve is as thick as a finger and travels down the leg, branching out and extending into the foot. Pressure at any point along the sciatic nerve will produce pain. It is inaccurate to say that sciatica has symptoms. Rather, sciatica is a symptom that points to a deeper problem, such as a herniated or slipped disc, a misalignment of the bones of the lower back, or injury to the fibers of the sciatic nerve. According to the web site sciatica.org, such an injury can occur either inside the spinal canal, at the location where the bundles of sciatic nerve fibers pass through bony openings in the spine, in the pelvis, or where the sciatic nerve exits the pelvis, below the piriformis muscle in the buttock. For some, sciatic pain is the result of a congenital defect (such as spina bifida) or degenerative joint disease. But in many cases the condition is caused by general wear and tear of the lower spine rather than a specific event.

The Road to Treatment
The first step to treatment is to tell a physician when the pain began, its precise location, and where it travels. This will help the doctor to pinpoint the irritated nerve root. Some time after the initial physical exam, X-rays or an MRI can confirm the doctor’s
Approximately 90 percent of sciatica patients get better over time without surgery.

diagnosis. There are a number of approaches to treatment for sciatica, including physical therapy, rest, spinal manipulation, injections of cortisone-like painkillers, and in some cases, surgery. Sometimes relief comes from a relatively simple direction. For example, Peggy, mentioned earlier, was helped greatly by the use of an ergonomic chair, which enabled her to sit for longer periods with less pain. The goal of treatment is to reduce inflammation and to get the patient back to normal activity as soon as possible. Anti-inflammatory medications (such as ibuprofen, aspirin, or muscle relaxants) can help soothe the pain. Applying gentle heat or cold can provide relief as well. A few days of rest is recommended, but stretching exercises and a reasonable amount of activity can help reduce inflammation. It is not unusual, therefore, for doctors to recommend short walks for patients with sciatica. In many cases, sciatica goes away on its own, with appropriate patient effort. The web site Caremark.com recommends: “You can speed the healing process by taking good care of your back. You may need to take it easy for a few days. Don’t lift heavy objects, bend repeatedly, sit for long periods, or do anything else that might aggravate your back. But you don’t want to become inert, either. Regular activity will help strengthen your back and promote healing. Your doctor or physical therapist can recommend specific exercises to speed the healing process and prevent future injuries.”

When Surgery Is Needed
Approximately 90 percent of sciatica patients get better over time without surgery. But when pain persists beyond 30 days, the effectiveness of manipulation therapy alone is questionable. It may be best to be thoroughly examined for possible neurological conditions. When there are signs of nerve damage, or when symptoms persist for several months and there is persistent debilitating pain, surgery may be required—especially when a herniated disc interferes with bladder or bowel functioning. With surgery, part of the herniated disc may be removed so that it cannot exert pressure on the nerve. Surgery boasts a 90 percent success rate when the pain of sciatica is in the leg. Recovery requires taking a reasonable approach to physical activity. For about a month, the patient should avoid driving, excessive sitting, lifting, or bending forward. During this period, the physician will prescribe exercises to help strengthen the back. The prognosis for recovery is good, and many patients can resume normal living in a short period of time. Only in about 5 percent of cases does the disc rupture again. Regardless of the treatment approach, sufferers would do well to learn to live with the limitations that sciatica imposes and not to expect instantaneous relief. The Caremark web site notes: “Although it’s hard to be patient when you’re in pain and have difficulty getting around, time can be one of the best therapies for sciatica. With a little rest, gentle exercise, and some help from your doctor, you should be up and about before too long.”

Mike Perala concentrates his practice around sports medicine, fractures, pain management, post operative care, and arthritic conditions. He assists Dr. Staeheli in the clinical and surgical setting.
Washington State Senate Majority Leader Rodney Tom tours Proliance Highlands Surgery Center

by Robert Schwartz,
Director of Public Policy Proliance Surgeons

WASHINGTON STATE Senate Majority Leader Rodney Tom participated in a tour and briefing at the Proliance Highlands Surgery Center. Matthew J. Robon, MD and Rhonda E. Reddy, RN (OR Charge Nurse) escorted him throughout the Ambulatory Surgery Center (ASC). Dr. Robon, an orthopedic hand surgeon, explained the uniqueness of healthcare in an ASC setting with a particular focus on why surgery centers are delivering surgical services at a lower cost and offering patients surgery with outstanding clinical results.

State Senator Tom asked many questions and demonstrated a real command of healthcare issues. He is clearly looking for ways to cut healthcare costs and encouraged CEO Dave Fitzgerald, Executive Director Frank Gilbert, and Director of Public Policy Rob Schwartz to reach out to Senate Healthcare Committee Chair Randi Becker with some of their ideas.

Fitzgerald stressed, “Proliance has a vigorous program of conducting integrated tours and briefings for legislators, senior Agency staff, Governor’s staff and other key stakeholder groups. We have learned that many of these key groups have never been in an ASC. Once a talented physician and nurse present the advantages offered by ASC’s for patients, we often gain an enthusiastic and active supporter.”

Above: Matthew J. Robon, MD and Rhonda E. Reddy, RN (OR Charge Nurse), discuss benefits offered to patients by Ambulatory Surgery Centers (ASC’s) with Senate Majority Leader Rodney Tom.

Above from Left to right: Frank Gilbert, Executive Director of Proliance Highlands Surgery Center, and Senator Rodney Tom.
IT IS CRITICALLY IMPORTANT to maintain a dialogue with elected officials on all levels of government. The jurisdiction lines have been redrawn and Bellevue is now part of Congressman Adam Smith’s district. In that regard Frank Gilbert, Executive Director of Proliance Orthopedic and Sports Medicine and his Proliance Surgeons physicians invited the congressman for a town hall meeting.

The purpose was to have a frank exchange of views on healthcare and related issues. Congressman Smith spent 90 minutes presenting, answering questions and having a general dialogue. The Congressman has participated on two separate briefings and tours of Proliance Surgeons Ambulatory Surgery Centers.

Proliance CEO Dave Fitzgerald stated, “Congressman Smith has been a longtime supporters of ASCs in Congress. He is viewed as a centrist Democrat who is very smart and seeks bi-partisan solutions to complex problems.”
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